



KHETAUN (TOGETHER): Key steps for integrating Roma children to high quality preschool programmes



Health and Child

Educational modules for instructors, mediators and parents

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THE STATE OF HEALTH OF THE POPULATION IN ROMA COMMUNITIES:

There are over 12 million Roma estimated to live in the world today, 8 million of which live in Europe. Majority of them, almost 6 million, live in Central and Eastern Europe. In Slovakia, there is no precise data available concerning the population of Roma and their number is estimated at around 350,000. Despite many common traditions, the Roma communities of today are inherently heterogeneous, comprising different branches with diverse culture, dialects and languages. They are among the most vulnerable populations of the Slovak Republic.

The non-integrated Roma communities living in rural or urban settlements are among the groups that are most susceptible to social exclusion and poverty. There are several hundred settlements of this type in Slovakia, with approximately 100,000 Roma inhabitants. In these settlements there is overall a low level of health awareness, very low standard of living and personal hygiene and high occurrence of health-threatening behaviour. This is, naturally, reflected in lower quality of the health state in these communities and lower life expectancy among the Roma, which is reduced by several years compared to that of the general population of the Slovak Republic. In these communities there is also a considerably higher child mortality rate in comparison with the mortality rate of all children under five years of age. On top of polluted and devastated environment there is also a below standard municipal hygiene in the Roma settlements. Safe drinking water supplies are missing. There is an increased level of drug and alcohol use and smoking. The abovementioned factors greatly influence the infectious diseases morbidity.

Nutrition - In the poorest settlements, inadequate nutrition of children has become a frequent problem. Researchers have noticed symptoms of stunting in some Roma children.

The state of health of the Roma is generally worse than in the rest of the population. The incidence of transmittable diseases related to poor living conditions, e.g. hepatitis, tuberculosis, meningitis and various skin diseases is exceptionally high especially in isolated and segregated settlements.

Among the most serious factors indicating poor health state of the Roma population are:

High infant mortality

Overall vaccination level lower than 90%

Average life expectancy reduced by 10 years in comparison with the general population

Low education level that can lead to poor health and low social awareness

Low personal hygiene level

Low public hygiene level

Low living standards

Devastated environment

Poor nutrition

Unhealthy habits

Rising alcohol and tobacco consumption rates even during pregnancy

Increase in drug addiction.

TRAINING HYGIENIC HABITS WITH CHILDREN OF 5 - 6 YEARS:

Use of toilets:

The aim is to show the children where the toilet is located and how it is used. Some children are not familiar with the water closet, and they are afraid of the roaring sound of water, or that they might fall into the toilet bowl. They do not know what to press or pull to flush the toilet etc. It is important that the parents show the children precisely how it works:

How to lift the seat on the toilet bowl

Where to place the seat when one defecates

How boys and girls urinate

What is the right position of the toilet seat when boys urinate

How should children take off their clothes

How to sit on a toilet properly

How to wipe your bottom

How much toilet paper to use

Explain where to dispose of used toilet paper

Explain what cannot be thrown into the toilet bowl.

Use of running water:

Show the children how to open the water tap, which tap is hot and cold, how to stop the water and how much water is sufficient to wash hands after using the toilet.

Use of soap:

Show them liquid and classical soap

Graphically show them how to wash dirty hands with water and soap

Show them movements used to lather the hands

How much soap to use

Explain why it is important to wash hands, what it helps to prevent

Explain to them the importance of washing hands after using the toilet

Explain to them the importance of washing hands before eating.

Use of toothbrush and toothpaste:

Teach children the right technique for brushing teeth

How much toothpaste to use

How often to rinse the mouth

How often to clean the teeth (morning, evening)

Why are teeth brushed?

Washing hair:

Rinsing hair with water

Use of shampoo

Rinsing the shampoo

Show the difference between washed and greasy hair

Explain that lice can live in dirty hair

Use of the comb, try imitating a hairdresser.

Washing individual body parts:

Show children, which parts of the human body need more frequent washing - armpits, legs, feet, and buttocks.

Use of towel:

Explain to the children why it is important to dry their body with a towel, especially the spaces between the toes and the fingers and where the skin folds. When we do not dry them properly, mould and various skin diseases can flourish there.

Use of handkerchief:

When cleaning your nose, show your children how to properly exhale with your nose, each nostril separately. Parents' role is to:

Show the children how to properly exhale with their nose – inhale with your mouth, close your mouth and exhale sharply squeezing one of your nostrils and cleaning the other into a hygienic handkerchief. Repeat this action until the nose is clean and clear.

Show how to wipe the nose with a handkerchief, so that it stays clean.

Teach the children to clear their nose immediately after they notice the feeling of blocked nose.

Cleaning the nails:

Show the children what clean and dirty nails look like.

Explain to the children that various small creatures that can cause abdominal pain and diarrhoea can hide in the dirt beneath the nails.

Show them how to clean the nails with manicure scissors.

ASPECTS THAT INFLUENCE THE DEVELOPMENT OF A CHILD:

Aspects of particular importance for the development of a child are as follows:

Pre – birth influences:

The intrauterine life of a foetus is importantly influenced by:

Physical condition and health state of the mother during pregnancy – nutritious diet of the expecting mother, a well-balanced daily routine, sufficient amount of sleep, sport, absence of harmful substances, physiological preparedness to be a mother, regular health care, care for hygiene of her own body.

The psychological state of the future mother is positively affected by - psychological and emotional readiness to become a mother, a complete family, a harmonious marriage, economic self - sufficiency, a desire to have a child, positive attitude towards life.

Factors that negatively affect the development of the foetus and occur more frequently in Roma mothers than in the remaining population are as follows: unbalanced, unvaried diet, smoking, alcohol use, pregnancy at an inappropriately young age (14-16 years), poor hygiene, lack of psychological readiness to become a mother. Expectant mothers often do not have any idea about the principles of childhood rearing, they frequently get pregnant outside marriage, lack economic security, have unclear set of life values, no set goals in life or well-developed standards of behaviour.

Satisfying instincts associated with the physiological needs of a child:

After birth the baby needs to satisfy its needs: to ingest and excrete food, breathe and sleep.

Satisfying instincts associated with the psychological needs of a child:

An instinct connected with the need for security and love - a small child is totally dependent on its parents and on top of satisfying all its basic physiological needs, he or she feels the need to be loved. This need is very strong, although invisible and can only be met by another human being. The child needs to be caressed, swung, desires to be approached with gentle words. Without love, normal personal development of a child is hindered.

Sensory instinct - means that the child needs visual, auditory, guttural, tactile and gustatory stimuli to develop all his or her senses and thus acquire knowledge and enhance its intellectual abilities.

Searching instinct - it is an instinct connected with the need for action. We can characterize it as a child's desire to know and learn. It is a purely psychological instinct. It is a source of behaviour that is not intended to satisfy any physical need.

INFECTIOUS DISEASES:

Hepatitis A:

is also called a dirty hands' disease. But the dirty hands do not necessarily have to be yours. They can also be the dirty hands of someone else. It is transmitted in the conditions of degraded hygiene. The infected person excretes the virus by stool and it can subsequently be transferred to another person via infected food, contaminated water, and the like. The virus is excreted in stool for one week up to 14 days before the person becomes visibly ill. By the blood, the virus enters the liver, where it multiplies in the liver cells, which it then destroys and causes the liver to inflame. It is then excreted into the stool through bile and the cycle repeats itself. So, a person gets infected and transmits the virus in the same way. Hepatitis A does not progress into chronic stage, however, there have been cases of liver failure and subsequent death.

Hepatitis B:

Is a serious contagious disease caused by hepatitis B virus. The virus is transmitted by infected blood and body fluids of an infected person. The virus remains infectious even in several weeks' dry blood. Mother-to-child transmission of the disease can occur during pregnancy and delivery.

Vaccination against viral hepatitis A and B:

Vaccination provides an effective means of preventing and eliminating the highly infectious and dangerous liver diseases. The vaccine is reliable and the antibodies formed after its application protect the individual for several years. Vaccination of young children and adolescents is particularly important because the immunity is created before they reach the risk age (of 15-24 years).

Scabies:

is a parasitic disease caused by a scabbard. A female parasite is invisible to the naked eye. It penetrates into the hypodermis where it drills short corridors, of about 0.5 to 2 cm to place the eggs. At the point of entry, a small bud with a fine scab is visible on the skin surface. The resulting appearance often gets confused with another skin disease (eczema). The favourite settling places of the female scabbards are: the area between fingers, wrists and forearms, the armpit hollows, the area around the nipples and the navel, i.e. areas with fine, thin skin.

Lice infestation:

We distinguish between 3 kinds of lice: head lice, pubic lice and body lice. They are transmitted by body contact and feed on human blood. Lice are wingless insects with three pairs of legs. They live on the skin, right at the hair roots, where they lay eggs (nids), which are stuck to the hair. Symptoms of lice infestation include uncomfortable itchy sensation, scratchy skin, small scabs, red blotches, and irritated skin.

Tapeworm:

Tapeworms are flat worms that parasite on the intestines of the vertebrates, including humans. The infection is transmitted by contaminated food or water. The tapeworms extract the person's nutrients and irritate the intestinal mucosa. The larvae of the parasites can pass through the intestinal walls and infect other organs and tissues. Some types can also affect the brain and cause spasms.

Rabies:

is an infectious disease of viral origin. A person gets infected from an infected animal, when the virus is introduced into a wound caused by a bite, scratch, or otherwise. After entering the body, the virus spreads through the nerve fibres to the central nervous system - into the spinal cord and brain, where it multiplies, and later proceeds through the nerve fibres from the brain to the salivary glands and saliva. This cycle ensures the spreading of the virus.

Salmonellosis:

is an infectious bacterial disease. The infection is spread by contaminated food that has not been sufficiently heat-treated. The bacteria enter the small intestine, damage the cells and cause inflammation, resulting in diarrhoea. In severe cases they can also pass into the blood. Symptoms appear as early as 8 to 10 hours after eating the infected food.

Measles:

is an infectious disease of viral origin transmitted by droplet infection from a sick person. The virus enters the airway mucosa, where it multiplies and spreads to blood vessels of the whole body.

Chickenpox:

An infectious disease of viral origin. The virus that causes chickenpox also causes herpes zoster. The source of infection is a sick person and it is an airborne disease. The virus enters the body through the airways, where it multiplies and by the lymph and blood enters the skin and mucous membranes. It causes cells to degenerate and typical blisters appear. Chickenpox occurs mainly in children of pre-school age. Infection during intrauterine development leads to foetal harm.

Fleas:

Outbreaks of fleas were mostly connected with periods of poverty or war. At present, we can find them mostly in houses with lower hygienic standards and in people with poor hygienic habits. It is very easy to get them, prevention does not seem to exist. Considering their size (2 - 4 mm), fleas are incredibly able animals – they can jump as far as 35 to 350 centimetres.

Bed bug:

This less than a centimetre long animal can be found in deprived, older houses. During daytime it remains mostly unnoticed, hidden in the cracks, furniture, especially in beds, behind paintings. At night, it goes hunting, longing for blood.

Bird flu

is a contagious viral disease of birds, poultry, or other animals, with a complicated course, often ending in death. The transmission to humans is very rare, and most often occurs as a result of manipulation with ill or dead animals, non-compliance with the principles of personal hygiene, or inhalation of dust containing excrements of ill or dead animals. The points of entry of the virus into the human organism are the mouth, nose and ocular connective tissue.

CALLING AN AMBULANCE:

Dial number 112 or 155
Say your name and where you are calling from
Describe the situation
Tell the patient's name, age, and insurance company
Agree on a place where you will meet the ambulance.

DANGEROUS OBJECTS IN THE HOUSEHOLD:

Electrical wiring, sockets, electrical appliances, switches
Hot and boiling food
Sharp objects from the kitchen
Chemicals for cleaning, medicines, some plants
Unhygienic and harmful toys
Improperly stored things.

Recommendations:

Look after your children, know where and with what they are playing. Do not let them play in dangerous environment, where there is broken glass and large rocks, flooded stream or well. Make sure your child does not put any objects in his or her mouth, nose, or ears.

FIRST AID IN AN ACCIDENT:

The child is unconscious:

What you need to do first:
Check if it breathes
If the child does not breathe, start mouth-to-mouth resuscitation - before treating the injuries
If the child breathes, it means its heart is beating
Stop any bleeding
Then begin treating the injuries.

The child may have suffered multiple injuries, and treating one injury can interfere with treating another. In that case, treat first the injury you consider the most serious and then move on to other injuries.

Calling help:

If the child is unconscious after an accident or it has difficulty breathing and is severely injured (bleeding, fractures, burns), the child must be taken to the emergency room of the nearest hospital. If a child needs an ambulance for transport, call emergency or ambulance service, e.g. if the child has a broken leg or spine – in which case stretchers are needed.

However, if it is crucial to bring the child to an emergency room fast, do not wait for the arrival of ambulance, but ask another adult, who owns a car, to help you transport the child to the hospital. You can provide the child with all necessary assistance on the back seat throughout the entire journey and soothe it.

Resuscitation:

Each human being needs an uninterrupted supply of oxygen to live. If we do not have it, after as little as three minutes, permanent brain damage may occur. Even if a child is unconscious and does not breathe, you can help save his or her life by helping it start breathing regularly. This procedure requires: freeing (opening) the airways, mouth-to-mouth resuscitation, restoring blood circulation.

Restoring breathing:

The airways form passages that connect the nose and mouth with the lungs. If a child is unconscious, especially if it is lying face down, breathing may be problematic. The air may not enter the lungs, because the child's tongue may have fallen back to the pharynx, the upper part of its trachea may be narrowed due to tilting of the head forward, or there may be fluid or vomit stuck in its throat.

What to do: Place the child on a stable base, put one hand on the child's forehead, the other under its neck and gently press on the forehead until you bend the head backwards. Correct position of the head allows you to look directly into the nostrils.

Important Notice:

If the child is breathing, albeit weakly, do not attempt to increase the number of breaths it takes by mouth-to-mouth resuscitation. Place the child in the recovery position and keep checking its breath. Do not insert your fingers into the mouth of a baby unless you can clearly see a foreign object inside. It is much better to hold your baby's head and gently tap it on the back. If the baby starts to breathe again, place it into fixed position on the side. Remember, if it breathes, its heart is beating. If the baby is not breathing, you must immediately start with mouth-to-mouth resuscitation.

Recovery position:

If the child is unconscious, but it is breathing, put it in recovery position and leave it so until a doctor or ambulance arrives. The position allows for sufficient movement of the tongue forward, free flow of any fluid or vomit from the mouth and allows for unhindered breathing. Before placing a child into this position, immobilize any possible bone fractures.

Child placement:

Turn the child's head towards you and tilt it back slightly to open the airways. Place the arm closer to you along the body, and slide your hand under the child's buttocks. Place the other arm across the chest and the leg (the one further away from you) with the ankle across the leg closer to you. Kneel next to the child's chest. Move its clothes aside and while supporting it with the other hand, pull it towards you until it rests against your knees. For the child to be able to breathe easily, bend its head back again. To keep the baby from falling face down, bend the upper arm in the elbow and the upper leg in the knee. To prevent the baby from falling on the back, place the other arm freely. Never leave an unconscious child unattended, even when it is lying in the recovery position. Ask another adult to call an ambulance and stay with the child.

How to help when a child is unconsciousness?

The risk of unconsciousness lies in the fact that normal reflexes that prevent the child from choking during sleep, like cough, do not function well in the state of unconsciousness, or they do not function at all. A head trauma, shock, electric shock, choking, cramping, diabetes, and epilepsy can cause unconsciousness. Even if the child regains consciousness or if it remained unconscious only for a very short time, it needs to be seen by a doctor.

Bleeding:

Cutting or ripping a blood vessel that carries the blood through the body causes bleeding. We distinguish between external bleeding that is visible and internal bleeding that cannot be seen.

What to do in case of minor injuries?

Most smaller injuries and bruises can be easily treated at home. Firstly, hold the affected area under a mild flow of cold water and wash it with ordinary soap and water and finally bandage it.

What to do in case of large bleeding?

As soon as you notice that a child is bleeding, press the wound directly, thereby compressing both ends of the damaged blood vessels. Raise the affected part of the body above chest level (heart). This, on the one hand, impedes and thus slows down the flow of blood to the affected area, while at the same time maintaining the vital organs supplied with blood.

If the child is not lying, help it attain a horizontal position. Keep the affected area lifted and compressed.

If you have a first aid kit near you, cover the bleeding area with a wound dressing or gauze and bandage. If you do not have a bandage at hand, place a non-hairy cloth on the wound and secure it with a scarf, belt or tie. To maintain the pressure on the wound, tie a knot directly above the pad. As the wound needs sewing, call an ambulance as soon as possible.

Fractures:

If something sticks out of the child's wound, do not exercise pressure on it. Lift the affected part and press the area above the foreign object or the end of the bone and below it. Never pull the foreign body out of the wound as it may be clogging it and thus prevent bleeding.

Burns:

Burns need immediate treatment, as there is a risk of infection and shock. Burns can be divided into two main types: surface and deep burns. Surface burns include damage to the outer skin layer. Deep burns affect the entire skin tissue.

Only minor surface burns can be safely treated at home. If you have any doubts about the nature of the burns, visit a doctor.

Important Notice:

Never treat burns with oil, grease, egg white or lotion. Never pierce blisters caused by the burns. Never cover the burn with adhesive plaster or hairy material that can stick to the wound. Do not put very small children in cold water for a long time - they may become sub-cooled.

Chemical skin corrosion:

Wash the area affected by the chemical under cold running water. The injury should be placed under the flow of water for as long as the child can withhold it (10-20 minutes). When rinsing the burn, take care that the contaminated water does not touch any part of the body.

When rinsing the corroding agent, carefully remove the clothes affected by the chemical.

Shock:

In a medical sense, shock is a condition that compromises a person's life. It can occur when blood pressure falls sharply due to loss of body fluids - blood - or due to heart failure. None of the vital organs can work unless they have enough blood supply. Shock may be caused by severe bleeding and burns, electric current or dehydration due to vomiting or diarrhoea. It can also be caused by a strong reaction of the body to insect bites or to some medicines.

What should be done?

Comfort the child, treat any bleeding he or she might have and move it as little as possible. Place the child onto a blanket. Lift the legs above the chest level (heart) and support them with pillows. Release any close-fitting clothes, especially around the neck, chest and waist, and turn the head to the side.

Make sure the child is comfortably warm.

Electric shock:

Touching an electric conductor at home can cause burns and subsequent shock, unconsciousness, or even stop breathing and heart activity. If the child is "electrified", you must disconnect the power supply immediately or disconnect the electrical contact before touching the child. Otherwise, the electric current might kill you too. Electricity causes burns that look small but are often quite deep.

What if the child is unconscious?

After interrupting the electrical contact, find out if the child is breathing and, if necessary, use mouth-to-mouth resuscitation. If the baby is unconscious but is breathing, place him or her in the recovery position so that the airways remain open and treat its injuries.

Poisoning:

If a child swallows a poisonous substance or something that you deem poisonous, find the container, in which the poisonous substance is stored and read its chemical composition. Immediately after that call your child's doctor or an ambulance and tell them what you think the baby has swallowed. You'll probably get information on whether or not it really is a poisonous substance and advice on what to do while waiting for an ambulance.

What to do?

Because the child can lose consciousness at any given moment, quickly ask him or her to tell or show you what he or she has swallowed.

Put some of what the child has swallowed aside for the doctor. If the baby has swallowed some medicine, keep the container, even if it is empty, because it will help the doctor decide on the treatment.

If a child has drunk a corrosive, never force him or her to spit it out (vomit). What causes the oesophagus a burning sensation on the way down will burn it again when passing the opposite direction. Offer the baby small sips of milk or cold water.

Never induce vomiting in a child.

Place the child in the recovery position and treat it.

Keep observing the child's breath and any changes in the depth of its consciousness.

If you have to give your child mouth to mouth resuscitation, take great care not to touch the poison with your lips. Try to wash the poison off the face and mouth of the child and, if necessary, close his or her lips and give him mouth-to-mouth resuscitation through the nose.

MYTHS AND LIES ABOUT ANTIBIOTICS:

Penicillin is no longer used - it is not true, it is still used today.

Antibiotics need to be taken every 6 hours - only few antibiotics are taken every 6 hours, they are usually taken every 12-24 hours.

Antibiotics can cure every infection - it's not true, for example, they can cure tonsillitis and pneumonia, but it does not have to be the case, for example, for patients with hepatitis, flu, etc.

If someone fails to take antibiotics until the very last pill, they will not work the next time - it's not necessarily true – when the doctor finds out that the antibiotics were prescribed unnecessarily, it is a sound reason to stop taking them.

REGULAR VACCINATION OF CHILDREN:

Child's age	Vaccination
Day 1	Hepatitis B - HBV 1st dose
Day 4	BCG vaccine 1st dose
Week 4	Hepatitis B - HBV 2nd dose
Week 10	Diphtheria, tetanus, pertussis - DTP, Polio - OPV
4th – 5th month	Diphtheria, tetanus, pertussis - DTP, Polio - OPV (Tuberculosis BCG)
6th month	Hepatitis B - HBV 3rd dose
9th – 12th month	Diphtheria, tetanus, pertussis - DTP
15th month	Morbilli, mumps, rubella – MMR, Polio – OPV
18th month	Polio – OPV
36th month	Diphtheria, tetanus, pertussis - DTP
6th – 7th year	Diphtheria, tetanus, pertussis - DTP, OPV (Tuberculosis BCG)
13th year	Polio - OPV (Tuberculosis BCG)
14th year	Morbilli, mumps, rubella - MMR
18th year	BCG tuberculosis

Health awareness programme for the parents:

Activity no. 1: Genitals

Activity no. 2: Pregnancy and Parenthood

Activity no. 3: Pregnancy: Dos and Don'ts

Activity no. 4: Childbirth

Activity no. 5: Joys and Commitments

Activity no. 6: Healthcare and Development of the Child

Activity no. 7: Domestic Violence

Activity no. 8: Personal Hygiene

Activity no. 9: The Flower of Health

Activity no. 1 Genitals

Objective: to learn about the anatomy of male and female genitals, with an emphasis on the differences between them.

What you will need: Large sheets of paper, markers, and pictures of the genitals

Time: 45 minutes

Process of work: Divide the participants into two groups. One group's task will be to draw a picture of a woman on a large sheet of paper, the other group's task will be to draw a picture of a man (a large picture of a male body). Instruct the two groups to draw also pictures of male and female genitals and sexual organs.

After approximately 10 minutes, hand the participants real pictures of male and female sexual organs. Instruct them to prepare descriptions of the genitals. They should attempt to use the correct expressions for naming the organs (using correct language in sexual education). They should also add all that is missing to their drawings.

The task of the lecturer is to clarify the function of the reproductive organs.

Female sexual organs:

Ovaries – during the time of sexual maturity, about 400 eggs mature in the ovaries. The ovaries are plum-shaped organs and they are about 3 cm long.

Oviduct - right and left, leading to the uterus

Uterus - is about the size and shape of a pear, with the ability to increase its size multiple times. It is placed between the bladder and the rectum.

Uterine cervix - leads to the vagina and is clogged with mucus, but during ovulation the mucus becomes thinner, thus allowing the sperm to enter the uterus more easily.

Outer lips are visible from the outside and between them there are inner lips between which there is Clitoris, the stimulation of which leads to sexual satisfaction of a woman.

Male sexual organs:

are the penis and the testes that sit in a sac or scrotum located behind the penis. During sexual intercourse, the semen is released from the penis into the woman's vagina, in order to fertilize her egg.

Conclusion:

Participants will learn or review their knowledge of the functioning of male and female sexual organs.

Activity no. 2 Pregnancy and Parenthood

Objective: to get informed about the course of pregnancy and associated health problems.

Time: 45 min.

Process of work: Ask the participants to talk freely about everything they know about pregnancy. If they are hesitant to start, ask them about the initial signs of pregnancy. Write these on a large sheet of paper. You will probably get the following answers:

Missed period

Nausea and feeling sick

Sensitive or enlarged breasts

Fatigue

Weight gain (abdomen getting bigger)

Greater appetite and need to eat

Frequent urination

Frequent mood swings and the like.

Discuss these symptoms together and tell them that some women may encounter all of them, whereas others feel only some of them. Some of these symptoms may last throughout the pregnancy, while others only for a short period of time.

Then ask the participants again to talk freely about how a woman should behave during pregnancy. Focus on the following topics:

Regular and varied diet (why?)

Regular relaxation and plenty of sleep

Fresh air and avoiding smoky places

Need to avoid alcohol, cigarettes and other drugs

Need to avoid taking medication without the doctor's consent (why?)

Need to visit a gynaecology department and participate in a childbirth preparation course.

Tell them that taking medication during pregnancy can greatly interfere with the development of the foetus, especially during the first three months of pregnancy when baby's organs develop as most medications penetrate directly to the foetus. Therefore, a pregnant woman is advised not to take any medication – not even the non-prescription ones – without her doctor's consent.

In the next part, focus on men's behaviour towards women.

Explain to them that the popular myth "if he does not beat me, he does not love me" is very harmful during pregnancy, as such behaviour threatens the health of both the mother and the baby.

Motivate the men to help and support their spouses instead in order to have healthy women and happy families.

It is very good to show the participants pictures depicting the foetal development in woman's abdomen. Show them - if possible – also pictures of children whose mothers drank alcohol, took drugs, or certain medications during pregnancy, or the mothers of which were abused during pregnancy.

The participants will thus become aware of the appropriate behaviour during pregnancy, and what they should avoid in order to have a healthy baby.

Activity no. 3 Pregnancy: Dos and Don'ts

Objective: To clarify the conflicting feelings associated with pregnancy between both partners

What you will need: papers, pens

Time: 45 min.

Process of work: Invite participants to think about the concepts they associate with pregnancy - both pleasant and unpleasant. Then let each participant individually write their ideas about pregnancy on a piece of paper and divide the piece of paper into 3 parts (thirds).

In the first third of the paper they will note down the pleasant and unpleasant ideas about pregnancy they have themselves (MYSELF)

The second third of the paper will contain likely feelings of their PARTNER.

In the third part, they will focus on what their surrounding might think of their pregnancy.

Part 1:

How do I feel about my pregnancy?

How old am I?

What do I do? Do I go to school? Do I work? Am I unemployed? What else?

Where do I live?

Part 2:

Who is my partner?

How old is he?

What is his job?

How does he spend his days?

Part 3:

How does my surrounding react?

How do my parents, friends, neighbours feel?

What is the opinion of e.g. the school, church, municipal office?

When each participant prepares his or her notes, create groups of two or three, in which they will discuss their ideas of pregnancy and the ideas they noted on their papers.

The entire group of participants can then talk together about the following:

How do girls' and boys' ideas about pregnancy differ?

What can we do in order to make our ideals come true?

What do we expect from our partners, parents, friends, other people?

Am I mature enough to get pregnant? Am I mature enough to become a father?

What will I miss, what will I lose, if I do not have a baby right now, but wait for a few years?

Activity no. 4 Childbirth

Objective: to perceive the delivery of a baby as the expected outcome of pregnancy that brings joy through labour pains – a baby is born.

Time: 45 min.

Process of work: Divide the participants into three groups. Everyone will have to comment on these issues:

What do you know about the childbirth - pleasant, unpleasant feelings associated with childbirth

When does childbirth begin? Where to give birth and why?

What are the stages of childbirth?

We expect the participants to know little about these issues. In groups, they will talk mostly about what they have heard from other people, which may be very distant from reality.

Complete their discussions with the following information:

How to calculate the due date?

After finding out about your pregnancy, the doctor will ask you about the first day of your last period. This information will allow him to calculate the due date.

How can you calculate the birth date yourself?

1. From the first day of your last period if you have a regular menstrual cycle:

First day of menstruation + 7 days + 1 year - 3 months = expected date of birth

2. Childbirth can be calculated based on the first foetal movements as follows:

First foetal movements + 20 weeks = expected birth date for first-time mothers.

First foetal movements + 22 Weeks = expected birth date for experienced mothers.

However, remember that these calculations are only indicative (not precise) because the pregnancy of a woman can last between 38-42 weeks.

Beginning of labour:

Pregnancy is counted by the gynaecologists from the first day of the last menstrual cycle and ends after approximately 40 weeks (266 days) by giving birth to a baby.

If a woman feels regular uterine contractions, it is a sign that the labour has begun and she should be taken to the hospital as soon as possible. The woman in labour may feel tired and scared, and she can experience great pain.

Stages of delivery

Childbirth consists of 3 stages:

1. The first stage usually lasts 12 to 14 hours with strong and frequent cervical contractions. The sac with amniotic fluid that surrounds the baby tears, and the cervix opens in order for the child's head to pass. The baby is usually born head first, facing to the back.

2. In the second stage, when the cervix is fully widened, the woman pushes, the uterine contractions become stronger, and the baby is born. Then, the umbilical cord is clamped and cut.

3. The third stage is the so-called placental delivery. Placenta is released from the body of a woman in this stage.

Important notice:

Giving birth in a hospital is important because of possible complications and presence of professional medical staff that can help and monitor both the child and the mother during the whole process.

Some mothers feel very exhausted, helpless and weep after delivery. This is caused by sudden changes in hormone levels, but also by the overall physical and psychological demandingness of labour.

When to give birth by s the caesarean section?

In cases when the baby is not in the right head-down position

If the birth does not proceed according to the aforementioned stages

When the life of the woman or child is threatened

When the woman has a very narrow pelvis

Influence of smoking on the foetus

Smoking poses a threat to the development of the foetus in the mother's body. It negatively affects the functioning of individual organs, causing, for example, stronger heartbeat of the mother, headaches, insomnia, and so on. Nicotine adversely affects the formation of placenta, thereby aggravating the underlying premise for good nutrition and development of the foetus. Major bleeding may occur, the placenta may begin to decouple and cause the baby to be born prematurely.

The children of women who smoke are usually born smaller and with a lower birth weight. The number of children weighing 2,500 grams is directly connected with the number of cigarettes smoked.

Activity no. 5 Joys and Commitments

Goal: to become aware of not only the pleasures, but also the obligations you have towards your child.

Boys and young men should be aware that they have the same responsibilities regarding childcare and family care as women.

What will you need: papers, pens

Time: 45 min.

Process of work: Divide the group into 4 smaller groups. Tell them that the arrival of a new person into this world brings many changes into each family, partnership or marriage and their role will be to reflect upon these changes and write down a list of them according to instructions.

Each group will deal with one of the following questions:

What joys does the birth of a child bring to the mother?

What commitments does the birth of a child bring to the mother?

What joys does the birth of a child bring to the father?

What commitments does the birth of a child bring to the father?

Each group will deal with their topic for about 15 minutes. Then let them choose a "presenter".

Each presenter will comment on what his group talked about and to which conclusions they came together.

In the following discussion, focus on the details and differences between women and men:

As regards taking care of the child, family, and household

In work activities (who is supposed to do what and who does what)

In making use of leisure time

If you come across prejudices like: the role of a man is to conceive children and the role of a woman is to raise them and take care of the family, undermine them with the following questions:

What would happen if a man went shopping, or took a child to the doctor?

What would happen if a man prepared food?

Explain that the word "parents" include both mother and father and it means that both of them should take care of the children. Even if they are not officially married. As soon as he becomes a father, he has the same commitments to his child as the mother.

Activity no. 6 Taking care of the child's health and development

Goal: At the end of the lesson, all the participants will realize that:

When children arrive to families, their arrival brings pleasure, but also demands great care on the part of the parents.

The parents need to raise the children in a way that will enable them to stay healthy and once they are adult, to be prepared to take care not only of themselves but also of others.

What will you need: papers, pens

Time: 60 min.

Process of work: Divide the participants into smaller groups of 3. Ask them to take 3 pieces of paper and imagine they have 3 children aged:

- 1.) 5 years
- 2.) 2 years
- 3.) 6 months

On each piece of paper, they should draw one of the 3 children (name them, determine their sex, age, tell how the children should be dressed, etc.)

Together, they should think and write down what are the duties of the mother towards each of the children and what should be the duties of the father.

After approx. 30 minutes ask the individual groups to talk about which children they would prefer to have a how they would look after them. Do not forget to talk about the duties of the father to the children and larger family (is the father supposed to take care of other family members, for example, his own mother, grandmother, or the widow or orphan of his deceased brother?)

Answers that seem right to you should be written down on the board so that all of the participants can "bear them in mind".

When the participating men and women have spoken about their proposals, feel free to share your own insights about the upbringing of children. Do not forget to mention the following:

- 1.) First year in the life of a child - Overview of Physical and Mental Development
- 2.) Environment where the infant lives, the necessary equipment for a baby and how to maintain it, changing diapers
- 3.) bathing, dressing, wrapping
- 4.) walks, food, sleep
- 5.) protection against infections, vaccination, prevention of accidents
- 6.) speech development
- 7.) bad habits (walking, foal language, wiping nose in the sleeves, etc.)
- 8.) care for cleanliness of environment, maintenance
- 9.) care for cleanliness, dressing
- 10.) protecting the child from infections.

Note: It is good to be aware of habits and upbringing of children in Roma families. Engage as many girls, boys and young women as possible in the discussion and informal talk. Let them present their opinions, experience, skills, and problems.

Activity no. 7 Domestic violence

Objectives: At the end of the lesson, the participants will:

Understand the meaning of domestic violence,
acknowledge that there is no violence in a healthy family,
acknowledge that children are not responsible for how adults in families behave

Comments of the lecturer:

Violence in families can take several forms:

Physical abuse (beating, punishments, bodily harm)

Sexual abuse (forced sexual intercourse or attempt of it)

Psychological abuse (verbal abuse, punishment without words, accusations)

Emotional abuse (always present, when there is any type of violence in the family)

Sexual violence occurs:

When someone does not respect your borders, threatens you or even forces you to have sexual intercourse with them without your consent.

When an aggressor ignores the right of others to make their own decisions about their body and sexuality.

Although actual violence in the families occurs mainly among adults, children witness it and bear the consequences. What children see at home creates a basis of what they will expect from their families in the future. Violence in the family can become a source of serious problems and traumas, which the children experience in the present, but the consequences of which will be reflected in their future.

Domestic violence occurs in privacy (at home or in the family), and therefore is kept secret from other people. Parents instruct their children not to speak about it to anyone. Children themselves feel shame, fear and they feel guilty (they feel responsible for what is happening in their family), but they think they cannot tell anyone about it and are thus trapped in the situation. In the families where there is violence, one can sometimes also find sexual and physical child. This complicates the life of the whole family even more and provokes changes in the behaviour of children in school and in public.

Although violence in the family mostly affects women, men can also be target of violence. They tend not to speak about it at all.

The following activities are intended to make the participants clearly understand that if there is violence among adults at home, the responsibility for the situation never lies with them – the children and young people. They are not guilty of it.

Activity: Ask participants to quickly identify all the typical features of the best relationship they can imagine at the moment. Write their answers on the board.

Once you've created the list, explain to them that although their list is excellent, people do not always end up in ideal relationships. They are often disappointed. Sometimes they have a very hard life and they do not know what to do. Then they transmit all their anger, disappointment and need for power on to people close to them - the members of their own family. Their behaviour can sometimes be sexually, physically or psychologically abusive, but it is always accompanied by emotional abuse.

There can occasionally be brief periods of „normal“ behaviour. However, if the adult couple do not solve their problems, the abuse may reappear at the earliest opportunity or when drinking alcohol.

Oftentimes one of the partners starts to look for excuses for the aggressor's actions and begins to defend him. This person then begins to blame him or herself. He says that he was the one, who provoked him (or her) by his remarks or behaviour. It is not true.

Abuse and tyranny comes from the person who abuses and hurts the other, from the aggressor, not from the abused and ill-treated person.

The abused person often sees himself or herself as a victim and if so, it makes him or her even weaker, unable to defend him or herself, e.g. is not able to leave the apartment or to leave the family. The person remains in fear and never knows when the abuse and ill-treatment will return.

Warn the participants that this may be difficult to hear and understand, especially if they have never encountered abuse at home or elsewhere. Explain to them that you want them to know and understand this issue in order for them to avoid similar problems that can occur in life.

This kind of situations will certainly not happen in relationships, where people respect each other and show respect to others, and where they love each other. The only reason you are discussing these issues is that you want the participants to be aware of these problems in their process of becoming mature and preparing for relationships and marriage.

Ask if they have any questions. If they have additional questions they do not want to talk about in front of others, they can contact you later and talk to you in private.

Final remarks for the lecturer:

This activity may be very challenging for the participants. It is important for the participants to understand where is their place in the family, where abuse has occurred and that children are not the ones responsible, the responsibility lies with the parents.

They have to know they are not alone.

At the same time, it is important that they understand the need to create and cultivate healthy and good relationships. They need to be reminded again that we should treat all the people with respect and respect their rights. Then we can expect that other people will behave in the same way to us. We have to start ourselves.

Also, be aware of the fact that in the group you may have participants who have witnessed domestic violence, who are victims of it or the aggressors. This lesson may be very difficult for them. So be very careful and sensitive about the way you present this topic and what you talk about. You do not want to insult or offend the children or their parents (even indirectly).

Activity no. 8 Personal hygiene

Goal:

To clarify the importance of personal hygiene, its basic principles

Motivate the participants to create and maintain everyday habits and skills

Comments of the lecturer:

Basic hygienic habits:

Swimming, showering

Dental hygiene

Hand, feet and hair washing

Material and supplies for maintaining personal hygiene

Cultivation of hygienic habits

Cold adaptation - meaning

Dressing - principles of proper dressing, cleanliness of clothes

Activity:

Distribute the Hygienic habits worksheet to all the participants.

Ask them not to cheat, but to honestly fill in the worksheet according to what is true for them.

When they do it, ask if there are any volunteers who wish to disclose their hygienic habits aloud.

Make sure not to embarrass anyone by claiming that his habits are bad or inadequate. You can tell the person (if you disagree with what he or she said) that other people have different experience and different habits, and what is considered "standard" in our society can work differently in other cultures e.g. in SR it is recommended to wash hair twice a week, but the Japanese and Americans wash their hair every day.

Activity no. 9 Flower of Health

What will you need: coloured paper, scissors, markers or coloured pencils

Time: 30 min.

Comments of the Lecturer:

The lecturer briefly presents a notion that human health can be likened to a flower with 6 petals. Each of them may be of different colour, but they are all the same size and of equal importance. They represent different aspects of human health:

1st petal: physical (bodily) health

2nd petal: emotional (feelings related) health

3rd petal: mental (psychological) health

4th petal: social (linked with our functioning in our social environment) health

5th petal: spiritual health (attitude towards faith, values and meaning of life)

6th petal: environmental health (the environment we live in)

The lecturer gives examples of what each individual petal represents in the life and health of a person. He may apply it to his or her own life and include situations when he was ill himself or had a personal problem in any of the mentioned areas. The purpose of such presentation is to show and make it very clear to the Roma women that health does not mean just the health of the body (physical health), and it is not only a physical state when we feel fine, because we are not in pain.

Group activity:

The lecturer prepares in advance six large cutout flower blooms.

The participants are divided into 6 smaller groups. The lecturer then determines, which group will deal with which bloom of health (physical, emotional, etc.). Each group will then think about what their bloom means in the health of a person, and write their ideas down on the bloom.

After the group work, "presenters" from each group will step forward and present their bloom and its meaning. Finally, they will stick their bloom onto a board to create a beautiful colourful flower.

Conclusion:

We recommend that you return to the flower of health in different situations: when talking about people's relationships, human sexuality, or the problems of family life: it is always possible to incorporate these situations into the flower and apply it to the blooms of our health, precisely because everything a person experiences, touches and is reflected in his or her health.

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