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viva
together for children

Viva Equip
PEOPLE

CELEBRATING CHILDREN WORKBOOKS

Five: Working with children: practical issues

EQUIPONEHELPMANY

Edited by: Kerstin Bowsher and Glenn Miles

Written by:

Lessons 1-2	Kerstin Bowsher
Lessons 3-4	Dick Stellway
Lessons 5-7	Brenda Darke
Lesson 8	Patrick Prosser
Lessons 9-10	Lorie Barnes
Lessons 11-12	Glenn Miles
Lesson 13	Jenni Sherwood
Lesson 14	Glenn Miles
Lesson 15	Jane Travis

Series editors: Kerstin Bowsher and Glenn Miles

Thanks also to Jennifer Orona for all the hard work that went into bringing this project to life.

These workbooks have been written by a number of authors who have generously donated their time and expertise. Viva is pleased for you to use these workbooks to equip people caring for children at risk. Please do acknowledge authors and Viva if using these workbooks for training. Knowing how Viva's publications are used helps us to improve the quality of future publications. Please do give feedback on this through the registration and evaluation forms.

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Part 1 Medical and physical challenges

In this part we will consider various aspects of children's needs that are related to their medical and physical wellbeing. The aim is to lay a foundation of understanding of central issues so that as child care workers we can provide the best care and support for all children, to enable them to thrive on the one hand, and to participate fully in our programmes and activities on the other.

Lessons 1 and 2 look at some of the most basic needs of children: good nutrition and health. Without a healthy, balanced diet and good health, free from infection, children will not be able to grow and develop properly, nor will they be able to benefit for other activities designed to support them. The lessons aim to provide some basic guidelines and information. Further information and resources are listed in the resource section at the end of the workbook.

Lessons 3 and 4 focus more specifically on issues related to HIV/AIDS and its effect on children. Lesson 3 looks at how Christian programmes can care for children affected by AIDS in their own community and Lesson 4 looks at key messages for youth about preventing HIV/AIDS.

Lessons 5-7 introduce the topic of disability and how we can welcome and include children with all kinds of disabilities in our programmes and churches. Lesson 5 explains some basic facts about disabilities to enable workers to avoid common misunderstandings and mistakes. Lesson 6 looks at the way our attitude toward children with disabilities can help them participate more fully, Lesson 7 provides guidelines for practical steps churches and ministries can take to enable the inclusion of children with disabilities.

Lesson 8 we will look at commonly available illegal drugs and the key messages youth need to understand about the risks involved in taking them.

We will look at these different issues of violence in the context of the UN Convention on the Rights of the Child which states that children have the right to 'the enjoyment of the highest attainable standard of health' (Article 24) and that there is a duty to ensure this right to each and every child 'without discrimination of any kind' (Article 2.1).

Lesson 1: What are the nutritional needs of children?

Summary

- What is malnutrition / undernourishment?
- What are the effects of malnutrition?
- How can we address the problems of malnutrition in the children we work with?

"Undernutrition jeopardizes children's survival, health, growth and development."[1]

According to the World Food Program[2], one in nearly six people do not get enough food to be healthy and lead an active life. Hunger and malnutrition are in fact the number one risk to health worldwide — greater than AIDS, malaria and tuberculosis combined. Children are particularly vulnerable: poor nutrition makes children more susceptible to infectious diseases and impairs their physical and mental development; it reduces their future labour productivity and increases the risk of premature death. Malnutrition is linked to poor child care. Unsafe water, inadequate sanitation and poor hygiene increase the risk of diarrhoea and other illnesses that deprive children of vital nutrients and can lead to chronic undernourishment.

Among the main causes of hunger are natural disasters, conflict, poverty, poor agricultural infrastructure and over-exploitation of the environment. Recently, financial and economic crises have pushed more people into hunger. Inequity, low maternal education and women's social status are also significant underlying factors that contribute to undernourishment.

Understanding malnutrition and undernourishment

"Nutrition problems are often unnoticed until they reach a severe level. But mild and moderate undernutrition are highly prevalent and carry consequences of enormous magnitude: growth impairment, impaired learning ability, and later in life, low work productivity. None of these conditions is as visible as the diseases from which the undernourished child dies. Children may appear to be healthy even when they face grave risks associated with undernutrition."[3]

Undernourishment happens when people's food intake does not give them enough calories (energy) to meet their minimum physiological needs. (On average, the body needs more than 2,100 kilocalories per day per person to allow a normal, healthy life). At present, there are more than 1 billion undernourished people worldwide, most of them in developing countries.

Malnutrition means 'badly nourished', but is more than a measure of what we eat or fail to eat. Malnutrition is characterised by inadequate intake of protein, energy and vitamins and minerals (micronutrients) and by frequent infections and diseases. Malnutrition also includes being too fat (obese). Without the right nutrition, people will die from common infections like measles or diarrhoea. Diseases such as marasmus and kwashiorkor are the result of nutritional deficiencies.

Malnutrition is measured not by how much food is eaten but by physical measurements of the body - weight or height - and age. It is measured using the following indicators:

- **Wasting:** is an indicator of acute malnutrition that reflects a recent and severe process that has led to substantial weight loss. This is usually the result of starvation and/or disease
- **Stunting**: reflects being short for your age. It is an indicator of chronic malnutrition and is calculated by comparing the height-for-age of a child with the height-for-age of well nourished and healthy children
- **Underweight**: is measured by comparing the weight-for-age of a child with the weight-for-age of well-nourished and healthy children.

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[1] UNICEF (2009)
[2] http://www.wfp.org/hunger
[3] UNICEF (2009)

It is estimated that the deaths of 3.7 million children aged less than five are associated with the underweight status of the children themselves or their mothers[4]

Micronutrient deficiencies are very important, afflicting nearly two billion people worldwide. According to the World Health Organization, deficiencies of iron, vitamin A, and zinc rank among the top ten leading causes of death through disease in developing countries. Micronutrients can be made available as food supplements and through teaching about a balanced diet.

- **Iron** deficiency is the most prevalent form of malnutrition. Iron deficiency impedes cognitive development and causes anaemia.
- **Iodine** deficiency affects 780 million people worldwide. Some 20 million children are born mentally impaired because their mothers did not consume enough iodine during pregnancy.
- **Vitamin A** deficiency is a leading cause of child blindness across developing countries. Deficiency in vitamin A can increase the risk of dying from diarrhoea, measles and malaria.
- **Zinc** deficiency contributes to growth failure and weakened immunity in young children; it results in some 800,000 child deaths per year.

"Children with iron and iodine deficiencies do not perform as well in school as their well-nourished peers."[5]

Preventing malnutrition in children

"Marked reductions in child undernutrition can be achieved through: improvements in women's nutrition before and during pregnancy, early and exclusive breastfeeding, good quality complementary feeding for infants and young children with appropriate micronutrient interventions."[6]

Mothers and infants Nutrition interventions can make a huge difference to children's ability to grown and develop. A child's future nutrition status is affected before conception and is greatly dependent on the mother's nutrition status prior to and during pregnancy. A chronically undernourished woman will give birth to a baby who is likely to be undernourished as a child, causing the cycle of poor nutrition to be repeated over generations. UNICEF argues that the time from conception through the first two years of a child's life is a critical window of opportunity. Supplementary meals, vitamin supplements, nutrition education and opportunities to grow food are all ways to support pregnant mothers and infants.

Include nutrition as part of a child programme[7]

Community development: e.g. improving household security and availability of food

A life-cycle approach: improve the nutrition of this generation directly (by feeding them, giving them better food) and indirectly (by teaching their parents to understand nutrition)

Provide better nutrition for children: e.g. food supplements (breakfast, lunch or snacks) or micronutrient supplements (such as iron or Vitamin A)

Tackle infection at all ages: if a child has better overall health, she will be better able to respond to the benefits of a good diet

Include nutrition in the curriculum: use child-to-child approaches and help children learn about nutrition in practical ways – in school gardens, making choices about their diets and food preparation

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[4] http://www.wfp.org/hunger
[5] UNICEF (2009)
[6] UNICEF (2009)
[7] Tomkins (2003), 226-27. See also UNICEF (2009), 33-34 for some more ideas on effective and practical interventions for different ages

Case study

In 2000 the world witnessed its leaders agree to achieve eight Millennium Development Goals by 2015. These goals include things like reducing child mortality, combating diseases like HIV and malaria, making sure primary education is accessible to everyone and ensuring environmental sustainability. These sound like such big objectives, but lots of great work is already going on around the world to make these goals a reality. For example, Christian organisations in Costa Rica's feeding centre network are aiming to meet Goal #1-Eradicating Extreme Poverty and Hunger.

The Feeding Centres operate in the worst parts of San José, Costa Rica. In these slums 42% of children are malnourished, and many have to quit school to look after their little brothers and sisters so their parents can go to work. Hunger and poverty are resulting in a lack of education – a setback for two of the MDG's.

Through partnerships with local churches in San José, the city-wide network is providing meals for 450 children a week at Feeding Centres. But it's not just us giving these kids healthy meals – they're helping make sure the children are well-fed at home too. We've designed a programme to teach parents how to buy the most nutritious food even with very little money, and to prepare healthy meals for their children.

One of the major benefits Feeding Centres are having on their communities is, surprisingly, child care. The intent in setting them up was simply to feed children. But since there are always volunteers in the Feeding Centres, kids can leave their little brothers and sisters at the Centres while they go to school. They pop in for breakfast, leave the little ones and go to school, hurry back for lunch, and then pick up their brothers and sisters on the way home.

For eight-year-old Rosita, this means not spending every day sitting in her family's tiny home or walking the dangerous streets. Until she discovered her local Feeding Centre she had to stay with her two-year-old brother while her parents went to work. Now she knows he'll be happy with all the other kids at the Feeding Centre while she goes to class, and they both have two healthy meals a day there.[8]

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[8] Adapted from http://viva-togetherforchildren.blogspot.com/2010/05/david-cameron-feeding-centres-and-mdg.html

Exercises

Fill in the gaps in the summary of the lesson:

______ and _____________ are the number one risk to health worldwide. _________ are particularly vulnerable: poor nutrition makes children more susceptible to ___________ _________ and impairs their _________ and _______ development. __________________ happens when people's food intake does not give them enough calories to meet their minimum physiological needs. _____________ means 'badly nourished', and is characterised by inadequate intake of ________, energy and _________ and _________ (micronutrients) and by frequent infections and diseases. Indicators of malnutrition are ________, _________ and being ____________. ______________ deficiencies (e.g. iron, iodine, vitamin A, zinc) are also very important. Important improvements in nutrition can be achieved by working with ________ and infants and by including nutrition in _____ ___________.

Discussion questions:

1. What are the most significant risks of poor nutrition for children and their communities? Are children in your community facing these risks? How do you know?

2. What signs would you look for to assess whether children in your church or programme are suffering from malnutrition or undernourishment?

3. What steps can you take to improve the nutritional status of children in your care?

4. What could your church or organization do to make the most of the 'critical window of opportunity' for improving a child's nutrition (during pregnancy and the first two years)? What barriers would you face?

5. What are the main factors contributing to problems related to poor nutrition in your context? How could your church or organization help to change them? What different strategies are needed (e.g. advocacy, education, etc.)? Who else would you need to work with for these to be effective?

Lesson 2: How should we help children avoid infections?

Summary

- What infections put children at risk of harm?
- How can we help prevent infections?
- How should we care for a child with an infection?

Many of the children we work with come from disadvantaged families who live in poor environments where infections are common. Unless interventions are introduced to prevent and treat infections, the physical and cognitive development of these children can be seriously impaired.[9]

Major health risks to children

"Five diseases – pneumonia, diarrhoea, malaria, measles and AIDS – together account for half of all deaths of children under 5 years old. Undernutrition is a contributing cause of more than one third of these deaths.

It is possible to save lives and greatly reduce human suffering by expanding low-cost prevention, treatment and protection measures. The challenge is to ensure that this knowledge is shared with parents, caregivers and communities, who are the first line of defence in protecting children from illness and harm." [10]

Unborn children	The mother can transmit infections that damage the brain, immune system and specific organs, e.g. syphilis, hepatitis and HIV/AIDS
Infants and young children	A range of infections can damage the development of infants Severe malaria and meningitis can lead to brain damage and deafness. Dengue and haemorrhagic fevers are increasingly common (especially in Asia), leading to forms of encephalitis and brain damage. Respiratory infections such as whooping cough can cause chronic lung damage, making it hard for the child to be energetic and healthy. Respiratory infections can also cause chronic ear diseases leading to deafness. Measles can cause blindness. Poliomyelitis can cause weakness of the limbs Diarrhoea and intestinal parasites cause chronic ill health leading to poor nutrition and reduced ability to concentrate and learn at school Infections are often worse if the child is HIV+
School-age children	Children at school are vulnerable to intestinal infections, malaria, schistomiasis (a parasitic infection of the bladder and sometimes intestine and liver transmitted by snails in water in which children paddle or swim) and skin infections (e.g. scabies and leg ulcers) HIV+ children are susceptible to frequent infections. It is important to remember that HIV+ children are not likely to pass the virus on to other children. Teachers, parents and governors of schools much ensure that the confidentiality and right to education of HIV+ children are respected

[9] Tomkins (2003)

[10] Foreword, UNICEF et al (2010). See http://www.factsforlifeglobal.org/ for this essential handbook on preventing and treating childhood disease

Adolescents	In addition to the infections that affect younger children, adolescents are vulnerable to the risks of sexual activity (sexually-transmitted disease and HIV)
All children	Some occupations put children at risk of respiratory infections e.g. where they are exposed to smoke in brick factories and street children at traffic lights exposed to car/truck exhaust fumes; skin infections e.g. where they are working with farmers using sharp tools and walking with bare feet when they should have shoes to protect their feet Parasitic infections causing chronic disability inlcude filariasis (causing elephantitis) and onchocerciasis (leading to river blindness). These are transmitted by insects and are more likely to affect children living in poor conditions where insects breed

How can we help reduce the risk of harm from infections?

The damaging impact of infection on child development is often so serious that all child-care programmes should make specific plans for *prevention* and *treatment* of infections. Some strategies include:

Prevention:

- Make sure that all children are completely immunized
- Clean up the environment to prevent insect-transmitted diseases (e.g. use bed nets treated with insecticide)
- Be aware of safety issues such as protecting children from glass, needles and sharp instruments
- Improve hygiene and sanitation to prevent diarrhoea and intestinal parasites and ensure children have soap and water for their own personal hygiene
- In areas where intestinal parasites and schistosomiasis are common (often suspected by a lot of children passing blood in their urine), give regular deworming medication
- Encourage children to learn about infection, how to prevent disease, recognize symptoms and what treatment is needed

Treatment:

- It is important to take illness seriously, recognizing symptoms at an early stage and ensuring that children see a health professional

How to care for a child with a fever

Ask the child to strip to their underwear, use fans to cool the body, give paracetamol / tylenol (syrup for young children or tablets for older) or another anti-fever medicine as instructions on the bottle every four hours until the fever subsides, gently sponge the body with a wet towel if fever continues after medicine given, refer to a doctor if fever still persists or other symptoms present.

The church has a holistic responsibility to children and their families which includes spiritual and physical healing of individuals and communities. Health programmes need to network with the church and understand their responsibilities to tackle the wider issues and root causes of poor individual and community health.[11]

[11] Miles and Stephenson (2001)

Case study

The immunisation hand[12]

Many people have difficulty remembering the schedule for childhood immunisation. This means that children often miss some or all of a series of immunisations that can protect them against polio, hepatitis B, diphtheria, tetanus, and other preventable diseases.

The schedule recommended by the World Health Organisation includes at least six different vaccines, which are given over the course of 5 visits from birth to nine months of age. Parents who can't read don't benefit from written reminder cards or health cards issued at their child's birth. How can we help them remember when to take their infants to be immunised?

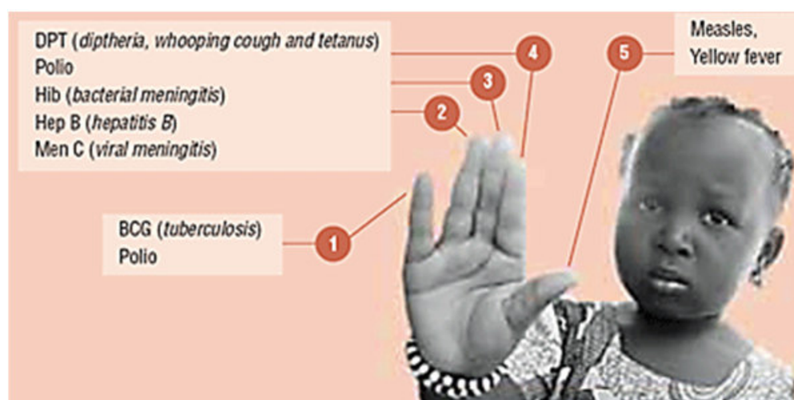
Song, mime, theatre and games are all good ways of sharing health information with people who cannot read. The 'Use your hands' activity can be used in a workshop or during community education sessions. The poem can be translated, adapted, and presented as a song, chant or rap. This is particularly effective if the words can be sung to the tune of a well-known local song.

Use your hands

People can learn to remember messages using their bodies. In Benin, PROSAF staff (the Integrated Family Health Project) developed a learning activity called the 'Immunisation hand' which encourages people to use their fingers and a poem to remember the schedule.

Hold up your hand, separating the thumb and little finger while holding the three middle fingers together.

Each finger can demonstrate an immunisation visit, and the vaccines which may be used. (Different countries may follow a slightly different schedule, depending on the national immunisation programme.)



1 LITTLE FINGER - FIRST VISIT - AT BIRTH
2 RING FINGER - SECOND VISIT - AT 6 WEEKS
3 MIDDLE FINGER - THIRD VISIT - AT 10 WEEKS
4 INDEX FINGER - FOURTH VISIT - AT 14 WEEKS
5 THUMB - FIFTH VISIT - AT NINE MONTHS

The three middle fingers are held together to represent three visits for the same immunisations. For them to be fully effective, the child needs to make three visits just a month apart. The bigger space between the thumb and the middle fingers represents the long wait until the child is nine months old for the fifth immunisation.

Immunisation hand poem

'I need five immunisation sessions against terrible childhood sicknesses.
Immediately at my birth, give me my first immunisation.
When I'm six weeks old, give me my second.
At two and a half months, give me my third immunisation.
At three and a half months, give me my fourth.
And then when I'm nine months old, give me my fifth immunisation.
Bravo! I have completed them all before my first birthday!'

[12] http://tilz.tearfund.org/Publications/Footsteps+61-70/Footsteps+65/The+immunisation+hand.htm

Exercises

Fill in the gaps in the summary of the lesson:

Children's development can be seriously impaired without interventions to _______ and _____ infections. Pneumonia, diarrhoea, malaria, measles and AIDS account for ____ of all deaths of children under 5 years. Key steps for preventing infections include making sure all children are completely _________, cleaning up the environment to prevent ______-transmitted diseases, improving _______ and __________ and using appropriate _________ medication. Children should _____ about infection and disease prevention. It is very important to take illness _________, to recognize ________ at an early stage and ensure that children see a ______ ____________.

Discussion questions

1. What infections and other health problems are most common in the children you work with? What are the signs of these problems?

2. From what you have learned and your experience, what are the most serious risks associated with these infections? What are effective ways to protect children from these risks?

3. What does your church or organization do when a child is sick? How does this help to treat and prevent infection?

4. What are some specific ways you can help to improve the health of the children in your care? What resources and materials will you need? How will you get them?

5. What further training or information do you and others in your organization or ministry need in order to care for the health needs of children in your care? How could you get this information or training?

Activity

How could you use the 'Immunisation hand' activity in your community? Are there other creative ways you could communicate with children and parents about health issues?

Discuss your ideas with your peers.

Lesson 3: What are key messages for youth about preventing HIV/AIDS?

Summary

- Understanding HIV/AIDS
- Key prevention messages: SAVE and ABC
- Peer education

AIDS is a disease that is caused by a virus called HIV, the **H**uman **I**mmunodeficiency **V**irus. HIV belongs to a group of viruses called retroviruses. If you are infected by a type of HIV you will almost certainly develop AIDS – **A**cquired **I**mmuno**d**eficiency **S**yndrome. The body will try to fight the HIV virus but because the virus destroys certain white blood cells (called CD4 cells), the body loses its ability to fight off infections. Without appropriate treatment, the body will die within 2 to 10 years.[13]

Fortunately HIV is a virus that is not spread easily. You **cannot** get the HIV virus by

- being bitten by bugs or mosquitoes
- eating with someone or using the same toilet
- touching someone or hugging someone

How is HIV spread?

- From an infected mother to her baby. This is called mother-to-child transmission or MTC.
- From infected blood. This can happen when one gets infected blood during a hospital operation. A person's blood can also be infected in other ways such as when a knife used to circumcise an infected person is then used on another person or when a needle used to inject drugs into an infected person is shared by others.
- From having sex with an infected person. This is the most common way of contracting HIV.

Using S-A-V-E to protect against HIV[14]

S – **Safer practices** that prevent all forms of HIV transmission. For example, using condoms, ensuring that used needles are safely disposed of and medical equipment, knives, etc. are sterilized thoroughly after use.

A – **Available medicines**. HIV is a type of retrovirus that causes AIDS. While there is no cure for AIDS, antiretroviral drugs (ARVs) have been developed that can, when available and taken regularly, prevent people from dying of AIDS.

Medications are also available for the treatment of sexually transmitted infections (**STIs**). Getting treated for these infections is important because STIs such as gonorrhea and genital herpes cause sores on private parts and make it easier to pass the HIV virus from one person to another.

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[13] Garland and Blyth (2003), 8. http://www.aids-is-real.com/index.php?option=com_content&task=view&id=183&Itemid=32

[14] Material from this section is drawn from Laughlin, Bovard & Dortzbach, eds. (2008), 92-104

V – **Voluntary testing and counseling**. By going for testing and counseling a person can learn of his or her HIV status and be advised about how to live with the virus, learn what treatment may be available and how to avoid passing the virus on to others.

Everyone should go for counseling and testing. This is important for at least two reasons: (1) most people who have HIV don't know they have the disease and (2) when many go for testing and counselling, people stop suspecting that a person has the disease just because the person has been tested.

E – Education and empowerment. Educating youth about HIV and AIDS equips them with the knowledge they need to put aside dangerous and harmful myths and wrong beliefs about the disease. Education empowers by informing people with the truth about how to avoid getting the disease and how to help themselves or others who have it.

Because young people often look to their peers for advice, peers can be very effective educators. Peer educators who have special training will be able to provide accurate information about HIV and AIDS, physical / sexual maturation and about the physical, social, psychological and spiritual significance of sex. They will be able to dispel myths and correct misinformation. They will also be able to guide others in making good decisions, e.g., listing their options, examining the consequences of each option, seeking wise counsel, looking to their faith for guidance, making and acting on their decision and evaluating the results.[15]

A-B-C prevention message

Since most young people and adults contract HIV by having sex with someone who is infected, the **ABC** approach can be used to stop the spread.

A stands for **abstain**

Most faith groups believe that we should abstain from sex outside of marriage. By doing so, we can protect ourselves from getting HIV. Abstinence and delaying sexual activity until marriage may seem very difficult. It is important to talk with youth about the waiting for the right time to have sex and birth children.

B stands for **be faithful**

Married couples who do not have HIV cannot get the disease if they remain faithful to each other and do not have sex outside of marriage. As previously noted, most faith groups view sex as only appropriate within marriage. "Marriage is for life and is based on trust and mutual commitment and care for each other and for any children God may give them."[16] If a husband or a wife has sex outside of marriage, that person may become infected and then infect his or her spouse.

C stands for **condoms**

Using a male condom reduces the risk of contracting HIV. When one person in a marriage has HIV, using a condom can help protect the marriage partner from getting it. Because some youth will have sex outside of marriage, it is important to giving them accurate information about the condom. (For example, condoms lower the risk of getting pregnant.)

Note: Giving young people accurate information is not the same as encouraging them to have sex!

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[15] See Workbook 2, lesson 13 for more on child-to-child approaches, Workbook 1, lesson 12 case study and http://www.goldpe.org.za/index.php for the GOLD peer mentoring program and Workbook 3, lessons 10 and 11 for positive youth development, thriving and developmental assets that can all contribute to young people making good decisions and engaging with their peers

[16] Laughlin, Bovard and Dortzbach (2008), p. 82.

Case Study

Luke is a trained peer educator. Acting on Luke's advice, Luke's friend, John, went to a testing center and learned that he had a STI. While he was undergoing treatment for the infection, a counsellor at the center advised John that he should inform anyone that he had sex with that they might also have a STI and should get tested. John was afraid to do this but he did tell Luke about the test results. Because of his training as a peer educator, Luke was able to help John examine his choices, weigh their consequences and decide what he should do. John decided to tell his girlfriends about his STI and advise them to get tested.

Luke invited John to the second in a series of meetings that he and some other young people had organized to discuss HIV and AIDS and John decided to attend. Luke and another peer educator reviewed what they had learned in the previous meeting about how HIV is spread and noted the concerns that some youth in attendance had expressed about the difficulty of practicing safer sex. This second meeting focused on popular beliefs and peer pressures that encouraged young people to have sex and on ways to deal with them. John was impressed by the way the five girls and six boys who attended the meeting freely contributed to the discussion and sometimes questioned one another about their ideas.

After the meeting John decided to avoid having sex until he was married. The boys that John used to spend time with eventually found out about his decision. Some thought that this was weird and didn't want to spend time with him anymore. John got to know the young people who participated in the meetings that Luke and another peer educator were leading and found them to be a source of support and encouragement. John and some other participants in this group are putting together a drama that they plan to present at a local school. They want to use the drama to highlight the importance of young people treating one another with respect and acting responsibly to protect each other and their community from the spread of HIV and AIDS. They plan to follow the drama with an open discussion of issues raised in the drama and hope that the drama and the discussion will result in the kind of change that will decrease the spread of HIV.

Exercises

Fill in the gaps in the summary of the lesson:

AIDS stands for _________ _________________ _________. It is a disease caused by the ______ __________________ ______ (HIV). There is no cure for AIDS. You cannot get the HIV virus by being _______ by bugs or mosquitoes, by _______ with someone or using the _____ _______ or by _________ or ________ someone. HIV is transmitted from an infected _______ to her _____, from infected ______ and from _______ ___ with an infected person. _ _ _ _ is a message to help prevent AIDS: ______ __________ to prevent all forms of transmission of HIV; using __________ __________; __________ testing and counseling; __________ and ____________. Young people are more likely to listen to their _____. The ABC message is helpful for encouraging young people and adults to keep safe from HIV: ________ from sex outside marriage, __ _________ to each other and use ________. It is important to give young people accurate ____________; this is not the same as encouraging them to have sex.

Case study discussion questions

1. John learned that he had an STI. How are STIs related to the spread of HIV?
2. Why do you think John was reluctant to tell his girlfriends that they might have an STI?
3. What decision did John make after attending the meeting that Luke and another peer educator had organized?
4. What might help John uphold his decision? What might make it difficult for him?
5. What are John and others in the discussion group planning to do to encourage young people to examine their beliefs and behavior?
6. Luke is taking a leadership role as a peer educator. What are the benefits and challenges of giving youth leadership roles?

General discussion questions

7. Why do young people in your context sometimes avoid getting tested for HIV? What could be done to encourage them to get tested?
8. What cultural beliefs and practices where you live and work increase the risk of young people contracting HIV?
9. What can be done to challenge/change these beliefs and practices so as to reduce the risk?
10. What suggestions can you give young people who are dating that will help them avoid contracting HIV?
11. What activities do you think young people can be involved in to help reduce the spread of HIV? What opportunities are there in your church, organization or community?

Lesson 4: How can we care for children affected by HIV/AIDS in their community?

Summary

- How does HIV/AIDS affect children?
- Christian care must start with listening to children
- Actions to care for children affected by HIV/AIDS

Despite some advances in the diagnosis and treatment of HIV and AIDS, the AIDS pandemic continues to spread, disrupting communities and fracturing families in the process. Children are frequently the silent sufferers. Some are personally infected, often contracting the disease at birth or through nursing at the breast of an infected mother. HIV and AIDS also impacts children who do not have AIDS themselves but are living in a family with infected parents. Many children are orphaned by the disease.

Compared to their peers, children affected by HIV and AIDS often :				
lack sufficient food and nutrition	lack love, care and attention	begin working at an earlier age	suffer from poor health	experience stigma and discrimination
become vulnerable to sexual abuse	are exploited and overworked	do extensive and exhausting work	do poorly in school or drop out entirely	may lose their rights to family land and property

Loss of friends, loss of health, loss of physical support, even loss of a future due to poor school performance,[17] these kinds of consequences leave children feeling overwhelmed, isolated and afraid. In a word, HIV & AIDS can leave children in a state of emotional and psychological trauma.

Traumatized children suffer from "an invisible wound of the heart, mind and spirit."[18] They display a range of physical and emotional symptoms.[19] It is important to keep in mind that these are all **normal reactions** to **abnormal** events. Yet because their reactions are misunderstood or because traumatized children are inclined to withdraw, these children fail to receive the help and attention they so desperately need.[20]

How can we care for children affected by HIV and AIDS?

An informed and caring community of Christians can respond to the needs of children in ways that affirm their value and dignity and enable them to become fully participating and productive members of the community. The best place to start is to seek out these children and actively **listen to them**.

Listening to what children are struggling with, how they are hurting and what they are feeling not only informs adults but lets children know that are valued human beings and that there are others who genuinely care about them. Yet it is important to bear in mind that when children who have been severely traumatized it may take time to establish trust and to get at the hurts, fears and disappointments that they hold deep inside.

One very informative "listening study" involved orphans and vulnerable children in group discussions in three different African countries. Each of the countries was severely impacted by HIV and AIDS and most of the children involved in the study were personally affected by the disease. Listening to these children describe what helps them most in dealing with the pressures

[17] Let Your Light Shine Facilitator's Handbook, 52

[18] Let Your Light Shine Facilitator's Handbook, 113

[19] See Workbook 3, lesson 3 for detailed discussion of trauma and its symptoms and lessons 13 and 14 for tips on responding to traumatised children.

[20] HelpGuide to Emotional and Psychologial Trauma, information retrieved May 3, 2010 from http://helpguide.org/mental/emotional_psychological_trauma.htm .

they are encountering reveals a number of actions that programs can take to assist such children: [21]

Interacting with significant people. Children can derive inspiration and encouragement from a significant person in their lives—a person that they look up to and trust. Some children in the study identified a teacher whose advice and encouragement enabled them to improve their school performance and remain in school. The big sister, big brother program in Cambodia connected relatively privileged urban youth with poor orphans and vulnerable children in urban slums. These big sisters and big brothers became heroes—influential persons whom the slum children could trust and rely on for assistance. [22]

Engaging in recreational "time out." Providing children with opportunities foractivities like sports and games as well as music (singing or playing instruments), dance, and art can be of significant value. As one child expressed it, "burying myself deep into a game of soccer helps me to forget my problems for a time and makes me feel wanted and special."

Participating in a support group. Participating in support group sessions helps give children perspective and enables them to maintain a sense of meaning and personal integrity that sustain them during a critical time in their life. A number of children commented on how belonging to a Stop-AIDS club group enabled them to share their experiences. They children noted how the group has helped give them fresh ideas along with good advice and encouragement and how this has inspired them to take a positive attitude in life. Children's support groups may take a variety of forms including group Bible study. In addition to sharing and discussion, helpful group activities also include, drama, role play, and public presentations (often using drama) that help educate and sensitize the larger community.

Activating faith and trust in God. Teaching children how to pray and encouraging them to regularly communicate with God, tell Him their problems, their feelings and their concerns helps them develop a life-renewing faith. Songs, scriptural memory work and a host of other activities reinforce key faith components while providing opportunity for worship and praise. Examining Bible passages in light of the struggles children are facing can provide hope, perspective and vitality.

Nourishing dreams for the future. Dreams provide a powerful source of hope. These dreams may involve completing an education or training program, getting a good job or making enough money to help children like themselves. By reflecting on their dreams, children begin to think beyond their present circumstances. Children may need assistance in clarifying the steps necessary to realize their dreams and to reconcile them with obstacles they are likely to encounter.

Advocating on behalf of children. Many of the orphaned children interviewed in the study felt that people discriminated against them because they had no parent to stand in and stand up for them. This is what an advocate does. He or she pleads the case of the child. Advocacy involves sensitizing others to the special needs of children affected by HIV and AIDS, affirming their worth and championing their rights. In addition to securing an appropriate response from others, advocacy demonstrates to children that they are not alone, that they are valued enough that others will go out of their way to represent them.

Advocacy can be done in a variety of ways. The previously mentioned "big brothers" and "big sisters" in Cambodia found themselves advocating for the children they befriended. They got them into places like museums that would otherwise have been closed to them. They introduced them to their family, friends and church members. They explained the orphan's situation to influential people in the community. Just as Jesus welcomed the little children and instructed others to do so (see Matthew 19:14) these "big brothers" and "big sisters" received these children and saw to it that others also gave them a warm reception.

[21] Stellway (2006)

[22] Greenfield (2007). See also Workbook 2, lesson 11 case study

Case Study

Judith[23] was just 13 when her mother died last year. In the months before her death, the mother had become quite ill. Being the only daughter and her mother's oldest child, Judith felt responsible for taking care of her mother. It was during this time Judith's teacher noticed that Judith would sometimes arrive late for class and had trouble completing her school assignments. Now, four months after her mother's death, Judith sometimes fails to show up for school at all. On the days when she does come, she seldom speaks to anyone and has trouble concentrating on the lesson. While she had once been quite popular in school, she now seems to be alone and without friends.

The teacher commented to Judith about her behavior and suggested that she work on her classroom assignments with a couple of students after class. Judith said that she was expected to go home immediately after class was out. The teacher learnt that Judith was staying with her father's brother. He asked Judith if it would be possible for him to speak to her uncle. The uncle agreed to stop by the school after class the following day. The teacher told the uncle that Judith seemed to be having problems in school but he seemed uninterested.

Judith's teacher knew that Judith used to attend church with her mother and recalled hearing this pastor speak at Judith's mother's funeral service. He asked Judith if it would be okay if this pastor came to visit her in school the following week. Judith said that she would see him.

This pastor knew a bit about Judith's family history. He knew that Judith's father had left the family about three years ago and hadn't returned. He also knew that a few months later, Judith's mother became ill. Some women from his church had gone to visit her. Judith's mother refused to invite them into her house and didn't want to talk with them. After learning of her death, the pastor began to think she may have contracted HIV from her husband and didn't want others to know about her condition.

The following week, the pastor stopped by Judith's school on his way to town together with a woman from the church who knew Judith's family. Judith's teacher excused her from class so that her pastor could talk with her in the school office. At first Judith was reluctant to talk. The pastor managed to get her to talk a little about her mother. She confided that she missed her mother a lot. At one point she said that if she had just "worked harder," her mother might not have died. The pastor asked Judith some questions about her faith. She said she believed that her mother was now in heaven with Jesus but that she needed her mother. Before the pastor left he asked Judith if they could stop by the school to see her again the following week. She said she would like this.

When the pastor and the church woman came the following week Judith was a little more talkative. She shared that she was feeling very lonely. She admitted that she had few friends. She said she didn't really trust any of her classmates. The pastor recalled that Judith had some brothers and asked her about them. She said they were living in a distant village with her aunt (her mother's sister). She seemed quite bitter about being separated from them.

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[23] Not her real name

Exercises

Fill in the gaps in the summary of the lesson:

Children are often the _______ __________ of the HIV/AIDS pandemic. Children may be _________ themselves, they may live in a family with _________ ________ or they may have been _________ by the disease. HIV/AIDS leaves children in a state of __________ and _______________ _______. Christians can respond to the needs of children in ways that affirm their ________ and ______ and enable them to become fully participating and productive members of society. The first step is to _______ ___ _____. A listening study from Africa reveals a number of actions that programs can take to assist children affected by the disease. These include 1) interacting with ____________ ______; 2) engaging in ______________ _____ ___; 3) participating in a ________ ______; 4) activating ______ and ______ ___ ___; 5) nourishing _______ for the _______; and 6) ___________ on behalf of children.

Discussion questions

a) Understanding Judith's situation:

1. In what ways has HIV affected Judith's life?

2. How is she responding physically and emotionally? Is Judith showing any signs of trauma?

3. Do you think that Judith is reacting "normally" to an abnormal situation? Why do you think some people might blame Judith for her "strange" behavior?

4. Did Judith's teacher need to ask Judith's permission before talking with her uncle and before inviting the pastor to meet with her? Why do you think he sought her permission?

5. Why do you think the pastor took another woman from the church with him to visit Judith?

b) Assisting children affected by HIV:

6. What are some things that the Christian community can/must do to help children like Judith whose lives have been devastated by HIV? Would it be possible for your organization to implement any of the six activities recommended for troubled children?

7. Some churches have set up day-care or drop-in centers where troubled children and youth can come to relax, receive after school instruction, participate in a support group, and so on. Could such a center be established in your community? If so, who would sponsor it? Who would staff it?

8. Judith's two brothers are staying with their maternal aunt. Suppose that Judith has expressed a desire to move in with them and the aunt is willing but is too poor to be able to feed and care for her. Is there anything that could be done to help the aunt gain the food and income she needs?

9. What would you want to know about a relative, family friend or potential foster parent before allowing them to take a child like Judith into their home?

Lesson 5: What are basic facts that churches and organizations need to understand about disabilities?

Summary

- What is disability?
- Overview of different disabilities

What is a disability?

Disability is a limitation that affects someone in their normal daily life. The World Health Organisation says that the word disability includes "impairments, activity limitations or participation restrictions".[24] It is a complex concept involving not just the person but the society and environment in which they live.

A disability is not an illness. The main distinction between disability and illness is about how long it lasts. Normally illnesses will run their course or will respond to treatment. This is not true of disabilities, although there may well be some measures that can be taken to improve the quality of life of a disabled child. We should remember that many illnesses cause disabilities, e.g. polio or menigitis. A boy or girl with a disability is not ill and should not be treated as if they were, although they may be more vulnerable to certain infections because of their disability, e.g. someone who uses a wheelchair may have more chest infections because of their immobility.

What causes impairments?

We should understand that babies are not born with disabilities because of sin. There is normally no direct link between wrong actions of the person or their parents and disability. Sometimes we know the medical reason why a boy or girl has a disability but not always. In fact, a large number of disabilities are preventable.

Some of the main causes of impairments are: [25]

Malnutrition (100 million, 20% of all disabled people)

Accidents/trauma (78 million, 15.6 %)

Infectious diseases (56 million, 11.2%)

Non-infectious diseases (100 million, 20%)

Congenital diseases (100 million, 20%)

What are the main kinds of disability?

Usually we think of 3 broad areas of disability, involving a) physical and motor function b) the senses, and c) cognitive function, intelligence and conduct. In addition, The new International Classification of Functioning (ICF) recognises "systemic" or "invisible" disability, such as epilepsy, cystic fibrosis or diabetes. Within these general categories are other factors such as the level of disability which might be slight, moderate or severe. Some children have very complex multiple and profound disabilities.

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24 WHO, International Classification of Functioning, Disability and Health (ICF)

25 There is a wealth of information on internet. The following is taken from Disability Awareness in Action (2001) www.daa.org.uk/ItisourWorldToo.htm

- **"Invisible" disability**

  Depending on how well these are controlled, we may or may not consider them to be disabilities. Epilepsy is particularly difficult as in many cultures it is still considered to be linked to demon possession and thus a child with epilepsy may be stigmatised. The temptation to hide this may be strong, and some children are kept at home for fear of the reactions of others, especially in churches. Epilepsy is often found in children with some kind of brain damage, so is closely related to many other disabilities such as cerebral palsy or hydrocephalus, and may in fact cause further damage, which makes it even more important to treat the epilepsy promptly.

- **Physical disabilities**

  Some of the most commonly seen disabilities are cerebral palsy (often from a difficult birth as it is related to lack of oxygen causing cerebral damage), other forms of paralysis, for instance resulting from polio (although with the vaccination campaigns this is not now so common), muscular dystrophy (a genetic disorder) or accidents to the spinal cord or brain, spina bifida (which is more prevalent where the mothers do not have enough folic acid in their diet during pregnancy), limb loss from birth defects (which can be caused by contaminants in the environment such as pesticides used in fruit plantations) or amputations often due to road accidents or familial violence or war, especially land-mines, loss of function from burn damage (common where the cooking is done on open fires) or other disabilities related to poor nutrition such as rickets.

- **Sensory disabilities**

  The two main categories here are blindness or deafness. Many children will be partially sighted or hearing but still require some help to use their remaining sight or hearing. Children may be born deaf or blind because of a genetic problem or some illness during the pregnancy, e.g. rubella which is now widely recognised to cause blindness or deafness, or both, and can easily be prevented by vaccination of young girls. Others develop or acquire these disabilities as they grow because of environmental factors, disease, such as river blindness, lack of adequate nutrition or accidents and violence (as with the practice in some communities of throwing acid at girls). Some forms are genetic in origin, which may affect several people in the same family.

- **Cognitive function, intelligence and conduct**

  Most of us are familiar with Downs syndrome which is one of the most common causes of cognitive disability. It is usually obvious because of distinctive facial characteristics and a tendency to associated heart defects and poor feeding at birth. Downs syndrome is caused by an extra chromosome, and parents are often older than average.

  However the most common cause of cognitive disability is in fact Fragile X syndrome. This syndrome causes a series of disabilities mainly cognitive, and often includes some degree of autism, and a lengthened facial formation. The cognitive disability is not normally profound and most of these children can develop verbal skills, as well as a degree of independence.

  There are many other causes of intellectual disability, including some forms of cerebral palsy where the brain damage is so great that it compromises the areas of the brain needed for language and reasoning. Brain damage sustained after birth from malnutrition, disease or accident all contribute to the number of children with some degree of cognitive disability, as do poisoning from pollution and wrong drug use.

Key issues affecting all families who have a child with disability are: poverty, family breakdown, lack of resources for health care, education, transport, lack of future job opportunities, all of which maintain the cycle of chronic poverty and poor quality of life. In the next two lessons we will look at some practical ways in which we can welcome and include children with different kinds of disability into our churches and our programmes through an inclusive and positive attitude and by adapting our premises and our behaviour.

Case study

Here are two examples of Christian answers to the needs of children with disabilities and their families:

1. Creating opportunities

One example to address these issues comes from Arequipa, Peru. A day centre attached to a well known privately-funded Christian school offers a variety of facilities to local families from poor communities. These children with varying disabilities from deprived backgrounds have not been able to access education or therapy from other sources, so the difference that this centre makes is dramatic.

Amongst the provision is physiotherapy and occupational therapy. There are classes staffed by teachers who have some training for children with special educational needs, some of this focuses on early stimulation but there is also provision up to late teenage. The older children receive some vocational training, in such areas as bakery or computing. Transport is provided to bring the children into the centre as one of the greatest barriers for most of them is the inability to move around in an environment without level pavements and easy access for wheelchairs. The complexity of organisation means that there is a limited number of children who can be accommodated, but there is also the problem of identifying those most in need. In this society, many children are still hidden away.

An attempt has been made to integrate this group of children into a large and prestigious school on the same campus. As yet this is limited to special events and sporting occasions but it is recognised that these changes in society are processes which can take several years to fully realise.

There is an attempt to support families, usually single mothers, by giving some opportunities to share with each other and to receive pastoral support and biblical teaching on disability as well as practical advice. The children are taken for a short visit to the sea each year.

2. Family support network

In Buenos Aires, Argentina a local initiative is run by a couple – a pastor and his wife who have a daughter with a disability. This parent-run group meets once a month to encourage each other with whole families coming together to share experience, pray, listen to talks, and have fun over a shared meal. Even a simple meeting can provide a much-needed opportunity to meet with others who face the same challenges and even those who can pass on helpful information or contacts. As this community has grown together, it is noticeable that they are able to ask each other for practical help, advice or prayers, thus providing an invaluable support in a natural way. The role model of a father who is lovingly and actively involved in his daughter's life is helpful in a macho society where it is tempting for a man to abandon his family rather than face up to the possible stigma of fathering a child with a disability.

Exercises

Fill in the gaps in the summary of the lesson:

Disability is a __________ that affects someone in their ______ _____ ____. Disability is not just about the person but also about the _______ and ___________ in which they live. A disability is not an _______. Babies are not born with disabilities because of ___. Sometimes we know the _______ ______ why a boy or girl has a disability but not always. A large number of disabilities are ___________. There are 3 broad areas of disability involving a) ________ and _____ function, b) the ______ and c) _________ function, ____________ and _______. A disability can be slight, ________ or severe. Some children have complex ________ and ________ disabilities. Children with different kinds of disability can be ________ into churches and programmes through an _________ and ________ attitude.

Discussion questions

1. What are the kinds of disability seen most commonly in your community? Why might this be so? (On what do you base your reply: hearsay, previous investigation, reports from official census, personal experience, or other?)

2. What beliefs or attitudes do people in your community have about disabled children? Are these based on facts? What is the impact of those beliefs or attitudes the way children with disabilities are treated?

3. What about people within your church or organization? In what ways are they the same or different?

4. How could you, your church or organization help to change negative attitudes and false beliefs?

5. How could you and others from your ministry or organisation learn more about children with disabilities? (e.g., by visiting families in your area or networking with other organisations that have more experience than yours)

6. How could your organisation contribute to the amelioration or prevention of disabilities? (e.g., if you run a feeding programme, what measures could you take to ensure that all preventable disabilities caused or exacerbated by poor nutrition are avoided? In health programmes, how are you ensuring that all the vaccinations preventing disablement are freely available to girls as well as boys?)

7. What ways are there in which you can support the families of children with disabilities, perhaps by offering to give some very occasional respite care, allowing the couple to have time for each other? In your cultural context would this be a workable idea and if not what other ways could you promote the continuing family life in the face of few resources and constant demands on energy and patience of so many parents?

Lesson 6: How can we be enabling with children with disabilities in our churches and programs?

Summary

- What risks do children with disabilities face?
- The importance of a positive attitude for enabling children with disabilities
- Promoting integration with non-disabled peers

Did you know?[26]

There are up to 150 million disabled children globally and the numbers are rising

Disabled children are much more likely to live in poverty than other children

They are four times more likely to be neglected and physically abused and over three times more likely to be emotionally abused

In some countries 90% of disabled children will not survive beyond the age of 20

Only 2% of disabled children across the developing world have access to education

Discrimination in relation to life saving treatments, to health care services and education is a widespread problem

Access to justice is routinely denied because they are not considered credible witnesses

We should be especially aware of the frequency of abuse of children who have disabilities and be vigilant. Children with speech and language disorders or behaviour disorders are seven times more emotionally abused than their peers. 50% of deaf children and young people, and 60% of those with an intellectual disability are sexually abused. The most likely places for this abuse are the home, the school, other institutions and even churches.

Christians should lead the way in combating negative attitudes toward children with disabilities, and it is important that our churches and programs welcome all children.

How can we develop an enabling attitude?

We need to understand that we should never divorce the impact of a particular "impairment" that a person may have as a result of a congenital problem, or injury or illness, from their family and social context. Their opportunities for participation and inclusion will depend on all these factors. If family and friends of a child with a disability have postive and non-discriminatory attitudes there is more likely to be a positive outcome in that child's life. One of the most disabling factors to affect any child is our attitude, which is usually based on our beliefs.

[26] Disability Awareness in Action (2001)

Here are some guidelines:

Use value-free language Our language often reflects the way we think so we need to be careful that we only use positive and appropriately affirming language in our dialogue with the child or his parents. As there is nothing inherently sinful about a disability, either one that the child was born with or one that they acquired after birth, then our language about disability should be neutral and value free. So we may wish to say "a child living with a disability" rather than one "cursed with a disability".

We can help the child to be participate if we avoid the language of victimisation ("she *suffers* from cerebral palsy" or "parents *burdened* by a disabled child") and replace it with a more neutral phrase ("she has a condition called cerebral palsy" or "their new baby girl was born with Downs syndrome"). Rather than saying that a boy is "confined to a wheelchair" we could emphasise opportunity and say "using his wheelchair he can go to school".

Build self-esteem Children with disabilities often have very low self esteem because of prejudice so we can make a difference by promoting more self assurance.

Be realistic Having a disability does not make anyone, even a child, a saint! It is better to avoid the use of the "special" as this fosters false ideas around disability as if these children were inherently different in nature from other children. We hear them described as "angels", and we may smile as, like all children, they are often very appealing. This is not helpful as we assume that being "angels" they are in another category. This does not promote inclusiveness as children are quick to perceive different treatment for the same behaviours.

Child-centred care A boy or girl who has a disability of any kind is no better or worse than any other child. They might have different ways of communicating, of finding out information, or moving themselves or of understanding the world about them but they will almost certainly have the same needs for security, love, friendship, education, nutrition, shelter and protection as any other child. They may have all kinds of skills and talents. Their personalities will be varied as well as their abilities.

Finally, whilst putting a name to a condition may be helpful for us, we should beware of labeling children. Children are children: they are not conditions, syndromes or angels!

How can we help children accept and make friends with children with different abilities?

It is very natural to experience fear of others who seem very different. Non-disabled children might be influenced by negative attitudes from their friends, or something they have seen in the media or even picking up on their own parents' attitudes.

Basic information may help to allay fears. For instance, some people fear that Downs syndrome can be caught like an infection, so by teaching that it is caused by an extra chromosome we should help everyone to feel more relaxed and accepting.

We may also need to reassure children that someone who uses crutches can still play football or that a blind child can safely learn to be independent then this further breaks down barriers. As other children realise that boys and girls with disabilities want to have fun and play, just like themselves, then they can start to form friendships. So their new friend may not be able to run but he is great at computer games. This friendship factor will result in more genuine participation. Thus the engagement of the other children in this process is vital.

Case study

We may think we know Downs syndrome as it is one of the most easily recognised causes of cognitive disability. But think again![27]

1. David is a "typical" boy. He is social, with a tendency to over-eat, poor literacy and numeracy (almost non existent), but he communicates in his own way and ensures that he is never overlooked. He can even be manipulative and in some cases has been known to use force. He loves noise, football, swimming, parties, food, being centre of attention and is friendly and affectionate. His grandmother is the chief support in his life.

David also has a cancer on his face but the medical attention has been poor and the scar caused by its removal and attempted skin graft has never healed completely.

2. Pepe is of similar age to David but thin. He dislikes loud noise and large groups of people. He is extremely difficult to feed – as a baby, and for several years, he was tube-fed direct to his stomach and still has some problems with his swallow reflex. Pepe can read simple words, write his name and can also do simple maths. He enjoys hobbies, collecting such things as badges; he is computer literate, colours pictures meticulously and displays some autistic characteristics. He is friendly in one-on-one situations but says that clowns are scary as well as crowded, noisy places. He has a close relationship with his mother and aunt but his father, although still living at home, ignores him.

3. The last child is Raquel, a girl, also about the same age. She is the youngest of 4 daughters from a close family from a middle-class background. Raquel's father plays an important role in family life and the family is stable, even though he recently lost his job.

Raquel is gentle and rather shy, has some problems with speech but shows great interest in gymnastics, dancing and music. She is affectionate, and communicates well especially with people she trusts. She has been well supported by her mother throughout her school years and has achieved a good level considering her disabilities. Recently she celebrated her 16th birthday, an important landmark for a girl in Latin America. It was a great social occasion with many friends and family invited to the party. She danced her way through it, enjoying every moment.

All these families need some support but the more stable the family, the less this support is necessary. The figure of a father is key, which is why so many families struggle as the social attitudes still cause men to feel shame and contribute to family breakdown. If enough support and encouragement can be given to these families at key points, e.g. just after birth, at the school entrance age and coming of age, there is more probability of families remaining intact and thus providing the ongoing support for the child with a disability as well as for his or her siblings, who can often be neglected.

[27] Names have been changed.

Exercises

Fill in the blanks in the summary of the lesson:

Disabled children are at significantly higher risk of _____ than children who do not have disabilities. Christians should lead the way in combating ________ _________ toward children with disabilities. One of the most disabling factors to affect any child is our ________, which is usually based on our _______. It is important to use __________ language to talk about children with a disability and should avoid the language of _____________. Children with disabilities often have low ___________ so we should promote more self-assurance. It is important to be _________ about children with disabilities and make sure the care we offer is _______ __ ___ _____ as an individual. We can help children make _______ with children with disabilities by giving basic ___________, reassurance and opportunities to play together.

Discussion questions

1. Look at the examples in the case study, for each child
    - What are the main risk factors for each child and family?
    - What are the strengths that help protect them and could make them resilient?
    - How could you intervene to support the child and his or her family?
    - How would you support David, Pepe and Raquel if they joined your church or programme?
2. What kinds of expressions do you use in your community for children with disabilities? Which of these do you consider enabling or disabling?
3. How could you encourage good language and attitudes from all the workers in your organization or ministry?
4. What sort of abuse or barriers do disabled children face in your context? How could your ministry or organization help to protect them more?
5. How could you encourage non-disabled children in your family, church or organization to include and befriend children with disabilities? What are the main obstacles? How could you overcome them?

Lesson 7: What do we need to put in place to encourage children with disabilities to enter or remain in our churches and programs and be fully included?

Summary

- Practical Guidelines for inclusion of children with different disabilities

Certain basic features of our buildings are required if we are to include children with all kinds of disabilities. Most countries have legal requirements although often these laws are frequently ignored. As Christians we should respect the laws of our countries, even more so as in this case there is a biblical foundation for inclusion. Jesus broke down barriers of exclusion throughout his earthly ministry, so we are doubly charged with making our churches and institutions accessible.

Always consult first with the girl or boy (or if this is not possible with their families) about his or her needs and preferences and do not make assumptions about how or what they can achieve by themselves.

Here are some general guidelines that will help you optimize participation in your church or programme:

Physical disabilities

For those children who do not have other additional disabilities, we should ensure that they can physically move around, that they can communicate, and be as independent as possible in using the bathroom, feeding, dressing etc. Broadly speaking to allow participation we need to ensure barrier-free environments: such things as ramps, large bathrooms, wide doors, handrails and extra space between tables and in corridors all help.

Some children may need a personal assistant to aid them or a different form of communication based on pictures rather than speech. A great temptation is to over-protect the child or to do too much for him or her because we do not have the patience to let a child do their own work if it takes longer because of their disability. All staff should be careful to avoid these kinds of disabling practices.

Of course overprotection needs to be balanced with adequate care for safety. Uncluttered environments with no unguarded dangers such as holes or electrical wires left hanging make for good safe places for children whether they have disabilities or not.

Sensory disabilities

Children with visual disabilities will need to access information using alternative media, usually oral but maybe tactile if they can use braille. Personal assistants for support should be made available where necessary. We should also be aware of those who have some sight but need extra help by having large print available and taking care not to rely overly on visual presentations.

The environment needs to be free of obstacles that might harm a child with low or nonexistent vision but normally they are very able to find their way around and can be independent if given

some initial help. Forming relationships and communicating presents few problems as they can normally use speech and can hear their companions, but we should teach the need to intentionally introduce ourselves, as a boy or girl without vision will not be able to recognise us and at first may not know who is talking to them.

Children with hearing disabilities obviously need more help with forming friendships as they cannot always rely on spoken language. Many become adept at using other forms of communication such as sign or body language, gesture and lip-reading. If the child uses sign language then it is best for all to start learning this language or, if not a realistic possibility, then to employ an interpreter. We should also realise that those with some limitations in their hearing might find high sound levels only makes their situation worse as sound becomes distorted rather than clarified. How often does the decibel level of worship using sound systems become dangerously high, excluding those with hearing disabilities or even generating more cases of hearing loss?

If the child is deaf-blind, then there are further challenges and we will need to find someone who can communicate by finger spelling, a tactile method based on using the hand. Again great importance should be attached to not overprotecting these children.

Cognitive disabilities

This is perhaps the most difficult issue for us in church-based programmes. Our faith is based on the written word and abstract concepts of an invisible God, so we may be disabling those children who are unable to understand these sorts of ideas. It is all the more important that our actions reflect God's love for these children.

In practice, we should give clear instructions, with visual aids and practical demonstrations if at all possible, use repetition, and give more time for completion of tasks. More difficult assignments should be divided into short easier goals. Many children with short attention spans appreciate frequent changes of activity.

When some babies are being born if there is a problem during the process of leaving the birth canal they may not get enough oxygen to the brain and this can affect the brain. The brain can also be impacted at a later date if the child has a head injury. Babies born with some kind of cognitive disability may be helped by programmes of early stimulation designed to develop their potential from a very early age. Whilst their development is by definition slower than that of other children, they may still reach many of the same milestones, just a little later than their peers. Their achievements should be celebrated and recognition given to their strengths, for instance in sports or arts or social development.

Independent living may be a real possibility in many cases and care must be taken to encourage potential in all areas of life, not just academic. It may be necessary to remind adults and other children of the need of additional patience and positive reinforcement of good behaviours.

Finally whilst remembering not to over protect, we need to remember safety issues. We should be aware of the dangers of certain kinds of loud noise, bright and flashing lights, television screens, and other sensory inputs which may lead to overload for some children with epilepsy or some forms of autism.

Case study

Inclusive Education: A Reality in Mozambique PEPE[28]

Inclusive education was an opportunity to offer to Mozambican children intellectual, affective and physical development not dependent on their physical, sensorial, cognitive or emotional abilities. We believe that every child needs to and can interact, share, learn and be happy.

Our first challenge was to make the missionary educators aware of the need to adopt a commitment to respecting diversity and individual differences, knowing that even though different ways are necessary to accomplish learning, every child must be seen as a person with difficulties and possibilities that can be overcome or minimized.

God called Antonio Daniel, one of the missionary educators. He had already done a sign language course and works as a sign language translator during his church services. During PEPE's vacation he visited some houses in the community trying to find children with special needs. But he couldn't find any. Not because there were not any children, but because parents that have children with any kinds of disability (visual, hearing, mental, physical) feel strongly embarrassed and hide them at home. There is a popular belief that those kids were bewitched in their mother's womb, or these kids' parents are condemned as people that started a witchcraft ritual and didn't fulfill all the demands. They believe when they don't respect the pact the evil turns to the children. Because of these beliefs parents feel embarrassed and try to hide their children.

For the glory of God we indentified a child: Egberto. He is four years old and he is hearing and physically impaired. At the beginning the parents didn't want to let him go to the classes. But then they realized that their child would be treated like the other children and decided to take him to PEPE. It didn't take too long for other parents to enrol their children in PEPE. Now PEPE "Flores de Jesus" has three students with special needs: Egberto (hearing and physically impaired), Cleonice (Downs Syndrome) and Caetano (aphonic and with problems with the joints in his legs).

At first children felt uncomfortable with the presence of the "different" children. They were not used to share with people that were not like them. Wisely the missionary educator intervened and helped them to be friendly and caring to each other. Now we can see a very good relationship between all the children in class. Caring gestures like kisses and hugs are shared among them.

Through this new experience we could see that the interaction was positive for everyone. The children with special needs develop their knowledge and the others, besides encountering new experiences like sign language, earn to respect differences and they are acquainted with children who are different. The relatives that used to think that their children would never be valued in society have reacted with gratitude and joy when they see what is happening to their sons and daughters: "We can see happiness in our son's face" … "Thank God the church's school accepted our son." And the community comments about the church's attitude: "This church cares about the people, even those people that no one wants near" … "At the church's school everybody is treated alike."

To those worried about numbers our work seems very small. But when we look to the Bible that says that a soul is more valuable than the world, we rejoice for the privilege of starting in just one PEPE and we believe that because of our work other parents will bring their children to PEPE and many other missionaries will be motivated to start an inclusive educational work in their churches.

Pastor António, Sirley and Débora

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[28] http://www.pepe-network.org/index.php?page=home&postId=post32 PEPE is a community based pre-school education programme, run by local Christian churches, with training and curriculum support from the PEPE-Network. They originated in Brazil but now operate in various different countries in South America and Africa. They benefit children from deprived communities who would otherwise not be able to afford pre-school education, and would therefore find it very difficult to enter the local education system with any chance of success.

Exercises

Fill in the gaps in the summary of the lesson:

Certain basic features of our __________ are required if we are to include children with all kinds of disabilities. In general to allow participation of children with _________ disabilities we need to ensure barrier-free environments: such things as _____, large __________, _____ doors, __________ and extra space between tables and in corridors all help. Do not ____________ children but make sure the environment is _____. Children with visual disabilities will need to access information using ____________ _____. Children with hearing disabilities obviously need more help with forming ____________ as they cannot always rely on spoken language. For children with cognitive disabilities it is most important that our ________ reflect God's love for them. We should give clear _____________, with _______ _____ and __________ _______________ if at all possible, use repetition, and give _____ _____ for completion of tasks. ____________ living may be a real possibility in many cases and care must be taken to encourage __________ in all areas of life, not just academic.

Discussion questions

1. What does it mean to include a child with disability? If possible, give examples from your own context of children with disabilities who have benefitted from your organisation or programme and discuss how their participation might be maximised.

2. How many children with disabilities are there involved in your church or organization?

3. If there are few:

   - Is it because there appear to be few in the community? Is this true or are they hidden? If you suspect the latter, how could you find them and enable them to participate?
   - Is it because you believe you do not have the resources necessary to invite these children to participate? If so what measures can you now take to correct this?

4. How can you start to encourage children with disabilities to be included in your church, organization or ministry if there are none at present, or to encourage more?

5. What are the areas you need to pay more attention to in order to make your organization and its infrastructure more accessible to children with all kinds of disabilities? How might you tackle this?

6. What ongoing training might you or others in your organization or ministry need to better equip you to make the most of the existing provision that you offer? (e.g. learn sign language, or take a first aid course)

7. How could you involve trusted adults with disabilities (not just anyone!) from the community to act as advocates and role models for the children with disabilities. How might the children also act as advocates or self-advocates?

Lesson 8: What are key messages for children and youth about illegal drugs and other substances?

Summary

- Understand what drugs are available and what their effects are
- Reasons why poor children take drugs
- How can we help children and youth make good decisions about drugs?

"A drug is a substance which people take to change the way they feel, think or behave"[29]

The term drugs will refer to all drugs including **medicines**, **solvents**, **alcohol**, **tobacco** and **illegal drugs**.

What drugs are readily available to poor children and what are their effects?

Drugs are chemicals. They work by altering the brain's communication system and the way nerve cells normally send, receive, and process information. Some drugs mimic natural chemicals produced by the brain but they don't work in the same way, this leads to abnormal messages being transmitted through the brain's network. Young people under the influence of drugs can make wrong choices with regard to sexual activity, using other drugs, can get into fights and crime and be involved in accidents. When intoxicated, moral or spiritual values are easily ignored or forgotten.

Drugs that are available to young people in most poor countries and their effects:		
Inhalants (Glue)	Glue is the most abused inhalant, usually a small quantity is put in a plastic bag which the user 'sniffs' and experiences a high which removes hunger pains and makes the user feel good.	Long-term abuse of inhalants can cause weight loss, skin problems, bronchitis, muscle fatigue, memory loss, mood swings and loss of concentration.
Alcohol	A depressant drug that slows down the body and first makes the user feel relaxed. Later more drinking can lead to anger, aggression and depression.	Heavy drinking can damage both brain and liver - teenage 'bar girls' in Asia have died from liver cancer which usually only happens to adults over 35 in the West. Long term use affects a person's memory especially the bad effects of drinking too much including the hangover!
Amphetamines	Speed up the nervous system and cause adrenalin to be released, increasing the heart and respiration rates, blood pressure and decreasing appetite. Users may experience a temporary boost in self-confidence and feel more energetic than usual. Users often talk a lot and they display a lot of restless physical activity.	These drugs cause loss of memory and the ability to concentrate. Chronic abuse can lead to paranoia, insomnia, anxiety, extreme aggression, delusions and hallucinations, and even death. It also reduces the body's ability to repair itself. Sores take longer to heal, and the skin loses its shine, making the user appear much older. Poor diet, and oral hygiene results in tooth decay and loss.
Methamphetamine (street names include 'crystal,' 'glass,' 'ice,' and 'speed')	a powerful, addictive amphetamine creating a high that lasts from six to 24 hours	
Marijuana	Is generally smoked, often mixed with tobacco. Users feel relaxed,	Regular users lose concentration and short term memory and have reduced motivation. The ability

[29] UN Office on Drugs and Crime

	talk a lot and believe that life generally feels better.	(desire) to complete tasks and carry out complicated tasks can be reduced. Long term paranoia can develop and the body's immune system can be affected and some users experience hallucinations.
Heroin	A strongly addictive pain- killing drug that slows down the body producing a feeling of relaxation, security and well-being. Physical and emotional pain is removed. A state of mind can develop where all problems seem far away.	Heroin withdrawal also causes a lot of discomfort, as the effects wear off and person feels that they have a bad attack of flu. At the same time all the 'buried' painful emotions come back to the surface and will only go away when more of the drug is taken.
Tobacco (Nicotine)	A stimulant which raises blood pressure often increases the heart rate making the person alert and awake. It is very addictive by stimulating the pleasure pathways in the brain.	Smoking tobacco is the cause of most lung cancer deaths worldwide. It is also responsible for other health problems; such as lung disease, heart and blood vessel disease, stroke and eye cataracts. There are also other physical effects of smoking including: sense of taste reduced, ageing of the skin, stained teeth It is as addictive as heroin and many young people struggle to give up and need a lot of support.

Why do poor children use drugs?

The reasons why poor children use drugs are not always easy to identify and can be complicated but some of the following reasons have been discovered by workers: to cover up unhappiness and feelings of depression including the pain of abuse and family trauma, the substance is used as an anaesthetic; to take away hunger pains by using stimulant drugs; to be part of a gang or group (group membership = using substance X); risk-taking to appear strong or grown up and simply seeking pleasure.

How can we help children and young people make right choices?

Children need to understand the dangers of using drugs very early in their lives. As soon as they are old enough to go to school some basic education on this subject needs to be in place. Teaching the dangers of drug abuse is often best done in a community setting with families, church, community leaders and children all learning together.

Prevention is a difficult message for children if they are unhappy, have suffered abuse or are constantly going without food and are looking for an 'escape'. Drugs appear to provide a temporary escape but then become a problem. Understanding the dangers as well as hearing from peers about drug taking will help young people in making good choices. Where children are already using drugs or are at risk of using and on the street then outreach is needed to provide evidence that 'someone cares' about them and that God cares.

The following will also help:[30]

- Provide children with clear truthful information on drug using
- Discuss situations where children might think about using drugs and offer alternative coping strategies; help build self esteem in children, so they feel able to say 'no'
- Help develop an understanding of God's love and care for them that encourages spiritual development
- Positive affirmation from parents and wider family helping the child to feel valued and listened to, and opportunity to talk through problems and fears in an atmosphere of acceptance and love
- Good positive role models within their family, community and church

[30] See Workbook 3, lessons 10-12 for more ideas about positive youth development and asset building approaches

Case study

Arun[31] grew up in a slum area in Phnom Penh Cambodia with his mother. He was not a well-behaved child and his mother was often angry with him; at times they were very short of food. He did not know his natural father and his mother would not talk about him. Then at the age of 10, a new 'uncle' came into their lives and moved into their small house. Arun did not behave well towards him, and soon he was being beaten.

Arun ran away several times but his mother fetched him back and told him that he must respect this new uncle. When Arun saw the uncle beating up his mother in a drunken rage he tried to defend her and was thrown out into the street. He never went back home and was soon sniffing glue as he collected rubbish for recycling. Arun was so depressed that when a man introduced him to heroin, he felt so good! He did all kinds of terrible things to get money for the drug. At no time in his childhood had anyone told him drugs were dangerous.

On the street Arun was in constant danger. Deep down he wanted to be a chef but had no training and little education. Then an outreach worker found him asleep on a piece of cardboard near a rubbish dump, offered him some food and told him it was possible to live without drugs and have hope that life could be better. The worker took him to a centre where he started to talk about his past. He went there for several days and soon a bed was available. In that loving and caring atmosphere, even though the house rules were strict, he could start to talk about the pain inside and let the healing process start. Now he is training to be a chef, is part of a local church and is a volunteer helping other young people learn the dangers of drugs and how to say 'no'.

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[31] Not his real name.

Exercises

Fill in the blanks in the summary of the lesson:

Drugs are _________. They work by altering the brain's _____________ ______. Young people under the influence of drugs can make _____ _______ with regard to sexual activity, using other drugs, can get into ______ ___ _____ and be involved in accidents. Common drugs that children and young people have access to are _________ (glue), alcohol, ____________ (especially methamphetamine), marijuana, ______ and tobacco. The reasons for drug use are ___________. They include covering up ___________ and feelings of __________, taking away ______ _____, being part of a ____ or _____, ___________ to appear strong or grown up and simply seeking ________. Children need to understand the _______ of using drugs very early in their lives. Understanding the dangers as well as hearing from peers about drug taking will help young people in making ____ _______. Where children are already using drugs or at risk of using and on the street then outreach is needed to provide evidence that ________ ______ about them and that ___ _____.

Discussion questions

1. In what situations and for what reasons are young people most likely to choose to take drugs?

2. Drugs affect the way that the brain works. Why is this fact so important when trying to help young people understand the consequences of drug use?

3. How does the attitude of your culture affect the way young people understand the use of drugs including alcohol?

4. How do you think parents, church and the wider community can:

    - Develop ways of helping children say 'no'?
    - Help those who are already using drugs

5. It is hard for children who are suffering emotional pain to say 'no'. What caring initiatives are needed from churches to help these children to understand that they are loved and valued?

Activity

Use questions 1-4 to start discussing drugs with children and young people you know.

Part 2: Education and play

Picture in your mind a disadvantaged child you are working with or whom you can imagine… a child important to God, who has need of educational support.

What is his/her name?

Now, picture this same child learning and playing in spite of and within his / her disadvantaged context.

How can you help, to the best of your ability, to empower this child, a child known and loved by God, to receive the best holistic support educationally and recreationally she can receive within your context?

In this section of the workbook we will address:

Identifying the educationally disadvantaged child and providing an overview of holistic working strategies that help the child learn more effectively

How learning involves the child holistically, including how "play" is an integral component of a child's learning at any age

Education for children everywhere by the year 2015 is one of the Millennium Development Goals set by the United Nations in the year 2000, included in the CRC.[32] The long-term results from a quality education create a significant impact which helps to interrupt the poverty cycle for disadvantaged children.[33] God's very heart for all children includes that they are provided with what they need for their care and nurture. (Proverbs 22:6). As Christian Child Development Leaders, we must ensure that children 'have all that is theirs by way of their rights as humans' and also ensure that they are given adequate guidance by 'training them in the way they should go.'[34] This training includes holistic provision of educational support and recreational activities in your working context.

Children also have the right to 'rest and play' (Article 31 of the UNCRC) as well as 'participating freely in cultural life and the arts.'

[32] United Nations (2000)

[33] http://viva-togetherforchildren.blogspot.com/2010/05/mdgs-part-2-universal-primary-education.html#more

[34] As quoted in Jayakaran (2007), 152

Lesson 9: How can we ensure that children who are disadvantaged get holistic educational support?

Summary

- Why is educational support for disadvantaged children crucial?
- How can preventions and interventions provide educational support to disadvantaged children?

It is important to think about the educational needs of each child holistically.[35] What holistic issues might be undermining educational support for this child (physical, mental/cognitive, socio-emotional, spiritual, moral)? Are the issues related to the child's *physical well-being*? For example, perhaps the child lives in a remote or poorly served area of your country. Perhaps it has to do with the *gender* of the child within her culture; or her *health* and *physical* state of being, including hunger, abuse, war trauma, addiction or exploitation. *Mentally*, is this child in school and if so, what is the quality of education provided? Is she *literate* at the level that is "normal" for her cultural context? Can she do basic math and writing skills? *Socio-emotionally*, is she excluded from society because of her low social status due to ethnicity, gender, or birth origin? Perhaps she is living amidst *conflict*, both familial and societal, is recovering from *exploitation* or *orphaned*, unable to trust adults/peers and unable to develop healthy relationships and attachments.

"I go to collect water four times a day, in a 20-litre clay jar. It's hard work! … I've never been to school as I have to help my mother with her washing work so we can earn enough money … If I could alter my life, I would really like to go to school and have more clothes." Elma Kassa, a 13-year old girl from Addis Ababa, Ethiopia

These are complex, interconnected issues that certainly indicate why positive educational support is so important in a disadvantaged child's life.

Did You Know?[36]

Around 75 million primary school age children around the world aren't in school. Poor children often can't go to school because they need to work to help their families survive.

More than half—55%—of out-of-school children are girls.

More than 70% of the out-of-school children are in Sub-Saharan Africa and South Asia.

Of those who go to school, many drop out before they master basic reading, writing and math skills; in half of developing countries about one-fifth of primary school pupils don't reach the last grade of primary school; in sub-Saharan Africa, only 67% of students reach the last grade of primary school.

Child malnutrition is a global epidemic that affects one in three children under the age of 5 and undermines their ability to learn.

How can your project provide educational support?

Educational support needs to **combine prevention** and **intervention**. The first step, with your fellow workers and leaders, is to determine collaboratively what kinds of educational support are priorities for your project or community: the highest needs. Second, listen to children, parents, church leadership, teachers, and community leaders to identify these needs.

Here are some possible strategies. As you read them, think through how you could meet the needs in your particular context.

One of the most effective preventive educational support strategies is to **provide intervention** in **the lives of pregnant women, often teenagers, and mothers of young children**. A child's cognitive abilities are directly affected by her pre-natal development, highly affected by the health issues and circumstances/environment of the mother. The Child Survival Program of Compassion International and other programs of early intervention create

[35] See Workbook 1, lesson 2 and Workbook 4, lesson 3 for more on holistic development of children

[36] World Bank (2004)

opportunities for newborn children to have a better chance of learning/cognitive/mental ability if given the proper growing environment under the age of 5 years old.

Although positive prenatal development and health care provides a good start for children from poor backgrounds, **child labor** is an issue once the children are old enough to do menial tasks. In Bolivia, for example, there are 320,000 rural children working in the mines and on sugar plantations. Often the oldest child in the family is forced to work by his/her parents so that the rest of the children can go to school. Other factors also lead to **school drop-out**. It is common for children to start primary school in many countries but they can't finish because they must economically support their families, watch their siblings while their parents work, or become a surrogate parent: for example a child whose parents have died of AIDS.

Educational support can be provided in the intervention strategy of "**catch-up" classes** for the child who left primary school to work and now has returned to school. Typically, the child who returns to school discovers that she is behind her fellow classmates academically. Then, she is placed in a class with younger children and once again she loses motivation and the desire to continue school.

Gender inequality and exploitation of girls is another great concern. In Cambodia, Chab Dai network is working with girls involved in sex tourism, pornography, forced child marriages, and prostitution. [37] If a girl can learn other skills, for example, computer skills, micro-business and finance, she is more likely to earn higher wages, have smaller families that she can support, be better educated about the spread of HIV/AIDS and other local diseases, and will more likely to stand up for herself and be less likely to receive abuse.

Another approach to providing educational support can go beyond "catch-up" for children returning to school. Once they have returned, **"homework clubs**" might be needed to augment and keep the children on track in their educational journeys. Providing homework assistance, tutoring programs, either one to one or in small groups, depending upon availability of quality tutors, and additional educational enhancement activities are effective methods. Several factors contribute to successful homework support. They include:

- Reliable space to meet and work (often churches can provide this during the week or on Saturdays)
- Transportation to or proximity to child's home (this is a factor to provide consistent attendance)
- Differentiating the needs of primary and secondary children. Knowing what the educational requirements are for the local context.
- Reliable training to equip the tutors and volunteers (parents and older children can get involved, too)
- Sustainable and realistic amount of times to meet during the week (2 to 3 times works best)
- Access to materials and incentives for children to attend.[38]* (12) Learning should be fun, and if possible, the schedule should allow for activities that are engaging and fun as a reward, study breaks, snacks, etc. These should be student-led where possible.
- Parental encouragement to follow up at home. Once parents discover the value of education to the whole family, for example, if a child can start reading to an illiterate parent at home, the momentum for learning has greater possibility.

"The beautiful thing is, an educated child in the developing world becomes a multiplier of learning, creating a ripple effect. He or she goes home and teaches Dad or Mom or Grandpa to read. As children move toward the outer ring of adequacy in this area, they often bring whole families along with them."[39]

[37] http://www.chabdai.org/home.html

[38] Adapted from Dedi (2008)

[39] Stafford (2007), 179

Case study

Viva Network Zimbabwe-Harare has a wide network of churches and projects which are in the **Bridging Schools Program**.[40] The aim is to help children who have dropped out of school for various reasons catch up with their peers in order to re-enter mainstream schooling. This program also provides training for teachers in issues that face these children. The church based program not only provides training for teachers, but also, the teaching staff is invited to lunch, and together they have devotions. Then, classrooms are set up in the network of churches to provide educational support for the children identified. In 2009, this program hoped to help 250 children but ended up with 947 students!

In Eastern Africa, another intervention program is also providing educational support for children in the slums of Kibera, of Nairobi, Kenya.[41] Through the **Slum Schools** program, the effective practice of educational support is provided to children of the slums as a result of engaging the teachers from qualified public schools, in addition to engaging teachers with less training from schools which were church based and from smaller organizations with less resources. This government funded program collaborates with and trains public teachers about classroom discipline techniques, participatory learning and other effective educational methods tailored to the needs of the slum child. So, in this case, teachers are enabled to more effectively provide educational support to poor children.

In San José, Costa Rica, parents and their children are given holistic training in the **Feeding Centers** project.[42] Because 42% of children are malnourished in the slums of that city, many children quit school to watch their siblings while their parents work. Hunger plus poverty equals lack of education for the families of those slums. At the Centers, parents are taught how to buy the most nutritious food for the least amount of money and then often they are taught how to cook it! Then the center also provides childcare for the siblings most often cared for by the older child, who was not attending school. But once the older child learns her siblings will be cared for by volunteers at the center, she goes on to school, comes back to eat for lunch, and then picks up her siblings after school. It is a holistic approach that supports education for both parents and children.

In Cambodia, **Chab Dai network** is combating the approximate 100,000 girls involved in sex tourism, pornography, forced child marriages, and prostitution. Girls are given educational support which includes meals, housing and vocational training in other realms of work, tutoring and literacy instruction. A magazine entitled "Precious Girl Magazine" is published in Cambodia for garment workers, approximately 300,000 young women are employed in this industry. The magazine affirms girls' value and the content provides a positive moral and spiritual influence.[43]

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[40] http://viva.org/BridgingSchools/

[41] http://viva.org/SlumSchools

[42] http://viva-togetherforchildren.blogspot.com/2010/05/david-cameron-feeding-centres-and-mdg.html

[43] www.chabdai.org/Handsofhope: *Precious Girl Magazine* featured in September/October 2009 issue

Exercises

Fill in the blanks in the summary of the lesson:

It is important to think about the educational needs of each child ____________. Educational support needs to combine __________ and ____________. One of the most effective preventive educational support strategies is to provide intervention in the lives of ________ _____ and _______ __ _____ ________. _____ _____ is an issue once the children are old enough to do menial tasks. Other factors also lead to ______ ________. Educational support can be provided in the intervention strategy of __________ _______ for the child who left primary school to work and now has returned to school. ______ __________ and ____________ __ _____ is another great concern. Educational support can also be provided though ________ _____. ___________ _______ is central to healthy holistic child development.

Discussion questions

1. What factors promote good education in your context? What factors make it hard for children to access good education in your context?

2. In your own life, if you received educational support, how did that happen? Who was involved? What was the effect? If not, what were the obstacles that prevented your ability to personally receive educational support? How can you learn from your own life how to better create educational support for the disadvantaged in your context?

3. How could you find out more about the needs for and current provision of educational support in your context?

4. What opportunities can you see for you or your organization, church or community to offer educational support? What would you need to get started? Who else would you need to contact?

5. What would make it difficult for your organization or church to offer educational support to children? How could you overcome some of these difficulties?

6. What resources would be available to help support plans to provide educational support?

Lesson 10: Why is play important for children of all ages?

Summary:

- Play is a child's 'work' and is integral to healthy holistic child development
- Many positive methods exist to promote play in child development projects
- Play opportunities benefit disadvantaged children in a variety of circumstances
- Recreational and play activities can be implemented at minimal cost

What is the role of play in healthy holistic child development?

Pretend you are an eight year old child again! You are playing your favorite activity or game. What is the setting? What makes you laugh? Who is with you? Are you playing alone or with friends? Are there adults present or playing with you? Why is this activity or game fun for you?

Play is described as a 'child's work' and as 'child-centered learning.' In fact, play is a 'natural, child-directed way for children to learn new concepts and develop new skills that will provide the basis for success in future learning.'[44] Play is so important for a child's best holistic development that the UNCRC (Article 31) lists it as a right for every child. Children from poor backgrounds are challenged by forces that prevent play, a 'child's work' from occurring. These challenges include child labor, exploitation practices, war and community violence, and limited resources available to children living in poverty. We would agree that it is important for a child to reach her God-given potential in life and child development workers must consider the multiple factors in their local contexts which interfere with holistic development. Advocating for a safer learning and playing environment empowers children to be best positioned to live life fully.

Play is part of a child's life from the earliest age. Solitary play is the 'work' of an infant who shakes a rattle, pushes a ball, or a preschooler who looks at a book by herself. Children of all ages engage in solitary play. Parallel play is the next stage of a child's development. The child plays next to another child but not with the other child. Children of ages 2 and 3 often play this way. Then as the child continues to grow, he engages in group play. Adult supervision is important to facilitate the learning of sharing, taking turns, and cooperation, from around ages 3-5 and further into childhood.

Good play opportunities give children of different ages the chance to participate in concrete and meaningful activities that enhance all aspects of holistic child development[45]:

- **Physical** activity helps children to be healthy, strong, and mentally alert. Physical play allows friendships to form, and motor development, both small (fine) and large (gross) to become more refined. Each child will develop at different rates in all aspects of holistic growth, including physical growth. Some children learn to catch a ball or ride a bicycle easily while other children need more help and support.
- Play helps a child develop **cognitively/mentally**. It unlocks her creativity, imagination, problem-solving skills, and provides the foundation for learning including language development, reading, thinking and reasoning skills. Drama, pretend play, reading books, art and music are paths for a child's learning.
- **Socio-emotionally**, play is integral to a child's self-esteem. Through play, a child can be "in charge" while playing an activity or game she can do with success. Social skills develop beyond an infant's solitary play. A child soon interacts with inanimate and non-

[44] http://social.jrank.org/pages/492/Play.html

[45] See also Workbook 1, lesson 10

threatening objects such as cuddly toys, dolls, or bricks, pretend animals, etc. When learning to play beyond self, the foundation for sharing and taking turns builds on the early interactions of imaginary play and interactions with inanimate objects. Often conflict will arise and the child learns to work out her emotions. For example, a child who is fearful of getting immunizations might set up her own pretend clinic and give an immunization shot to a doll or cuddly animal.

- When trusted adults enter into a child's play, research has shown that the child's **social skills** are further enhanced by child-directed adult participation. At older ages, game play consists of board games, classroom and outdoor games in which all motor skills and thinking skills are utilized. Cooperation, understanding, conflict resolution and logical understanding are outcomes of play and recreational activities. This continues to help form a solid foundation and positive attitude in a child's personality for a lifetime.
- The socio-emotional, physical, and cognitive elements of play are interrelated and can be integrated with **spiritual** concepts taught through the Biblical truths of the Ten Commandments, Biblical stories, and the teachings of Jesus and the Apostles. The character qualities found in Scripture serve as a foundation for the character qualities a child develops through play and recreational activities in a safe, Christian environment.

Suggested Minimal Supplies for Play

Balls*: variety of sizes and weights (soft balls can be made from clean old socks or other rags stuffed into other clean old socks and tied off to be used for throwing and catching games, even for small children)*

Paper *of all sizes and colors if available*

Recyclable clean ***containers*** *(boxes, clean cans, plastic containers)*

Materials *such as paint, markers, colored pencils, crayons, yarn, beads, shells, items from nature (sticks, leaves) (make sure they are age-appropriate).*

How can you incorporate play into holistic learning strategies?

Learning should be and can be fun for children. There are endless opportunities to make both play and recreational activities a learning playground for children. Free play or unstructured play is also essential to a child's growth as we have learned, and the following play opportunities provide informal and formal learning for children. These include drama, music, art, creating games, group murals on various issues such as environmental or drug prevention concerns, writing opportunities, literacy support, and all aspects of a child's academic learning. All academic learning can be enhanced by playing appropriate, purposeful games and participating in recreational activities.

How does play benefit children at risk to promote expression and healing?

Child-directed play activities can encourage a child's expression and substantial healing in a safe environment. Often, children at risk cannot express their feelings verbally by "sitting and talking" with another person. Dance, drama, play, art, sand, and music therapy are avenues for helping children process their life experiences beyond verbal expression (narrative expression) of difficult circumstances in the child's life. The ability to use other kinesthetic (involving tactile or physical) methods are beneficial for holistic healing and learning.

Remember, locally available materials can be used to make toys. Expensive toys from overseas are not necessary – chalk, bamboo, cardboard boxes, paper and crayons, balloons, rice, beans, marbles, plastic tubes, clay are all inexpensive/free and can be used to create hours of fun.

Case Study

Literacy support through play

Create a class or small group, or personal storybook. Minimal supplies: chalkboard, chalk, paper, pen, colored pencils, crayons, markers (if available). Invite a class, small group, or individual to create a story. Use a subject of current interest for the group or child (such as the World Cup Football/Soccer competition). The participants name the main characters, describe how the characters look, what they are wearing, where they are, etc. The participants will often create a story line from that starting point. If the participants can write, they can write the stories, or it can be dictated to the adult to write on the chalkboard/paper as the story develops. Once the story is finished, the participants can illustrate the story. For a large group, the story might center upon a shared event, such as a visit from a local health care worker or for an individual child, the story might be quite specific to her world. The next time the participants meet, authors can read their stories to each other, the group, etc. Another approach might include the leader reading one of the created stories to the entire group. Then the children try to guess the mystery author of the related story.

Examples of play activities that promote holistic learning at minimal cost

Fine motor: crumpling newspapers into balls to make a game, pouring water from one vessel to another vessel, stirring activities with a variety of safe cooking utensils, songs with hand motions, clay creation, cutting with safe scissors, stringing beads, bean art, lacing activities, etc. (Note: children aged 3 and under should not have small items because of potential choking hazards)

Large motor: circle games, jump ropes, relay games, ball games (utilizing soft and large bouncy balls), creating a "parachute" from a large piece of circular light-weight fabric to make group cooperative games, etc.

"Heads Up": *Divide the children into two teams. An old blanket can be hung over a tree limb or on a clothesline, or volleyball net. You can also position the two teams on opposite sides of a shed or van. Using a soft, bouncy ball, the first team yells "Heads Up" and throws the ball over the obstacle. The opposing team tries to catch the ball. If they do, the catching team runs around the obstacle (without telling the other team) and tries to tag members of the First (throwing) team. The First (throwing team) then tries to run to the opposite side of the obstacle before being tagged. If any members of the first team are tagged, they become members of the opposing team. If the ball isn't caught, someone from the team picks up the ball and throws it back over the obstacle, yelling, and "Heads Up!" The other team tries to catch it and they start all over again. This can also be played in a field with a Frisbee disc and an obstacle made of large boxes.*

Clothes Basket Relay: *Kids love to dress up and this game combines a relay game with dressing up. Find old shoes, belts, jackets, shirts, gloves, scarves (depending upon the cultural context). Place the same number of articles of clothing in two (or more) cardboard boxes or brown paper bags. Form two (or more depending upon the size of the group) teams of children and invite them to form lines at one end of the playing space. Give the first child in each line the box of "dress-up" clothes. On the signal "Go", the first child in each group carries the box of clothes to the opposite end of the room and puts on the dress-up items over their own clothes as quickly as possible. When dressed, each child hops back to their groups and removes the dress-up clothes and the next person in line goes to the opposite end of the room to dress up. Continue until everyone in each line has had a turn to dress up. Congratulate the fastest team!*

Recycling Fun: *Collect recyclable clean objects (cardboard boxes, paper towel rolls, empty milk cartons, (no glass) newspapers, jar lids, rice bags, tape, etc.). Place all of the objects in the center of a playing space. Divide into two or more groups and invite the children to take turns choosing one object from the pile of recyclable objects at a time. Once all the objects have been chosen, invite the children to create a game using the objects they have chosen. For example, a small plastic bag could become a bean bag to toss, or a bat could be made from rolled up newspapers. After a certain time limit, invite each group to demonstrate their game or art creation for the other groups. Then, give each group the opportunity to try out the other groups' game ideas!*

Exercises

Fill in the gaps in the summary of the lesson:

Play is a child's ______. In order for a child to develop to her God' given _______, play, both structured and unstructured is important for her ________ __________. From infancy a child learns _______ play. Then, a child plays alongside another child, or _________ play, and eventually interacts with other children and adults in ________ play. _________ play is one type of play experienced by children of all ages. The child learns physically through both _____ and _______ motor activities. Safe play should be ____ _______. Not all children have the same _______ ________. Some examples of play which encourages cognitive/mental learning are ________, ________, and _________. Socio-emotionally, play is important for a child's _____ ______. _______, __________ ______ and __________ ________ are great benefits of play and recreational activities. Character qualities found in Scripture serve as a ________ for children through play and recreational activities in a Christian environment. "Child-directed" activities such as art or play therapy can encourage a child's _________ __________ in a safe Christian environment.

Discussion questions

1. In your context, is play, either structured or unstructured, a common occurrence for children? Why or why not? Is it safe for children to play in your cultural/societal context? Is play often viewed as a "waste of time", and academic rigors such as memorization or rote learning valued more highly in your culture? Discuss the strengths and weaknesses of such approaches.

2. In what holistic ways do children learn through play? How can you encourage learning to be fun and valuable at the same time in your context? Give examples.

3. Discuss, brainstorm, create or demonstrate sample play activities that promote healthy holistic learning at minimal cost in your context. How can you obtain resources to encourage play for children in your context?

4. Reflect upon your childhood, what are some ways play (positive or negative) influenced your social interactions and participation? How can you enable children of different ages to participate in recreational activities that help to build "self-esteem" and God's potential for the child?

Part 3: Violence in the home and community

In this part of the workbook, we are going to focus on the different ways in which children experience violence and what we need to do in order to protect and advise them as well as what we need to do ourselves to improve our current practice. The aim is to lay a foundation for improving the way we work with children, based on a fuller understanding of the types of violence going on in their lives.

In Lesson 11 we will look at the issue of bullying and prejudice and the key messages that children and adults need to know in order to protect children. In Lesson 12 we will look at corporal punishment in home and school and domestic violence. In Lessons 13 and 14 we will look at sexual abuse, exploitation and trafficking.

We will look at these different issues of violence in the context of the UN Convention on the Rights of the Child which states that children have the right to be protected from violence.

Lesson 11: What are key messages for children, youth and adults that they need to know to protect children against bullying and prejudice?

Summary

- What is bullying and why is it serious?
- What should adults do?
- What should children do?

Bullying is when there is 'repeated oppression, psychological or physical, of a less powerful person by a more powerful person'.

Why is peer bullying of concern?

Many adults don't realize the seriousness of bullying of and by children. They make assumptions that the physical and emotional pain that children experience from peers is not as serious as the pain that might be inflicted by adults. They don't really know because they are not the child and they rarely ask them. For some children it can be torment to be bullied day in day out, sometimes for years. It can affect their schooling, their health and their future.

In research in Cambodia, nearly half of the children in a national survey said that bullying was extremely serious at the same level as sexual abuse and selling of children. In addition the research found that many children who had experienced peer bullying also experienced other types of violence, which may indicate that they become more vulnerable to other types of violence if they begin to feel they are victims. It is important that children do not get into a thinking pattern where they think they are a victim but in the fatalistic cultures in which many of us work this may be common. As Christians we need to challenge this way of thinking and tell children their value.

The Bible says that all of us are made in the image of God and all children are of value whether they are black or white, disabled or from an ethnic minority, whether they identify themselves as gay or transexual. In addition the UNCRC says that all children should be able to express their concerns according to their age and ability and irrespective of their background.

Bullying is serious for many reasons:

- When children are victims of bullying it can make them feel anxious and discouraged and affect their relationships with others. In a fatalistic culture they can believe that the things being said about them are true and they can wrongly assume they deserve the violence they are getting.
- For some children, bullying can affect their educational ability, their physical and mental health and therefore their ability to get and do work in the future. Some children have even gone as far as to commit suicide.
- When young children bully other children they are learning to use physical violence to resolve problems and exert power over other children. This is not a good habit. They need to learn alternative conflict resolution skills as early as possible.
- Some children who bully others are learning to exert power over those who appear weaker. If this is not dealt with at a young age they could become bullies as adults – husbands/fathers who beat their wives/children, managers who abuse their staff, teachers who abuse their students/pupils.

What should adults do?

- **Look for signs**
  Teachers, child care workers, Sunday school teachers and youth workers need to look out for signs of bullying among children. These could be marks and bruises on the body that cannot be explained by sports or normal activities, children calling out unkind names to other children, graffiti against particular children, or children being withdrawn and depressed.
- **Take action**
  Children should know that if they have any concerns they can rely on the adults to protect them. If an adult sees a child who is bullying another child they need to take immediate action to intervene. The children should both have an opportunity to explain their perspective. If the evidence is clear then both children will need attention. One staff member should be assigned to talk to each child. The staff who talks to the bullied child needs to assure them that they are precious and important. The staff assigned to the bully also needs to assure the child that they are valued but their behavior is unacceptable. However, it is important to see if there are any underlying reasons why the child is behaving in this way. They may be acting in this way because of violence they are experiencing at home, a divorce, a death in the family, etc. If necessary parents should be informed and they should also be encouraged to re-enforce positive steps towards healing and restoration too.
- **Role model**
  Adults need to be good role models in the way that they work with other adults and children. Children imitate what they see and if they see adults being abusive or prejudicial then it is easy for them to imitate what they see but if they see servant leadership, gentleness and kindness they can imitate that too. They can also encourage children to learn techniques in conflict resolution so that when a situation occurs in the future violence is avoided. Adults need to create an environment where children feel safe and this requires careful consideration. It may be helpful to invite children who have experienced bullying what they think can be done to make the school, project, club, etc. safe from bullying.
- **Involve children**
  Adults can involve children in the caring aspect of looking after a child was has been bullied or encourage other children in looking out for a child who may be vulnerable e.g. when a refugee child or a child who speaks little of the local language enters a program.

What should children/youth do?

Children should be encouraged to **report bullying** if they experience it themselves but also if they see it being done to other children. Children need to learn that when they see situations of injustice that they should not sit on the side-lines but get involved. This can be the start of that learning.[46]

Every project with children should have an anonymous system where children can report things they feel need improving or things they are unhappy about such as a '**suggestions/complaints box**.' This should allow children to complain about staff and other children if they feel they are being bullied by them. The box should be regularly checked for responses and concerns. It should be made known that these concerns will be taken seriously even if it is culturally usually inappropriate for children to raise concerns about adults (as it is in most cultures). This is because children's opinions are valued (see Workbook on Child participation). Apart from this system, if the program has created a safe environment as described above then children will feel comfortable talking to at least one of the staff members who they can safely tell if they feel prejudice or are being bullied in any way.

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[46] Visual Resources for teaching children about bullying: Words Hurt
http://www.youtube.com/watch?v=1j6YA03hm4k&NR=1 and Red Head
http://www.youtube.com/watch?v=nWJut7KQhl4&feature=related

Case Study

Sayed was a good looking boy with big brown eyes. He enjoyed dancing and dressing up. Mostly the children had not really noticed this growing up but as he got older the children started to tease him about the way that he behaved. One boy in particular, Joseph, would tease him every day and it got so that he would punch him every-time he walked past him. Joseph would threaten to wait for him every day after school just to tease and hurt him. It made him afraid to leave the school gates. It was a small community so this not only happened at school but also on the way to church or in the market. Sometimes Joseph and the bullies would make him give them money.

Sayed became more withdrawn and depressed. His teacher noticed this and asked him what the problem was but Sayed was embarrassed to tell him. He was also afraid that if he told the teacher that Joseph would find out and hurt him even more.

Sayed also attended a church youth group and he really enjoyed it. But one day Joseph joined the youth group as well. One of the youth leaders quickly noticed what was going on. The next week Sayed didn't turn up and the week after that. The leader started to be concerned as Sayed never usually missed any meetings at all. He met the other leaders and they discussed what to do. One of the leaders said that it was just "boys being boys" and it wasn't harmful but the leader said that it was much more serious than that.

The youth group leader, Samuel, contacted Sayed's family and asked if he could meet with Sayed. He told him that he really valued having him in the youth group and then he spent a long time listening to what Sayed was saying. Sayed was really embarrassed when he started to cry but Samuel told him it was OK for boys to cry. Sayed said that it was becoming unbearable. It was affecting his school work, he was afraid of going home after school and the youth group had been his only refuge. When Joseph had joined the youth group Sayed decided his only choice was to leave.

Samuel asked one of the other leaders to talk to Joseph. At first he didn't want to talk but after they had met twice he started to talk about some of the difficulties he was having at home. Joseph's parents were always fighting and his mother often got beat up. His father would tell him he was really useless. Beating up Sayed was away of letting out his anger. Joseph didn't want to leave the youth group but he was told that if he was seen bullying Sayed again then the consequences would be that he would have to leave.

Sayed was told about this arrangement and he reluctantly at first agreed to come back and Samuel regularly asked about what was happening at school as well. The staff at the youth group kept a special eye on both the boys and some of the games they played included ones that taught about good ways of conflict resolution. The staff member who was allocated to Joseph paid particular attention to him and one day it became apparent that they needed to refer his family to help from social services.

However, the bullying stopped and it gave other children the courage to speak up if they themselves were bullied when they realized that the youth group was taking their concerns seriously. Over time the atmosphere in the centre changed so that other youth were more supportive and reported if they saw prejudice happening so that the overall culture of the centre became more supportive.

Exercises

Fill in the gaps in the summary of the lesson:

Bullying is when there is repeated __________, psychological or physical, of a ____ ________ person by a ____ ________ person. Bullying of and by children is very _______. It can affect a child's _________, ______ and ______. It is important that children do not get into a thinking pattern where they think they are a ______ but in __________ cultures this may be common. The Bible says that all of us are made in the image of God and ___ children are of _____ whether they are black or white, disabled or from an ethnic minority, whether they identify themselves as gay or transexual. Adults should look for _____ __ ________ and take ______ if they have any concerns. They should be good role models of _______ __________, __________ and ________ and involve children in ______ for children who have been or could be bullied. Children should be encouraged to ______ bullying.

Discussion questions

1. Why do you think adults tend to minimize the seriousness of peer bullying for children?
2. What can you do in your organization to deal with bullying of children and actively seek out and work with both bullies and bullied children?
3. Why is important to do this whilst children are younger?
4. Which children in your community are particularly vulnerable to being bullied?
5. Have you experienced being bullied as an adult? Where can an adult get help and support for bullying in the workplace?

Activity

It is helpful for children (and adults!) to understand that children who are different from them are not bad. A useful exercise that they can do is the prejudice game. This works with a group of over 12 people. It is divided into 3 groups. Colored paper is used to make bracelets of 3 different colors in equal numbers that are randomly put onto the participants. The groups are asked to wait outside and children called in separate groups to be given instructions. Each of the children in the 'yellow' group is given 3 sweets and told to be friendly and give one sweet to those in the 'pink' group but ignore the 'blue' group. The 'pink group' is told to ignore the 'blue' group and to be friendly to the 'yellow' group only. The 'blue group' is told to be friendly to everyone. Adults need to carefully supervise this exercise to ensure it doesn't get out of hand. After 5 minutes the participants are asked to sit down and each group are asked how they feel. It should create a lively discussion about what is fair, rights and prejudice. Do the colored bracelets have any relation to gender, age, ethnicity etc.? Ask if anyone broke the rules and why? How could the situation be made fairer?

Lesson 12: What are key messages for children, youth and adults that they need to know about corporal punishment?

Summary

- What is corporal punishment?
- Christian attitudes to corporal punishment
- Understanding punishment and discipline
- What children need to know

Why is corporal punishment such an issue for Christians?

Corporal punishment is when children are punished for something wrong that they are perceived to have done by an adult carer usually either a parent or teacher. Many people in both the 'North' and 'South' consider it to be culturally 'normal.'

Save The Children Fund define it as 'acts carried out by adults causing physical and/or psychological pain in the belief that these are the correct means of disciplining correcting, controlling, modifying the behavior of, educating or otherwise raising the child'.

In some cultures such as Cambodia, parents relinquish their responsibility to the teacher to do what they feel is necessary to discipline the child. A proverb in Cambodia says that once a parent hands over their child to the teacher "all the parents ask back is their bones and their eyes".

There has been much debate about what is acceptable and what is not acceptable when it comes to the level of violence. Some Christian groups have gone as far as to encourage parents to beat their children using sticks or other instrument, but most are more moderate now. Citing the scripture 'spare the rod, spoil the child' still creates much confusion: opposite camps suggest that if it is used or not used then it will have a detrimental effect on the child. It is worth considering however, the way that the 'rod' is used in Psalm 23, where the good shepherd uses it to gently guide the sheep rather than beating them.[47]

Article 19 of the UNCRC says that States should protect children from 'all forms of physical or mental violence' which must include corporal punishment. However, the process of enforcing this has been a long one due to the way it is acceptable in so many cultures. Nevertheless, in 2007 twenty states had prohibited all forms of physical punishment (www.endphysicalpunishment.org). It is understood however that prohibition must always be accompanied by promoting positive discipline. Teachers and parents need to know how to discipline children without resorting to violence.

What do adults need to know?[48]

Adults need to know that children who experience repeated corporal punishment may be more vulnerable to experiencing or acting out other types of violence, that it may affect their relationships with adults and their peers, that it may affect their school work and thus their potential to find and hold down work. It may distort the way that they feel that they can deal with life, considering violence to be a viable option in resolving problems. If they see adults modeling violence as a way to deal with problems they may feel that this is the way to deal with problems themselves instead of exploring non-violent methods.

Discipline is important but it is not the same as punishment or hitting children. Discipline means building good relationships with children and taking time to teach them and encourage them to

[47] See also Workbook 6, lessons 3, 4 and 6 for more on punishment an discipline

[48] Thanks to Ann Greve for the ideas on positive discipline in the handout 'Appropriate discipline for students'

make good choices. This will help children to live good lives. We teach with words but more importantly we teach with clear rules and expectations, a kind touch and caring attitude. Most importantly we teach with our own lifestyle. Children watch how we live much more than they listen to what we say.

Authority is misunderstood because people think it comes from the position you hold – parent, teacher, child care worker but real authority only comes when we build a trusting relationship with students. Jesus was different from other leaders of the time because he taught 'with authority'.

If people make good choices, usually people have good consequences and if people make bad choices usually people have bad consequences. It is important that children understand the consequences of their choices e.g.

- Good consequence: *"If a student does their homework by 4.00pm they can go play football"*
- Bad consequence: *"If a student hits other students, she will have to stay inside at playtime because she loses the right to play with other students for 1-2 days"*

If a teacher or parent uses positive consequence for good behavior it is a much better way to motivate children. Sometimes when students make bad choices we must let them experience the consequences of their actions. If they experience the bad consequence of a bad choice they will learn valuable lessons for their future. If we protect them from the true consequence then they will not learn good behavior.

Punishment is when the teacher or parent wants the child to suffer for bad behavior but it is not a good discipline technique because it can make the child think that the adult doesn't like them or that they are angry and this can usually hurt the relationship between the adult and the child. The child feels angry or afraid and in the long term they can feel incapable or unloved. One child said *"with this hand I am touched with love, with this hand I am hit with anger"*. How confusing it must be for the child!

Principles of Good Discipline

- Separate bad behavior from who the child is. Say to the child that what they did may be bad but they are not a bad child.
- Be clear. Make sure children understand rules and consequences and think carefully about the consequences you are laying down that they are helpful to the child.
- Listen to the child and hear their perspective. Speak positively to the child that change is always possible for the good. Discipline with hope.
- Follow through what you said you would do and check up on the child afterwards to encourage them to make good choices in their lives.

What do children need to know?

Children need to know that adults do not have the right to use unlimited violence on them. They need to know that if they experience or witness an adult using excessive violence with a child that they can and should report it to an adult whom they trust.

Exercise: It may be helpful for them to use their hand to consider five people or organizations who they trust who they could tell if someone acted in a violent way towards them or other children. Children may be afraid of the consequences of reporting about someone and they may not be believed by some which is why it is good for them to think about who they would talk to before they get into a situation that they might need to use it.

Children need to know that even if they experience violence at home, at school and in the community, within the Christian environments in which you are providing them with care, they will be safe from violence of any kind. The church or your Christian project may be their only sanctuary where they can hear the stories of Jesus, the one who brings healing and restoration to their soul.

Case Study

Savat was thirteen years old and attended a secondary school which was 9 kms from his house. It took him a long time to reach the school in the morning and it was a challenge for him to reach school in time for the bell, which announced the start of school but he usually managed it. That was until his father got sick and he needed to do more work to help his family get an income, such as cooking snacks for his mother to sell at the market and caring for his baby brother.

He enjoyed studying and was determined to do well in school but it became harder for him to get to school on time. His teacher was very strict and when he was late Savat would be called to the front and he would have to put his hands out to receive a beating with a bamboo cane. Savat was too afraid to tell his teacher the reason he was late and she never bothered to ask. Nearly every day it became a routine where he was beaten on his hands. It became harder for him to concentrate on his studies. He became depressed about going to school. He told his mother that he could not go to school anymore.

One of his friends Sokha noticed one day that he was really angry and upset with the teacher and asked him why. Savat explained what was happening to Sokha, who listened to him explain his situation at home. Sokha decided that the teacher should be informed. He knew that it would be risky to tell the teacher but he spoke to her after school one day and explained the situation carefully. Sadly the teacher didn't listen properly to him and accused him of lying for his friend but he noticed that the situation improved after that. When Savat was late she would ignore it and just tell him to get to his seat quickly.

A month later Sokha was invited to be involved in the school council where he was asked what were the key issues of concern to the children. As well as improving school lunches, Sokha said that the school needed to have a policy about corporal punishment so that it was fair. This was discussed in the teachers meeting and the teachers had mixed thoughts about it. Some said that they must use corporal punishment with children, others said that it was abusive. However, there was a consensus that the school should invite someone to speak on positive discipline techniques.

Both Sokha and Savat noticed that after she had been to the Positive Discipline workshop the way the teacher disciplined the children changed. At first when she was really angry she still used the bamboo stick but after a while this became less and she was surprised that if she used the techniques properly she did not lose control of the group of children and they seemed happier.

Exercises

Fill in the gaps in the summary of the lesson:

Corporal punishment is when children are punished for something wrong that they are perceived to have done by an adult carer usually either a ______ or _______. Many people consider it to be culturally ______. Christians have disagreed about how much ________ is acceptable. The UNCRC insists that children should be protected from all forms of ________ __ ______ ________. Teachers and parents need to know how to discipline children _______ _________ __ violence. Children who experience repeated corporal punishment may be more vulnerable to ____________ or acting out other types of violence. They learn to see violence as a way to ____ ____ ________. Discipline is about ________ ____ _____________ with children and taking time to _____ ____ and _________ ____ to make good choices. Most importantly we teach with our _________. Using _________ ____________ for good behavior is a better way to motivate children than punishment for ___ ________. Children need to know that adults do not have the right to use _________ ________ on them. Children need to know that even if they experience violence at home, at school and in the community, within _________ environments they will be ____ from violence of any kind.

Discussion questions

1. Did you ever experience corporal punishment in school or home? Did it impact the way you saw your parent/teacher in any way?
2. Do you think children will get 'out of control' if it isn't used or are there other underlying factors?
3. What do you think are the key aspects of positive discipline and how does it change as the child gets older into teenage years?
4. In your context are boys and girls treated differently when it comes to discipline?
5. What can you do in your program to create and implement an effective zero tolerance to violence positive discipline program?

Lesson 13: What are key messages for adults, children and youth that they need to know to protect children against sexual abuse and help them if they are abused?

Summary

- Signs of sexual abuse
- How to respond to sexual abuse
- Key messages for children

No one wants to think about any child being sexually abused, no one wants to think about it happening in any of our programs, no one wants to think about it happening to any of the children and teenagers that we work with. While we don't want to think about it happening, we know that we must be proactive about ensuring that our programs and communities are safe for the children that we work with. This lesson will concentrate on key messages that children need to know in order to keep themselves safe from sexual abuse. It will also give some brief guidelines for people who work with children, although a full treatment of this important topic will wait until Workbook 6.

Who is affected and who can be abused?

We need to be clear and acknowledge that abuse happens in many different ways and is committed by a wide variety of people:

- Boys are abused and girls are abused. Girls can be abused by other girls and boys can be abused by men or women. Also children who consider themselves to be transsexual are also vulnerable to being sexually exploited.
- Abusers can be family members, strangers, friends, employers, religious leaders, and other children

Key messages for children about sexual abuse

This information is vital for children in all of programs to understand and to have reinforced for them in a variety of ways. There are many local resources that will be available for you to use in order to address this issue in age and culturally appropriate ways. Seek out these resources to help you communicate with the children.

- **Sexual Abuse is NEVER your fault!**

  It can happen to anyone and the most important thing is to make sure that you are safe, even if it is happening in your family or school. This message is for the abused, not the abuser.
- **Sexual Abuse is NEVER a good secret to keep!**

  There are safe people to talk to about what is happening and it is ok to get away from the person who is hurting you.
- **It is OK so say NO to your abuser!**

  Someone who is hurting you or touching you in a way that makes you uncomfortable should not be allowed to continue and you must tell someone.

- **Finding a safe person and place:**

Who is a safe person to talk to about your secret? Think of 5 people you can speak to if you are afraid (eg: relative, neighbour, teacher, police, carer, youth-worker)

Where is a safe place to go if you are being abused or hurt?

Is being sexually abused your fault? NO!

Is there a reporting hotline in your area?

Ask the police or teacher or community leader to find out what it is if you don't know it.

What is the number? Learn it! Memorise it!!

What can we do if a child has been sexually abused?

It is so important that as we look at this issue that we recognize that sexual abuse is a reality that many children endure and we must take action on their behalf.

We can provide the opportunity for these children to open up about their painful secret. They trust that we will help to guide them through a recovery process and give them the assistance that they need to re-engage with the world around them.

Disclosures

When a child makes a disclosure to program staff, it MUST be taken seriously.

- When we suspect that a child has been abused due to their behaviour or actions we cannot afford to allow our suppositions about how this abuse can happen to impact our willingness to believe that child and take appropriate action.
- If a child makes a disclosure to program staff a clear protocol must be observed and follow up must happen. (This should be identified in the Child Protection Policy which we look at in Module 6)

How can we identify those who can help?

Programs and staff should keep in mind the following ideas to help them address the needs that the children have most effectively. If it is a program that does not specifically deal with sexual abuse you may need to focus a staff meeting or training day in order to pursue some of these suggestions and include them as part of any programs protocol.

- Who in the community is able to provide some of the necessary services to help the abused and exploited child (therapists, sexual health doctors, translators, etc.)?
- What local Government and Non-Government agencies address the legal issues surrounding rape, abuse etc?
- Who in the police department can be called on to address any abuse allegation?
- What is the local authority protocol that the program is required to adhere to when dealing with a sexual abuse allegation?
- What are the staff training resources that are available to help staff as they deal with these children?
- Who else in the community is also addressing similar issues in order that you may work
- together?
- How have we set up our facilities in order to ensure that we minimize risk (e.g. child protection policies) and maximize the support of a child if they have been abused?

Case Study

Jenny is 9 years old and has been attending a local day centre program for the last 6 months. Usually she is a carefree child and enjoys the program activities and joins in these activities eagerly with the other children and program staff. One day a staff member realised that for the past two weeks Jenny has often looked worried, is quieter than usual, and tends to prefer to be on her own rather than join in the activities. Another staff member noticed that Jenny was getting upset easily and often due to minor things, such as another child touching her things without asking. Another concern for staff was that one of Jenny's friends had told a staff member that Jenny had been undressing the male and female dolls at the centre, and drawing the male private parts on the male doll. These staff members talked to the program director about their concerns. During this discussion, a staff member reported that Jenny lived with her mother and older male cousin, who was about 18 years old, and that the family seemed nice.

This person said that the only male person that Jenny was in contact with was the older cousin and of course some of the male program staff. The staff had noticed that when the older male cousin came to pick Jenny up from the centre at first Jenny was hesitant to go to him, but after a while she became overly affectionate with him and acted like she was flirting with him. The program director suggested that the team needed to follow the centre's Child Protection Policy, specifically the section that outlined what steps to take if there were concerns one of the children was at risk of abuse. The program director also cautioned the staff not to make assumptions about the older male cousin of Jenny, but instead to find out the facts of the situation.

The program director suggested that one of the female staff members should talk with Jenny to find out if she has been or is at risk of being abused. The program director chose Alice who had been to some training previously on working with abused children, and who had a good relationship with Jenny. Following her conversation with Jenny, Alice reported to the program director that Jenny had in fact disclosed that her older male cousin had been touching her genital area frequently for the past 2 months, often showed her his genitals, and had also called her his 'girlfriend'. Alice told the director that when she spoke with Jenny she followed the centre's CPP and explained to Jenny that what the older male cousin was doing was called sexual abuse, that it was something that he should not be doing to Jenny, and that it was not Jenny's fault that it was happening.

Alice also told the director that she explained to Jenny that it was the program staff members' job to help to keep her safe and to prevent the older male cousin from continuing the abuse. Immediately after their conversation, Alice and the program director informed their Child Protection Unit who carried out further investigations of the situation. The Child Protection Unit staff immediately told the program director to ensure Jenny was in a safe place, and that her mother was informed of the situation. While the program director carried out this task, the Child Protection Unit staff arranged to interview the persons involved in the situation to do a thorough investigation of the facts. They interviewed the program staff members (including Alice), the program director, Jenny, her mother, and her older male cousin. After they had all the information, they then determined the best course of action to ensure Jenny's ongoing safety and emotional well-being and healing.

This agency also provided counselling for Jenny to assist her to talk about and understand what had happened to her. The older male cousin was held in Police custody until the legal process was completed.

Exercises

Fill in the gaps in the summary of the lesson:

We need to be clear and acknowledge that abuse happens in many different ways and by a ____ _______ of people. Children need ___________ about sexual abuse. Sexual abuse is a reality that many children endure and we must ____ ______ on their behalf. We can care for sexually abused children by giving them the opportunity to ____ __ about their painful secret and to _________ with the world. When a child makes a __________ to program staff, it ____ be taken seriously. _____________ should be prepared to deal with children who have been abused. Programs and staff should prepare so that they know ___ ___ ____ if a child is abused.

Discussion questions

1. Think about your program and identify ways to make sure that the physical building or structure is safe for the exploited child and for the staff working there.

2. What resources will you and your staff need to be able to address the issue of Child Sexual abuse more effectively?

3. What is your local protocol for addressing a disclosure made by a child? Write out a list of actions that must be taken to adhere to the laws of your country/region.

4. What issues do you foresee in the community when a child makes a disclosure and you take action on their behalf involving local authorities? How will you make sure that the child is protected during this time?

5. Have you had experience with children in your program who have been sexually abused? If so, can you think of any behaviours that they exhibited that would help others to identify them more quickly and allow the staff to address them more effectively?

Lesson 14: What are key messages for children, youth, and adults that they need to know to protect children against exploitation and trafficking?

Summary

- Understanding trafficking and commercial sexual exploitation of children
- How can we help prevent trafficking and commercial sexual exploitation of children?
- How can we care for children who have been victims of trafficking and commercial sexual exploitation?

What is trafficking?

The United Nations' 2000 Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children defines "trafficking in persons" as:

"The recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation or the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs. The consent of a victim of trafficking in persons to the intended exploitation shall be irrelevant where any of the means set forth have been used. The recruitment, transportation, transfer, harboring or receipt of a child for the purpose of exploitation shall be considered "trafficking in persons" even if this does not involve any of the means set forth. "Child" shall mean any person under eighteen years of age"

What is Commercial Sexual Exploitation of Children (CSEC)?

The definition given by the United Nations Fund for Children (UNICEF), defines CSEC as "children, both male and female, engaging in sexual activities for money, profit, or any other consideration due to coercion or influence by any adult, syndicate or group."

In CSEC, the profit could go either to the child or to any third party involved in the transaction and may not necessarily involve coercion or the use of force into entry. As UNICEF describes, "although many children are forced to enter the sex industry, others are driven to it out of economic necessity, attracted by the high incomes they can earn".

It is important to realize that:

- Some children who are sold/trafficked for other reasons e.g. to work in households may also be expected to provide sexual favours to the men (or women) in the household. This is also a form of sexual exploitation.
- Although more research has been done on girls there is increasing evidence of sexual exploitation of boys as well by both men and women. These boys are often in similar situations as girls with little choice and looking to support their families. Sexual exploitation is also common with children who identify themselves as trans-gender or 'gay' but very little has been done to reach out to this vulnerable group due to prejudice.
- Poverty reduction is often cited as the cause of sexual exploitation but there are many other reasons too. The sex industry creates more demand through lust and greedy people take advantage of the more vulnerable even in wealthy countries.

- No children – even those who act in a flirtatious way – can be held to be responsible for acting out. Adults cannot use this as an excuse for having sexual relations with a child. As such children should never be arrested as perpetrators but be seen in the legal process as being the victim.
- Just because a child reaches the age of eighteen years old they do not suddenly turn from being vulnerable (as a child) to making their own choices (as an adult). They may also need protection. It is also recognized that many adult prostitutes start their careers as young teenagers (or even younger) sometimes being 'broken into' as a virgin.

What can adults do to prevent commercial sexual exploitation and trafficking of children?

There are several things that adults can do to reduce this type of child exploitation:

- At a national level the **law needs to be strengthened** so that laws are in place and enforced to ensure those who traffic and exploit children are prosecuted for crimes against children. This in itself will act as a deterrent for potential perpetrators.
- There needs to be **education of communities** especially with parents of teenagers about the consequences and real dangers of sexual exploitation especially in high-risk areas. Parents often don't appreciate the ongoing long-term impacts which include sexually transmitted diseases, psychological trauma and HIV/AIDS.
- Where a number of children are found to have come from a certain village, part of a city or border areas then an **investigation** should be done to explore the way traffickers are working to try to prevent more children from being trafficked.
- Schools in high-risk areas, e.g. border areas, need additional support to **educate children about the ways in which they could be sold and trafficked**. Where research has been conducted on the methods of traffickers, children can be warned to be more vigilant for themselves and their peers. For example, where communities are tricked into thinking traffickers are potential grooms.
- Consideration must be made about the **effects of pornography** and steps taken to reduce accessibility especially to children. Pornography is not a good way for children to learn about loving sexual relationships. Although it is difficult to prove, children who are exposed to violent pornography may be more likely to become sexual offenders when they become adults.

How can we care for children who have been sexually exploited or trafficked?

Children who have been sexually exploited require special care and support. Until recently this has primarily been in specialized shelters but more organizations are exploring the possibility of trying to quickly re-integrate children back into their home community before they become further alienated from it. The process of re-integration is complicated whichever way it is done because of the prejudices children face in the community they are returning to and the difficulties of getting married after they are seen to be 'soiled'.

Children who are trafficked across borders are particularly vulnerable because they do not have the rights that citizens of the country have and their language ability is reduced. For example in Cambodia, trafficked Vietnamese girls are despised so without protection they may face deportation as illegal immigrants with little opportunity to appeal or receive support apart from the support of non-government and faith-based organizations.

Case Study

Mee-tarn is a 12 year old Vietnamese girl who was lured into working in a hotel brothel in Phnom Penh, Cambodia. She has now been working in the brothel for the past year. Her family was approached in Vietnam by the hotel company, seeking girls for employment within their hotel chain in Cambodia. Mee-tarn's parents were very poor fish farmers so when they were told that their daughter would be earning a lot of money, they decided to send her with the men from the hotel. Mee-tarn has been unable to contact her family despite promises from the men that they would have the opportunity to keep in touch. Mee-tarn's family has not heard from her since she left Vietnam with the men. In the brothel Mee-tarn works with about 20 other girls, mainly Vietnamese, and they are forced to provide sexual services to the men who visit the hotel. These men are mainly foreigners from other Asian countries, but also Cambodian men. Mee-tarn and the other girls are often threatened with death, injury, and the death of their families if they refuse to provide the sexual services the men desire. They are all too scared to run away and would not know where to go anyway as the city is foreign to them.

One day, however, Mee-tarn saw a Vietnamese woman and man visit the brothel owner. She noticed that they didn't talk long with the owner and that they wore ID badges, but she did not know who they were. Over the next month she saw this couple visit the owner regularly, then one day she and the other girls noticed that the couple put some posters up on a wall next to the brothel and the posters looked like they were in Vietnamese. One of the girls decided to sneak out of the brothel to read what the posters said. She came back and told the girls that the posters spoke about their own experiences, of being tricked to come to Cambodia from Vietnam for work. The girl said there was a telephone number on the poster but they could not call it as they did not have access to a phone.

Mee-tarn decided that when she saw the workers again she would find some way to talk with them without the brothel owner knowing. Mee-tarn waited for another month before she saw the couple again. She waited until the couple had left and the brothel owner had gone back into his office and the brothel staff were distracted. She slipped out of the side door of the brothel and followed the couple around the corner, as they walked to their car. The car had the organization's name on the side in the Khmer and Vietnamese languages. The Vietnamese lady turned around and saw Mee-tarn, but Mee-tarn was suddenly afraid of talking with the couple. She didn't know whether she could trust them, would they trick her like the men had tricked her before? But as she was turning around to rush back to the brothel, the Vietnamese lady caught up to her and started to talk with her.

During the brief conversation Mee-tarn started to feel like she could trust this lady and she told the lady about her story. The lady encouraged her and she promised she would come back and help her and the other girls to escape from the brothel. After the conversation Mee-tarn rushed back to the brothel and excitedly told the other girls about her conversation with the lady. That same night, the Vietnamese couple returned with more workers from another 'rescue' organization and the local Police. They forced their way into the back rooms where the girls were with their male "clients" and arrested the men and also the brothel owner. The girls were then taken in a van to a shelter belonging to a third organization where they talked with social workers about their experiences and where their families lived.

The social worker that Mee-tarn spoke to said that they would try to find out where her family was in Vietnam so that they could re-unite her with them. She said to Mee-tarn that the shelter was a place that Mee-tarn and the other girls would stay in for a few months, to help them feel safe again, to make sure they got medical treatment if they needed it, and to have the opportunity to start or continue their school education. Mee-tarn stayed in this shelter for 3 months and afterwards was re-united with her family in Vietnam. She was also put in contact with another organization in Vietnam that could help her and her family to understand what had happened to her, and to help her re-integrate into her community again.

Exercises

Fill in the blanks in the summary of the lesson:

____________ __ ________ is when a person is recruited, transported, harboured or received by means of force, coercion, abduction, force, deception, abuse of power or payment for the purpose of _____________. Exploitation includes _____________, forced ______, slavery, servitude or removal of ______. Commercial sexual exploitation of children is where children, both male and female engage in ______ ___________ for _____ or ______. There is evidence of sexual exploitation of ____ as well as girls, done by _____ and ___. ________ reduction is one cause of sexual exploitation, but the ___ _________ and pornography create ______ through lust. Several steps can be taken to reduce sexual exploitation and trafficking of children. These include: strengthening national ____, __________ communities, ______________ the way traffickers are working, educating _________ about the ways in which they could be sold or trafficked. It is also important to consider the effects of ____________ and to reduce accessibility especially to children. Children who have been sexually exploited require ________ _____ and ________. Children who are trafficked across ________ are particularly vulnerable because they do not have the ______ that citizens of the country have and their _________ ability is reduced.

Discussion questions:

1. Which children and youth are particularly vulnerable to being sold in your community?
2. What programs or activities are being done to address the vulnerability of these children?
3. In the case study several organizations were involved in the process of helping the children. What are the advantages of collaboration in this way?
4. What happened to Joseph who as a slave was approached by Potiphar's wife?
5. How do you think that reduction of poverty would reduce sexual exploitation? Is it enough? What are the other causes of sexual exploitation of children?
6. What other ways can the demand of CSEC be addressed? How can we start by talking to and involving men in the church?

Part 4: Children in emergency situations

In this final part of the workbook Lesson 15 will provide some brief guidelines to help child care workers, organisations and churches prepare themselves for caring for children if they are faced with an emergency situation.

Humanitarian emergencies cover a wide range of events including natural disasters or conflict. Some natural disasters like hurricanes, tsunami's and earthquakes are known as rapid-onset emergencies where lives can be destroyed and altered within minutes. Slow-onset emergencies can include food shortages, regular flooding or ongoing conflict which can be predicted in advance, but which also have a devastating effect on communities and families. A protracted emergency situation is one where communities are living in a state or crisis or as displaced people for many years. In all humanitarian emergencies children are particularly vulnerable to a range of risks. The guidelines in this lesson should be combined with the principles for keeping children safe (child protection) that will be covered in Workbook 6.

Lesson 15: How can we support children during emergencies?

Summary

- What are the risks to children in emergencies?
- How should we respond to the needs of children in emergencies?

An emergency is a large scale crisis that destroys lives and overwhelms the ability to cope.

Humanitarian emergencies cover a wide range of events including natural disasters or conflict. In all humanitarian emergencies children are particularly vulnerable to a range of risks.

Risks to children in emergencies

During the event children can witness the death of family members and destruction of their homes and livelihoods. This can lead to long term trauma and emotional distress. Immediately after the event, with whole communities destroyed, traditional ways of protecting children can be disrupted or broken down.

Families may need to leave their homes either because they have been destroyed through natural disaster or they are fleeing due to conflict. In each case they may have to leave quickly and with few possessions to seek water, food services and shelter. They may be housed temporarily in local shelters or more permanently in internally displaced camps (within their own country) or refugee camps across borders. During this time children can become separated from family members.

Response to emergencies often involves a range of 'outsiders or strangers' entering the community to assist in the emergency response effort. This can result in well-meaning, but misguided people wanting to 'remove or rescue children' and take them away from their community support mechanism or it may expose children to those who use the chaos caused by an emergency situation as an opportunity to traffic or exploit unprotected children. In addition, an influx of aid into communities can destabilise the locally economy and change power dynamics. There are opportunities for those controlling the distribution of aid to use their power to exploit children. The most vulnerable are those children who are in child headed households, having lost or having been separated from family members.

While camp settings may provide children with shelter and safety from the consequences of the natural disaster or armed violence, the negative impact of displacement can be equally distressing for children.

- Large concentrations of people in one place can lead to problems of access to water, poor sanitation and risk of disease. Children without the support of adults speaking and acting on their behalf for access to basic necessities are most vulnerable. Health services are generally disrupted including, maternity services, mother and child health or services to children with disabilities.
- Security within camps can be poor and children can be vulnerable to violence and sexual exploitation. Where the emergency situation is due to conflict, children are vulnerable to being recruited as soldiers, spies, messengers or sexual slaves.
- Increased household poverty due to displacement can cause families to resort to destructive coping mechanisms such as early marriages, child labour, etc. The shelter provided may not be secure or large enough to properly house families. As a result domestic violence and tensions can surface. In addition children often have to share sleeping quarters with adults, exposing children to adult behaviour usually conducted in private.

How do we respond to the needs of children in emergencies?

- **Co-ordinate with others**

  Emergencies are complex and often involve a number of different actors, (communities affected by the emergency, community leaders, local and national governments, and agencies). It is therefore essential that any response to the needs of children in emergencies is co-ordinated with other agencies and actors.

  In most emergencies, the UN in collaboration with the government of the country will take on a co-ordination role and agencies will oversee different sectors, e.g. health, nutrition, water and sanitation, community services (including education) food and non-food distribution, etc. Where tracing is required to reunite children with separated family members, the International Committee of the Red Cross (ICRC) usually takes on this role. It is important to be aware of these co-ordination structures and work within them to address the needs of children. All churches, organisations or agencies responding to the needs of children in emergencies should be aware of the Red Cross Code of Conduct This is a voluntary code, which lays down 10 points of principle which everyone should adhere to in their response to assisting children in emergencies. You can find the Code of Conduct at http://www.ifrc.org/publicat/conduct.

- **Recognise the capacity of the local community.**

  It is important to recognise the strength of local community coping mechanisms and empower people to respond to a disaster that has affected them directly. This would involve enabling the *local* church to respond to the needs of its own community members and children. Participating in the emergency response and taking control of a situation can enable families and children to recover more quickly. This includes ensuring that children feel that they are able to control aspects of their lives where control has been taken away from them. In most disaster events, children's perspective, needs and capacities are most often neglected or taken for granted.

- **Keep families together and register separated children.**

  Efforts should be made to ensure that families and extended families are kept together and children are with relatives and carers that are known to them. Children that have become separated from their parents or family members should be referred to the agency in charge of tracing family members. In the emergency phase there is no way to ascertain whether children are orphans or whether they still have family members living in the vicinity or country. Children should not be taken away from locations where they are registered and should never be taken out of the country. Supporting the removal of children from their communities during a time of upheaval can have numerous negative consequences both for the children, and for the affected population. In addition, projects which entice children away from their families, no matter how well meaning, should be discouraged.

- **Establish a routine of normalised activities.**

  Everyday systems of care should be prioritised: families, schools and communities. The re-establishment of education for children is one way to bring back a sense of routine to children who have experienced an emergency. Primary schools in the first instance should be set up with teachers from the community affected by the emergency to establish normalised activities. Child Friendly Spaces can be set up in displacement camps. These are safe places where children and youth meet other children to play, be involved in some educational activities and relax. It can give children a sense of safety, structure and continuity amidst overwhelming experiences.[49]

[49] Please see also Workbook 3, lessons 3, 13 and 14 for more information about trauma

Case Study[50]

Longstanding ethnic tensions broke out into widespread violence in Kenya in late 2007 and early 2008. Children witnessed and were victims of shootings and beatings. Homes were burned. Many children were forced to flee, some with their parents, some alone or with siblings. Violence broke out in communities, schools were disrupted, and in some neighborhoods there seemed to be no safe public spaces. Sexual violence was rampant, often perpetrated by youth gangs, and there were many allegations of girls being asked for sex to receive food distributions in Internally Displaced Peoples camps.

In order to design a response, World Vision conducted a rapid assessment of the protection issues faced by families, including a particular look at child protection issues. In light of the findings, World Vision decided to establish 9 'Child Friendly Spaces' (CFS) in three regions. A CFS can be in a school, a community centre, a tent or an open space in a camp or community - but it must be a place where the children feel safe. They decided that the CFSs should be located in tents, big enough to accommodate 100 children. CFSs are typically run by local volunteers who have been selected by the community as being good with children, and whom children like and trust. They often are teachers, community workers, or those who have some basic psychosocial or childcare development training. World Vision decided that in the Kenya CFSs, volunteers would include previous nursery and primary school teachers, youth who had experience in theatre and organizing sports activities for children, and professional counselors (with at least a certificate in counseling following high school).

The volunteers and staff at each CFS set up a daily schedule focused on the following priorities, with different times set aside for different age groups:

- To play - a fun place with sports, team and cultural activities to allow the children to switch off from their worries and concerns.
- To provide informal education as a transition time to prepare the children before they re-engage into their formal education system. This included:
  - literacy and numeracy skills
  - life skills
  - health education in new environments
  - psycho-education – helping children to appreciate when they are having normal reactions to an abnormal situation.
- To help children express and voice feelings through role-plays, dances, talking and traditional coping activities.
- To allow parents/caregivers to attend to their daily activities without worrying for their children's safety. In some cases, the CFS also became a place for parents to meet and support one another

The CFS were also prepared to identify separated children by registering them and for parents/children to enquire about missing children/siblings.

The CFS were very active during the time of the violence. In an evaluation conducted about 7 months after the conflict had stopped, parents, volunteers and children reported significant benefits to children in the areas of protection, psychosocial well-being, behavioral problems, pro-social behavior, and life skills. They reported that before the CFSs had been established, children were afraid, anxious, and cried frequently. They observed that the children had become less afraid, less anxious, and were now happy, and they saw the CFS as having contributed to children's improved emotional well-being. The biggest behavior change reported by parents and community members was that children who participated in CFS activities were less aggressive than before. Caregivers also reported that they felt less stress knowing that their children were at a safe place. They reported having many responsibilities during the violence, and that they could not always be looking after their children.

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[50] Case Study Adapted From: "Implementing Child Friendly Spaces after Post-Election Violence in Kenya: Successes, Challenges, and Lessons Learned." Kathleen Kostelny, World Vision International, 2008.

Exercises:

Fill in the gaps in the summary of the lesson:

An emergency is a _____ _____ ______ that ________ _____ ____ _________ ___ _______ __ ____. During an emergency children are vulnerable to a number of risks. These include ______ and _________ ________. In camp settings, the risks to children include ________ and ______ ____________. The children who are most vulnerable are _________ ____ _______. When responding to the needs of children in emergencies, it is important to co-ordinate with others and to be aware of the International Red Cross ____ of _______. This lists __ principles for working in emergencies. It is also important to _________ the ________ of the local community. Participating in the emergency response and taking _______ of a situation can enable families and children to _______ ____ _______. Efforts should be made to ensure that families and extended families are ____ ________ and children are with _________. Children should not be _______ from locations where they are __________. It is also important to establish a routine of _________ for children such as _________.

Discussion questions

1. What sorts of emergency situations have happened in your country? What were the effects on children?
2. Do you think it is good to co-ordinate with secular agencies and governments in responding to the needs of children at risk in an emergency situation? Why do you think this? What would the biggest challenges be in your context?
3. What do you think are the strengths and weaknesses of the Red Cross Code of Conduct? Do you think these are principles that can / should be applied in Christian work?
4. What are the biggest risks of emergencies in your country (e.g. natural disaster, conflict, food shortage)? In your own community, are you prepared in case disaster happened? How would you guarantee the protection of children in your care? What local mechanisms would you draw on?
5. What role can the church / your organisation or ministry play in preparing for, responding to, and helping children recover from emergency situations?

Activity

Read the following case study. What mistakes did Love and Hope Project make when they were trying to respond to the needs of children in this emergency?

'Love and Hope Project'[51] set up a project for street children in a refugee camp where families had fled a neighbouring country due to conflict. The project was set up without co-ordinating with any of the agencies and without obtaining permission from the government hosting the refugee camp. Children were encouraged to join the project by being offered a hot meal, shelter and a blanket on condition that they gave their lives to Jesus. Children were offered sports activities by the project. Soon parents living in the camp began to take their children out of school in the camp and sent their children to the project, knowing that they would be fed a hot meal. Some of those children began to like the activities that the Love and Hope Project put on so much that they didn't return back to their parents and instead stayed in the shelter that Love and Hope Project provided. By the end of the 6 months that the project was allowed to operate, the number of street children in the camp had doubled.

[51] Name changed

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Further Resources

Lessons 1-2

Teaching Aids at Low Cost (TALC), PO Box 49, St Albans, Herts, AL1 4AX, UK. Tel: +44 (0)1727 853869, Fax: +44 (0)1727 846852, E-mail: talcuk@btinternet.com

Werner, D (1993) *Where There Is No Doctor*, revised edition, Hesperian Foundation, Macmillan Education. ISBN 0 333 51652 4 (available from TALC in English, Spanish, Portuguese and many other languages) Highly practical in community rural health, with many illustrations.

Werner, D and Bower, B (1984) *Helping Health Workers Learn*, Hesperian Foundation. ISBN 0 942364 09 0 (available from TALC) Describes training of village health workers.

King, FS (1992) *Nutrition for Developing Countries,* Oxford University Press. ISBN 0 19442446 4 (available from TALC) Classic text on all aspects of nutrition and programmes.

Bailey, D, Hawes, H and Bonati, G (1992) *Child to Child: a resource book.* The Child to Child Trust. ISBN 0 946 182 06X (available from TALC)

Clare Hanbury-Leu *Children for Health* http://www.child-to-child.org/resources/index.html

Facts for Life, fourth edition http://www.factsforlifeglobal.org/

Lesson 3-4

Dixon, Patrick, M.D. (2004). The Truth About AIDS—and a practical Christian response. London: ACET international Alliance (PO Box 46242, London W5 2WG, UK).

Lessons 5-7

Children at Risk Guidelines Vol. 3: Children with Disabilities. Available from roots@tearfund.org and can be downloaded from www.tearfund.org/tilz

The **internet** has thousands of excellent sites. Unicef, as well as more disability-specific sites, are good sources of information.

Working with Hannah, a special girl in a mainstream school, by Liz Wise and Chris Glass, RoutledgeFalmer, 2000, UK, Canada and USA

Making a World of Difference, Christian reflections on disablity, by Roy McCloughry and Wayne Morris, SPCK, 2002, UK

God plays piano, too, The spiritual lives of disabled children, by Brett Webb- Mitchell, Crossroad, 1993, USA

Barrier free friendships, Joni Eareckson Tada and Steve Jensen, Zondervan, 1997, USA

Different Dads, Fathers' stories of parenting disabled children, Jessica Kingsley publishers, 2007, UK

Films

(Both these films are about fathers and sons, a very real issue for children with disabilities as typically, fathers in developing world cultures do not cope well because of stereotyping and myths).

The colour of paradise: excellent Iranian film about a blind boy from a poor background and his desire to gain an education without being excluded.

The keys of the house: Italian film about a boy with cerebral palsy or something similar, who is abandoned by his father at birth and only gets to meet him when he is in his teens. Very moving about father/son relationship in a realistically tough perspective on disability.

Lesson 15

Glenn Miles and Paul Stephenson. *Good Practice for People Working with Children.* Tearfund Children at Risk Guidelines.Vol. 6: Children in Conflict and War. Available from roots@tearfund.org and can be downloaded from www.tearfund.org/tilz