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Foreword

As a parent of three, I know how difficult it is to raise children. A parent is not born with all the skills that they need, they often have to ask others including family members, neighbors or even attend a parenting class.

Parents love their children so much that they want to improve all the time as parents so that their children can have a bright future. The setting up of parenting clubs helps in getting parents to learn more since no parent has all of the answers. I am proud to be associated with the Community-based Care Parenting Club Curriculum and have already learned some new parenting tips from it.

DR. PETER COWLEY
Country Director
FHI Cambodia
Overview

What is the purpose of this curriculum?
The Parenting Curriculum has been written by Family Health International (FHI) to enable Family Care Community Assistants (CAs) to set up and facilitate Parenting Clubs for parents and caregivers living in rural Cambodia. The aim of the clubs is to provide parents and caregivers with the information they need to save and improve their children’s lives.

The curriculum is designed to be used to facilitate monthly sessions over an 18-month period; it is divided into 18 two-hour sessions, each addressing a different parenting topic. Step-by-step instructions tell the CA how to facilitate each group session using a variety of fun games, educational activities and open discussions. The highly participatory teaching methods used are appropriate for parents and caregivers who have limited or no literacy and for group sizes of between 10 and 20 participants.

Why are Parenting Clubs needed?
In Cambodia, many parents and caregivers lack basic information on protecting and promoting the well-being of their children. Each year, hundreds of children die from preventable causes before reaching their fifth birthday and many more survive only to face diminished lives, unable to develop to their full potential. Parenting Clubs aim to provide parents and caregivers with invaluable information on meeting their children’s physical, emotional, intellectual, spiritual and social needs, allowing them not only to survive but to thrive.

Acknowledgements:
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Recommended IEC materials include those produced by RACHA, Save the Children Norway, Plan International, and books produced by FHI Cambodia as part of the Self Care Series on living with HIV.

Many thanks to the Implementing Agencies of FHI’s Community-based Care Program which participated in the initial training on this curriculum and provided valuable feedback: Cambodian Save Children Network (CSCN); Homeland; Khemara; Kien Kes Health Education Network (KHEN); Khmer Rural Development Association (KRDA); Khmer Youth Association (KYA); Nyemo.
Guidelines for facilitators

How to set up a Parenting Club:
To set up a Parenting Club you need between 10 and 20 parents or caregivers and a designated place to meet once a month. The term ‘caregiver’ includes all those who care for children; older siblings, aunts, uncles, grandparents, foster parents and neighbors, even if they are not the children’s biological parents.

The participants should be made up of caregivers of orphans and vulnerable children (OVC), caregivers who are living with HIV (PLHIV), and other caregivers. Try to make sure that at least half of the participants in every parenting club are PLHIV, or caregivers of OVC, in order to support the most vulnerable, whilst also reducing the stigma and discrimination that these people may face in their communities.

It has been anticipated that most Parenting Clubs will take place outside on the ground or on a day-bed. Where the curriculum refers to the ‘door’, this simply means whatever the participants are sitting on; the ground or the day-bed.

How to run a Parenting Club:
To run a Parenting Club you will need a copy of the Parenting Club Curriculum, all the necessary resources listed in the curriculum, and at least one other facilitator. There should be at least two facilitators available to run each Parenting Club Session; one to lead the activities and the other to support the lead facilitator by helping with materials and participants’ queries.

When using additional materials: posters; books; leaflets; picture cards—pass them around so that all the participants get to see them clearly. Also try to point and gesture to the materials a lot to make the most of them and aid understanding of different topics.

Nearly all the additional materials needed to run the Parenting Clubs are provided in this curriculum, those not provided will be supplied to FHI’s Implementing Agencies during Parenting Club Curriculum Training. However, if Implementing Agencies run out of materials, please contact someone from the Community Based Care Team at FHI.

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Session 1

Being a Parent

Key Messages

The Parenting Club is designed to support parents/carers to care for their children.

If you have very happy memories of your childhood, these will have a very positive effect on your life and how you feel as an adult.

The Parenting Club belongs to the parents and they should feel confident enough to make suggestions on how it should be run, request particular information, and to decide whether to participate in activities.

Time:
1 hour 30 minutes – 2 hours

Methodology:
- Group discussion
- Card game
- Brainstorming

Materials Needed:
- Faces Cards (see Resources: Session 1)
- Flipchart paper
- Marker pens
- Large, laminated copy of the Parenting Club Agenda (see Resources: Session 1)

Handouts:
- A4 copies of the Parenting Club Agenda, one per participant (see Resources: Session 1)
Introduction

1. Welcome everyone and thank them for coming to the first meeting of the Parenting Club. Explain that the Parenting Club is designed to support parents/caregivers to care for their children and will take place once a month in this village.

2. Introduce yourself and any co-trainers by giving your name and the name of your organization.

3. Say that it would be good for the group to get to know each other and ask the participants to find a partner so that each person can introduce their partner to the group.

4. Give the participants 5 minutes to talk to their partners and find out:
   a) their partner’s name
   b) how many children their partner has
   c) one fact about their partner’s children (this can be anything, for example ‘Hoeun’s son’s favorite food is mango’, ‘Sopha’s daughter has just started to walk’, Vuthy’s daughter is scared of thunder’).

5. After 5 minutes, ask each participant to share this information about their partner with the group.

Childhood Memories

6. Say that next you would like the group to think about how important their roles as parents are and ask them to close their eyes. Ask them to think of a strong memory from their childhood. This memory can be happy or sad.

7. After a few minutes put the Faces Cards out in the middle of the group where everyone can see them.
8. Ask each participant to select the card that best represents how they feel when they think of their childhood memory. For example, if the memory is of doing something fun, like going on a trip or holiday, which makes the participant feel happy or excited, they should select a face which is happy or excited. Or, if a participant’s memory is of something sad, like someone being sick or dying, and when they think of it they feel sad or upset, they should select a face that is sad or crying. If more than one participant wants to select the same card, explain that this is fine and they can share it for the rest of the activity.

9. After all the participants have selected a card, ask them to think carefully about how their childhood memory has affected them. Ask:

   a) Do you still remember the memory clearly and how you felt at the time?
   b) Has this memory affected the way you do things, the way you act, the way you feel?
   c) Do you think you will remember this memory for ever?

10. Allow participants to respond to and discuss these questions if they would like to, but if they would not, they can just think about the answers privately.

11. Show the group the card you have selected that represents how you feel when you think of your childhood memory and talk about your memory to the group.

12. Ask if anyone else would also like to show their card to the group and/or talk about their childhood memory. Allow some volunteers to share their memory with the group.

13. Ask:

   ‘Are you surprised at how strong your childhood memory is even though the thing you are remembering may have happened many years ago?’

14. Suggest to participants that the fact that they all have such strong memories from their childhood shows how much we are all affected by things that happen to us when we are children, and how these things continue to affect us even when we are
adults. If you have very happy memories of your childhood, these will have a very positive affect on your life and how you feel as an adult. If you have very sad memories, they will also affect your life but perhaps not in a very positive way that may negatively affect your life.

15 Explain that parenting is all about caring for and supporting your children so that they have a happy childhood and happy childhood memories, and can go on to reach their full potential as adults.

Helping our children to have happy childhoods

16 Put a piece of flipchart paper and some pens on the floor in the middle of the group and ask:

“How can we help our children to have happy childhoods?”

Encourage participants to make suggestions as a whole group and note these down on flipchart paper. (You can use words or pictures to note these suggestions down. For example, if someone suggests safe shelter, draw a house, if someone suggests love, draw a heart. If participants are able to note down their own suggestion, using words or pictures, encourage them to do so.)

17 Ask the participants to look at the words/pictures representing a happy childhood and ask them what issues they face in providing these things for their children. Encourage them to share their experiences.

18 Ask the participants to think about how the Parenting Club could help them with these issues and to share their ideas. Encourage the group to discuss what they would like to get out of the Parenting Club over the next 18 months.

Parenting Club Agenda

19 Display the large, laminated copy of the Parenting Club Agenda where everyone can see it and give out the small copies of the agenda (one per participant). Explain that the agenda shows the topics that will be covered in the Parenting Club using words and pictures.
Go through the agenda and explain clearly what each topic will cover, pointing out where issues that have been raised will be addressed.

Ask the participants if they have any questions about the agenda, or if they have any suggestions for improving it. Make it clear that the Parenting Club is their club and that they should feel free enough to make suggestions on how it should be run, request particular information, participate in activities, or choose not to participate. Stress that as the facilitator you welcome all feedback.

Put a piece of flipchart paper and some pens on the floor in the middle of the group and ask:

“What would make you feel more confident and comfortable in the group?”

Encourage participants to make suggestions as a whole group and note these down on the flipchart paper. Include some of the following suggestions if appropriate:

- Respect yourself
- Respect each other
• Respect different ideas – no teasing or criticism
• Listen carefully when someone is speaking
• One person speaks at a time
• Give everyone a chance to participate
• Laugh together – but not at each other
• Don’t talk about other people’s personal information outside the group
• You don’t have to speak if you don’t want to

23 Say that you could use these suggestions to guide you during the Parenting Club sessions.

24 Ask the group if they have any questions or any issues they would like to discuss before you close the session. Allow time for people to respond.

Close

25 Close the session by thanking everyone for coming, telling the participants that next month you will be discussing the needs of a child, and that you look forward to seeing them then.
Session 1

Resources:

Faces Cards
(after printing cut along the dashed lines)

Parenting Club Agenda
Faces Cards - Cut along the dashed lines
Parenting Club Agenda

1. Being a parent

2. The needs of a child

3. The importance of play

4. What is good parenting?

5. Building happy families

6. Birth spacing and family planning

7. Safe motherhood

8. Breastfeeding
14 ~ General hygiene

15: HIV

HIV+

16: Injury prevention and first aid

17 ~ Child rights

18 ~ Protecting children
The needs of a child

Key Messages

Child development is the process of growing from baby to adult (growing bigger and stronger, learning to walk, talk, feed oneself, play and share with other children, care for siblings).

Children need certain things to help them develop physically (food, shelter, medicine), but they also need things that will help them develop their minds, the way they think and feel, and the way they respond to others (attention, praise and encouragement, opportunities to learn, free time to play and explore alone and with friends).

Children have developmental needs, whether they are boys, girls, older or younger, disabled or able-bodied.

Time:
1 hour 30 minutes - 2 hours

Methodology:
• Ball game
• Group discussion
• Card game
• Brainstorming

Materials Needed:
• A ball
• Large, laminated copy of the Parenting Club Agenda (see Resources: Session 1)
• Child Development Picture (see Resources: Session 2)
• Child Development Cards (see Resources: Session 2)

Handouts:
• None
**Activities:**

### Introduction

1. Welcome everyone to the second meeting of the Parenting Club and thank them for coming.

2. Explain that the Parenting Club is designed to support parents/caregivers to care for their children and will take place once a month in this village.

3. Introduce yourself and any co-trainers by giving your name and the name of your organization.

4. Ask participants to play a short game that will help to remind everyone of people’s names. Make sure everyone is sitting in a circle and then bring out a ball. Start by holding the ball and saying your name and then passing the ball to the person on your left. This person must say their name and pass the ball on to the person on their left.

5. Go round the circle like this until everyone has said their name. When the ball comes back to you say your name and then the name of anyone in the circle and throw them the ball. For example, ‘Chantha; Sophea’ (Chantha throws the ball to Sophea). Allow the ball to go across the circle like this randomly until everyone has had a go.

6. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.

7. Use the Parenting Club Agenda to remind participants that this session will look at the needs of a child.
Child Development

8 Start the session by showing the group the Child Development Picture.

9 Explain that the process of growing from baby to adult is called child development. During this process children grow bigger and stronger, they learn to walk, talk, feed themselves, play and share with other children, care for their siblings, and many more things. Parents and caregivers can see these changes happening in their children every day.

10 Ask the group to suggest some of the other things that happen during the process of child development (encourage participants to think not just of the physical changes that occur but also the changes in the way the child thinks and responds to others).

11 Explain that parents and caregivers play a very important role in the process of child development; they can help children to develop by providing them with everything they need from birth until adulthood. Without these things children will not develop fully and will not have the health, strength, skills, and confidence that they need to be happy in their adult lives.

12 Ask the participants to think of all the things that children need from birth until adulthood (remind them that they discussed many of these things last month when talking about helping children to have happy childhoods). Encourage participants to think not just of needs that children have in order to develop physically (food, safe shelter, healthcare, protection from violence), but the needs children have to help them develop their minds, the way they think and feel, and the way they respond to others (for example; attention, care and affection, praise and encouragement, opportunities to learn, free time to play). Allow plenty of time for suggestions.

13 Say that you have a set of Child Development Cards that teach us some of the ways we can best meet children’s needs at different ages; 1 month, 6 months, 12 months, 2 years and 3 years. Place the individual cards face-down on the floor in the middle of the group so that only the age groups can be seen.

14 Ask the participants to move the cards so that all the cards from the same age group are together.
15 Start by looking at the ‘1 month’ age group and ask for a volunteer to select a card and turn it over so you can read it aloud to the group. Ask the participants to tell you why they think doing what it says on the card will promote good child development and what could happen if parents don’t do what it says on the card.

16 Go through all the cards in the ‘1 month’ age group in this way using different volunteers to select the different cards.

17 When you have covered the 1 month age group, go through the other age groups in the same way. After each age group, allow time for participants to suggest any other things they think are important for promoting good child development.

The myth of the ‘good child’

18 Explain that although we now know what children need from their parents/caregivers in order to develop, it can sometimes be confusing because culture encourages us that ‘good children’ are children who do not make noise, and do not spend too much time playing or exploring their surroundings.

19 Ask:

‘In our culture, what is considered a good child?’

Allow the participants to discuss what makes a ‘good child’ in our culture. For example: ‘A good child is one who never makes noise’; ‘A good child is one who always sits quietly and waits patiently’; ‘A good child is one who never interrupts or asks questions’.

20 When the group has discussed the myth of the ‘good child’, suggest that sometimes making a child behave in a way that is seen as being ‘good’ in our culture doesn’t actually help the child to learn, grow and develop in the way that they should.

21 Explain that children have many needs; sometimes they need to make noise, sometimes they need to move about to express themselves, sometimes they need to explore the world they live in, sometimes they need to ask many questions, sometimes they need to be silly and play games. By meeting these needs we can
help our children to learn, grow and develop in the best way possible. But by failing to meet these needs and by encouraging children to sit quietly, stay still, we can slow down their development.

Ask:

‘Which children have these developmental needs?’

Allow some time for suggestions and accept all answers but then stress that actually **ALL children have developmental needs whether they are boys or girls, older or younger, disabled or able-bodied**.

**Close**

Close the session by thanking everyone for coming, telling the participants that next month you will be discussing **the importance of play**, and that you look forward to seeing them then.
Session 2

Resources:

Child Development Picture

Child Development Cards (after printing write the age-group on the back and cut along the dashed lines)
**1 MONTH**

<table>
<thead>
<tr>
<th>Task</th>
<th>Image</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make skin-to-skin contact and breastfeed within one hour of birth.</td>
<td><img src="image1" alt="Mother holding baby" /></td>
</tr>
<tr>
<td>Support the baby’s head when you hold the baby upright.</td>
<td><img src="image2" alt="Father holding baby" /></td>
</tr>
<tr>
<td>Massage and cuddle the baby often.</td>
<td><img src="image3" alt="Woman holding baby" /></td>
</tr>
<tr>
<td>Make skin-to-skin contact and breastfeed within one hour of birth.</td>
<td><img src="image4" alt="Mother breastfeeding" /></td>
</tr>
<tr>
<td>Talk, read or sing to the child as often as possible.</td>
<td><img src="image5" alt="Mother and child" /></td>
</tr>
<tr>
<td>Visit the healthworker with the infant six weeks after birth.</td>
<td><img src="image6" alt="Healthworker" /></td>
</tr>
</tbody>
</table>
6 MONTHS

- Lay the baby on a clean, mat, safe surface so he or she can move freely and reach for objects.
- Prop or hold the baby in a position so she or he can see what is happening nearby.
- Continue to breastfeed on demand day and night, and start adding other foods.
- Talk, read or sing to the child as often as possible.

12 MONTHS

- Point to objects and name them, talk and play with the child frequently.
- Use mealtimes to encourage interaction with all family members.
Make sure that the child is fully immunized.

Help the child experiment with spoon/cup feeding.

Make the area as safe as possible to prevent accidents.

Continue to breastfeed and ensure that the child has enough food and a variety of foods.

If the child is developing slowly or has a physical disability, focus on the child’s abilities and give extra stimulation and interaction.

Do not leave the child in one position for many hours.
Praise the child's achievements.

Read, sing or play games with the child.

Teach the child to avoid dangerous objects.

Continue to breastfeed and ensure the child has enough food and a variety of foods.

Encourage, but do not force, the child to eat.

Provide simple rules and set reasonable expectations.

Praise the child’s achievements.
3 YEARS

Read and look at books with the child and talk about the pictures.

Tell the child stories and teach rhymes and songs.

Give the child his or her own bowl or plate of food.

Continue to encourage the child to eat, giving the child as much time as he or she needs.

Help the child learn to dress, use the toilet and wash his or her hands.
The importance of play

Key Messages

Play is an essential part of child development.

• Play helps children to grow strong, develop skills, to build self-confidence and to learn how to interact with other people, while having fun.

• There are many different games that you can play with children that don’t need any materials and there are also some games that can be played using very cheap and readily available materials.

Time:
1 hour 30 minutes – 2 hours

Methodology:
• Group game
• Group discussion
• Brainstorming
• Arts and crafts activities

Materials Needed:
• Large, laminated copy of the Parenting Club Agenda (see Resources: Session 1)
• Large mat/ tape/ other object for marking out a circle (or the circle can just be pointed out to the participants)
• Instruction Cards for Arts and Crafts Activities (See Resources: Session 3)
• Materials for arts and crafts activities (depending on what is readily available)
  - Plain paper, colored paper; newspaper, magazines, cardboard
- Paper plates
- Plastic bags, candy wrappers
- String
- Scissors
- Glue
- Pens, pencils, crayons
- Leaves
- 3-5 empty plastic water bottles
- Stones

**Handouts:**
- None

**Activities:**

**Introduction**

1. Welcome everyone to the third meeting of the Parenting Club and thank them for coming.
2. If there are any participants in the group who have never been to Parenting Club before, spend a few minutes explaining what the Parenting Club is about and doing some group introductions.
3. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.
4. Use the Parenting Club Agenda to remind participants that this session will look at the importance of play.

**Why is play so important?**

5. Say that many adults think play is a waste of time and serves no serious purpose, but we know that play is a very important part of child development.
6. Ask the participants to play a game with you so that you can better discuss the benefits of play for child development.
Explain that the game is called ‘Crocodiles and Tigers’ and mark out a large circle on the floor (either by laying a mat down, by pointing it out, or by using tape or other objects to mark it out).

Ask the participants to stand inside the circle.

Explain that the circle is the land and outside the circle is the water. When you shout ‘tiger’ the participants must jump off the land and into the water to get away from the tiger, and when you shout ‘crocodile’ the participants must jump out of the water and onto the land to get away from the crocodile.

Play the game for about 5 minutes by calling out either ‘tiger’ or ‘crocodile’ and trying to catch participants out.

Bring the participants back into a circle and ask them how the game made them feel (for example: happy; excited; included). Then ask them what they had to remember to do while they were playing the game (for example: follow the rules; listen carefully; respond quickly; balance on the mat; watch what other people were doing and copy them). Allow plenty of time for the participants to make suggestions.

Say that play helps children to grow strong, develop skills, build self-confidence and learn how to interact with other people, while having fun.

Say that having fun and laughing helps to strengthen children’s general health and well-being. Say too that play is a particularly important outlet for children who are very sad as it allows them to deal with difficult things that happen to them, and to express their emotions.
Read the following poem out to emphasize the importance of play:

Play for a child is like work for an adult.
• A child will develop muscles by playing.
• A child will learn how to be a friend by playing.
• A child can work out his fears and fantasies by playing.
• A child will learn to understand feelings by playing.
• A child will learn how to share by playing.
• A child may learn colors and sizes and shapes and many other things by playing.

Evelyn Rooks-W eir and illie Ferrer

Different children's games

Ask:

‘What children’s games do you know?’

( these could be games they played when they were children, games they play with their children now, or games they see other children playing together). Answers could include: ball; hide-and-seek; skipping; Moek; Khuong, jumping elastic; marbles; Leak Kanseng.

Allow plenty of time for the participants to suggest different games, and to explain these games to the whole group and demonstrate them. Play some of the games that they suggest.

Say that there are many different games that you can play with children that don’t need any materials and there are also some games that can be played using very cheap and readily available materials.

Say to the participants that you would like to show them some games that can be played using cheap and readily available materials.
**Arts and crafts activities**

19 Ask the participants to divide into four groups.

20 Say to the groups that each will have the opportunity to try out four different arts and crafts activities. Give each group a different Instruction Card, an example of the thing they are trying to make, and the materials needed to make it.

21 Go to each group individually and explain what they have to do and what the aim of the activity is, and then allow each group 15 minutes to carry out the activity.

22 After 15 minutes ask the groups to move on to another activity, do this every 15 minutes until all the groups have done all four activities.

23 End the arts and crafts activities by asking the participants to discuss which activities they enjoyed, whether or not they think they would do these activities with their children, and if they can think of any other similar activities that they would like to share.

Note: The Arts and Crafts Activities section can also be done by just choosing one, two or three of the suggested activities and spending more time on each, or by doing completely different activities to the ones suggested. The most important thing is that the participants get to try some different arts and crafts activities and that they are encouraged to think about activities they could do in their homes with their children. Facilitators should feel free to adapt this section as appropriate.

**Close**

24 Close the session by thanking everyone for coming, telling the participants that next month you will be discussing **good parenting**.
Instruction Cards for Arts and Crafts Activities
(after printing cut along the dashed lines)
Activity 1: Masks

Materials needed:
- Paper plates/Paper circles
- String
- Scissors
- Glue
- Pens/Pencils/Crayons
- Colored paper/Newspaper
- Plastic bags/Candy wrappers/Leaves (anything that can be stuck on masks)

1. Draw a face on the plate/paper circle and decorate using the pens/pencils/crayons and by sticking materials to the plate/paper circle.
2. Cut holes for the eyes so that you can see out of the mask when wearing it.
3. Attach string to the mask so that you can wear it on your face.

Activity 2: Leaf rubbings

Materials needed:
- Pieces of paper
- Leaves
- Pencils/Crayons

1. Select a leaf and put it underneath your paper.
2. Color the paper in, pressing very gently down on the leaf so that the pattern of the leaf comes through on the paper.
3. Take the leaf out from under the paper and select another leaf to rub.
Activity 3: Paper chains

1. Cut the paper into strips.
2. Make the first ring by joining the two ends of one paper strip together with glue/tape/staples.
3. Make the second ring by threading a paper strip through the first and gluing the ends together.
4. Continue doing this until your paper chain is as long as you want it.

Materials needed:
- Paper
- (Plain paper/ Newspaper
- Magazines/ Cardboard)
- Scissors
- Glue/Tape/Staples

Activity 4: Rocks and bottles

1. Cut the necks of the bottles off.
2. Mark out a line on the ground and place the bottles standing upright in front of the line but at different distances away from it.
3. Agree on a points system; the bottles nearer to the line should give fewer points than the ones further away from the line.
4. Stand behind the line and take it in turns to throw your rocks in to the bottles, if you get them in you collect points!
5. Decorate the bottles with the pictures to make them more attractive.

Materials needed:
- 3-5 Empty plastic water bottles
- Scissors
- Rocks
- Pictures from a newspaper/
- Magazine or hand-drawn
- Glue/Tape/Staples
The role of a good parent is complicated and involves being many different things (provider, teacher, positive role-model, supportive adult, career, friend, encourager).

- Praise and affection is an important part of child development - good parents praise their children and show them that they love them as much as possible, even though cultural myths may teach otherwise.

- There are many different methods for disciplining children and different methods work for different children, but physical punishment is always a dangerous and ineffective method.

**Time:**
1 hour 30 minutes - 2 hours

**Methodology:**
- Energizer
- Group discussion
- Brainstorming
- Role-play
- Hot potato game

**Materials Needed:**
- Large, laminated copy of the Parenting Club Agenda (see Resources: Session 1)
- ‘Hot potato’ (See Resources: Session 4)

**Handouts:**
- None
Activities:

Introduction

1. Welcome everyone to the fourth meeting of the Parenting Club and thank them for coming.

2. If there are any participants in the group who have never been to Parenting Club before, spend a few minutes explaining what the Parenting Club is about and doing some group introductions.

3. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.

4. Use the Parenting Club Agenda to remind participants that this session will look at good parenting but suggest that before you begin the session you will play a quick energizer to warm everybody up.

5. The energizer is called ‘Masks’. Make sure everyone is sitting in a circle. Say to the participants that you want them to show different emotions on their face as though they are putting on and peeling off different ‘masks’. Say to the participants that first you want them to all ‘put on’ a ‘happy mask’ (mime putting on a mask and then looking very happy), then say that you want them to ‘peel off’ the ‘happy mask’ and ‘put on’ an ‘angry mask’ (mime peeling the happy mask off and putting it down before putting on an angry mask). Ask the participants to suggest some different ‘masks’ to ‘put on’ and ‘peel off’ (embarrassed; shy; confused; disappointed; surprised; amazed; confident etc) and practice these as a group. When everyone understands the different ‘masks’ ask for a volunteer to ‘put on’ a ‘mask’ on their own (it can be any kind of ‘mask’ they want; one that has already been said or a new one) and mime peeling off that mask and throwing it to another person in the group, saying their name. The new person mimes putting on the mask, then changes it to another emotion, and peels the new mask off, throwing it to someone else. Continue until everyone has had a turn.
The role of a good parent

6 Ask:

“What is good parenting?”

and encourage the group to think about and discuss all the things good parents should be to their children (for example, providers, teachers, positive role-models, supportive adults, carers, friends, encouragers). Allow time to discuss the different answers in depth as some people may have different opinions on the role of good parents.

7 Explain to the group that the role of a good parent is a complicated one because it involves being many different things. Suggest that the participants are probably being all of these things to their children without even knowing it. Go through the list below to emphasize this point:

The role of a good parent:

- **Provider** - providing your children with the material things they need in order to have happy childhoods and develop fully
- **Teacher** - teaching your children life skills and the difference between right and wrong
- **Positive role-model** - acting in a way that your children can look up to, respect and learn from
- **Supportive adult** - supporting your children even when they make mistakes
- **Carer** - caring for your children and showing them love and affection
- **Friend** - listening to your children, offering them advice, looking out for them, playing with them and having fun with them
- **Encourager** - encouraging and praising your children to build their confidence and self-esteem.

8 Say that sometimes it can be confusing for parents to know how to act around their children because culture teaches certain things about how ‘good parents’ should act. For example culture says that ‘good parents’ don’t praise their children in front of them, or show them that they love them.
Ask:

Why do you think that our culture says that parents shouldn’t praise their children or show them that they love them?

Allow some time for participants to discuss the reasons why (for example, that if parents praise their children in front of them or show them that they love them, then their children will be arrogant, spoilt, manipulative or lose respect for their parents). Ask the participants if they believe that these things will happen.

Next ask:

‘How do you feel when someone says something nice about you or makes it clear that they love and care for you?’

for example: ‘You are very good at cooking’; ‘You are very intelligent’; ‘I will miss you when you go away’ Allow some time for participants to think about how this makes them feel and to share their thoughts.

Say that praise and affection affects children in the same way, it makes them feel proud, valued, confident, secure, safe, and protected. Praise and affection is an important part of child development and good parents praise their children and show them that they love them as much as possible, even though cultural myths teach otherwise.

Disciplining children

Say to the participants that one of the roles of good parents is to teach their children right from wrong. Ask:

‘Do you find teaching your children right from wrong and disciplining them when they are naughty easy or difficult?’

Encourage the group to discuss this question and to think about why they find it easy/difficult.
Ask the participants to divide into three groups.

Ask the small groups to:

a) Discuss the different methods they use to discipline their children when they are being naughty

b) Prepare a two minute role-play showing someone disciplining a naughty child using one of the discussed methods

After 15 minutes bring the groups back together and ask them to present their role-plays to the whole group.

Ask the participants to comment on the role-plays they saw and on the discussions they had in their small groups. Encourage the participants to share with the group what methods of discipline they particularly liked, or thought would be particularly effective. If the methods for disciplining children below are not mentioned, add them to the discussion.

### Methods for disciplining children:

- **Time-out** - If a child is naughty tell them what they have done wrong and that they need to take some time-out as punishment. Tell the child where they must sit (preferably somewhere away from other people and distractions, and preferably the same place every time) and tell them that they must sit there quietly and not move until the time-out is over. Give the child a set amount of time (between five and fifteen minutes depending on their age) and after that time tell the child that they have finished their time-out and that you would like them to apologize for their bad behavior. The time-out should give the child time to calm down and to think about what they did wrong.

- **Taking away treats** - If a child is naughty tell them what they have done wrong and that you are going to take away something that they like or enjoy as punishment. For example, perhaps the child is not allowed to play with their friends, or watch television, or eat sweets. This only needs to be done once per instance of bad behavior.

Say that there are many different methods for disciplining children and that different methods work for different children. Parents need to choose the methods that work best for their families, but they might find the following general guidelines useful (go through the following guidelines with the participants, allowing time for discussion, explanation and examples):
General guidelines for effective discipline

1) Provide the child with order and routine – regular mealtimes, bedtimes etc.
2) Establish family rules that are appropriate to children’s ages. Keep them few in number with clear consequences for not obeying.
3) Be consistent – make sure your rules and expectations don’t change from day to day.
4) Be fair – don’t favor some children over others.
5) Develop a trusting relationship with children by protecting them from harm, by being honest and trustworthy, and by showing predictable and mature behavior.
6) Offer praise for appropriate behavior. Praise will increase that behavior and avoid the child misbehaving just to get attention.
7) Always explain to the child what they have done wrong and why you are angry with them.
8) Avoid mocking the child, making them feel stupid, or embarrassing them in public.
9) Keep calm when disciplining a child.
10) Adopt a ‘no-hitting’ attitude. No one has a right to hit anyone else in the household and that includes hitting children for misbehavior.

18 Ask the participants what they think about the last guideline suggesting adopting a ‘no hitting’ attitude and allow time for the participants to respond to and discuss this idea.

19 Ask:

‘Why do some people say that hitting children, or any form of physical punishment as a way of disciplining children is bad?’

Encourage the group to discuss their thoughts and feelings around the use of physical punishment. Ask further questions to encourage this such as:

‘Is physical punishment necessary? Does it work? What are the dangers of using physical punishment to discipline children?’
Say that **physical punishment has been banned in more than 100 countries in the world** for many different reasons, which we will look at now.

Bring out the ‘Hot Potato’ (the ball of paper which is made up of the Physical Punishment Sheets) and say that most of the ‘layers’ of the ‘hot potato’ have a fact about physical punishment written on them, but some of the ‘layers’ have an activity for the participant to do!

Say that you will sing/clap your hands and while you are doing this, the participants should pass around the ‘hot potato’ as quickly as possible as though it really were hot and burning them! Say that when you stop making noise whoever is holding the hot potato has to ‘peel off’ the first ‘layer’. Explain that if the ‘layer’ / sheet has a fact about physical punishment written on it that you will read it out to the group, and discuss. If the sheet has an activity written on it then the participant who opened it has to do the activity!

Play the ‘hot potato’ game until every ‘layer’ has been peeled off. As you are playing the game make sure that you allow plenty of time for questions and discussion related to the facts about physical punishment.

**Close**

Close the session by thanking everyone for coming, telling the participants that next month you will be discussing **building happy families**, and that you look forward to seeing them then.
Hot potato
(Follow instructions to make hot potato)
Hot potato - Make the ‘Hot Potato’ by writing each of the sentences below on a separate sheet of A4 paper and wrapping each sheet around the other to make a ball of paper that participants can ‘unpeel’.

- Physical punishment teaches children that violence is ok and that it is acceptable to hit people who are smaller and weaker.
- Children who are hit frequently often grow up with childhood memories of anger and resentment.
- **Dance a traditional Khmer dance with the people sitting on either side of you.**
- Infants do not know right from wrong or misbehave on purpose. They should never be hit or shaken; they need love and protection, not punishment.
- Physical punishment is not a very effective form of discipline. Children learn right from wrong best through teaching, discussing, and observing adults who show responsible and caring behavior.
- Physical punishment can increase the child’s aggressive behavior and lead to a cycle of physical aggression by the adult and the child.
- **Talk to the group as though you are a famous filmstar; Ampo Tevy (if you are female), or Tep Rindaro (if you are male).**
- Physical punishment erodes trust between a parent and a child and encourages the child to avoid his/her parents.
- **Tell a joke to the rest of the group.**
- Regular physical punishment can make a child’s behavior worse instead of better. It can increase antisocial behavior such as lying, stealing, cheating, bullying and fighting.
- Children who are physically punished lack confidence and feel helpless, intimidated and anxious.
- **Dance like a monkey.**
- Children who are physically punished are more likely to have violent relationships in the future.
- Physical punishment increases the risk of child abuse. It is easy to hit too hard and cause serious injuries like bruises, broken bones, welts, and nerve damage.
- **Choose a song and sing and dance with EVERYONE in the group.**
Building happy families

Key Messages

Children who are part of happy families and surrounded by strong and positive relationships will have happier childhoods.

Children who grow up in happy families are better able to cope with difficult times and negative things that happen to them because they are more resilient.

There are different positive strategies for coping with anger and strong emotions.

Time:
1 hour 30 minutes – 2 hours

Methodology:
• Energizer
• Group discussion
• Brainstorming
• Breathing technique/meditation

Materials Needed:
• Large, laminated copy of the Parenting Club Agenda (see Resources: Session 1)
• Family Pictures (see Resources: Session 5 - you can also add your own pictures from magazines/newspapers/family photos)
• Flipchart paper
• Marker pens

Handouts:
• None
Activities

Introduction

1. Welcome everyone to the fifth meeting of the Parenting Club and thank them for coming.

2. If there are any participants in the group who have never been to Parenting Club before, spend a few minutes explaining what the Parenting Club is about and doing some group introductions.

3. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.

4. Use the Parenting Club Agenda to remind participants that this session will look at building happy families, but suggest that before you begin the session you will play a quick energizer to warm everybody up.

5. The energizer is called ‘Tropical Rainstorm’. Ask everyone to stand up in a circle and tell them that you will be the ‘conductor’ of the storm and that the person on your right must copy whatever you do, then the person on their right must copy what they do, and then the person on that person’s right and so on and so on until everyone in the circle is doing the same as the person before them. Start by rubbing the palms of your hands together, next click your fingers, next clap your hands, next slap your thighs, next stamp your feet at the same time as clapping your hands. When the whole group is doing this as fast and loudly as possible follow the same steps in reverse so that the storm slowly fades away into nothing again.

What is a family?

6. Place the Family Pictures on the floor in the middle of the group.

7. Ask:

‘What does the word family mean to you?’

Allow some time for the participants to respond and share their ideas.

8. Say that all families are different; some are big, some are small, some live together, some live apart, some are related by blood, some aren’t - but still see each other as family because they are so close (for example close friends and neighbors).
What makes a happy family?

9 Ask:

‘What makes a happy family?’

Encourage the group to discuss this question and think about all the things that make a happy family (for example, a strong and loving marriage, close relationships between family members, communication, equal and fair treatment of everyone, acceptance, sharing of household jobs and responsibilities, understanding and kindness to each other).

10 Next ask:

‘Why do you think being part of a happy family is important for children?’

Encourage the group to discuss this question and think about the benefits of being a part of a happy family (for example, feeling safe and secure, feeling loved and cared for, having positive relationships around you to teach you strong family values, being able to learn about how to properly treat people that you love and care for, seeing an example of a successful and happy marriage).
11 Explain that children who are part of happy families and surrounded by strong and positive relationships will have happier childhoods, will develop in a positive way and will learn how to have their own happy marriages and families in the future.

12 Say that children who grow up in happy families are also better able to cope with difficult times and negative things that happen to them because they are more resilient.

13 Put a piece of flipchart paper and some pens on the floor in the middle of the group and draw a horizontal line across the middle of the paper. On the left-hand side of the line write ‘Unhappy family’ and on the right-hand side of the line write ‘Happy family’. Then write the numbers 0-10 underneath the line from left to right so that the 0 is under ‘Unhappy family’ and the 10 is under ‘Happy family’.

14 Underneath the words ‘Happy family’ draw a smiley face and underneath the words ‘Unhappy family’ draw a sad face so that the paper looks like the picture below:

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   UNHAPPY FAMI\n   LI

   0 1 2 3 4 5 6 7 8 9 10

   HAPPY FAM\n   ILY

   😞😊
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15 Ask:

‘Which kinds of relationships make happy families and which kinds of relationships make unhappy families?’
(for example, in an unhappy family people may argue over things, may not listen to each other, may not share household responsibilities, may fight and hurt each other, while in a happy family people care for each other, do things for each other, protect each other) and ask the participants to show where on the scale between happy and unhappy family these kinds of relationships would go.

16 After some discussion ask:

‘Where would you prefer to be on the scale between unhappy and happy family? 0-10?’

17 Say that in order to stay at the happy end of the scale (5-10), families have to work at their relationships with each other.

**Stress and anger management**

18 Say that even though we know all the things we should be doing to have good relationships and happy families, sometimes it can be hard to do these things during times of great stress, anger, fear or disappointment. Ask:

‘Do you find it hard to maintain happy relationships during times like these?’ and allow some time for discussion.

19 Say that sometimes at times of great stress, anger, fear or disappointment we can upset or hurt friends and family around us because we don’t know how to cope.

20 Ask:

‘What can you do when you are very stressed, angry, afraid or disappointed to help you cope with your feelings?’

Allow some time for the participants to respond and share their ideas.

21 If the ways of coping listed below are not mentioned then add them:

**Ways of coping:**

- Do some exercise or some work
- Tend to the farm animals or vegetable garden
- Participate in activities with family or friends
- Talk to someone you know and trust
- Go to the temple or wat
- Meditate or pray
Say that when we feel angry we often want to say or do things to hurt other people. Usually someone that we care about. We think that by saying something cruel to him or her, we will feel better. But we find we really do not feel better at all.

Say that instead of responding to feelings of anger with words, there is a breathing technique that we can do to help calm us down.

Ask the participants to imagine a time when they have been really angry about something. Then ask them to shut their eyes and do the following:

**Breathing technique**

- Stop and think about your breathing
- Say “breathing in I know I’m angry, breathing out, anger is still there”
- Continue to breathe like this for three or four breaths and then usually there is a slight lessening of anger inside
- Continue breathing and say “breathing in I see anger in me, breathing out I smile at my anger”

Ask:

‘Did the breathing practice have a calming effect on you?’
‘Do you think that this could help you, and the other people in your families to cope with anger?’

Say to the participants that if they are angry with their spouse or children, it is often best to walk away from this person and spend some time apart from them to avoid saying or doing anything that will hurt them. If they are angry with their children they can ask a friend or neighbor to care for them while they take some time to calm down.

Suggest to the participants that they could teach these ways of dealing with strong emotions to their families, especially their children.

**Close**

Close the session by reading the following quote from Venerable Maha Ghosananda:
Thank everyone for coming, tell the participants that next month you will be discussing **birth spacing and family planning**, and that you look forward to seeing them then.

There is no need to worry about the past or future. The secret of happiness is to live fully in the present moment.

You can’t go back and change the past, it’s gone!

You can’t control the future. So there is no need to worry.

A quote from Buddhist teaching by Venerable Maha Ghosananda
Family Pictures
(after printing cut out individual pictures, and add your own)
Family Pictures - Cut out the pictures below, you can also add your own pictures from magazines/newspapers/family photo albums.
6 Session

Birth spacing and family planning

Key Messages

For the health of both mothers and children, there should be a space of at least two years between births; mothers should give birth between the ages of 18 and 35; and mothers should not have too many children.

- Women can control when they get pregnant by abstaining from sex, or by using family planning methods.

- Birth spacing and family planning is the responsibility of both the man and the woman.

Time:
1 hour 30 minutes – 2 hours

Methodology:
- Energizer
- Group discussion
- Brainstorming
- Family Planning Methods Display Folder

Materials Needed:
- Large, laminated copy of the Parenting Club Agenda (see Resources: Session 1)
- Crop Pictures (see Resources: Session 6)
- Family Planning Methods Display Folder (see Resources: Session 6)
- One sheet of Contraceptive Pills (to stick on to the Display Folder)
- One sheet of Contraceptive Mini Pills (to stick on to the Display Folder)
- One Contraceptive Injection (to stick on to the Display Folder)
- One Contraceptive Coil (to stick on to the Display Folder)
- One Condom (to stick on to the Display Folder)
Handouts:
- None

Activities:

Introduction

1. Welcome everyone to the sixth meeting of the Parenting Club and thank them for coming.
2. If there are any participants in the group who have never been to Parenting Club before, spend a few minutes explaining what the Parenting Club is about and doing some group introductions.
3. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.
4. Use the Parenting Club Agenda to remind participants that this session will look at birth spacing and safe motherhood, but suggest that before you begin the session you will play a quick energizer to warm everybody up.
5. The energizer is called 'Talking Teeth'. Ask the participants to sit in a circle and tell them that you will ask a simple question to the person sitting on your right, they must answer the question and then ask the same question to the person on their right, that person must then answer the question and then ask the next person and so on until everyone has been asked the question and answered it. Now explain to the participants that when they answer the question and then ask it the aim is to not show their teeth! Start the game off by asking a simple question such as: ‘How many children do you have?’ / ‘What is the name of your oldest child?’ / ‘What is your favorite food?’

Birth Spacing

6. Ask the participants to get into small groups of two or three people and discuss what they already know about birth spacing. Ask participants to consider the following questions:
   a. What does the term ‘birth spacing’ mean?
   b. Why is birth spacing important?
7 Allow some time for the small groups to discuss these questions and then invite them to share their answers with the whole group.

8 Confirm that birth spacing refers to the time between one child’s birth and the next child’s birth. It is important because if the space between births is not long enough it will negatively affect the health of both mother and child.

9 Say that it is easier to think about birth spacing when we think of having children in the same way as growing crops. A farmer always thinks carefully about when to plant his crops and how closely to plant them to each other to ensure that his crops will be as healthy and strong as possible. As adults we must also think carefully about when to have children and how closely to have them to each other to ensure good health.

10 Lay out the Crop Pictures on the floor in the middle of the group so that they tell two stories of crops being planted, growing, and eventually being harvested, by two different farmers, as shown below:

11 Ask:

‘How are the two stories different?’ and ‘Do you think it is better when a farmer plants his crops very close together or when he/she leaves some space between them?’

Allow time for discussion and encourage the participants to think about why it is better when the crops are spaced out, and to make suggestions.
Conclude that when the crops are spaced out, they get more of the things that they need to grow and develop and they also get more care and attention from the farmer. Explain that when crops are planted very close together, some of the crops may not get all the things they need to grow and develop and as a result may be less healthy or even struggle to survive.

Explain that this is the same as when women have children too close together and ask:

‘Why do you think it isn’t so good when women have children too close together (less than two years apart)?’

Encourage the participants to make suggestions and discuss the problems that might arise.

Conclude that when a woman gives birth to a child less than two years after the first child, breastfeeding for the older child stops too soon. The mother also has less time to prepare the special foods the older child needs, and she may not be able to give him/her as much care and attention as needed, especially when the child is ill. As a result, children born less than two years apart may not grow and develop as well, physically or mentally, as children born more than two years apart.

Explain that leaving at least two years between births is important not just for the health of the child but also for the health of the mother. A woman’s body needs about two years to recover fully from pregnancy and childbirth, and the mother needs time to get her health, nutritional status and energy back before she becomes pregnant again. If a woman has children very close together, the risk to her health is greater, and so is the risk that the baby will be born too early and weigh too little.

Say that when parents are thinking about birth spacing they also need to think about the woman’s age and how many children they would like to have, as these things also affect the health of both mother and child. Ask the participants if any of them know the healthiest time for women to have children (between which ages). Allow some time for the participants to answer and then confirm that it is healthiest for women to have children between the ages of 18 and 35. Also say that having too many children can be bad for mother and child.

Explain that it is important that women and their partners think about all of these things and carefully plan when is the best time for them to have children, to ensure they and their children remain healthy.
18 Ask:

‘How can women control when they get pregnant?’

and allow some time for participants to respond and discuss the question as a group. Confirm that women can control when they get pregnant by abstaining from sex, or by using family planning methods.

19 Ask the participants to get into pairs and spend a few moments discussing the different types of family planning methods that they know of.

20 Bring the group back together and display the Family Planning Methods Display Folder so that everyone can see it (either by holding it up or by putting it on the floor in the middle of the group).
Go through each different type of family planning method with the participants, asking questions and allowing time for discussion to ensure that everyone understands.

Ask the participants if they are clear on the meaning of birth spacing, why it is important and how to space births using different family planning methods. Clarify anything that is unclear.

Ask:

Who in the family is responsible for thinking about birth spacing and family planning?'

Allow time for discussion.

Encourage the participants to think of birth spacing and family planning as being the responsibility of both the man and the woman. Say that it is important that couples think about and discuss birth spacing and family planning together as the good health of both mother and child will affect the whole family, not just the woman. For example, if a man does not learn about and understand the importance of birth spacing and family planning and the woman does not feel confident to talk to him about it, she may have a lot of children very close together. The woman could then suffer from poor health and be unable to look after all the children, and the man may have to stop working to care for the children and the whole family would suffer from a lack of money.

Encourage the participants to discuss with each other whether they think and talk about birth spacing and family planning with their partners. If they don't then why not, what are the barriers they face? Are they worried that their partners will not feel it is their responsibility? Do they feel as though they don't know enough about it? Ask:

‘Can you think of ways of overcoming these barriers and encouraging shared responsibility?’

Close

Conclude the session by asking the participants where they could go for more information about birth spacing and family planning. Confirm that if they need further information, advice or family planning methods then they can go to [insert nearest family planning clinic/health center].

Thank everyone for coming, tell the participants that next month you will be discussing safe motherhood and that you look forward to seeing them then.
Session 6

Resources:

Crop Pictures

Family Planning Methods Display Folder
(after printing, laminate sheets, bind them together, and stick different types of contraception onto labeled areas)
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7
Session
Safe motherhood

Key Messages

- Pregnant women should receive antenatal care from qualified health staff and should go for at least three check-ups during the pregnancy.
- Pregnant women need extra food, more rest, and should avoid heavy work, smoking, alcohol and sleeping pills in order to stay healthy.
- The best place to deliver your baby is in a health facility with a trained medical person.
- It is important to be able to recognize the warning signs of problems during pregnancy so that immediate skilled help can be given.

Time:
1 hour 30 minutes – 2 hours

Methodology:
- Energizer
- Group discussion
- Brainstorming
- Self Care Series Book
- Card game

Materials Needed:
- Large, laminated copy of the Parenting Club Agenda (see Resources: Session 1)
- Safe/Unsafe Pregnancy Pictures (see Resources: Session 7)
- Self Care Series Book Four pages 3-10, at least four copies (available from FHI - www.fhi.org.kh)
- Pregnancy Warning Sign Cards (see Resources: Session 7)

Handouts:
- None
Activities:

Introduction

1. Welcome everyone to the seventh meeting of the Parenting Club and thank them for coming.

2. If there are any participants in the group who have never been to Parenting Club before, spend a few minutes explaining what the Parenting Club is about and doing some group introductions.

3. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.

4. Use the Parenting Club Agenda to remind participants that this session will look at safe motherhood but suggest that before you begin the session you will play a quick energizer to warm everybody up.

5. The energizer is called ‘Two Truths And A Lie’. Say that you will go around the circle and ask each participant to tell the group two true things about themselves and one lie. After each person has said these three things the rest of the group has to guess which is the lie and which things are true.

Safe motherhood

6. Say that now that we have discussed the importance of thinking carefully about when to have children and how closely to have them to each other to ensure good health, we should also look at how women can stay healthy during pregnancy.

7. Display the Safe Pregnancy Picture (happy pregnant woman) and the Unsafe Pregnancy Picture (unhappy pregnant woman) where everyone can see them. Say that one of the women is happy because she is having a safe pregnancy and the other is unhappy because she is having an unsafe pregnancy.
8 Point to the Safe Pregnancy Picture and ask:

“What things would make a pregnancy safe?”
(a pregnancy in which the mother and child are happy and healthy)

and encourage the participants to brainstorm the answers.

9 Point to the Unsafe Pregnancy Picture and ask:

“What things would make a pregnancy unsafe?”
(a pregnancy in which the mother and her child are unhappy and at risk)

and again encourage the participants to brainstorm the answers.

Note: There may be many myths here about what makes a pregnancy safe/unsafe; allow adequate time for discussion and make it very clear what is myth, not fact, when it comes to safe/unsafe pregnancy.

10 Distribute the Self Care Series: Book Four pages 3-10 so that everyone can see a copy and go through each page to explain how to have a safe and happy pregnancy. If there are participants in the group who can read and are comfortable reading out loud then ask them to read sections of the text.

Recognizing warning signs during pregnancy

11 Say that with any pregnancy there is always a risk that things can go wrong, even if the woman is trying to make the pregnancy as safe as possible. Because of this risk it is important that all families are able to recognize the warning signs of problems during pregnancy and childbirth and to have plans for getting immediate skilled help if problems arise.

12 Put the Pregnancy Warning Sign Cards out on the floor in the middle of the group (making sure to mix up the different colored cards) and explain that there are three types of
warning signs; those that exist before the pregnancy begins (blue), those that occur during the pregnancy that need to be monitored (yellow), and those that occur during the pregnancy that require immediate help (pink).

13 Ask the participants to put the different types of warning signs together by putting all the blue cards together, all the yellow cards together, and all the pink cards together.

14 Go through the warning signs that exist before the pregnancy begins (blue), asking regular questions to check understanding. Emphasize that if any of these warning signs exist before a woman becomes pregnant she and her family should take particular care during her pregnancy. Ask the participants how the woman and her family could take particular care in this situation and encourage them to think of things like: the woman moving, temporarily, closer to a hospital or maternity clinic; the family getting extra help from their extended family, friends or neighbors so that the woman does not have to work hard or stressfully during her pregnancy; and the family arranging for the delivery of the baby to take place in a hospital or maternity clinic.

15 Go through the warning signs that occur during a pregnancy that need to be monitored (yellow), asking regular questions to check understanding, and again ask the participants what the woman and her family should do if these signs occur. Stress that the best thing to do is to seek medical help as soon as possible.

16 Go through the warning signs that occur during pregnancy that require immediate help (pink), asking regular questions to check understanding. Stress how important it is for the woman to seek medical help immediately if these signs occur.

17 Ask the participants whether it is easy for them to access medical help and healthcare. If it isn’t then why not; what are the barriers they face? Brainstorm ways of overcoming these barriers if possible and conclude the session by saying that every woman in Cambodia has the right to healthcare, especially during pregnancy and childbirth. Health care providers should be technically competent and should treat women with respect.

Close

18 Close the session by thanking everyone for coming, telling the participants that next month you will be looking at breastfeeding, and that you look forward to seeing them soon.
Session 7

Resources:

Safe/Unsafe Pregnancy Pictures

Pregnancy Warning Sign Cards
(after printing on appropriate colored paper - see instructions below - cut along the dashed lines)
<table>
<thead>
<tr>
<th>The woman has had a child in the last two years.</th>
<th>The woman has had a previous difficult or Caesarean birth.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The woman is under 18 or over 35 years of age.</td>
<td>The woman has had a previous miscarriage or stillbirth.</td>
</tr>
<tr>
<td>The woman has already given birth to four or more children.</td>
<td>The woman weighs less than 38 kilograms.</td>
</tr>
<tr>
<td>The woman has had a previous premature birth or baby weighing less than 2 kilograms at birth.</td>
<td></td>
</tr>
</tbody>
</table>
These are the warning signs that occur during the pregnancy that need to be monitored and should be printed on YELLOW paper, if none is available, print on white paper and color in.

- The woman is failing to gain weight (at least 6 kilograms should be gained during pregnancy).
- The woman has anemia - paleness inside the eyelids (healthy eyelids are red or pink), extreme tiredness and easily becomes out-of-breath.
- The fetus moves very little or not at all.
- The woman’s legs, arms or face swell up.
These are the warning signs that occur during the pregnancy that require immediate help and should be printed on PINK paper, if none is available, print on white paper and color in.

- The woman has spotting or bleeding from the vagina during pregnancy or profuse or persistent bleeding after delivery.
- The woman has severe or persistent vomiting.
- The woman has spotting or bleeding from the vagina during pregnancy or profuse or persistent bleeding after delivery.
- The woman has severe headaches or stomach-aches.
- The woman has severe or persistent vomiting.
- The woman has a high fever.
- The woman’s water breaks before her baby is due for delivery.
- The woman has convulsions.
- The woman has severe pain.
- The woman has prolonged labor.
One of the most important ways a mother can care for her new baby is by practicing exclusive breastfeeding. Exclusive breastfeeding helps protect babies and young children against dangerous illnesses.

Exclusive breastfeeding means not giving your baby anything except breast milk from the moment he/she is born until 6 months of age.

Almost every mother can breastfeed successfully with encouragement and practical support from family, friends and healthcare staff.

There is a risk that an HIV-positive woman can pass the disease on to her baby through breastfeeding. Women who are HIV-positive should consult a trained health worker for advice on how to reduce the risk of infecting the child.
• Marker pens
• Breastfeeding Picture Cards (see Resources: Session 8)
• Feeding Picture Cards (see Resources: Session 8)

Handouts:
• None

Activities:

Introduction

1. Welcome everyone to the eighth meeting of the Parenting Club and thank them for coming.

2. If there are any participants in the group who have never been to Parenting Club before, spend a few minutes explaining what the Parenting Club is about and doing some group introductions.

3. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.

4. Use the Parenting Club Agenda to remind participants that this session will look at breastfeeding but suggest that before you begin the session you will play a quick energizer to warm everybody up.

5. The energizer is called ‘The Sun Shines On...’. Ask the participants to sit in a tight circle (each participant should sit either on one of their shoes/a banana leaf/a piece of scrap paper depending on what is available) and for one volunteer to go in the middle of the circle. The volunteer must shout out: ‘the sun shines on...’ and then choose something that some one in the group possess. For example: ‘the sun shines on all those wearing blue’ or ‘the sun shines on all those wearing flip-flops’. All the participants who have that attribute must change places with one another. The volunteer must try to take one of their places as they move, so that there is now a new person left in the middle without a place. It is then the new person's turn to call out something. Continue this game for as long as necessary to get everyone energized.
Exclusive breastfeeding

6 Say that **one of the most important ways a mother can care for her new baby is by practicing exclusive breastfeeding.** Babies who are exclusively breastfed for the first six months of their lives have fewer illnesses and are better nourished than those who are fed other drinks and foods.

7 Ask:

   ‘Do you know what exclusive breastfeeding means?’

   and allow time for suggestions to be made.

8 Use the Self Care Series: Book Four pages 13-14 to explain exactly what exclusive breastfeeding is and how it can be done. If there are participants in the group who can read and are comfortable reading out loud, ask them to read sections of the text.

Problems practicing exclusive breastfeeding

9 Ask:

   ‘What problems might new mothers face when practicing exclusive breastfeeding?’

   and allow time for the participants to brainstorm possible answers.

10 Participants may suggest problems such as: the mother thinking that she doesn’t have enough milk; the baby refusing the mother’s milk; breastfeeding being painful; the mother being employed away from home; the mother being worried about infecting her baby with HIV by breastfeeding. After problems have been suggested, encourage the participants to discuss what might be causing these problems and to suggest possible solutions.

11 During the discussion use the following solutions to help you to guide the participants.
**Things that cause problems when practicing exclusive breastfeeding:**

**Cause:** The baby is not attached properly to the breast while feeding leading to sore and cracked nipples, there not being enough milk, and the baby refusing to feed.

**Solution:** The mother must be taught proper attachment.

**Note:** When talking about proper attachment to the breast give a demonstration using a doll as the baby. Make sure that the ‘baby’ is in a comfortable position with his/her body straight, head facing the breast, and being held close. Say that the baby’s mouth needs to be wide open and to be covering most of the brown area around the nipple. The baby’s chin should touch the breast. Ask for volunteers to also practice demonstrating a proper attachment.

**Cause:** The mother is giving her baby other drink and food as well as breastmilk during the first six months meaning that the baby suckles less often and less breastmilk is produced.

**Solution:** The mother should breastfeed exclusively so that enough milk is produced.

**Cause:** The mother cannot be with her baby during working hours - this means that the baby cannot get as much milk as he/she needs and less milk is produced by the mother.

**Solution:** The mother should express her milk and breastfeed often when she is with the baby to ensure her milk supply.

**Cause:** The mother is not breastfeeding often enough or for long enough meaning that less breastmilk is produced.

**Solution:** The mother should breastfeed frequently and for as long as the baby needs so that more milk is produced.

---

12 Say that almost every mother can breastfeed successfully, with encouragement and practical support from family, friends and healthcare staff.

**Feeding a baby from birth to 24 months**

13 Put a piece of flipchart paper on the floor and draw a line from the left side of the paper to the right side. Divide the line into five and label the five sections as follows: BIRTH; 0-6 months; 6-12 months; 12-24 months; 24 months onwards; so that the flipchart looks like the one below:
14 Explain that the **amount and frequency** of breastfeeding a baby needs changes as the baby gets older. Say that at 6 months old, exclusive breastfeeding can stop and adult food can gradually be introduced into the baby’s diet.

15 Place the Breastfeeding Picture Cards and the Feeding Picture Cards down in two separate piles next to the flipchart paper. Show the participants one of the Breastfeeding Picture Cards and say that this card represents a mother breastfeeding her baby. Next show the participants one of the Feeding Picture Cards and say that this card represents a baby being fed adult food.

16 Say to the participants that as a group you will place the cards on the flipchart paper, under different age groups, to show how a baby should be fed at different ages.

17 Point out the different age groups on the flipchart paper and ask:

‘At what age should a mother start exclusively breastfeeding her baby?’
Give the participants time to answer before confirming that **a mother should start exclusively breastfeeding her baby at birth, and ideally within one hour of the baby being born.** Place one of the Breastfeeding Picture Cards under the ‘Birth’ section on the flipchart paper.

**18** Pointing at the flipchart paper again ask:

> ‘Until what age should a mother exclusively breastfeed her baby?’

Give the participants time to answer before confirming that **a mother should exclusively breastfeed her baby until the baby is 6 months old** and place one of the Breastfeeding Picture Cards under the ‘0-6 months’ section on the flipchart paper.

**19** Ask:

> ‘After 6 months, should a mother continue to breastfeed her baby?’

and give the participants some time to answer. **Confirm that after 6 months, and until 24 months, a mother should continue to breastfeed her baby, but should gradually start to introduce adult foods at the same time.** Place one of the Breastfeeding Picture Cards under the ‘6-12 months’ section and one under the ‘12-24 months’ section.

**20** Ask:

> ‘How often should a 6-12 month old baby be fed?’

and give the participants time to answer. **Confirm that a 6-12 month old baby should be fed at least 3 times a day (and more if necessary) whilst also being breastfed frequently.** Place three of the Feeding Picture Cards under the ‘6-12 months’ section.

**21** Ask:

> ‘How often should a 12-24 month old baby be fed?’

and give the participants time to answer. **Confirm that a 12-24 month old baby should be fed 5 times a day whilst also being breastfed frequently.** Place five of the Feeding Picture Cards under the ‘12-24 months’ section.
Say that as a baby’s stomach is much smaller than an adult’s they can’t eat as much and need to eat small amounts of food five times a day, rather than large meals two or three times a day, to get all the food they need.

Ask:

‘From 24 months onwards, what should a child be fed?’

and give the participants time to answer. Confirm that from 24 months onwards a child should be breastfed if both mother and child wish, and fed five times a day. Place one Breastfeeding Picture Card under the ‘24 months+’ section and draw a question mark next to it. Place five Feeding Picture Cards under the ‘24 months+’ also.

Ask everyone to take a few moments to look at the finished flip chart paper which should look as shown below:

<table>
<thead>
<tr>
<th>Birth</th>
<th>0-6 months</th>
<th>6-12 months</th>
<th>12-24 months</th>
<th>24 months +</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Breastfeeding Picture Card" /></td>
<td><img src="image2.png" alt="Breastfeeding Picture Card" /></td>
<td><img src="image3.png" alt="Feeding Picture Card" /></td>
<td><img src="image4.png" alt="Feeding Picture Card" /></td>
<td><img src="image5.png" alt="Question Mark" /></td>
</tr>
</tbody>
</table>

Go through each age group with the participants to check that they understand how a baby should be fed at different ages, asking general questions to check understanding.

Ask:
‘When might a baby need to be breastfed more than usual?’

and give the participants time to answer. Confirm that a baby needs to be breastfed more than usual if they are sick, or have recently been sick, or if they are upset and need comforting.

**Breastfeeding if you are HIV-positive**

28 Say that mothers who are HIV-positive might be worried about breastfeeding their babies and ask the:

‘Why might mothers who are HIV-positive be worried about breastfeeding their babies?’

and allow time for suggestions to be made.

28 Confirm that when mothers who are HIV-positive breastfeed their babies there is some risk that the baby will also become infected with HIV. About 1 out of 7 babies who are breastfed by HIV-positive mothers will become HIV-positive. (Explain clearly what this means by pointing out seven people and saying that if they were all HIV-positive and all breastfed then one baby would become HIV-positive).

29 Say that this doesn’t mean that mothers who are HIV-positive shouldn’t breastfeed their babies, as there are also risks to the baby if the mother doesn’t breastfeed. Ask:

‘What are the risks to the baby if the mother doesn’t breastfeed?’

and allow time for suggestions to be made.

30 Confirm that if a mother doesn’t breastfeed, the baby is more at risk of getting dangerous illnesses such as diarrhea and ear and chest infections which can kill.

31 Say that it is important that mothers who are HIV-positive weigh up the risks associated with breastfeeding and not breastfeeding their baby so that they can decide what to do. Say that different mothers will decide different things based on their individual situations.

32 Ask:

‘What are the options for HIV-positive mothers who choose NOT to breastfeed their babies?’
and allow time for participants to brainstorm all the alternative ways mothers could feed their babies.

33 Confirm that mothers who choose not to breastfeed their babies can feed them in three different ways and read out the following list:

Alternatives to breastfeeding for HIV-positive mothers:

1) Heating expressed breast milk
2) Another woman exclusively breastfeeding the HIV-positive mother’s baby
3) Instant formula

34 Say that HIV-positive mothers should not make a decision about how to feed their babies until they have considered all the options carefully and discussed them with an experienced health worker who knows about prevention of transmission of HIV to infants.

35 Use the Self Care Series: Book Four pages 15-18 to explain in more detail the alternatives to breastfeeding for HIV-positive mothers. Make sure everyone can see a copy of the book and allow plenty of time for questions and discussion.

36 Say that for some HIV-positive mothers breastfeeding will be the best option to ensure the health of their baby. For example, some mothers will not have fuel to heat their expressed breast milk, or know of anyone else who can breastfeed their baby, or be able to afford instant formula. These mothers may also live in areas where dangerous childhood illnesses are common and therefore their babies need breastmilk even more than other children to protect them from becoming sick.

37 Say that if an HIV-positive mother decides to breastfeed her baby she should do so exclusively for 6 months and then stop completely. Stress that it is especially important that exclusive breastfeeding is practiced when the mother is HIV-positive and no other drink or food is given in the first 6 months. Ask:

‘Why is it especially important that no other drink or food is given in the first 6 months when the mother is HIV-positive?’

and allow time for suggestions to be made.

38 Confirm that in the first 6 months any drink or food except breastmilk can damage the lining of the baby’s stomach and intestine making it easier for the HIV virus to enter.

Close

39 Close the session by thanking everyone for coming, telling the participants that next month you will be looking at immunization, and that you look forward to seeing them soon.
Breastfeeding Picture Cards
(after printing cut along the dashed lines)

Feeding Picture Cards
(after printing cut along the dashed lines)
Breastfeeding Picture Cards - Cut along the dashed lines
Feeding Picture Cards - Cut along the dashed lines
Immunization

Key Messages

Immunizations are vaccines given in order to make people resistant to certain diseases.

• Every child needs a series of immunizations during the first years of life to protect them from several dangerous diseases.

Children need immunizations: at birth; at 6 weeks; at 10 weeks; at 14 weeks and at 9 months.

Children need to be taken to the health center twice a year between the ages of 6 months and 5 years to be given Vitamin A.

Time:
1 hour 30 minutes - 2 hours

Methodology:
• Energizer
• Group discussion
• True or False?

Materials Needed:
• Banana
• Large, laminated copy of the Parenting Club Agenda (see Resources: Session 1)
• Yellow Health Centre Leaflet (collect from local Health Centre)
• Sweets

Handouts:
• None
Activities:

Introduction

1. Welcome everyone to the ninth meeting of the Parenting Club and thank them for coming.

2. If there are any participants in the group who have never been to Parenting Club before, spend a few minutes explaining what the Parenting Club is about and doing some group introduction.

3. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.

4. Use the Parenting Club Agenda to remind participants that this session will look at **immunization** but suggest that before you begin the session you will play a quick energizer to warm everybody up.

5. The energizer is called ‘**Banana Game**’. Ask the participants to stand in a circle with their hands behind their backs and for one volunteer to stand in the middle of the circle. Secretly put a banana into the hands of one of the participants. The banana must then be secretly passed around the circle behind the participant’s backs. The volunteer must study people’s faces and try to work out who has the banana. When the volunteer guesses right he/she can take a place in the circle and the game continues with a new volunteer in the middle. Continue this game for as long as necessary to get everyone energized.

Immunization

6. Ask:

   ‘What do you know about immunization? Have you ever been immunized against any illnesses? Have your children been immunized against illnesses?’

   Allow the participants to share what they know.

7. Explain that **immunizations are vaccines given in order to make people resistant to certain diseases**. Immunizations must be given by trained healthcare staff, who know the correct age that people need to be immunized, the correct amount to give, and the number of immunizations needed.
8 Explain that every child needs a series of immunizations during the first year of life to protect them from several dangerous diseases. It is essential that infants complete the full number of immunizations — otherwise the vaccines may not work. A child who is not immunized is at risk of contracting dangerous diseases which could lead to illness, permanent disability, malnutrition and even death.

9 Show the participants the Yellow Health Centre Leaflet and ask if any of them have seen it before.

10 Explain to the participants that when they take their children for check-ups and immunizations at the health centre they will be given one of these cards so that the health centre staff can record their child’s information and monitor their health.

11 Explain that the leaflet has a table in it which shows which immunizations all children need and the dates on which the child is given them, so that health centre staff and parents can keep track.

12 Go through the card with the participants pointing out the different immunizations that are needed and when, as shown below:

13 Stress that it doesn’t matter so much if they don’t remember which different immunizations are needed, as long as they remember that immunizations are needed: at birth; at 6 weeks; at 10 weeks; at 14 weeks and at 9 months.

14 Say that children also need to be taken to the health center twice a year between the ages of 6 months and 5 years to be given Vitamin A.

15 Say to the participants that if they remember to take their children to the health centre at these times, the health centre staff will make sure the children have the right immunizations and treatment, and will give them the yellow card so that they can
1. It is not safe to immunize a child who has a fever, a cough or a cold, or diarrhea.

**FALSE**

It is safe to immunize a child with a minor illness such as a very slight fever, a small cough or cold or a little diarrhea. Only if the illness is serious is it unsafe. The health center can advise on when it is safe and when it isn’t.

2. It is not safe to immunize a child who has a disability or is malnourished.

**FALSE**

It is safe to immunize children who are disabled or malnourished.

3. It is normal for a child to cry or develop a fever, a minor rash or a small sore after being vaccinated.

**TRUE**

It is normal for a child to cry or develop a fever, a minor rash or a small sore. Breastfeed frequently or give the child plenty of liquids and foods. If the child has a high fever, the child should be taken to a health centre.

4. Immunization only works if given before disease strikes.

**TRUE**

Immunizations cannot protect children from diseases if they have already got them.

Say to the participants that you would like to play a short game of true or false with them and divide them into two teams.

Ask each team to think of a team name and to share it with the rest of the group.

Go through the following ‘true or false’ statements by asking one team and then the next to say whether they think each statement is true or false. Keep scores to show which team gets the most right answers and give out sweets for every correct answer given.
5. It doesn’t matter if immunizations are given with an old or non-sterile needle and syringe as long as the vaccine is given correctly.

FALSE

People must insist that only new and sterile needles and syringes are used for immunizations. Needles and equipment that are not properly sterilized can cause life-threatening disease. Sharing needles and syringes, even among family members, can spread life-threatening disease.

6. Many vaccines have to be given more than once.

TRUE

Vaccines for Polio, DTC¹ and Hepatitis B all need to be given more than once. Polio and DTC must be given three times and Hepatitis B four times in order to offer children full protection from the diseases.

7. If a child has missed a few immunizations that they should have had in the first year of life, it is too late and the child cannot have them.

FALSE

If a child has missed a few immunizations that they should have had in the first year of life it is not too late to give them. The child should receive them as soon as possible, or during National Immunization Days.

8. All pregnant women also need to have an immunization to protect them and their unborn child from a disease called Tetanus.

TRUE

In many parts of the world, mothers give birth in unhygienic conditions. This puts both them and their new baby at risk of getting tetanus, a life-threatening disease. Pregnant women should have five doses of the tetanus vaccine and should have the first one as soon as they know they are pregnant. After five doses the woman is protected for life and her children are protected for the first few weeks of their lives.

Close

Close the session by thanking everyone for coming, telling the participants that next month you will be discussing food, nutrition and growth, and that you look forward to seeing them soon.

¹Also known as DPT, immunization to protect against diphtheria, pertussis and tetanus.
Session 10

Food, nutrition and growth

Key Messages

Each day a person should eat a lot of rice/bread/noodles/potatoes (carbohydrates), a lot of fruit/vegetables, some meat/fish/nuts (protein) and a small amount of fat.

As regular weight gain is the most important sign that a child is growing and developing well, from birth to age two, children should be weighed every month by trained health centre staff.

During an illness, children need to continue to eat regularly, and after an illness, children need at least one extra meal every day for a week to help them to recover fully.

Good food and nutrition is especially important for HIV-positive children and can delay the progression of HIV and reduce the cost of medication and the chances of complications and hospitalization.

Time:
1 hour 30 minutes – 2 hours

Methodology:
• Energizer
• Q & A session
• Group discussion
• Food Pyramid Poster activity
• Yellow Health Centre Leaflet activity
• Brainstorming

Materials Needed:
• Large, laminated copy of the Parenting Club Agenda (see Resources: Session 1)
• Food Pyramid Poster (available from FHI – www.fhi.org.kh)
• Healthy and nutritious food snack
• Yellow Health Centre Leaflet (collect from local Health Centre)
• Sweets

Handouts:
• Sopheak’s Growth Chart, one per participant
Introduction

1. Welcome everyone to the tenth meeting of the Parenting Club and thank them for coming.

2. If there are any participants in the group who have never been to Parenting Club before, spend a few minutes explaining what the Parenting Club is about and doing some group introductions.

3. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.

4. Use the Parenting Club Agenda to remind participants that this session will look at food, nutrition and growth, but suggest that before you begin the session you will play a quick energizer to warm everybody up.

5. The energizer is called ‘Rabbits’. Ask the participants to stand in a circle and explain that one person starts by putting both hands up to their ears and waggling their fingers (so they look like a rabbit). The people on either side of this person must bend their knees and put their hands together palms down (so they also look like rabbits). The person in the middle then points to another person across the circle and stops doing the rabbit action. This person now puts both hands up to their ears and waggles their fingers and the people on either side of him/her bend their knees and put their palms down. The energizer can continue this way until everyone has been ‘rabbit’.
Why is food important?

Go through each of the following questions and answers. After asking each question allow time for the participants to answer and discuss the question before telling them the answer you have written down.

<table>
<thead>
<tr>
<th>Q</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why is food important?</td>
<td>Food is like batteries; it makes your body run.</td>
</tr>
<tr>
<td>What happens if a person does not get enough food?</td>
<td>The person will become thin, weak, sick and may even die. In order to be healthy, a person needs enough food, but a person also needs the right kind of food; food that has nutritious value.</td>
</tr>
<tr>
<td>Why is good food and nutrition particularly important for children?</td>
<td>Children need nutritious food so that they can grow to be big and strong and so that they are protected from the many childhood illnesses.</td>
</tr>
<tr>
<td>What is the best and most nutritious thing to feed a new born baby?</td>
<td>Breastmilk. Breastmilk alone is the only food and drink an infant needs until the age of six months.</td>
</tr>
<tr>
<td>At what age do children start to need food as well as breastmilk?</td>
<td>After 6 months children need a variety of other foods in addition to breastmilk but the mother should still continue breastfeeding until the child is 2 years old.</td>
</tr>
<tr>
<td>How many times a day do children aged 6 months to 2 years need to be fed in addition to breastfeeding?</td>
<td>From the age of 6 months to 2 years, children need to be fed five times a day. This is because a child’s stomach is smaller than an adult's, so a child cannot eat as much at one meal, but still needs enough food to grow and develop.</td>
</tr>
<tr>
<td>As well as feeding children five times a day, what else do parents need to do to ensure their children have healthy diets?</td>
<td>Parents may need to encourage their children to eat and help them in handling food or utensils such as chopsticks or spoons. It is also a good idea if children have their own plate or bowl of food to ensure that they can eat what they need and so that their parents can see clearly how much they have eaten.</td>
</tr>
</tbody>
</table>
Different types of food

7. Put the Food Pyramid Poster on the floor in the middle of the group, or display it somewhere where everyone can see it.

8. Point to the food pyramid and explain that it shows the food a person should try to eat each day to be healthy and receive good nutrition. Explain that each line shows a different kind of food. A person should try to eat at least one thing from each line, at each meal.

9. **Carbohydrates** - Point to the carbohydrates. Ask the participants to describe what they see. Explain these are carbohydrates, and that they **give the body energy**. Ask the participants to give examples of food they often eat that belongs on this line.

10. **Fruits/vegetables** - Point to the fruits/vegetables. Ask the participants to describe what they see. Explain that these are fruits/vegetables, and that they **make the body work/go**. Ask the participants to give examples of food they often eat that belong on this line. Explain that fruits and vegetables make your hair grow, your skin healthy, your eyes see well, your bones strong, help you think, concentrate and learn more easily, and much, much more. If a person does not eat fruit and vegetables they become sick.

11. **Proteins** - Point to the proteins. Ask the participants to describe what they see. Explain that these are proteins, and that they **help the body to build muscles/protect the body**. Ask the participants to give examples of food they often eat that belong on this line.

12. **Fats** - Point to the fat. Ask the participants to describe what they see. Explain that fats, like carbohydrates also **give the body energy**. Ask the participants to give examples of food they often eat that have fat in them.

13. Ask:

   ‘Can anyone guess why the picture is this shape?’

Allow some time for the participants to make suggestions and then confirm that it is this shape to show how much of each food you should eat. So each day you should
eat a lot of rice/bread/noodles/potatoes (carbohydrates), a lot of fruit/vegetables, some meat/fish/nuts (protein) and a small amount of fat.

14 Explain that there are other foods that are not good for you. Ask the participants what these foods are and then confirm that foods like sugar, fat and alcohol should only be eaten or drunk in small quantities.

15 Explain that if a child eats/drinks only sweets and fizzy drinks their hair will begin to fall out, their bones will become soft, their eyes will not see well. If a child has 100 riel, he/she would be healthier if he/she spent it on rice/noodles or fruit, rather than sweets. Drugs and cigarettes should be avoided altogether because they can hurt the body.

16 Ask:

‘What healthy meals can we cook for children?’

and encourage the participants to share ideas, making sure that all suggestions are healthy and cover a range of locally available ingredients.

17 Give out some healthy foods that are locally available (for example, fresh fruit, corn, rice cakes, soya milk) for the participants to eat.

18 Ask:

‘Now that you know about the different kinds of foods children need, do you think you will be able to provide these foods to your children, or do you still face obstacles in providing healthy, nutritious food?’

Give them time to answer, and if any obstacles are suggested encourage them to think how they could be overcome.

How to tell if a child is growing and developing well?

29 Ask:

‘How can we tell if a child is growing and developing well?’
and confirm that regular weight gain is the most important sign that a child is growing and developing well.

20 Explain that parents can monitor weight gain by getting their children weighed at the health centre. From birth to age 2, children should be weighed every month by trained health centre staff.

21 Show the participants the Yellow Health Centre Leaflet and ask them if they remember seeing it during last month’s session.

22 Explain that when they take their children for check-ups and immunizations at the health centre they will be given one of these cards so that the health centre staff can record their child’s information and monitor their health.

23 Show the participants the growth chart inside the leaflet and explain that the child’s weight should be marked with a dot each time he/she is weighed, and the dots should be connected after each weighing. This will produce a line that shows how well the child is growing. A line going up shows that the child is gaining weight, a line that stays flat shows that the child is not gaining weight, and a line that goes down shows that the child is losing weight. If a line stays flat or goes down, this is a cause for concern. **If a child has not gained weight for about two months, something is wrong.**
The story of Sopheak

(Whilst telling the story of Sopheak point at the different weights recorded at different ages so that participants can see how her growth and development was recorded using the chart.)

1. Sopheak weighed a healthy 3kg when she was born and for the next 6 months she continued to gain weight while she was being exclusively breastfed.

2. At 9 months, Sopheak stopped gaining weight and stayed the same weight for 3 months. Sopheak’s parents and the health centre staff were worried about Sopheak because she had not gained weight for more than 2 months and because she had slipped into the orange area on the growth chart, meaning that her weight was too low for her age.

3. At 12 months, Sopheak got a bad chest infection and then started losing weight because she was so sick. Sopheak lost weight every month for the next 5 months. Sopheak’s parents and the health centre staff were then very, very worried about Sopheak because she was losing weight and because she was now in the red area on the growth chart, meaning danger.

4. Sopheak started to take medication for her chest infection and her mother breastfed her more regularly and gave her more food to help her recover quickly. At 18 months, Sopheak finally started to gain weight again and continued to gain weight every month until she was out of the red danger zone, out of the orange zone and back into the yellow safety zone.

5. At 36 months, (3 years old), Sopheak weighed a healthy 13.5kg.

Hand out the photocopies of Sopheak’s Growth Chart. Say that this growth chart has been filled in to show the growth and development of a child called Sopheak. Ask the participants to follow the growth chart while you tell them about Sopheak.
Ask the participants if they have any questions about the story of Sopheak and allow time for group questions, discussions and answers.

Remind the participants of the following key points to remember when looking at their child’s growth chart:

**Key points to remember when looking at your child’s growth chart:**
- The line should always be going up, showing that the child is gaining weight.
- If the line stays flat for more than two months, or goes down, it means that something is wrong.
- The child’s weight should always be in the yellow safety zone, if it is in the orange zone it means the child doesn’t weigh enough for his/her age, and if it is in the red zone it means the child’s weight is dangerously low.
- If you are concerned about your child’s growth and development you should seek immediate medical help from trained health centre staff.

Feeding sick children

Ask:

‘Is food, nutrition and growth still important for sick children?’

and allow time for discussion.

Say that during an illness, children need to continue to eat regularly and after an illness, children need at least one extra meal every day for a week to help them to recover fully.

Say that good food and nutrition is especially important for HIV-positive children and can:
- Delay the progression of HIV
- Reduce the cost of medication
- Reduce the chances of medical complications and hospitalization

Close

Close the session by thanking everyone for coming, telling the participants that next month you will be discussing diarrhea, and that you look forward to seeing them soon.
Sopheak’s Growth Chart
Session 11

Diarrhea

Key Messages

Diarrhea is caused by germs that are swallowed, especially germs from faeces. This happens most often where there is unsafe disposal of faeces, poor hygiene practices or a lack of clean drinking water, or when infants are not breastfed.

A child with diarrhea should be given drinks (and food if over 6 months) as often as possible until the diarrhea stops. Drinking lots of liquids and eating helps to replace the fluids lost during diarrhea.

If a child with diarrhea also has blood in his/her stools, is vomiting, has a fever, is refusing to feed and/or does not get better within three days, he/she should be taken to the health centre immediately.

After the diarrhea stops, extra feeding is vital for a full recovery. This will help the child replace the energy and nourishment lost due to diarrhea.

Time:
1 hour 30 minutes - 2 hours

Methodology:
• Energizer
• Group discussion
• RACHA Poster: Treating Diarrhea
• ORS demonstration

Materials Needed:
• Large, laminated copy of the Parenting Club Agenda (see Resources: Session 1)
• 1 Packet of UNICEF ORS (as supplied free of charge in health centers)
• 8 teaspoons of sugar
• 1 teaspoon of salt
• 1 teaspoon
• 1 large empty drinking bottle
• Clean container
• Clean water
• Clean cup

Handouts:
• RACHA Poster: Treating Diarrhea, one per participant (see Resources: Session 11 for example, contact RACHA for original copies - www.racha.org.kh)
Activities:

**Introduction**

1. Welcome everyone to the eleventh meeting of the Parenting Club and thank them for coming.

2. If there are any participants in the group who have never been to Parenting Club before, spend a few minutes explaining what the Parenting Club is about and doing some group introductions.

3. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.

4. Use the Parenting Club Agenda to remind participants that this session will look at diarrhea, but suggest that before you begin the session you will play a quick energizer to warm everybody up.

5. The energizer is called ‘Theveda Tha’. Ask everyone to stand up and face you. Explain that they should follow your instructions that start with ‘Theveda tha...’ but if an instruction does not start with these words then they should not follow it! Begin by saying something like ‘Theveda tha clap your hands’ while clapping your hands. The participants should copy you. Then speed up your instructions, always saying ‘Theveda tha’ at the beginning. After a few instructions, say an instruction without saying ‘Theveda tha’ first. Any participants who copy you anyway are ‘out’ of the game. Continue this game for as long as necessary to energize everyone. Participants can also try playing the role of Theveda if they like.

6. **What is diarrhea?**

   Ask:

   ‘What is diarrhea?’
and allow time for answers to be given. Confirm that a person has diarrhea when they pass three or more watery stools a day. The more numerous the watery stools, the more dangerous the diarrhea.

Say that diarrhea kills over 1 million children every year by draining liquid from the body, thus dehydrating and malnourishing them. Say that it is important parents know about diarrhea, including what to do if their children get it, and how to prevent it. Say that children are more likely than adults to die from diarrhea because they become dehydrated more quickly.

Ask:

‘Do you know what causes diarrhea?’

and allow time for answers. Confirm that diarrhea is caused by germs that are swallowed, especially germs from faeces. This happens most often where there is unsafe disposal of faeces, poor hygiene practices or a lack of clean drinking water, or when infants are not breastfed. Say that infants who are fed only breastmilk seldom get diarrhea.

Taking care of a child with diarrhea at home
Give out RACHA Poster: Treating Diarrhea (one per participant) and say that these were produced to teach parents what to do if their children got diarrhea.

Go through the left-hand side of the poster – ‘Taking care of a child with diarrhea at home’ – with the participants.

Make it clear that a child with diarrhea should be given drinks as often as possible until the diarrhea stops. Drinking lots of liquid helps to replace the fluid lost during diarrhea.

Ask: ‘Do you know of any drinks that are particularly good for a child with diarrhea?’ Allow time for suggestions, then confirm that the following are recommended:

**Recommended drinks for children with diarrhea:**
- Breastmilk (mothers should breastfeed more often than usual)
- Soup
- Rice congee
- Weak tea with a little sugar
- Coconut juice
- Clean water (if there is a possibility that the water is not clean, it should be purified by boiling or filtering)
- Oral Rehydration Salts (ORS) mixed with the proper amount

Ask the participants what they know about ORS, and then hand around the packet of ORS so that everyone has a chance to see and hold it.

Demonstrate how to mix the ORS drink by following the guidelines below (ask questions as you are doing it and explain the answers clearly):

**ORS Demonstration**
- **What is ORS?**
  ORS (Oral Rehydration Salts) are a special combination of dry salts that, when properly mixed with safe water, can help rehydrate the body when a lot of fluid has been lost due to diarrhea.
- **Where can you get ORS?**
  ORS packets are available from health centers, pharmacies, markets and shops.
How do you make an ORS drink?
1. Put the contents of the ORS packet in a clean container. Check the packet for directions and add the correct amount of clean water. Too little water could make the diarrhea worse.
2. Add the water only. Do not add ORS to milk, soup, fruit juice or soft drinks. Do not add sugar.
3. Stir well, and feed it to the child from a clean cup. Do not use a bottle.

What if I can’t get a packet of ORS?
If you can’t a packet of ORS, you can make your own ORS solution at home using salt, sugar and water.

How do I make my own ORS solution?
1. Put 8 teaspoons of sugar and 1 teaspoon of salt in a clean container.
2. Add 1 litre of water (use the empty bottle to measure, explain that four of these equal 1 litre).
3. Stir the mixture until the salt and sugar dissolve, and feed it to the child in a clean cup. (Do not use a bottle).

Say that if the child is over 6 months old, they should continue to eat regularly (three times a day) as well as increasing their fluid intake.

Ask the participants if they know of foods that are particularly good for a child with diarrhea and allow time for suggestions to be made. Confirm that the following are recommended:
Recommended foods for children with diarrhea:

- Potatoes
- Nuts
- Meat
- Fish
- Eggs
- Bananas
- Spinach
- Well-mashed mixes of cereals and beans
- One or two teaspoons of oil added to cereal and vegetables

Foods should be freshly prepared and given five or six times a day.

17 Say that if a child has diarrhea it is especially important that he/she is kept clean so that the germs do not spread to other members of the family. After each episode of diarrhea wash and dry the rectal area gently and wash the child’s hands with soap and water before drying them. Parents and caregivers should also wash their hands more regularly than usual and definitely after being near the child.

What to do if your child with diarrhea starts to show any of the warning signs

18 Go through the right-hand side of the poster - ‘What to do if your child with diarrhea starts to show any of the warning signs’ - and stress the importance of seeking help immediately from trained health centre staff if any of these warning signs are present.

19 Say that after the diarrhea stops, extra feeding is vital for a full recovery. At this time, the child needs to eat an extra meal a day, or breastfeed more every day, for at least two weeks. This will help the child replace the energy and nourishment lost due to diarrhea.

20 Give the participants time to look over the posters on their own and think of any questions they may have. Allow time for the participants to ask these questions and discuss the answers.
Say that as diarrhea is very dangerous and treating it can be difficult, parents should do everything they can to prevent it spreading. Ask:

‘How can we prevent diarrhea?’

Allow time for suggestions and then confirm the following two ways of preventing diarrhea:

To prevent diarrhea:
• All faeces should be disposed of in a latrine or toilet or buried
• Good hygiene practices should be followed

Close

Close the session by thanking everyone for coming, telling the participants that next month you will be discussing *coughs, colds and more serious illnesses*, and that you look forward to seeing them soon.
RACHA Poster: Treating Diarrhea
(original copies available from RACHA)
Coughs, colds and more serious illnesses

Key Messages

A child with a cough or cold should be kept warm and encouraged to drink (and to eat if over 6 months) as much as possible.

If a child has had a cough or cold for more than two weeks, or if the cough is very harsh, the parents should seek immediate medical help from trained health centre staff.

A child who is refusing to breastfeed, has a fever, is suffering from seizures, is non-responsive, is breathing very fast or has a swollen stomach should be taken to the health centre immediately.

If a health worker provides antibiotics to treat a child’s illness, it is very important to follow the instructions and give the child all the medicine for as long as the instructions say, even if the child seems better.

Time:
1 hour 30 minutes – 2 hours

Methodology:
• Energizer
• Group discussion
• RACHA Poster: Treating coughs and colds
• Brainstorming

Materials Needed:
• Two small squares of paper
• Straws (one per participant)
• Large, laminated copy of the Parenting Club Agenda (see Resources: Session 1)

Handouts:
• RACHA Poster: ‘Treating Coughs and Colds’, one per participant (see Resources: Session 11 for example, contact RACHA for original copies – www.racha.org.kh)
Activities:

Introduction

1. Welcome everyone to the twelfth meeting of the Parenting Club and thank them for coming.

2. If there are any participants in the group who have never been to Parenting Club before, spend a few minutes explaining what the Parenting Club is about and doing some group introductions.

3. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.

4. Use the Parenting Club Agenda to remind participants that this session will look at *coughs, colds and more serious illnesses* but suggest that before you begin the session you will play a quick energizer to warm everybody up.

5. The energizer is called ‘Paper And Straws’. Ask the participants to divide into two teams and form two lines. Place two small squares of paper on the floor in front of the two participants at the front of their lines (one square of paper per team) and give each participant a straw. Explain that when you say ‘go’ the people at the front of their lines must pick up the square by sucking on the straw. They must then pass the square on to the person next to them and the person must receive the square by sucking on their straw. The square must be passed all the way down the line using this method. If the square drops, it goes back to the first person and the team must start again. The first team to get their square to the end of the line is the winner.

Why we need to know about coughs and colds

6. Say that coughs, colds, sore throats and runny noses are common occurrences in the lives of children and usually are no cause for alarm. In some cases, however, coughs colds are danger signs of more serious illnesses such as pneumonia or tuberculosis, which can kill.
Caring for your child when they have a cough or cold

10 Go through the left-hand side of the poster - ‘Taking care of a child with a cough or cold at home’ - with the participants.

11 Go through the right-hand side of the poster - ‘What to do if your child with a cough or cold starts to show any of the warning signs’ - with the participants.
and stress the importance of **seeking help immediately** from trained health centre staff if any warning signs are present.

12 Say that if the child has had the cough or cold for more than two weeks, or if the cough is very harsh, their parents should also seek immediate medical help from trained health centre staff.

13 Ask:

‘Has anyone ever been given antibiotics, either for them or their children to treat an illness?’

Say that if a child has pneumonia or tuberculosis, they will be provided with special antibiotics. Stress that if a health worker provides antibiotics to treat a child’s illness, it is very important to **follow the instructions and give the child all the medicine for as long as the instructions say**, even if the child seems better.

14 Give the participants time to look over the posters on their own and think of any questions they may have. Allow time for them to ask these questions and discuss the answers.

### Preventing coughs and colds

15 Say that knowing how to treat a child who has a cough or cold is an important skill for any parent to have, but just as important is knowing how to prevent coughs, colds and more serious illnesses in the first place.

16 Ask:

‘Do you know of any ways to prevent children from getting coughs, colds or more serious illnesses?’
Ways to prevent coughs and colds:

1) Breastfeeding
   Breastfeeding helps to protect babies from pneumonia and other illnesses. It is important to give breastmilk alone for the first six months of a baby's life.

2) Regular and nutritious foods
   At any age, a child who is well fed is less likely to become seriously ill or die.

3) Vitamin A
   Vitamin A helps protect against severe respiratory disease and other illnesses and speeds recovery. Vitamin A is found in breastmilk, liver, red palm oil, fish, diary products, eggs, some orange and yellow fruits and vegetables, and green leafy vegetables. Vitamin A supplements can be given by a healthworker.

4) Immunization
   Immunization should be completed before the child is 1 year old. The child will then be protected against measles, which can lead to pneumonia and other respiratory illnesses, including whooping cough and tuberculosis.

5) Avoiding smoky environments
   Children are more likely to get pneumonia and other breathing problems if they live in an environment with smoke (cigarette smoke, cooking smoke, motorcycle fumes). Exposure to smoke can harm a child, even before birth. Pregnant women should not smoke or be exposed to smoke. Adolescents should be encouraged to avoid smoking and cautioned about the dangers of smoking.

6) Eat foods cooked with lots of garlic
   Garlic can boost the body's immune system (the system that fights off germs and keeps the body healthy).

Close

Close the session by thanking everyone for coming, telling the participants that next month you will be discussing handwashing, and that you look forward to seeing them soon.
RACHA Poster: Treating Coughs and Colds
(Original copies available from RACHA)
Handwashing

**Key Messages**

- Children are vulnerable to becoming sick when their immune system (the system that fights off germs and keeps the body healthy) is not strong enough to fight germs that enter their body.
- It is very important that parents teach their children to practice good hygiene to prevent sickness and infection.
- The best way to wash your hands and remove germs is to use water, soap/ash and a clean dry towel/krama/tissue.

**Time:**
1 hour 30 minutes – 2 hours

**Methodology:**
- Handwashing demonstration
- Group discussion
- Brainstorming

**Materials Needed:**
- Large, laminated copy of the Parenting Club Agenda (see Resources: Session 1)
- Vaseline (Petroleum Jelly)
- Watercolor/poster paint
- White paper ball (using clean unmarked paper)
- Six buckets of water
- Soap
- Towels/kramas/tissue paper

**Handouts:**
- None
Activities:

Introduction

1. Welcome everyone to the thirteenth meeting of the Parenting Club and thank them for coming.

2. If there are any participants in the group who have never been to Parenting Club before, spend a few minutes explaining what the Parenting Club is about and doing some group introductions.

3. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.

4. Use the Parenting Club Agenda to remind participants that this session will look at handwashing.

Handwashing activity

5. Ask all participants to stand in a large circle to play the following game.

6. Put some Vaseline and some Watercolor/poster paint on the participants' hands (different colors for different participants). Ask the participants to rub their hands together and then pretend to sneeze into their hands before opening their hands to show everyone the paint on their fingers.

7. Say that when somebody sneezes into their hands, they get germs on their hands, we can't see these germs but we know they are there. Tell the participants to imagine that the paint is the germs that they have created by sneezing.

8. Give one participant the white paper ball and ask him/her to throw the ball to another participant, first saying his/her name and then the name of the person the ball is being thrown to. Throw the ball around until everyone has had a turn.

9. Now ask everyone to look at the paper ball and their hands. The paper ball and participants' hands will have many different colored paints on them.

10. Ask the participants if they can see how much the 'germs' have spread. Say that this is what happens if we do not take care to keep our hands clean and maintain good hygiene in our houses and the community. Germs can spread from one per
son to the next if someone touches someone else or if they touch something and then pass it on to someone else (like the ball). **If a person with germs on their hands touches their eyes or mouth, they could get sick because germs have entered their body.**

Emphasize that **children are vulnerable to getting sick because their immune system (the system that fights off germs and keeps the body healthy) is not always strong enough to fight germs that enter their body.** HIV-positive children are 10 times more vulnerable to getting sick if germs enter their body than HIV-negative children, because their immune system is already weakened by the HIV virus. Stress that it is very important that parents teach their children to practice good hygiene to prevent sickness and infection.

Ask what we could have done to stop ‘germs’ (paint) spreading in the previous game and confirm that we could have used a tissue or washed our hands. Say that **it is very important that all members of a household keep their hands clean and free of germs by washing them regularly.** Tell the participants that washing the hands can also prevent infection with worms. Children are easily infected with worms, which deplete the body’s nutrients. Worms and their eggs can be found in human and animal faeces and urine, in surface water and soil, and in poorly cooked meat.

Set up three buckets of clean water and provide soap and a towel/krama/tissues. Divide the participants into three small groups. Ask the first group to wash their hands with just water, the second group to wash their hands using soap and water, and the third group to wash their hands using soap and water and to dry their hands with a clean towel/krama/tissue.

After everyone has finished washing their hands ask each group if they feel that their hands are clean. The first group will still have very greasy hands; the second group will have slightly greasy hands, while the third group will have cleanest hands. Generate a discussion around the importance of using soap (or ash) and drying their hands with a clean towel/krama/tissue. Mention that clean water alone does not remove germs; **soap/ash with clean water helps to remove germs, but soap/ash, clean water and drying with a clean towel/krama/tissue is the best way as it removes the most germs.**

Ask one person to demonstrate to the rest of the group the correct hand washing technique (maybe get someone from the first group as they still have very greasy hands) and after they have finished mention that it is important that all members of a household keep their hands clean and free of germs and that children in particular are taught the correct technique for hand washing. Parents can teach children to follow these five main steps:
### 5 Handwashing steps:

1. WET hands with clean water
2. LATHER hands with soap (or rub with ash)
3. RUB hands together for 15 seconds (away from the water) - children can count slowly to 15, sing their favorite song or recite the Khmer alphabet
4. RINSE hands with clean water
5. DRY hands with a clean towel/krama/tissue

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16. Allow five minutes so that everyone can wash their hands using soap, clean water and a clean towel/krama/tissue and practice the five steps.

17. Ask:

   ‘When do people need to wash their hands?’

   and encourage the participants to brainstorm the answer. Make sure that all the following are mentioned:

**Before:**
- Cooking food
- Eating
- Taking care of babies and people who are old or sick

**After:**
- Coughing, sneezing, or nose blowing
- Defecating
- Helping a child who has just defecated or changing baby diapers
- Shopping at the market
- Cooking or touching uncooked meats
- Touching garbage or trash bins
- Touching animals
- Gardening or playing outside
- Visiting or touching a sick person

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Close

18. Close the session by thanking everyone for coming, telling the participants that next month you will be discussing **general hygiene**, and that you look forward to seeing them soon.
General hygiene

**Key Messages**

- Good hygiene means doing things that stop the spread of germs and disease.
- Some good hygiene practices are personal practices, others are household practices and some are community-based practices.
- Good hygiene is everybody’s responsibility and everybody benefits from it.
- Adults need to teach children good hygiene practices from an early age.

**Time:**
1 hour 30 minutes – 2 hours

**Methodology:**
- Energizer
- Group discussion
- Brainstorming

**Materials Needed:**
- Large, laminated copy of the Parenting Club Agenda (see Resources: Session 1)
- Flipchart paper
- Marker pens
- Hygiene cards (see Resources: Session 14)

**Handouts:**
- None
Introduction

1. Welcome everyone to the fourteenth meeting of the Parenting Club and thank them for coming.

2. If there are any participants in the group who have never been to Parenting Club before, spend a few minutes explaining what the Parenting Club is about and doing some group introductions.

3. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.

4. Use the Parenting Club Agenda to remind participants that this session will look at general hygiene but suggest that before you begin the session you will play a quick energizer to warm everybody up.

5. The energizer is called ‘Who Is The Leader?’ Ask participants to sit in a circle. Ask for one volunteer to move away from the circle and to shut their eyes and cover their ears so that they cannot hear what is being said. The rest of the group must then choose a ‘leader’. The leader must perform a series of actions, such as clapping or tapping a foot, that are copied by the whole group. Ask the volunteer to come back over to the rest of the group, stand in the middle of the circle and try to guess who is leading the actions. The group must protect the leader by not looking at him/her. The leader must change the actions at regular intervals, without getting caught. When the volunteer detects the leader, they can join the circle, and the person who was the leader moves away from the circle to allow them to choose a new leader. Continue this game for as long as necessary to get everyone energized.

Good hygiene

6. Ask:

‘What is good hygiene and why is it important?’.

Allow time for suggestions and discussion and then confirm that good hygiene means doing things that stop the spread of germs and disease.

7. Say that last month we looked at Handwashing, which is a very important part of good hygiene, and this month we will look at other good hygiene practices that keep ourselves and our families healthy.
Put a piece of flipchart paper in the middle of the group where everyone can see it. On the flipchart paper draw three circles inside each other. Inside the smallest circle draw a stick person and label the circle ‘personal’. Inside the middle circle draw a house and label the circle ‘household’. Inside the biggest circle draw three houses and label the circle ‘community’. Your flipchart paper should look like this:

Say that some good hygiene practices are personal and involve keeping yourself clean and free of germs, others are household practices and involve keeping your household clean and free of germs, and lastly, some are community-based and involve keeping the general community clean and free of germs.

Ask:

‘Is handwashing a personal, household or community hygiene practice?’

and allow time for suggestions to be made.
Confirm that handwashing is a personal hygiene practice because it is something that we do to keep ourselves clean and free of germs. Point to the circle labeled ‘personal’.

Ask the participants to quickly brainstorm some other personal hygiene practices, some household hygiene practices and some community hygiene practices.

Say that you have a set of Hygiene Cards which outline some of the main personal, household and community hygiene practices people should be aware of, and distribute the hygiene cards evenly among the participants.

Ask for a volunteer to show the group their card and describe the picture on it. Ask them what hygiene practice they think the picture is referring to (if the participant cannot guess the hygiene practice from the picture, ask the rest of the group if they can guess) and then read out the text below the picture to confirm.

When the hygiene practice has been confirmed, ask the participant with the card to place it in the ‘personal’ circle, the ‘household’ circle or the ‘community’ circle depending on where they think it belongs (if the participant is not sure, ask the rest of the group for help).

Go through everyone’s cards in this way, allowing plenty of time for discussion between the different hygiene practices. Make sure that any text on each card is also covered, if not by the participants, then by you.

After all of the cards have been placed on the flipchart, ask if there are any other good hygiene practices that have not been covered that they would like to add.

Summarize the activity by asking:

‘Why are good personal, household and community hygiene practices so important?’

and allow time for suggestions to be made.

Confirm that good personal, household and community hygiene practices prevent illness and keep people healthy. Good hygiene is everybody’s responsibility and everybody benefits from it. Adults need to teach children good hygiene practices from an early age.

Close

Close the session by thanking everyone for coming, telling the participants that next month you will be discussing HIV and AIDS, and that you look forward to seeing them soon.
Hygiene Cards
(after printing cut along the dashed lines)
Regular handwashing with soap/ash, clean water and a clean towel to avoid the spread of germs and prevent infection with worms.

Regular bathing in clean water to prevent skin infections, dandruff, itching, and rashes. (Wash face and eyes first then the upper body, lower body and end with the genital area.)

Cutting fingernails to prevent germs and worm eggs hiding under long nails.

Washing the face daily with soap/ash, clean water and a clean towel/krama/tissue to stay clean and prevent eye infections.

Brushing teeth twice a day using a toothbrush, toothpaste and clean drinking water to prevent tooth decay. (If no toothpaste rub salt onto the teeth for a few seconds (don’t swallow) and rinse thoroughly with clean drinking water.)

Not sharing personal items, including toothbrush, hairbrush, towel, spoons/forks/cups, unless they have been washed well with clean water and soap/ash.

Wearing shoes to prevent worms from entering in through the soles of your feet (especially around latrine/toilet/defecation areas) and causing illness, and to keep dirt outside of the house.

Wearing a mask to cover the nose/mouth area when you are sick to prevent spreading your illness.

Hygiene Cards - Cut along the dashed lines. These are PERSONAL hygiene practices.
These are **HOUSEHOLD** hygiene practices.

**Coughing/sneezing safely**, either into a tissue/ krama or into your armpit/ elbow-joint to prevent spreading germs.

**Keeping the inside of your house clean** - washing clothes and bed sheets and sweeping and mopping regularly.

**Providing soap/ash, clean water and a clean towel/ krama/tissue near the latrine or toilet** so people can wash their hands after defecating.

**Not allowing children to play near the latrine/toilet or defecation areas.**

**Keeping latrine/toilet clean.** Latrines should be kept covered and toilets should be flushed.

**Not sleeping with animals.**

**Treating children living in areas where worms are common** 2-3 times a year with a recommended anti-hermetic medication.
Making sure food is clean. Raw food should be washed in clean water or cooked thoroughly to kill germs. Cooked food should be eaten without delay, or if kept for another meal, it should be thoroughly reheated.

Washing and drying plates, utensils and pans immediately after use and keeping food preparation surfaces clean.

Storing food safely. Food should be stored in covered containers to protect it from insects and animals. Raw and cooked foods should be kept away from each other to avoid the spread of germs between them.

Avoiding using feeding bottles or teats because they can contain germs that cause diarrhea and sickness. If they are used, they must be cleaned each time with soapy water and then boiling water and then left to drip-dry in a clean area.

Being careful with pesticides or other chemicals around the household or near a water source. Not storing chemicals in or near drinking water containers or near food, or storing food or water in pesticide or fertilizer containers.

Safely disposing of all household refuse to prevent flies, cockroaches, rats and mice which live in refuse and spread germs and illness.

Dispose of faeces (human and animal) and waste water safely, to avoid the spread of germs. Disposing well away from houses and any water source used for cooking, drinking or washing. Using a toilet or a latrine is the best way.
These are COMMUNITY hygiene practices.

Keeping the outside of your house and the area you live in clean.

Putting litter in the bin/refuse pit, not dropping it on the ground.

(Only if a latrine/toilet is not available!) Defecating far from houses, paths, water sources and places where children play, and burying faeces immediately.

Controlling farm animals. Keeping farm animals far from houses and ensuring that animal faeces are kept away from houses, paths, water sources and areas where children play. Not allowing farm animals to bathe in water reserves used by humans.

Protecting clean water supplies - by keeping wells covered, keeping buckets/ropes/jars used to collect and store water as clean as possible, installing a hand pump, and building latrines at least 15 meters away, and downhill from, a clean water source.
**Key Messages**

People living with HIV are people with damaged protective systems. They can lead normal daily lives. Most of the time they are not sick, and look and feel well.

- The only way to know if you have HIV is to test your blood.
- HIV can be transmitted by having unprotected sex; if HIV infected blood enters your body; and from an HIV-positive mother to her child.
- HIV cannot be transmitted by: touching or caring for a person who is HIV-positive; living with or sharing meals or eating utensils with an HIV-positive person; touching body fluids such as sweat, saliva, vomit, faeces or urine; using the same toilet as an HIV-positive person; through mosquito or insect bites.

**Time:**
1 hour 30 minutes - 2 hours

**Methodology:**
- Energizer
- True or False?
- Self Care Series Book

**Materials Needed:**
- Large, laminated copy of the Parenting Club Agenda (see Resources: Session 1)
- Shoes/banana leaves/scrap paper (anything that can mark out each participants’ seat during the energizer)
- Self Care Series: Book One, at least four copies (available from FHI - www.fhi.org.kh)

**Handouts:**
- None
Activities:

Introduction

1. Welcome everyone to the fifteenth meeting of the Parenting Club and thank them for coming.

2. If there are any participants in the group who have never been to Parenting Club before, spend a few minutes explaining what the Parenting Club is about and doing some group introductions.

3. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.

4. Use the Parenting Club Agenda to remind participants that this session will look at HIV but suggest that before you begin the session you will play a quick energizer to warm everybody up.

5. The energizer is called ‘Space On My Right’. Ask the participants to sit in a tight circle (each participant should sit on one of their shoes/a banana leaf/a piece of scrap paper, depending on what is available). Ask someone to step outside the circle and for the rest of the group to leave the person’s space empty. Explain that the person outside the circle must walk around it and the person with the space on their right must say ‘there is space on my right for ...’ and say the name of another participant in the circle. The named person must then move into the space but the person walking around the circle must try to get there first. Whoever doesn’t get there first must continue to walk around the outside of the circle and wait until the new person with space on their right names someone to move into the space. Continue this game for as long as necessary to get everyone energized.

What is HIV?

6. Say that understanding HIV can be confusing as there as so many myths that exist about the virus. Explain that it is important that we all know what is myth and what is fact when it comes to HIV so that we can fully understand HIV, how it is transmitted, how to protect ourselves from becoming infected, and how people with HIV can live healthy and happy lives.

7. Say that you are going to read out some statements and you would like the participants to say whether they think each statement is true or false. Stress that people shouldn’t worry about whether they get the answer right or wrong because this session is all about learning new things.

8. Read out the following statements and after each one ask the participants to say whether they think it is true or false, before giving them the correct answer.
True or False?

1. People who are HIV-positive look unhealthy and weak  
   **FALSE**

2. HIV cannot be cured  
   **TRUE**

3. You can get HIV if you have unprotected sex (without a condom) with an HIV-positive person  
   **TRUE**

4. You can get HIV by touching, hugging or kissing someone who is HIV-positive  
   **FALSE**

5. You can get HIV by sharing meals and eating utensils with an HIV-positive person  
   **FALSE**

6. You can get HIV by sharing injecting needles with an HIV-positive person  
   **TRUE**

7. You can get HIV by using the same toilet as an HIV-positive person  
   **FALSE**

8. An HIV-positive mother can pass HIV to her unborn child  
   **TRUE**

9. HIV can be transmitted through mosquito or insect bites  
   **FALSE**

10. Children with HIV should not play with children who are HIV-positive  
    **FALSE**

11. HIV and STI transmission can be prevented if a condom is worn during sexual intercourse  
    **TRUE**

12. A person with HIV may have been cursed and/or done evil things in his/her previous life  
    **FALSE**

13. Good people are not at risk of HIV transmission  
    **FALSE**

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10. Give out the copies of the Self Care Series: Book One so that everyone can see a copy.

11. Go through the book allowing plenty of time for participants to ask questions. If there are participants in the group who can read and are comfortable reading out loud, ask them to read sections of the text.

12. Ask the participants if they have any further questions or if there are any areas related to HIV that they are still unclear about.

**Close**

13. Close the session by thanking everyone for coming, telling the participants that next month you will be discussing **injury prevention and first aid**, and that you look forward to seeing them soon.
Children between the ages of 18 months and 4 years are at high risk of death and serious injury. Most of these injuries happen in the home and almost all can be prevented.

Parents and caregivers are directly responsible for making sure that their homes are safe for their children.

If accidents happen and injuries occur, first aid measures should be taken to prevent making the situation worse if medical help is not immediately available.
Introduction

1. Welcome everyone to the sixteenth meeting of the Parenting Club and thank them for coming.

2. If there are any participants in the group who have never been to Parenting Club before, spend a few minutes explaining what the Parenting Club is about and doing some group introductions.

3. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.

4. Use the Parenting Club Agenda to remind participants that this session will look at injury prevention and first aid but suggest that before you begin the session you will play a quick energizer to warm everybody up.

5. The energizer is called ‘Hello Hello’. Ask the participants to stand in a circle and ask for one volunteer to walk around the outside of the circle and tap someone on the shoulder. Explain that the person who has been tapped must then walk the opposite way round the circle, until the two people meet. The two people must greet each other by name, any way they like (traditional Khmer greeting/ English greeting/ friendly greeting/ formal greeting/ silly greeting). The two people must then race back, continuing in opposite directions around the circle, to take the empty place. Whoever loses the race walks around the outside of the circle again and taps someone on the shoulder. The game continues this way until everyone has had a turn.

Injury prevention

6. Say that children between the ages of 18 months and 4 years are at high risk of death and serious injury. Most of these injuries happen in the home and almost all can be prevented.

7. Ask:

‘Who do you think is responsible for preventing injuries from happening to children?’

Say that parents and caregivers are directly responsible for making sure that their homes are safe for their children, which is why it is important that we think about all the things that are dangerous for children in this session.
8 Ask the participants to divide up into pairs and give each pair a Spot the Danger Picture. Tell them that the picture is of an everyday household scene.

9 Explain that the participants may not notice anything dangerous at first glance because everyone in the picture looks happy and healthy, but there are actually 19 dangerous things in the picture that could cause accidents. Give an example of one or two of the dangerous things and stress that we need to be able to recognize potential accidents before they happen so that we can prevent injuries.

10 Give each pair 15 minutes to spot the danger and ask them to draw a ring around the danger, or draw an arrow pointing to it.

11 After 15 minutes (or when all the participants have found all the dangerous things they can), bring the group back together and ask the pairs to take it in turns to point out the dangerous things they found. After each dangerous thing has been suggested, ask the pair to say why it is dangerous and how it could be made safer. Make sure all 19 dangerous things are mentioned and discussed:
Spot the danger picture:

1. A baby sleeping near an open window far from the ground.
   DANGER: Falling and injury.
2. A small boy leaning over a large urn filled with water.
   DANGER: Drowning
3. A large cooking pan being used to heat fat with children nearby.
   DANGER: Scalding and burning
4. Hot coals left on the floor of a house with children nearby.
   DANGER: Burning
5. A cooking area that hasn’t been fenced off to keep children away.
   DANGER: Scalding, burning, cutting
6. A boy going down some steps while carrying a knife in his hand.
   DANGER: Slipping and cutting
7. Sharp knives hanging within easy reach of children inside a house.
   DANGER: Cutting and injury
8. A hoe and an axe left propped up against the side of a house within easy reach of children.
   DANGER: Cutting and injury
9. A large urn filled with water without a cover on it.
   DANGER: Drowning
10. Broken glass on the floor near where children are playing barefoot.
    DANGER: Cutting and injury
11. Small children playing with very small marbles.
    DANGER: Choking
12. Hot coals being used for cooking on the ground near where children run and play.
    DANGER: Burning
13. Another cooking area that hasn’t been fenced off to keep children away. (There are two of these in the picture, see point number 5)
    DANGER: Scalding, burning, cutting etc
    DANGER: Poisoning
15. Children playing with a ball near a busy road.
    DANGER: Traffic accident
    DANGER: Falling and injury
17. Two young children in a house unsupervised (a 3-year-old and a baby).
    DANGER: Injury and accident
18. A fan with a very long cable lying on the floor of a house near a doorway and some steps.
    DANGER: Tripping and falling
19. A spillage of water on the floor of a house near some steps and an electricity cable.
    DANGER: Slipping and falling and electric shock

Emphasize that many serious injuries can be prevented if parents watch young children and make sure their environment is safe; for example by:

- Keeping them away from fires, cooking stoves, lamps, matches and electrical appliances
- Making stairs, balconies, roofs, windows and play areas secure to protect children from falling
- Keeping knives, scissors, sharp or pointed objects and broken glass out of children’s reach
- Keeping small objects out of children’s reach to prevent choking
- Never storing poisons, medicines, bleach, acid and liquid fuels such as paraffin (kerosene) in drinking
bottles. All such liquids and poisons should be kept in clearly marked containers out of children's sight and reach

- Never leaving children alone when they are in or near water and could drown
- Teaching children road safety behavior as soon as they can walk and never leaving them alone near roads

First aid

13 Say that making our homes safe for children is a very important part of preventing injuries, but unfortunately accidents still happen and injuries can occur. In these cases medical help should be sought as soon as possible. If medical help is not immediately available, first aid measures can prevent the situation getting any worse. Ask the participants if they know any first aid measures and give the group a few minutes to discuss what they already know about first aid.

14 Suggest to the participants that it would be good to go through some basic rules of first aid so that they are able to do the right thing in case of an accident.

15 Say that you will look at six common causes of injury:

1. Burns
2. Electric shocks
3. Falls/road injuries
4. Cuts and wounds
5. Choking
6. Drowning

16 Go through each of the common causes of injury individually, by introducing the cause of injury to the participants, asking them if they already know how to treat this injury or have had experience with this injury, and then showing the group the First Aid Picture Sheet on the injury.

17 Use the notes on each First Aid Picture Sheet to explain the key points in treating the injury. Make sure that you read out each point and allow plenty of time for questions and discussion.

Close

18 Close the session by thanking everyone for coming, telling the participants that next month you will be discussing child rights, and that you look forward to seeing them soon.
Spot the Danger Picture

First Aid Picture Sheets (after printing stick pages together to make A3 page)
First aid for burns:
1. If the child’s clothing catches fire, quickly wrap the child in a blanket/clothing or roll him/her on the ground to put out the fire.

2. Cool the burned area immediately. Use plenty of cold, clean water. If the burn is extensive, put the child in a bath or basin of cold water. It may take up to half an hour to cool the burned area. Do not remove anything that is sticking to the burn. Do not put anything except cold water on the burn.

3. Keep the burned area clean and dry and protect it with a loose bandage. If the burn is bigger than an adult’s big toe or it begins to blister, take the child to a health worker. Do not break the blisters, as they protect the injured area.

4. Give the child fluids such as fruit juice or water with a little sugar and salt.

First aid for electric shocks:
1. If the child has had an electric shock or burn, **turn off the power before touching the child.** If the child is unconscious, keep him/her warm and get medical help immediately.

2. If the child is having difficulty breathing or is not breathing, lay the child flat on their back and tilt his/her head back slightly. Hold the child’s nostrils closed and blow into the mouth. Blow hard enough to make the child’s chest rise. Count to three and blow again. Continue until the child begins breathing.
Cuts and Wounds:

First aid for cuts and wounds:

For minor cuts and wounds:

1. Wash the wound with very clean (or boiled and cooled) water and soap.
2. Dry the skin around the wound.
3. Cover the wound with a clean cloth and place a bandage over it.

Falls or Road Injuries

First aid for falls or road injuries:

1. Injuries to the head and spine, especially the neck, are very dangerous because they can cause lifelong paralysis or be life-threatening. Limit movement of the head and back and avoid any twisting of the spine to prevent further injury.
2. A child who is unable to move or is in extreme pain may have broken bones. Do not move the injured area. Steady and support it and get medical help immediately.
3. If the child is unconscious, keep her or him warm and get medical help immediately.
4. For bad bruises and sprains, immerse the injured area in cold water or put ice on the injury for 15 minutes. Do not put the ice directly on the skin; instead, use a layer of cloth between the ice and the skin. Remove the ice or water, wait 15 minutes and repeat if necessary. The cold should help reduce pain, swelling and bruising.
Cuts and Wounds:

For serious cuts and wounds:
1. **If a piece of glass or other object is sticking in the wound, do not remove it**. It may be preventing further bleeding and removing it could make the injury worse.
2. If the child is bleeding heavily, raise the injured area above the level of the chest (it is often easier if you ask the child to lie down so you can hold the injured area up) and press firmly against the wound (or near it if something is stuck in it) with a pad made of folded clean cloth. **Maintain pressure until the bleeding stops.**
3. Do not put any plant or animal matter on the wound, as this could cause infection.
4. Put a bandage on the wound. Allow for swelling by not tying the bandage too tightly.
5. Take the child to the health centre or get medical help immediately. Ask the health worker if the child should have a tetanus injection.

Choking

First aid for choking:
1. If an infant or child is coughing, do not interfere immediately – let her or him try to cough up the object. If the object is still lodged in the child’s throat:
2. **For infants or small children:** Support the head and neck. Turn the baby face down with the head lower than the feet. Deliver five blows to the back between the shoulder blades. Turn the baby face up and press firmly on the breastbone between the nipples five times. Repeat until the object is dislodged. If you cannot dislodge the object, take the child to the nearest health worker immediately.
3. **For larger children:** Stand behind the child with your arms around the child’s waist. Form a clenched fist with your thumb against the child’s body above the navel and below the rib cage. Put the other hand over the fist and give a sharp inward and upward thrust into the child’s abdomen. Repeat until the object is dislodged. If you cannot dislodge the object, take the child to the nearest health worker immediately.
Breathing Problems or Drowning

First aid for breathing problems or drowning:

1. **If there is any possibility that the head or neck is injured, do not move the child's head.** Follow the directions below without moving the head.

2. **If the child is having difficulty breathing or is not breathing,** lay the child flat on the back and tilt her or his head back slightly. Hold the child's nostrils closed and blow into the mouth. Blow hard enough to make the child's chest rise. Count to three and blow again. Continue until the child begins breathing.

3. **If the child is breathing but unconscious,** roll the child onto her or his side so that the tongue does not block breathing.

4. **If a child has swallowed poison,** do not try to make the child vomit as this may make the child more ill.

5. **If poison is on the child's skin or clothes,** remove the clothing and pour large amounts of water over the skin. Wash the skin thoroughly several times with soap.

6. **If a child gets poison in her or his eyes,** splash clean water in the eyes for at least 10 minutes.
Session 17   |  Child rights Parenting Club Curriculum

Child rights

**Key Messages**

Child rights apply to all children, and the people responsible for children must ensure these rights are respected.

- The four key child rights are: the right to survival; the right to protection; the right to development; and the right to participation.

- All children have these rights, whoever they are, whoever their parents are, whatever the color of their skin, whatever language they speak, whatever religion they belong to, whether they are a boy or girl, whether they have a disability or not, whether they are rich or poor.

- Registering a child at birth helps them to access their rights. A new birth can be registered at the Commune Council Office with a letter from the hospital/clinic that the child was born in, or a letter from the Village Chief.

**Time:**

1 hour 30 minutes - 2 hours

**Methodology:**

- Energizer
- Group discussion
- Brainstorming
- Save the Children Leaflet: Child Rights
- Plan Poster

**Materials Needed:**

- Two kramas;
- Large, laminated copy of the Parenting Club Agenda (see Resources: Session 1)
- Plan Poster: ‘Registering Births’ (available from Plan - www.plan-cambodia.org)

**Handouts:**

- Child Rights Leaflet, one per participant (see Resources: Session 17 for example, contact Save the Children Norway for original copies - www.reddbarna.no)
Introduction

1. Welcome everyone to the seventeenth meeting of the Parenting Club and thank them for coming.

2. If there are any participants in the group who have never been to Parenting Club before, spend a few minutes explaining what the Parenting Club is about and doing some group introductions.

3. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.

4. Use the Parenting Club Agenda to remind participants that this session will look at child rights but suggest that before you begin the session you will play a quick energizer to warm everybody up.

5. The energizer is called ‘The Policeman and The Thief’. Ask the participants to stand in a circle and explain that this game uses two kramas. Hold up one krama and say that it is the ‘policeman’ and hold up the other krama and say that it is the ‘thief’. Explain that the ‘policeman’ must be tied around the waist with one knot and the ‘thief’ must be tied around the waist with two knots. Choose two participants who are opposite each other in the circle. Tie the ‘policeman’ krama around one person’s waist (single knot) and the ‘thief’ krama around the other (double knot). The participants then have to untie their kramas and retie them around the waist of the person on their right. The ‘policeman’ krama will travel faster than the ‘thief’ krama (because the ‘policeman’ krama only has to be tied once and the thief karma has to be tied twice) and the people tying the knots for the ‘thief’ krama will need to try and go faster and faster to get away from the ‘policeman’ krama. Continue this energizer until both karmas end up on the waist of the same person, meaning the ‘policeman’ has caught the ‘thief’.

What are rights?

6. Ask:

‘What are rights?’

and allow time for group discussion before confirming that rights are the things that we are entitled to. For example we all have the right to life, to basic healthcare.
World leaders believe that children are special and have a special place in this world. So they met in 1989 at the United Nations building in New York and wrote the UN Convention on the Rights of the Child (UNCRC). This document says that children (all persons under the age of 18) have important rights.

Child rights apply to all children, and the people responsible for children must ensure these rights are respected. They should make sure children are safe, healthy, happy, able to study and to speak up about things which are important to them.

All children have these rights, whoever they are, whoever their parents are, whatever the color of their skin, whatever language they speak, whatever religion they belong to, whether they are a boy or girl, whether they have a disability or not, whether they are rich or poor.

Nearly every country in the world has signed this document. This means that they have promised to do everything they can to make sure that all children enjoy their rights. Cambodia signed the document in 1992.
What rights do children have?

11 Give out the Child Rights Leaflet (one per participant)

12 Say that these leaflets talk about the four key child rights mentioned in the United Nations Convention on the Rights of the Child; these are:
   1. The right to survival
   2. The right to protection
   3. The right to development
   4. The right to participation

13 Go through the leaflet with the participants, taking each right at a time, by pointing at the pictures and asking the participants to explain what they are showing.

14 Ask the participants if they have any questions related to the leaflet or child rights in general, and answer all questions as fully as possible.

Registering births

15 Say that it is important we do everything we can to make sure that children enjoy their rights. One thing we can do to help children enjoy their rights is to make sure that all children’s births are registered so that they have a birth certificate.

16 Ask:

   ‘Do you know the benefits of having a birth certificate?’

   and allow time for suggestions to be made.

17 Bring out the Plan Poster: ‘Registering Births’ and display it where everyone can see it.

18 Go through the poster with the participants by pointing at the different benefits and discussing them.

19 Ask:

   ‘Do you know how to register births in your village?’

   and allow time for suggestions to be made.
If participants do not know how to register births, confirm the following steps:

**How to register a birth**

1. Go to the Commune Council Office for the commune in which the parents of the child live
2. Take with you a letter from the hospital/clinic that the child was born in, or if the child was born at home, a letter from the Village Chief
3. Register the birth within 30 days - free of charge. Failure to register a child within 30 days carries a fee. (In Battambang the fee is R4000.)

Ask the participants if they are clear on how to register a birth and the benefits registration brings, and answer all questions as fully as possible.

**Close**

Close the session by thanking everyone for coming, telling the participants that next month you will be discussing **protecting children**, and that you look forward to seeing them soon.
Resources:

Save the Children Leaflet: Child Rights
(original copies available from
Save the Children Norway)
Everyone has a duty to protect children from all forms of physical, emotional or sexual abuse, or abuse by neglect.

It is important that we talk to children about their rights so that they can protect themselves.

If you are worried about a child in your village you should seek advice and guidance as soon as possible and report your concerns to [insert name of NGO], or the police.

**Time:**
1 hour 30 minutes – 2 hours

**Methodology:**
- Energizer
- Group discussion
- Brainstorming

**Materials Needed:**
- Large, laminated copy of the Parenting Club Agenda (see Resources: Session 1)
- Paper
- Pens

**Handouts:**
- None
Activities:

Introduction

1. Welcome everyone to the eighteenth meeting of the Parenting Club and thank them for coming.

2. If there are any participants in the group who have never been to Parenting Club before, spend a few minutes explaining what the Parenting Club is about and doing some group introductions.

3. Take 10 minutes to summarize what was covered last month by asking for some volunteers to explain what was discussed to the whole group.

4. Use the Parenting Club Agenda to remind participants that this session will look at protecting children but suggest that before you begin the session you will play a quick energizer to warm everybody up.

5. The energizer is called ‘I’m Going On A Trip’. Ask the participants to sit in a circle and start by saying ‘I’m going on a trip and I’m taking a hug’ and hug the person sitting on your right. That person then has to say ‘I’m going on a trip and I’m taking a hug and a pat on the back’, and then give the person on their right a hug and a pat on the back. Each person repeats what has been said and adds a new action to the list. Go around the circle until everyone has had a turn.

What are we protecting children from?

6. Say that we know from last week’s session that all children (persons under the age of 18) have rights and that one of these rights is to be protected.

7. Ask:

‘What do we need to protect children from in Cambodia?’

and allow time for participants to make suggestions. (Possible answers could be beating, trafficking, bonded labor, prostitution, forced marriages, starvation, lack of healthcare).
Say that we have to protect children from many different forms of abuse, whether it is physical, emotional or sexual abuse, or abuse by neglect. Say that these are the four main types of abuse and take some time to explain what each different type means by asking questions and using the notes below:

**Types of child abuse:**

- **Physical abuse**
  - Harming or hurting a child in any way including by hitting; shaking; throwing; poisoning; burning or scalding; drowning; suffocating
  - Deliberately causing ill health to a child

- **Emotional abuse**
  - Criticizing; mocking or humiliating a child so that they feel worthless, not good enough, or unloved
  - Threatening a child so that they frequently feel frightened or scared

- **Sexual abuse**
  - Forcing or encouraging a child to take part in sexual activities, whether they are aware of what is happening or not
  - Children involved in prostitution are victims of sexual abuse, whether they perceive themselves as victims or not
  - Involving a child in looking at or in the production of, pornographic materials
  - Encouraging a child to behave in sexually inappropriate ways

- **Abuse by neglect**
  - Persistently and intentionally failing to meet a child’s basic needs (failing to provide adequate food, shelter, clothing, care, emotional support).

Ask the participants to get into small groups of three or four.

Say that you have five different scenarios to share. Say that each scenario is about the treatment of a child and that you want the participants to decide whether the treatment is appropriate and fair, or whether it is actually an example of child abuse.

Read out each of the following scenarios and allow time after each for the participants to discuss in their groups whether they think it is an example of child abuse.
Scenario

1. An 8-year-old boy steals from a shop; his parents are very angry with him and shout at him. They tell him that what he did was wrong and why, and make him return the stolen item to the shop and apologize to the shopkeeper. As punishment the boys’ parents forbid him from playing with his friends or watching television for one week.

Is this child abuse? Small group discussion

2. A 15-year-old girl is raped by a man in her village. Everyone in the village is horrified by what has happened and is worried about what will happen to the girl next. The girl’s parents go to the Village Chief and together they decide that the man who committed the rape must be forced to marry the girl. The girl doesn’t want to marry the man as she is scared of him and she would rather carry on at school but her parents tell her that it is the best thing for her.

Is this child abuse? Small group discussion

3. A 12-year-old boy is studying maths at school. One day during the lesson his teacher asks him to do a very difficult sum on the board. The boy gets confused and does the sum wrong. The teacher starts laughing at him and encourages the rest of the class to laugh at him too. After that during every maths lesson the teacher makes jokes about the boy and calls him ‘stupid’ and ‘slow’ in front of everyone. The more upset the boy gets the more his teacher does it. When the boy tells his parents they tell him that the teacher is just playing and he shouldn’t make a fuss.

Is this child abuse? Small group discussion

4. A 5-year-old boy is playing with a ball and gets angry when other children want to play with it too, he starts hitting and punching the other children to make them go away. The boy’s father sees him and gets very angry, without saying anything he takes him in to the house and hits the boy several times with a leather belt to teach him not to do it again.

Is this child abuse? Small group discussion

5. A 7-year-old girl has learning difficulties and is slower to learn than other children her age. Her family decides that there is no point in her going to school because of her difficulties and so tell her to stay in the house each day and to keep out of trouble. The girl is not encouraged to play or socialize with other children and when the family goes to weddings, to visit people, or on holiday, they leave the girl at home where they think she will be safer.

Is this child abuse? Small group discussion
After you have been through all five scenarios and each group has discussed each one, bring the participants back together into one group.

Go through each scenario again and ask the participants to say whether they thought each one was an example of child abuse. When participants give their answers, ask them to explain why they have made that decision and encourage them to think about the different types of abuse discussed earlier. Allow plenty of time for group discussion.

During the discussion use the answers below to help you:

- **Scenario 1**: Not abuse
- **Scenario 2**: Physical abuse; emotional abuse; sexual abuse; neglect
- **Scenario 3**: Emotional abuse
- **Scenario 4**: Physical abuse
- **Scenario 5**: Neglect

**How can we protect children from child abuse?**

Ask:

“How can we protect children from child abuse?”

and allow time for the participants to brainstorm the answers. Make sure the following points are mentioned:

**How we can protect children from child abuse:**

- Talk to children about their rights so that they can protect themselves
- Build children’s confidence and self-esteem so that they can say no to abuse
- Don’t allow children to go away with people that you do not trust
- Don’t let children out late at night or alone
- Talk to children and listen to them in case they tell you of anything that could be dangerous or harmful to them
- Don’t encourage dangerous work for children (for example, begging, prostitution)
- Don’t allow child marriages or inappropriate marriages
- Don’t hit children as a way of disciplining them
- If struggling to provide for children, seek help and advice - don’t suffer in silence
What should you do if you are worried about a child?

16 Ask:

‘What would you do if you were worried about a child in the village?’

and allow time for the participants to brainstorm the answers. Make sure the following points are mentioned:

What to do if you are worried about a child

- Talk to the child
- Talk to someone you know and trust for advice and guidance
- Talk to the village chief
- Talk to [insert name of NGO] to report your concerns
- Seek help from specialized services, for example, NGOs, legal NGOs, health centers (encourage participants to give specific details here, for example, what specialized services there are in the area, where they are located, how they can be contacted)
- Go to the police

17 Ask the participants if they face any barriers in the protection of children or if they have any questions relating to child protection, and encourage discussion.

18 Ask:

‘Can you think of ways of overcoming these barriers and protecting children in your community?’

and encourage discussion.

Close

19 Thank everyone for coming to the final parenting club session, and for coming to other parenting club sessions over the past 18 months.

20 Say to the participants that you hope that they have enjoyed being a part of the parenting club and that they have benefited from the topics discussed.
Say that you would really value their feedback so that if you run any more parenting clubs in the future you can make them even more useful to the participants.

Ask the participants to get into pairs and give them 10 minutes to discuss the following questions:

- What have you most enjoyed about the parenting club?
- What has been the most useful thing you have learnt from the parenting club?
- How can we improve the parenting club for the future?

Bring the group back together and ask the pairs to give feedback on their discussions. Note down answers given.

Say to the participants that if they have any answers to the questions that they would rather not share with the whole group, they can tell you these privately after the session, or write them down on a piece of paper and give the paper to you. Leave paper and pens out where everyone can use them.
Parenting Club Curriculum