

Health care at home

by Dr Shobha Arole

People all over the world tend to rely on doctors and on taking medicine when they are sick, whether the illness is minor or more serious. However, most minor ailments can be taken care of at home. Parents and other caregivers can be taught how to recognise common illnesses. They can learn simple techniques that they can use to treat these illnesses at home. This empowers the caregiver, reduces cost of care and means that people do not have to travel to a hospital unless in an emergency.



Training communities in basic health care.

Here are some simple guidelines for treating common health problems.

Malnutrition

Good nutrition is vital to maintain good health, and is especially important for young children, pregnant women and people who are sick. Eating enough good, nutritious food helps the body to grow well, resist disease, and recover from illness. When children are malnourished or sick they are often irritable and do not want to eat. Parents may get tired and stop trying to feed their child. This makes the child's condition worse. Feeding needs

patience and persistence. Give small amounts frequently. Do not try to force feed but keep encouraging the child to eat. (*Footsteps 72*).

Monitoring and recording the weight of a child each month can provide early warning of a health or nutrition problem. It is particularly important in the first two years. Action should be taken quickly if the child's weight declines or does not increase steadily. Teaching caregivers about growth monitoring provides an opportunity to discuss how to ensure good health and nutrition.

Many adult women are anaemic. This may be because they do not get enough nutritious food due to poverty or cultural practices. Signs of anaemia include pale insides of eyelids and gums, weakness and fatigue. It is very important that women eat enough nutritious foods such as green leafy vegetables, eggs, meat and beans, particularly during pregnancy and after giving birth.

Diarrhoea

Diarrhoea is especially dangerous for babies and small children. Usually no medicine is needed but special care must be taken because babies and young children can die very quickly from dehydration (lack of water in their body). To treat diarrhoea and prevent dehydration it is important to **give extra liquids to drink immediately, and to continue feeding**. For babies under six months old, keep giving breast milk often. If more fluids are needed then give water that is safe to drink – such as water that has been boiled and then allowed to cool. For children over six months and adults, options for fluids are:

FOOD-BASED FLUIDS such as home-made soup, rice water, coconut water or yoghurt drinks.

In this issue

- 4 Health care in the community
- 5 Health education for women in Afghanistan
- 6 Home-based care
- 7 Letters
- 8 Staying healthy
- 10 Advocacy for health provision
- 12 Dental care at home
- 13 Bible study
- 14 Knowledge and practice: using water in the home
- 15 Resources
- 16 Misuse of antibiotics

Footsteps is a quarterly paper, linking health and development workers worldwide. Tearfund, publisher of *Footsteps*, hopes that it will provide the stimulus of new ideas and enthusiasm. It is a way of encouraging Christians of all nations as they work together towards creating wholeness in our communities.

Footsteps is free of charge to individuals working to promote health and development. It is available in English, French, Portuguese and Spanish. Donations are welcomed.

Readers are invited to contribute views, articles, letters and photos.

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Jim Loring / Tearfund

Pregnant women need nutritious food to ensure both mother and baby are healthy.

SALT-SUGAR SOLUTION Mix one litre of safe water with one level teaspoon (two pinches) of salt and eight level teaspoons (two handfuls) of sugar. Before adding the sugar, taste the drink to check it is **not too salty**. It should be less salty than tears. Add the juice of half a lime, lemon or orange to improve the taste.

CEREAL DRINK Mix one litre of safe water with one level teaspoon of salt and eight heaped teaspoons of cereal such as powdered rice, finely ground maize, wheat flour, sorghum, or cooked and mashed potatoes. Boil for five minutes to form a watery porridge. Cereal drinks can spoil in a few hours, so keep in a refrigerator or make a new drink every two or three hours.

When correctly prepared, cereal drinks are often cheaper, safer and more effective than the packets of Oral Rehydration Salts (ORS) which can be bought in many places. If using packets of ORS, it is very important to know the exact quantity of safe water to add.

Give as much extra fluid as the person wants, giving small sips often, even if the person vomits. Children under two years old should be given half a cup after each watery stool. Give this slowly from a cup or using a teaspoon, rather than a bottle. Older children need at least one cup for each watery stool. An adult should drink one or two extra cups an hour. Where possible, also provide zinc supplements according to local medical guidelines. Give these as soon as possible once diarrhoea has started and continue giving for 10–14 days.

Coughs and colds

No medicine is needed. Steam inhalation can help to ease breathing difficulties.

Place a bowl of hot, steaming water so that the person can breathe in the vapour. It may help to place a sheet or light blanket over their head and the bowl of water. Be careful not to put the bowl so close that the steam or hot bowl burns their face. If a cough persists for a long time, seek medical advice.

Fever

Children often get fevers. When a child has a high temperature, wet a cloth with tepid (not too hot or cold) water and use this to cool down the child's body. Do not wrap the child up in blankets. Make sure the child drinks a lot of fluids and eats frequently. Make sure the water given is safe for drinking. If the fever persists for more than 24 hours, seek medical attention, particularly if malaria is common in your area.

Injuries

When accidents occur, quick treatment and keeping the wounds clean will help recovery and prevent infection.

If someone falls and fractures a limb, place the injured limb in the most natural and pain-free position. Keep it straight and support it by tying on a splint. Be careful not to tie it too tightly. A splint could be made from a straight piece of wood, or other material. Take them to the nearest hospital or health centre.

If someone is cut and is bleeding badly, get the person to lie down. Raise and support the area so that it is higher than their heart. Wash your hands with soap and water. To protect yourself from HIV, avoid contact with blood by wearing plastic gloves or plastic bags over your hands. Clean the wound with clean water, making sure you remove all the dirt, and cover it with a

clean cloth. Apply pressure over the wound with your hand to stop the bleeding. Secure this cloth by tying a different clean cloth firmly around the wound. Do not tie it so tightly that it completely cuts off the blood supply. Seek medical advice if:

- bleeding continues or the wound is very severe
- the wound was caused by a bite from a dog or other animal
- signs of infection appear, such as redness, swelling, pus, fever or a bad smell.

Seizures

Sometimes an adult or a child has a seizure (fit). If this happens, do not try to restrain them, but move objects out of the way so they do not injure themselves. Try to prevent a fall. Place the person so they are lying on one side, to prevent them from choking on their vomit or their saliva. Take them to hospital as soon as possible. People who often have seizures should not go too near fires and water sources, or climb to high places, in case a seizure occurs. Many seizures can be prevented by simple medicines, so ask a health worker.

Snake bite

If someone is bitten by a snake, immediately wash the area of the bite. Wrap the bitten area with a wide bandage or clean cloth, but do not tie it so tightly that it cuts off the blood supply. Splint the limb to minimise movement and take them to hospital as soon as possible. Try to identify what type of snake it was.

Providing care

Often just sitting with a person who is sick or injured, talking to them and comforting them, can help them to stay calm and to feel better. With some basic health care information, along with love and concern for the person they are caring for, home caregivers can make effective differences in family health. Home care is as important as hospital-based care.

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Treating burns

For minor burns that do not form blisters, put the burned part in cold water at once and leave for ten minutes. This should prevent the burn from becoming more severe. No other treatment is needed. For more severe burns seek medical advice if possible. If this is too far away, here are some guidelines:

- Comfort and reassure the burned person. Give aspirin for the pain. Give them plenty of safe water to drink.
- Do not break blisters, as they help the burn to heal.
- Do not put ice on the burn.
- If the blisters are broken, wash gently with soap and boiled water that has been cooled.
- Heat some Vaseline until it boils, let it cool and spread it on a clean piece of gauze or thin cloth. Then place this on the burn loosely so that it does not put pressure on the wound. If there is no Vaseline, leave the burn uncovered.
- **It is very important to keep the burn as clean as possible. Protect it from dirt, dust and flies.**
- Covering the burn with honey can help to prevent infection and speed healing. Gently wash off the old honey and put on new at least twice a day.
- Never put grease, butter, hides, coffee, herbs or faeces on a burn.

If signs of infection appear, apply cloths soaked in warm salt water (one teaspoon of salt to one litre of water). Change these three times a day. Boil both the water and the cloth before use. Carefully remove the dead skin. Antibiotics may be needed, so consult a health worker.

Adapted from Where There Is No Doctor (2007 Revised Edition), by David Werner with Carol Thuman and Jane Maxwell, published by Hesperian.

EDITORIAL



*Maggie Sandilands
Sub Editor*

In this issue we look at health care at the household level. Often when people think about health care, they think of hospitals and professional health workers. People in remote, rural or poor urban communities across the world often have little access to these formal medical services. However, by learning some basic information and skills, people are able to take responsibility for looking after the majority of their own and their family's health needs at home.

Preventing illnesses and accidents from occurring is just as important as treatment. Many common diseases can be prevented by simple hygiene and sanitation measures such as making sure water used for drinking is safe, and by washing hands before eating or preparing food. Good nutrition is vital to maintain health.

However, there remain many serious medical conditions which do require professional medical attention. This issue of *Footsteps* cannot provide complete medical advice. Caregivers should recognise when they need to seek medical help (see page 9). If you are not sure about an illness, or how to treat it, or if the illness is serious, then **always seek advice from a trained health worker as soon as possible**. Communities can work together to hold governments accountable to provide these services and ensure that people have access to good quality professional medical care when it is necessary.

The next issue of *Footsteps* will feature the winning articles from the *Footsteps* competition. The following issue will look at accountability.

Health care in the community

by Ted Lankester

Think about the last time you were ill at home and realised you needed to get treatment. Did you have to go to a health centre, get to hospital or was there some way you could get diagnosed and treated at home? In poor rural and urban areas across the world, three quarters of cases of illness could be recognised and treated within the household.

Most of the world's doctors, nurses and health professionals are working in wealthier countries, or in the richer suburbs of cities. So in poor, remote areas where they are needed most, there are often none. There have been many recent advances in medicine and health care, but in the poorest countries life expectancy is falling, often due to weak health care systems.

The World Health Organisation reports that 1.3 billion people have no access to formal health care. Globally, that is about one person in five. In remote areas and in the poorest parts of the world almost no-one has access to life-saving treatment. Only those who are well enough or rich enough, or who have relatives able to help them, are able to travel to a health centre.

Empowering communities

Along with health care colleagues from Emmanuel Hospital Association in India, I was involved for many years in setting up programmes which trained local people in remote communities to diagnose and to treat most life-threatening illnesses themselves. The process began by meeting with local people, hearing about local health needs and listening to their suggestions. Then in each group of villages, one or two volunteers were trained as health workers. They were shown how to recognise and treat the most common local diseases. They were given medicine boxes, and became skilled in using them.

Gradually these health volunteers trained parents in their communities about how to recognise and treat these illnesses in their children. So a programme that had started with a doctor in a distant hospital, spread through the volunteer community health

workers to household members. It took several years before people were confident, but now people in the community realise that they have the skills and knowledge to provide basic health care for their family in their home.

Treating common illnesses

Apart from tuberculosis (TB) and HIV, most common illnesses have a relatively simple cure. Millions of people die each year from pneumonia, diarrhoea and malaria. But it is often possible to treat or prevent these illnesses at the household level.

PNEUMONIA Fast breathing (more than 40 breaths each minute) is a sign of pneumonia. If pneumonia is recognised it can be treated with antibiotics. Ensure the person drinks plenty of liquid. To reduce fever, remove any extra clothing, and if necessary give paracetamol (but not aspirin). Give antibiotics and seek immediate medical attention, preferably at a hospital, if:

'Time and again we see how, when communities are given opportunities they want and programmes they can own, they are empowered to achieve the lives they desire. We see this with programmes where communities take charge of disease detection and drug distribution, with rapid and sustainable improvements in health.'

Dr Margaret Chan, Director General of the World Health Organisation, 2007

- there is difficult, noisy breathing, with the ribs drawn in
- the person's lips turn blue
- the person is unable to drink, or vomits everything
- there is drowsiness, unconsciousness or convulsions.

Pneumonia may follow measles, whooping cough (pertussis) or TB, so immunisation against these diseases helps to prevent pneumonia.

DIARRHOEA Except in very severe cases, diarrhoea can easily be treated in the household (see page 1). Usually no antibiotics are necessary.

MALARIA It is not always easy to recognise malaria, as the signs vary from place to place. Treatment also varies. Carefully-trained health workers can learn the typical signs of malaria in their area, and follow national treatment guidelines. Up-to-date guidelines and advice are available from



Many communities across the world have little access to hospital health care.



Jim Long / Tearfund

Community health workers can help provide home-based care in remote communities.

www.who.org/malaria. To help prevent malaria it is important that in malarial regions all children always sleep under bed nets that have been treated with insecticide.

As part of our community health programme in India, the most vulnerable households would be given supplies of malaria treatment and antibiotics with careful instructions following national guidelines, so they could start treatment

immediately, even before calling out the village health worker. There are potential dangers in this, so it is very important that caregivers are well trained in when and how to use these medicines. They need to follow well-established guidelines as part of a well-managed programme.

This radical approach of empowering communities to provide their own health care at the household level is becoming increasingly common in countries across

the world. It can save lives in poor areas where there is a lack of trained health professionals. Setting up these programmes is within reach of most communities, and within the capability of most health workers who have passion and determination. Non-infectious diseases such as mental health, epilepsy and diabetes should also be included in the training programme. It is important that these programmes follow evidence-based and good practice guidelines, and that wherever possible they are integrated with, and work alongside, government health services.

Dr Ted Lankester is the Director of Health Care at InterHealth and of Community Health Global Network. For details on how to join this network on-line free of charge, and to access information on health topics, see the website www.chgn.org

*For more information on community health needs, see his book *Setting up Community Health Programmes (2007 Revised Edition)*, published by MacMillan. Details of how to obtain this are also on the website.*

Health education for women in Afghanistan

by Mark Larson

The organisation SERVE runs a community health education programme for women in Nangarhar Province, Afghanistan. Female health workers train young women and mothers in preventative health education through home-based clubs in the villages. Most of these women cannot read and have little access to education. Literacy lessons are therefore provided alongside the health education, to enable the women to access written health information, find their way around a hospital and read the instructions provided with medicine.

Masuda attended one of these clubs. She describes her experience:

'When the club teacher came to my house to find students for the health club, she explained to me about the programme. I decided this was a good opportunity for women so I decided to participate in the

class. A few days later the class started and I attended lessons. But unfortunately when my husband saw that there was no financial support provided, unlike other NGO programmes which give out food items, money and so on, he started arguing. He said, "Don't go to the health classes. What is the benefit of these lessons for us? Why are you wasting your time instead of being at home to take care of your responsibilities properly?" It was really hard for me to explain to him about how important these things are. Anyway, despite all the problems, I continued attending the class.

One day when I came back from class, my little child had a high fever and was very irritable. My husband was very angry with me and he was blaming me that I hadn't taken care of my child properly. Fortunately one week before this, I attended a lesson



Marcus Perkins / Tearfund

Women in Afghanistan have little access to education.

about fever and I already knew what to do with a person who has a fever. Immediately I followed the instructions that I had received in my lesson and after a few hours, my child got better. When my husband came to take our child to the doctor he found he was already better. He asked me: "What did you do with him?" I explained to my husband what I did. Now he is satisfied with me.'

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Home-based care

by Howard Kasiya

The AIDS pandemic has brought many problems to communities in Malawi. As people fall sick and are unable to work, poverty and hunger increase. In most communities, essential health services are not easily accessible by the chronically ill patients due to distance they need to travel. Elderly people are overburdened by taking care of sick relatives. There is often a feeling

of hopelessness. The Evangelical Association of Malawi (EAM) is responding to HIV through programmes focused on prevention of HIV infection, care and support for those living with or affected by HIV, and developing the capacity of churches to respond effectively.

EAM defines home-based care as the provision of physical, psychosocial, emotional and spiritual care and support



Layton Thompson / Tearfund

HIV is not spread through shaking hands, touching, hugging or playing with someone who is living with HIV.

Providing care

HIV is not spread through everyday contact such as shaking hands, touching, hugging, or living, playing, or eating together with someone who is living with HIV. Many people who are living with HIV remain well and healthy. But particularly where there is no access to antiretroviral drugs or good nutrition, they may often be sick with fever, diarrhoea, or pain and will need special care. HIV can be passed on through contact with blood and bodily fluids, so cover any open cuts or sores on the patient and caregiver. When cleaning up blood, diarrhoea or vomit, wear rubber, latex or plastic gloves if possible, or clean plastic bags on your hands. Wash your hands often.

Whether someone is sick with an HIV-related illness, or another sickness, the quality of care a sick person receives is often the most important part of treatment.

Comfort A person who is sick should rest in a quiet, comfortable place with plenty of fresh air and natural light. Keep them from getting too hot or too cold. Take time to talk to and encourage them. A child who is sick for a long time should be frequently cuddled and comforted.

Liquids During nearly every sickness, especially where there is fever or diarrhoea, the sick person should drink plenty of liquids such as safe water, tea, juices or broths. Give small amounts often. An adult should drink two or more litres of liquid each day.

Good food A sick person needs to eat nourishing foods like milk, cheese, chicken, eggs, meat, fish, beans and green vegetables. Energy foods like porridges of maize, yam, plantain or cassava are also important. Adding a little sugar and vegetable oil will increase the energy these provide. If the person is too sick to eat solid foods, give them soups, milk or juices. If they can eat only a little at a time, provide several small meals each day.

Cleanliness It is important that a sick person is bathed every day. If they are too weak to get out of bed, wash them with a sponge or cloth and tepid water. Clothes, sheets and covers must also be kept clean, and changed each time they become dirty. Handle soiled or bloody clothes, bedding, or towels with care. Wash them separately in hot soapy water, or add some chlorine bleach. Hang them over a rope or line or put them on a bush to dry in the sun, rather than on the ground.

Bed care A person who is very weak and cannot turn over alone should be helped to change position in bed several times a day. This helps to prevent bed sores and can also help prevent pneumonia.

Adapted from Where There Is No Doctor (2007 Revised Edition), by David Werner, Hesperian

to people with chronic illnesses, including those living with HIV, in their own homes and communities. EAM provides this care through a network of church volunteers and through training family caregivers. The volunteers visit those who are sick and the care they provide includes prayer, providing medicines and nutritional supplements, counselling and doing domestic chores.

EAM works through church congregations. Church leaders help select two men and two women from their congregation who are trained for four weeks to become trainers and supervisors of the home-based care programme. These trainers then train a further 20 men and 20 women identified through the congregations as home-based care providers. Each volunteer looks after no more than three families. As they make their home visits, they train the family members of those they provide care for, to ensure the required care and support for the sick person will continue. The focus is on building relationships with the whole family, not just the patient. This means that if one or both parents die, the church continues to support the other parent or the children who have been orphaned.

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Traditional medicine

Scientific tests have proved the healing properties of a plant used in traditional African medicine to stop bleeding from wounds. *Aspilia africana* (Compositae) is widespread across Africa and is traditionally used to stop bleeding and to clean the surfaces of sores. It is also used to treat rheumatic pains, as well as bee and scorpion stings. For more information, see www.biomedcentral.com/1472-6882/7/24

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Recycling waste

I work with the Diobass Platform, a community-based development programme in Kivu in the Democratic Republic of Congo. We are trying to do something about the ecological problem caused by all the litter and waste that is dumped in urban areas. Since March 2007, we have been sorting the waste and producing compost which can be used by local farmers.

Due to climate change and deforestation, we urgently need to protect the remaining forests by finding alternative fuels. We want to use certain waste products to make carbon bricks which can be used for fuel for cooking and heating. Our first attempt failed, as we did not have a binder to compact the carbon bricks. I would really like to hear from *Footsteps* readers who know of any basic techniques for this.

We feel that recycling waste products could create revenue and employment for thousands of homes and ensure a better quality of life. I would be very happy to hear from other readers and share experiences.

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Care for orphans



Layton Thompson / Tearfund

I was very happy when I received the information about child care in *Footsteps* 72. I work for PYSOW Rural Development Programme in Uganda. We are trying to help orphans and vulnerable children in our community. Most of these children have lost their parents because of AIDS. Our community is very poor so it is difficult to provide for the needs of the children. These needs include accommodation, education, protection, clothes, food and health care. We would like some more advice on child care from *Footsteps* readers. We would particularly appreciate advice on how to help child-headed families.

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HIV and food security

We have been running 'field schools', which provide training for adults on farming techniques to help crops resist disease and pests, only using pesticide as a last resort. The 'field schools' method of training is through discussing and exchanging experience and helping the producers to find their own solutions to the problems they discover. We help them to use appropriate technology and protect the ecosystem.

HIV is a problem that can affect crop production, because if people are sick they

cannot work in the fields. So we have also been holding training sessions and raising awareness about HIV as part of our field schools.

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Local translations for tree growing

Since our letter 'Ezang: a multi-purpose tree' was published in *Footsteps* 65, we have received a lot of feedback. Many of the people we work with in Cameroon found it difficult to understand the technical terms used to discuss the methods for growing trees. So we decided to publish details of these methods translated into local languages. These guides cover:

- How to make cuttings.
- Layering.
- Grafting.
- Building a forcing-frame for cuttings and layers.
- Setting up a timber yard and managing the seed bed.

We hold translation workshops to enable us to produce these documents in the various local languages. In this way we are helping to reduce poverty and malnutrition within communities, and at the same time promoting literacy.

We are keen to help any community that is interested in cultivating trees and would like to have the documents written in their own language to help them better understand the various methods involved.

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Staying healthy

Preventing illnesses and accidents from happening is as important as being able to treat them when they occur. The expertise of professional health workers or hospital treatment may be required to treat a serious illness, but prevention has to begin in the home. There are many simple ways to help your family to stay healthy.

People will get better from many common sicknesses by themselves, without any need for medicines. To help fight off or overcome a sickness, often all that is needed is good hygiene, plenty of rest, good nutrition and enough safe water. Many illnesses are caused by poor hygiene, and can be prevented by making sure water is safe to drink, by ensuring everybody washes their hands and by taking care over preparing and storing food.

Washing hands

Rinsing hands with water alone is not enough for good hygiene and to prevent disease. Both hands should be rubbed with soap or ash and rinsed with running water to wash the germs away.

Home remedies

All over the world, people use different traditional cures. For many sicknesses, home remedies work as well as modern medicine, or even better. For example, many of the herbal teas that people use to treat coughs and colds or diarrhoea do more good and cause fewer problems than cough syrups and strong medicines that some doctors prescribe. Tea made from Neem tree bark will help bring fever down and stop pain. Neem seed oil applied to the body helps to keep mosquitoes away.

However, other home remedies are less effective and some may be harmful. Only use remedies if you are sure they are safe and know exactly how to use them.

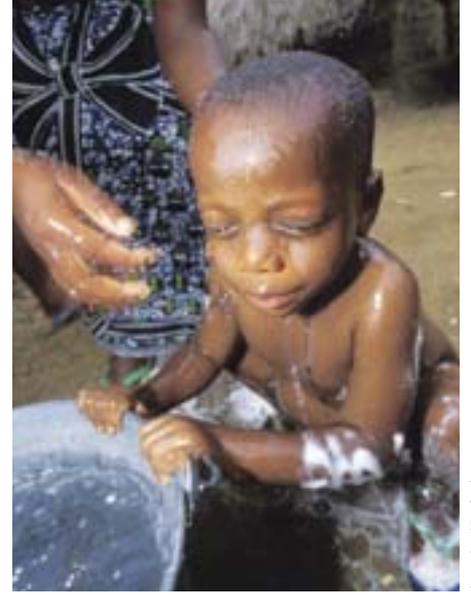
Most serious sicknesses like pneumonia, tetanus, typhoid, tuberculosis, appendicitis, sexually transmitted infections, and fever after childbirth, should be treated with modern medicine as soon as possible.

Hands should be washed frequently, especially after going to the toilet and before eating.

Preparing food

Making sure that everyone in the family has enough to eat, and that the food is nutritious (*Footsteps 65*), is vital to maintain good health. The way that food is stored and prepared is also important to prevent sickness.

- Wash hands well with soap and water before preparing food.
- Make sure all pans, dishes, knives and tools used in preparing food are clean.
- Keep uncooked meat and fish away from cooked foods.
- Cook meat thoroughly before eating.
- Serve food fresh. Do not leave cooked food to sit for too long before eating. Milk, fish, cooked meat and cooked rice will spoil quickly. If reheating



Jim Loring / Tearfund

Keeping clean is important to maintain good health.

cooked food, make sure it is thoroughly reheated.

- Flies carry disease, so always cover food to keep them away.

Safe water

Safe water is vital for health. One way to ensure water is safe to drink is to boil it. Boiling water will kill the germs that cause diarrhoea, and make the water safe. If fuel is scarce, it is possible to purify water by using sunlight (*Footsteps 51* and www.sodis.ch).

Once water has been treated it must be kept clean. If water for drinking is stored, make sure the containers are clean and covered by lids to keep out flies and dust. Do not put your hands in the water but use a clean, long-handled cup or ladle to take the water out of the container to drink.



Richard Hanson / Tearfund

Having enough nutritious food and safe water to drink will help keep families healthy.

Preventing injuries

Try to prevent injuries from occurring.

- Keep all sharp objects such as knives, open tins and broken glass away from children.
- Keep matches and lamps out of the reach of children.
- Be careful when cooking, and do not let small children near the fire or near boiling water.
- Ensure that pot handles do not stick out from the stove, so that children cannot reach them.
- Teach children how to cross roads safely.
- Keep electrical items away from water to avoid risk of electric shock. Teach children not to touch electrical sockets.
- Do not drink alcohol to excess.

Preventing infection

Good hygiene and sanitation practices in the home will help prevent infection. For ideas about community sanitation see *Footsteps* 73.

- Do not let pigs or other animals come into the house or places where children play.



Geoff Crawford / Tearfund

Be careful when cooking and preparing food to avoid accidents.

- If children or animals defecate near the house, clean it up at once. Teach children to use a latrine.
- Do not spit on the floor, and cover your mouth when you cough or sneeze.
- Ensure children are vaccinated. Vaccinations are usually free and give protection against many dangerous diseases. Seek advice from your nearest health centre.
- Treat infectious diseases as soon as possible to prevent them spreading to others.
- Do not go barefoot in areas where hookworm is common.

Article compiled by Maggie Sandilands using information from Where There Is No Doctor (2007 Revised Edition), by David Werner with Carol Thuman and Jane Maxwell, published by Hesperian. See Resources, page 15, for details about how to order.

When to seek medical help

Many illnesses and injuries can be treated in the home by a well-informed caregiver. However, there is a risk of missing something serious, or making a mistake and giving the wrong treatment, which could make the sick person worse. It is important to recognise when to seek medical help. If in doubt, or if the sick person's condition does not improve or gets worse, seek help.

A person who has one or more of the following signs is probably too sick to be treated at home without skilled medical help. **Their life may be in danger. Seek medical help as soon as possible.**

- Loss of large amounts of blood from anywhere in the body
- Coughing up blood
- Blood in the urine
- Lips and nails turn blue
- Great difficulty in breathing, which does not improve with rest
- Cannot be wakened (coma)
- So weak they faint when they stand up
- A day or more without being able to drink any liquids
- A day or more without being able to urinate
- Heavy vomiting or severe diarrhoea that lasts for more than one day (or more than a few hours in babies)
- Black stools like tar, or vomit with blood in it
- Strong, continuous stomach pains with vomiting in a person who cannot have a bowel movement
- Stiff neck with arched back, with or without a stiff jaw
- More than one fit (convulsions) in someone with fever or serious illness
- High fever (above 39°C) that lasts more than four or five days
- Problems with pregnancy or childbirth such as:
 - bleeding during pregnancy
 - swollen face and trouble seeing in the last months
 - long delay once the waters have broken and labour has begun
 - severe bleeding.

Pregnant women should plan ahead in case there are complications with the birth. Think about the place of delivery and if this is at home, consider in advance arrangements for transport to a health centre in an emergency.

Adapted from Where There Is No Doctor (2007 Revised Edition), by David Werner with Carol Thuman and Jane Maxwell, published by Hesperian.

Advocacy for health provision

by Dr Kris Prenger



LAMB helps grassroots community groups to advocate for health provision.

LAMB Integrated Rural Health and Development is a Christian NGO that has been providing medical services to poor communities in rural northwest Bangladesh for over 30 years. LAMB provides health care at the household level as well as through local clinics and a 150-bed hospital. It prioritises support for women and children's health.

The year 2008 brings the 30th anniversary of the Alma Ata Declaration on Primary Health Care, which aimed to achieve 'Health for All' by the year 2000. There is still a long way to go to realise this goal.

Access to care

Recent research by the NGO Action Aid into access to health care in Bangladesh revealed many barriers. Eighty-seven percent of people surveyed said they were discouraged from using government health facilities by the poor attitudes of staff, quality of services, and the need to pay 'tips' as well as fees. In private

facilities, costs were 20 times higher than in government facilities. Most of this expense was for medicines, although many of these medicines were not essential. People also used informal health providers including pharmacists, village 'doctors', and herbalists.

Empowering communities

The Alma Ata Declaration prioritised community participation, but in practice, more attention has been given to government programmes such as immunisation of children and family planning services. These 'top-down'

programmes are important, but rather than empowering communities, they can often create an attitude of dependency. NGOs can help to prevent this by using a rights-based approach, which encourages local communities to engage in advocacy to hold service providers accountable for proper allocation of care. LAMB's community activities focus on the facilitation of grassroots groups, and working together with local leadership and government officials to ensure that communities have access to health care.

Building relationships

LAMB believes that the best progress in health care provision comes when communities, government officials and health experts work together. LAMB works with both local communities and officials, to provide expertise and build relationships across the sectors.

In many communities, the interlinking causes of ill health, such as poverty, lack of education and social injustice, are common. These need to be addressed to restore people's physical, social, and emotional health. Poor communities often feel they have no way to improve things. NGOs that work in these communities can help promote awareness of rights, such as the right to health care. They often have a position of influence and so can help to build good relationships and bridge the gap between powerful local authorities and poor communities.

Grassroots influence

In Bangladesh, local area health committees are set up with government backing to provide a forum at which accessibility to health care can be addressed. NGOs can help to set up such advisory committees,



Working together – an exercise

At a recent training session, the following activity was used to demonstrate the importance of relationships.

Each participant took a few strips of coloured paper, some wide, some narrow. On the wider strips, they had to write positions of local power and influence, such as council chairman, landowner or government ministry official. On the narrow strips, they wrote down the people who had low status in the community such as farmer, beggar, widow, child. The strips were then tied together in loops to form a long paper chain, with narrow and wide strips mixed.

The participants were then asked:

- Where is this chain stronger?
- Where is it weaker?

Where the chain joined two narrow strips together, it was easier to tear. Where two wider strips were linked it was more difficult to break. Then the participants were asked how they could help the whole chain to be as strong as possible. The answer is for each link to be equally wide.

The chain is like a local community. The links represent relationships between people of varying status. If the strips were all wide, then the chain would be stronger. Therefore if people of low status were empowered and able to participate, it would make the whole community stronger.

and equip citizens to participate, so that local communities can influence service provision. Local representatives should be enabled to communicate community concerns directly to local and national leadership.

In countries where volunteering is not a common concept, it may require (non-financial) incentives to encourage people to take action. Communities must take responsibility for demanding what they need, such as health care or latrines. NGO staff must remember to step back. Government accountability is not to NGOs, but to the community.



LAMB focuses on training women as health promoters and paramedics.

Women's involvement

LAMB emphasises the involvement of women in its work. To address the gender inequalities in communities, LAMB provides biblical values training (Genesis 1: male and female created in God's image) and uses drama activities to raise awareness about early marriage, dowry demands, family violence, forced abortions and other issues.

LAMB focuses on training women as health promoters and paramedics, giving them a strong public role in household and clinic-based health care.

Micro-credit work gives women increased influence because of the financial contribution they can then make to their family's economic security. In areas where LAMB works, women's groups support some of the running costs of the community clinics. Members of the groups then pay lower fees when they visit the clinic.

Working with government

LAMB has worked to develop the capacity of local government in providing health services. This co-operation is important, but can be difficult. Problems with communication between NGOs and local authorities can be easily caused when there are changes of personnel. Government funding limits and paperwork requirements can be problems. Government suspicion of NGOs, and desire to maintain control, can

also create challenges. Patience on both sides is needed in negotiating contracts and demonstrating results. At the local level, community members themselves are often the best advocates to convince officials to support services, even if these services are provided by NGOs.

Building relationships at a local level is vital to targeting national influence. LAMB presents monthly reports of local programme activities at meetings with local officials. A careful balance is required to maintain the support of the government, but also present the truth where there are gaps in service provision.

Partnership with both communities and government is necessary to promote a sustainable health system.

The development of stronger communities will help move the world nearer to achieving the 30-year-old target of 'Health for All'.

Dr Kris Prenger is the Community Health and Development Advisor for LAMB.

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Dental care at home

by Dr Mathew George



Steve Adams / Tearfund

Everyone should look after the health of their teeth and gums. Clean babies' teeth regularly, as soon as their teeth start to grow.

The condition of a person's teeth and gums can affect their whole health. Strong teeth are needed to eat food like nuts, maize, fruits and meat, which are important for good health. Mouth pain can make eating difficult and lead to malnutrition. Oral health problems such as tooth decay and gum disease are caused by not cleaning teeth properly.

Here are some guidelines for maintaining healthy teeth and gums:

- Brush your teeth and clean your gums regularly, preferably twice a day.
- After eating, cleanse your mouth thoroughly, so that no bits of food are left on your teeth. Try to avoid eating snacks between meals.
- Rinse your mouth every day with warm salt water to keep your gums healthy.
- Where possible, visit a dentist for a check up regularly.

Diet and dental health

Instead of growing and preparing their own food, many people are now eating more processed foods bought from shops, such as bread, sweets, chocolate and biscuits. It is especially important for children, older people and pregnant women to eat the right foods. Try to eat a lot of fresh fruits and leafy green vegetables. Vegetables have fibre in them and this prevents food from sticking in the mouth. Fresh fruits

contain vitamins and minerals that help ensure healthy gums. If it is difficult for you to bite into fruit, squeeze it and drink the juice.

Soft and sweet food, and drinks with a lot of sugar are bad for both teeth and gums. Sweet food can mix with germs and make cavities – holes in the teeth. Soft food sticks to teeth more easily and can mix

with germs to cause gum disease if you do not clean your teeth.

- If there is a painful cavity, crush some cloves and place them, or oil of cloves, in the cavity. This will help to ease the pain. Seek dental treatment as quickly as possible.
- If there is bleeding from the gums, rinse with salt water or dissolve a spoonful of salt in a few drops of water and massage the gums with this solution.

Sensitive teeth

Sometimes people experience sharp pain in their teeth when they eat hot, cold, sweet, or sour foods and drinks. If you often eat foods such as lemons and other citrus fruits, then the acid that these contain can damage the enamel coating of your teeth. To help with this sensitivity, it is important to maintain good oral hygiene, and continue to clean all parts of your teeth and mouth thoroughly.

Babies' teeth

Tooth decay is a common problem even in babies and young children. Their teeth become painful and appear brown or dark in colour. It can cause infection of the gums and an early loss of teeth. This condition is often found in babies who are bottle-fed. Babies tend to drink slowly from bottles and the constant dripping effects of the sugar in the milk onto the front teeth causes rapid decay.

To avoid this:

- Breastfeed rather than bottle-feed.
- Do not give a baby anything to drink from a bottle. Sweet tea, sugar water or

Case study

Ms Sudesh Kumari is a community dental nurse working in the remote Rajmahal hills in Sahibganj District of Jarkhand State of India.

She works in seven villages, providing dental health education as well as dental treatment. She works with the women's groups, youth clubs and primary schools in the villages, teaching them about oral hygiene. By working with women and children she has encouraged whole families to follow her dental hygiene guidelines. Since they are too poor to buy either toothbrushes or toothpaste, she encourages them to use supple twigs from local neem trees instead. These twigs are freely available, cheap and effective, and studies show that the sap of a neem twig may have beneficial properties.



Sudesh examining a villager at a makeshift clinic in the village.

Mathew George

fruit juice can easily damage the child's teeth.

- A baby's teeth and gums should be cleaned after every feed or meal, beginning as soon as the first teeth appear.
- Babies should be encouraged to use a cup as soon as they can, as they are less likely to drink continuously from a cup.

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Cleaning teeth

If you do not clean your teeth properly, the food that is left on your teeth can damage the teeth and gums. It is important to clean your teeth carefully every day.

Use a soft toothbrush. A soft brush will not damage your gums.

If you do not have a toothbrush you can make a brush yourself:

- Select a soft, green twig (preferably from a neem or jujube tree) or piece of young bamboo or strong grass.
- Chew or pound one end to make it stringy like a brush.
- Sharpen the other end so that you can use it to clean in between the teeth.

Whatever kind of brush you use, clean your back teeth as well as your front teeth. Scrub all sides of each tooth, paying attention to the tops and sides where the grooves are. Use a circular cleaning motion while moving horizontally along the gum. Do not brush too hard. Then push the hairs of the brush between the teeth and scrub.

If you do not have toothpaste you can use salt dissolved in clean water. Baking soda can also be used as a substitute for toothpaste by mixing 1 teaspoon of soda in 3 teaspoons of water and dipping the brush into it. When your teeth are clean, rinse away the loose pieces of food with clean water.

BIBLE STUDY

A biblical approach to health care

Is there a biblical model for health care? Health care in many countries is delivered by professional health care workers, based in a hospital or clinic. These people are highly trained to provide specialised care to individual patients. Although such care may be effective, this approach is expensive and reaches only a limited number of people. It is often not accessible to poor people, particularly in remote rural areas, and it discourages independence and self-reliance in local communities.



Marcus Perkins / Tearfund

A more effective, low-cost and accessible system of care is the community health model. This is based on community participation in addressing health care needs, and involves health care professionals, traditional health practitioners, and volunteers from the community. Community health promotion programmes focus on human resource development, empowerment, self-reliance and low-cost appropriate technology.

Read Matthew 9:1-35

These verses highlight some of the key features of the biblical approach to health care. Jesus lived and grew up in a poor community. He knew the local situation and understood the physical, social and spiritual needs of the community. People trusted him. He healed the paralysed, the blind and the chronically ill. But he did not just focus on people's physical needs. He forgave people, befriended the marginalised and educated other people in a new way to respond to the physical, social and spiritual problems of the day. The way Jesus interacted with people who were sick highlights how all aspects of health – social, physical, emotional, psychological and spiritual – are linked.

Read Matthew 9:36 to 10:14 and Luke 10:1-17

These two passages show how Jesus responded to the needs of the local community and illustrate the key features of a biblical approach to health care in low-income countries.

- How did Jesus initially respond to the problems of the community? What does his emotion, and his response to the problems, show us about God's attitude to health care?
- What are some of the other characteristics of the biblical approach and how do they compare to those of the hospital-based and community-based models?
- What can we learn from these passages about how to respond to health needs in our own communities?
- In addition to the many health problems, Jesus noted another need: 'The harvest is plentiful but the workers are few.' (Matthew 9:37). The shortage of trained health workers is a present global problem. How did Jesus recruit and equip people to help him?
- What gaps or challenges do you face in implementing a biblical approach to health care in your community? What measures can be taken to address these?

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Knowledge and practice: using water in the home

by Yudith Contreras Veloso

Access to safe water supply is vital for health. Not only is water essential for drinking, but it is needed for good hygiene and sanitation, which helps protect the health of families and communities (*Footsteps 73*). Water is often a disputed resource because so many users compete for access to it and many people around the world do not have enough for their needs.



Anne McCulloch / Tearfund

Many organisations support water projects that aim to resolve the problem of access to water. However, they do not always see the results they hope for. Even where people have access to a basic water supply, there may still be water-related health problems. This is because social and cultural factors influence the use, control and quality of water.

Research into these factors was carried out in the Mosquitia region of Honduras. Using home-based surveys, focus groups and observation, the researchers looked at people's knowledge, attitudes and practice regarding the use of water in the household. It involved three ethnic groups (Garifunas, Miskitos and Ladinos-Mestizos), representing three different cultures, since the ways people use water within the home are often influenced by traditional customs. Community leaders and secondary school

pupils from the communities helped to gather the information.

The communities involved in the study are all poor and face food security problems during some parts of the year. Although there are several sources of water in this region, many of them are contaminated by soil erosion, chemicals used in farming, sewage, or poisonous waste. Each of the communities involved in the research have a piped water supply that brings water directly into the homes of many families. The communities have also benefited from recent government and private investments aimed at building and improving local infrastructure and equipment for the provision of health care. Training workshops, radio programmes, posters and other educational materials have been produced to promote good health, including the importance of treating water in the home to ensure it is safe to drink.

Despite all this, there remain high rates of illness and mortality. Many of these illnesses are connected with the use, management and treatment of water in the home.

Treating water

The research found that everyone in the three communities had some knowledge of the importance of managing and treating water for drinking (*Footsteps 51*). However, this knowledge is not always applied. Many people do not realise that the water piped into houses is not necessarily safe to drink. Seventy-five percent of the Garifuna families carry out some kind of water treatment in their homes but less than half of the Mestizo and Miskito families apply their knowledge about water treatment. In all three groups, despite different cultural traditions, the methods most commonly used to make water suitable for drinking are:

- boiling
- heating water in the sun
- adding chlorine. However, because chlorine is expensive, people do not use it consistently, unless it is provided free by health centres.

Storing water within the home

Once water is treated, it is usually stored in barrels, buckets or plastic containers. These do not always have lids to cover and protect them, which means the water gets contaminated by dust, mosquitoes and flies. Evidence of this was found in every home.

People use jars or cups to dip into the containers to get water. Often, many different people use the same cup, and their hands come into contact with the water as they do this. As people generally do not wash their hands, this can spread germs into the water. Often the same cup is used both to obtain water and to drink it, and is reused without being washed clean. In this way germs are passed on.

Other related customs

The lack of good hygiene and sanitation in homes and communities is another key factor. Examples include:

- domestic waste often fills the back yards

- latrines are not cleaned very often
- waste is released near natural water sources
- latrines are built near to rivers and the sewage from some of the latrines goes directly into the rivers.

Usually, the children in these communities do not wear shoes. As they play, they come into contact with water, rivers and lakes that have different degrees of contamination. Women spend a lot of time washing clothes in the rivers and in areas that tend to form pools of standing water, where the bacteria that cause illnesses can grow.

Hand-washing is vital after using the toilet or before preparing or eating food, but this is often neglected. In this way, disease can be passed on to other members of a family or community.

Conclusion

Although information and knowledge about water and sanitation has been passed on within these communities, this has not automatically led to changes in practice. There is no long-term support and reflection to encourage good practices of hygiene and water treatment. All the communities demonstrated practices that could harm the quality of their health – it is not just a problem for certain groups.

Providing communities with access to safe water not only requires more effective technological solutions but it also involves training, awareness-raising and organisation at the community level. This is needed to make sure that all community members follow good practice around the use and treatment of water. This process requires sustained and informed support that respects local cultural traditions and takes into account the different needs of men and women and children.

Judith Contreras Veloso is an anthropologist, and this article was based on research carried out in 2001 and 2002 for her thesis on 'Sanitary Conditions, Cultural Diversity and Impact on Health'.

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tilz website www.tearfund.org/tilz Tearfund's international publications can be downloaded free of charge from our website. Search for any topic to help in your work.

TASO (The AIDS Support Organisation)

Strategies for Hope and TASO have produced a new book and film, both called *United Against AIDS: the Story of TASO*. In these, TASO clients describe how the organisation has empowered them to 'live positively with HIV'. The book and film both address challenges such as the high levels of HIV prevalence in the north of Uganda following two decades of conflict, and HIV prevention within marriages and other long-term relationships.

The book costs £2.80 and the DVD costs £16. To order, please contact:

TALC
PO Box 49
St Albans
AL1 5TX
UK

Email: info@talcuk.org
Website: www.talcuk.org

Health care resources from Hesperian

Hesperian is a non-profit publisher of books and other educational materials that help people take the lead in their own health care. Simply written and fully illustrated, the books contain life-saving information about diagnosing and treating a broad range of health problems. Hesperian works with health workers, grassroots groups, and community organisations around the world to ensure that these resources are practical, accessible, and appropriate across different

conditions and cultures. Some of the useful books available include:

- *Where There Is No Doctor*
- *Setting Up Community Health Programmes*
- *HIV Health and Your Community*
- *Where There Is No Dentist*
- *A Book for Midwives*
- *Sanitation and Cleanliness for a Healthy Environment*
- *Water for Life: Community water security*

Many of these have been translated into local languages – for more details, see the website. All these resources can be downloaded for free, or ordered from the website:

www.hesperian.org

or write to:

The Hesperian Foundation
1919 Addison St
Suite 304
Berkeley
California 94704
USA

World Health Organisation (WHO)

Up-to-date and country-specific health information, advice and resources on many health topics can be found on the WHO website:

www.who.org

For advice on child health topics see:
www.who.int/child-adolescent-health

PILLARS Guides

Tearfund's PILLARS Guides are aimed at local level community groups and encourage discussion-based learning to help people implement change in their communities.

The PILLARS Guide about *Encouraging good hygiene and sanitation* provides practical ideas for encouraging hand washing, safe drinking water supplies and latrine design. *Credit and loans for small businesses* encourages good practice in record keeping, planning, and maintaining savings and credit groups. *Improving food security* provides practical information about pest control, grain banks and new techniques for food preservation and storage. These and other Tearfund publications can be ordered from:

Tearfund Resources Development, 100 Church Road, Teddington, Middlesex, TW11 8QE, UK
Email: roots@tearfund.org

Misuse of antibiotics

by Theodore Mbata

Misuse of antibiotics is a problem in countries across the world, but particularly in the South, where people often use them to treat any minor infection, with or without a doctor's prescription. Inappropriate use of antibiotics frequently leads to the development of resistant strains of the bacteria that cause infection. This means that in future these antibiotics will not be effective in treating infections. Excessive use of antibiotics also increases the cost of treatment unnecessarily.

The value of antibiotics

Modern medical care often relies on antibiotics. Antibiotics are an effective treatment for curing infection and speeding recovery from illness. They are readily available and relatively free from harmful side-effects.

Antibiotic misuse by health workers

With an ever-increasing number of antibiotics becoming available to treat bacterial infections, health workers must be careful to choose the most appropriate drug for each infection. They also need to consider specific health risks, such as an allergy to the antibiotic, and whether the patient is able to follow the complete treatment requirements. Medical expertise is needed to make appropriate decisions about the type of drug, its dose, how frequently it is given and the duration of treatment.



African Health

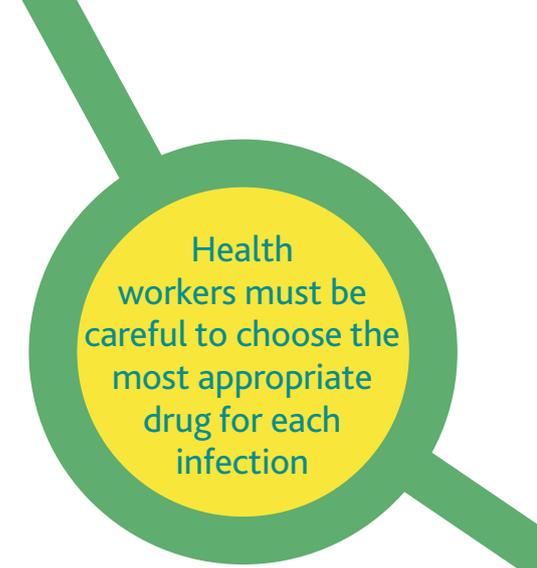
Patient responsibility

No matter how effective a drug may be, it will not work properly if the patient does not follow the instructions. Often, people will stop taking the antibiotics as soon as they feel better, and not finish the complete course of treatment. This may reduce the effectiveness of the cure and can even cause the infection to worsen. Sometimes people take an overdose, in the false belief that by taking more of the drug they will get better faster. The importance of completing the full course of antibiotics and taking the correct dose at the stated times, must be emphasised by the doctor prescribing the antibiotics and the pharmacist who dispenses them.

People should be careful when buying antibiotics. They should buy them from a reliable pharmacist and check that the antibiotics are genuine and are not out of date. Antibiotics should be stored in cool and dry conditions.

Reducing antibiotic misuse

Doctors and pharmacists who provide antibiotics should ensure that whenever an antibiotic is given, the dose and duration of use are appropriate and understood by the patient. Hospitals should adopt measures that restrict the use of stronger antibiotics, and monitor resistance to antibiotics. Patients should take responsibility not to buy antibiotics



without a prescription, and if prescribed, to follow the treatment plan fully and accurately.

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Common misuse

Common misuses of antibiotics by health workers include:

- prescribing antibiotics when no bacterial infection exists
- prescribing the wrong drug, or the wrong dose, to treat an infection that does exist
- prescribing antibiotics for longer than is necessary
- prescribing a strong antibiotic, when a less strong one would be as effective
- choosing an expensive drug when a cheaper but equally effective or slightly less effective one will be adequate.

Common misuses by patients:

- demanding antibiotics even when the doctor thinks it is unnecessary, or buying antibiotics without a prescription
- not finishing the course of treatment because they stop taking the antibiotics as soon as they feel better.