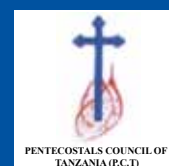
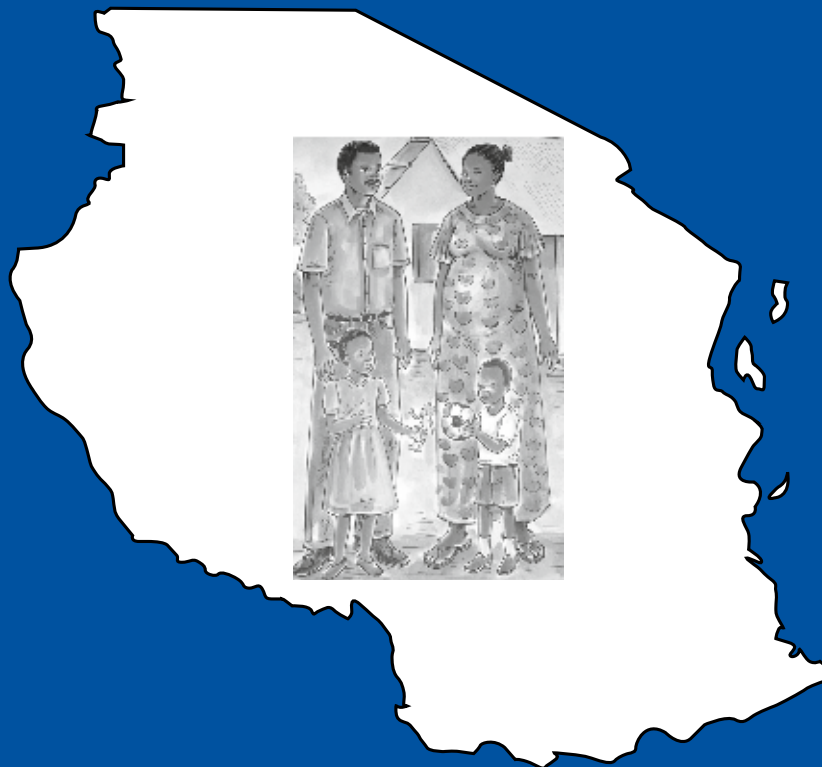


**THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH AND SOCIAL WELFARE**



Christian Sermon Guide for Reproductive and Child Health: A Toolkit for Tanzanian Religious Leaders



Illustrations

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Foreword

The Ministry of Health and Social Welfare (MoHSW), through the MAISHA Program, led by Jhpiego and its partners – IMA World Health, Save the Children, T-MARC Company and White Ribbon Alliance/Tanzania – are collaborating in the implementation of the program to deliver critical, evidence-based health interventions on a national scale, to reduce maternal and newborn morbidity and mortality, thus contributing to the achievement of the national targets set in the : One Plan for Maternal, Newborn and Child Health, the Health Sector Strategic Plan 3 and the Millennium Development Goals (MDGs) Four and Five.¹ At the community level, MAISHA is also working with the faith-community, specifically the religious leaders, to increase awareness and knowledge of maternal, newborn and child health issues, to bring about behavior change in the community.

The objective of this Sermon Guide, is to increase the knowledge of Religious Leaders on Maternal, Newborn and Child Health (MNCH) issues and assist them in developing sermons on MNCH for Sunday worship. In addition, the Religious Leaders can use this knowledge for pre-marital and couple counseling, as well as, to educate the general population on maternal, newborn and child health issues. This is also a good educational tool for Women's, Men's and Youth Groups in the Churches.

The key messages for MNCH are aligned with the Communication Strategy of the Reproductive and Child Health Section of the Ministry of Health and Social Welfare. The Biblical scriptures provide rationale from the faith perspective, in support of the evidence based messages that are promoting reproductive and child health. Hearing these messages from their trusted religious leaders it helps the faithful to practice healthy behaviors. The Sermon Guide, discusses how to prevent maternal and newborn health problems, in women who are in a reproductive phase (pregnant and post partum women) of their lives, as well as, newborn and children under five. It provides clear direction to women, men and communities, on how to attain and maintain good health during pregnancy, and post-delivery and care for the newborn child.

The Scriptures used in this Sermon Guide, are only used as examples, to express and elaborate the key messages for maternal, newborn and child health. Religious leaders can decide to use additional or other Scripture/verses that speak to them more strongly, to express the intended good health message without distorting its meaning. Although this Sermon Guide has used Biblical Scripture, to express the key messages for maternal, newborn and child health, people of other faiths can adapt and use it according to their faith. The Sermon Guide has been written by Tanzanian religious experts, and reviewed by national and international experts.

This Sermon Guide has been adapted from the International Sermon Guide and developed under the ACCESS Program, and has been contextualized for use with and by the Tanzanian communities.



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Permanent Secretary
Ministry of Health and Social Welfare

¹ MDG 4 – Reduce neonatal mortality from 32 to 19 per 1,000 live births (Mainland) and from 29 to 23 per 1,000 live births(Zanzibar); MDG 5 – Reduce maternal mortality from 578 to 193 per 100,000 live births (Mainland) and from 377 to 251per 100,000 live births (Zanzibar)

Acknowledgements

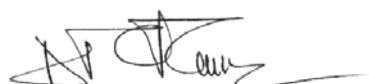
The Ministry of Health and Social Welfare (MoHSW), would like to thank all the organizations and individuals, who contributed to the development of this document.

The Ministry thanks the Tanzania Episcopal Conference (TEC), Christian Council of Tanzania (CCT), Pentecostal's Council of Tanzania (PCT) and Christian Social Service Commission (CSSC), for their collaboration and invaluable contribution for the writing process of the document.

The Ministry also appreciates the financial support from USAID, through the MAISHA Program, that focuses on improving Maternal Newborn and Child Health Services.

Thanks go to all MAISHA Program Partners, lead agency Jhpiego, IMA World Health, Save the Children, White Ribbon Alliance/Tanzania and T-MARC Company. Special appreciation goes to IMA World Health, for the dedicated coordination that has made the development of this document possible.

The Ministry gives special thanks to all the individuals, who contributed in the adaption of the document.



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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
HIV	Human Immunodeficiency Virus
IBP	Individual Birth Plan
IMA	IMA World Health
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Net
MAISHA	Mothers and Infants, Safe Healthy Alive
MNCH	Maternal Newborn Child Health
MoHSW	Ministry of Health and Social Welfare
PMTCT	Prevention of Mother to Child Transmission
RCH	Reproductive Child Health
SP	Sulphadoxine-Pyrimethamine
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

God's Precious Gifts

The process of giving birth is part of the blessings given by God himself soon after Adam and Eve were created and it thereafter united them. Women who are pregnant suffer from pain, but their suffering can be alleviated through proper care.

This Sermon Guide has been developed for Religious Leaders to mobilize their community on maternal, newborn and child health issues; to alleviate the suffering and saving the lives of mothers and newborns.

Hos 4:6 “...*my people are dying from lack of knowledge*”

Sermon 1: God's Guidance for a Safe Pregnancy and Delivery

Message:

- **At least four (4) Antenatal Care (ANC) visits are recommended, beginning as soon as you realize you are pregnant. Encourage pregnant women to have a minimum of four (4) ANC visits before the time of birth. Educate your congregation to seek the appropriate health care services in a timely manner from skilled health workers in local health facilities.**



Throughout the scriptures it is clear that God wants us to seek guidance and information from Him and also those who are knowledgeable and trained. When it comes to women and children's health we should not hesitate from reaching out to the health professionals and health facilities for guidance and assistance.

Data from the Ministry of Health and Social Welfare in Tanzania indicates that 96% of women attend at least one (1) ANC clinic, but only 50% of pregnant women deliver in health facilities. The objective of ANC is to provide timely and

appropriate care to women during pregnancy to achieve a good outcome for mother and the newborn child. It is said that 15% of women face some type of complication.

Why ANC?

Because pregnancy complications are unpredictable, each pregnancy should be treated as a unique experience, needing focused attention that can be provided during ANC visits. The ANC visits prepare the mother for what happens to her body during her pregnancy, delivery and post-partum period, as well as make her aware of difficulties that may occur during this time.

Antenatal care visits provide a pregnant woman with an environment that is conducive to receiving timely, beneficial, appropriate and necessary information regarding her pregnancy. Knowledge shared by health care providers during ANC visits include:

- overall health, preparation to childbirth, changes to the body that may occur, potential complications, and information regarding labor, delivery and postpartum
- importance of maintaining the physical, mental and social health of mother and baby
- importance of good nutrition, sufficient rest, and personal hygiene
- detect and treat conditions associated with complications
- develop an individual birth plan and provide education about labor signs
- counseling the mother about breast feeding and taking good care of the baby
- provide counseling and testing services for HIV and syphilis in pregnancy.
- provide Intermittent Preventive treatment for malaria in pregnancy.
- advise to sleep under an ITN during the pregnancy period.
- create awareness among pregnant women on danger signs of pregnancy.



The MOHSW - MNCH Guidelines indicate that women should attend in a minimum of four (4) ANC visits beginning as soon as they realize they are pregnant. ANC visits help to ensure the health and safety of the mother and unborn child. It is the responsibility of the family and those close to the mother-to-be to encourage her to follow-through with her ANC visits.

Causes of death and injury for the mother during pregnancy, delivery, and/or post-partum:

- Excessive bleeding (hemorrhage): Blood loss during labor, can rapidly lead to death in the absence of prompt and appropriate life-saving care such as medicines to control bleeding, and blood transfusion when necessary.
- Sepsis (resulting from infections): Sepsis is often the result of poor hygiene during delivery or untreated Sexually Transmitted Infections (STIs). Infections can be prevented by proper hygiene practices during delivery and treatment of sexually transmitted infections during pregnancy.
- Eclampsia (convulsions): Eclampsia is a complication of hypertensive (High Blood Pressure) disorder of pregnancy, with high maternal deaths. These deaths can be prevented through careful monitoring and treatment during pregnancy and treatment with anticonvulsant drugs such as magnesium sulfate when convulsions occur.
- Prolonged labor and Obstructed labour: Labor can occur when the baby's head cannot pass through the mother's pelvis or when the baby is in the wrong position to pass through the birth canal. When mothers have unusually small body, either due to poor diet or because they are very young and not yet fully grown, they become victims of increased risk of prolonged labor.
- Unsafe abortions: These deaths can be prevented if women have access to family planning information and services, timely and proper health care for abortion-related complications.

These visits also prepare the prospective mother for issues arising that may be harmful to her newborn baby.

Causes of death for the Baby:

- Infections: Sepsis/pneumonia, tetanus, and diarrhea
- Low Birth Weight:
 - Pre-term birth (babies born too early): Babies born before 38 weeks (9 months) are called premature.
 - Babies who have reached 9 months but have low birth weight, weight less than 2.5 kg
 - These babies are often small and sick because their organs and systems are not fully developed.
- Asphyxia: Birth asphyxia occurs when a baby does not receive enough oxygen before, during or just after birth. There are many reasons that birth asphyxia may occur.
- Birth defects, also known as congenital abnormalities: The causes of most birth defects are unknown, but some are preventable.

As soon as a woman suspects she is pregnant, she should visit her local health care facility for her first ANC visit which would include a physical examination. The health care provider will recommend a schedule for the subsequent ANC visits. The work of health care provider is a valuable service to life. Their profession calls for them to be guardians and servants of human life.

Quoted Scriptures

To faithful followers these important wise words by seeking the advice and knowledge of people trained and experienced in caring for expectant mothers and delivery. So seek advice early enough – make at least four (4) ANC health care visits.

It is important to use modern medicine from medical experts, as God is the one who led them to improve medical care from the traditional care. Using of traditional medicine is to deny receiving the gift of expertise that God has granted us.

Proverb 4:11-13 I have taught thee in the way of wisdom; I have led thee in right path when thou goest thy steps shall be not straightened; and when thou runnest thou shalt not stumble. Take fast hold of instructions; let her not go; keep her; for she is thy life.

Colossians 4:14 “Luke, the beloved physician, and Demas greet you.”

Doctors, nurses, other health care providers, are called to be the living image of Christ and of his Church in loving the sick the suffering and witnesses of “the gospel of life”.

Sermon 2: Disease Prevention, God's Armor

Message

- **Take two (2) doses of SP tablets which are given by and swallowed in front of ANC service provider to prevent Malaria in Pregnancy.**
- **Sleep under Insecticide Treated Nets (ITN) to prevent Malaria.**
- **Take nutritional supplements as recommended by the health care provider can help to prevent anaemia.**



Just as God protects us from enemies, we must use tools available to guard and protect pregnant women and children from harmful illness. Malaria is one of the illnesses that we must be vigilant of.

According to the National Focused Antenatal Care (FANC) training package, 90% of Malaria infections are caused by the *plasmodium falciparum* mosquito and have a high morbidity and mortality rate. About 1.7 million pregnant women in Tanzania, suffer from Malaria each year. Most out-patient visits at health care facilities are due to Malaria - 32.4% of all attendances and 37.7% under five year old visits. Twenty percent (20%) of maternal deaths in Tanzania are due to Malaria.

Facts on Malaria during Pregnancy from Focused Antenatal Learners Guideline 2010:

- The malaria parasites hide in the placenta; therefore routine finger prick blood sample testing may not detect the parasites. The parasites may thus still be present and cause damage to the placenta and fetus.
- The parasites rarely pass into the blood circulation of the baby but can obstruct the passage of nutrients and oxygen to the unborn baby hence slowing down its normal growth.
- Initially malaria infection can occur without symptoms. Anaemia may be the only recognizable clinical feature.

Why Pregnant Women are More Vulnerable to Malaria

The symptoms and complications of malaria during pregnancy differ with the intensity of malaria transmission and thus with the level of immunity the pregnant woman has acquired. While these settings are presented as two distinct epidemiologic conditions, in reality the intensity of transmission and immunity in pregnant women occurs on a continuum, with potentially diverse conditions occurring within a country.

- In areas of epidemic or low (unstable) malaria transmission, adult women have not acquired any significant level of immunity and usually become ill when infected with *P. falciparum* malaria. Pregnant women resident in areas of low or unstable malaria transmission are at a two-or threefold higher risk of developing severe disease as a result of malaria infection than are non-pregnant adults living in the same area. In these areas maternal death may result either directly from severe malaria or indirectly from malaria-related severe anaemia. In addition, malaria infection of the mother may result in a range of adverse pregnancy outcomes, including spontaneous abortion, neonatal death, and low birth weight (LBW).

- In areas of high and moderate (stable) malaria transmission, most adult women have developed enough immunity that, even during pregnancy, *P. falciparum* infection does not usually result in fever or other clinical symptoms. In these areas, the principal impact of malaria infection is associated with malaria-related anaemia in the mother and with the presence of parasites in the placenta. The resultant impairment of foetal nutrition contributing to low birth weight is a leading cause of poor infant survival and development. In areas of Africa with stable malaria transmission, *P. falciparum* infection during pregnancy is estimated to cause as many as 10 000 maternal deaths each year, 8% to 14% of all low birth weight babies, and 3% to 8% of all infant deaths.

Despite the toll that malaria exacts on pregnant women and their infants, until recently this was a relatively neglected problem, with less than 5% of pregnant women having access to effective interventions. The promising news is that during the past decade potentially more effective strategies for the prevention and control of malaria in pregnancy have been developed and demonstrated to have a remarkable impact on improving the health of mothers and infants. Malaria prevention and control during pregnancy has a three-pronged approach:

- intermittent preventive treatment;
- insecticide-treated nets; and
- case management of malaria illness.

The fact that in most African countries over 70% of pregnant women make multiple antenatal clinic visits provides a major opportunity for prevention of malaria, along with other priority diseases affecting pregnant women.

In areas of stable *P. falciparum* transmission, prevention of asymptomatic malaria infection through a two-pronged approach of IPT and ITNs will result in the greatest health benefits.

- Intermittent preventive treatment (IPT) involves providing all pregnant women with at least two preventive treatment doses of an effective antimalarial drug during routine antenatal clinic visits. This approach has been shown to be safe, inexpensive and effective. A study in Malawi evaluating IPT showed a decline in placental infection (32% to 23%) and in the number of low birth weight babies (23% to 10%). It also found that 75% of all pregnant women took advantage of IPT when offered.
- Insecticide-treated nets (ITNs) decrease both the number of malaria cases and malaria death rates in pregnant women and their children. A study in an area of high malaria transmission in Kenya has shown that women protected by ITNs every night during their first four pregnancies produce 25% fewer underweight or premature babies. In addition, ITN use benefits the infant who sleeps under the net with the mother by decreasing exposure to malaria infection. ITNs should be provided to pregnant women as early in pregnancy as possible, and their use should be encouraged for women throughout pregnancy and during the postpartum period. Health education programmes, social marketing and lobbying to reduce the prices of ITNs and re-treatments are helping to encourage the use of ITNs by pregnant women.

In areas of unstable *P. falciparum* transmission, non-immune pregnant women exposed to malaria require prompt case management of febrile illness. Although at present there are no fully effective tools to prevent malaria among non-immune women, ITNs will decrease exposure to infective mosquito bites and thus would be expected to provide benefit in decreasing symptomatic infections. Essential elements of the antenatal care package should,

therefore, include malaria diagnosis, where available and needed, and treatment with antimalarial drugs that have an adequate safety and efficacy profile for use in pregnancy.

Roll Back Malaria, in partnership with Making Pregnancy Safer, has brought a new emphasis to the burden of malaria in pregnant women within malaria control efforts. However, there remain obstacles to implementing effective programmes and reaching women who will benefit the most from them, particularly high risk adolescents in their first pregnancies. Many women in Africa lack access to medical care and may have limited access to effective tools such as ITNs, especially in remote areas. Delivery of cost-effective malaria prevention to pregnant women will require:

- increased awareness of the problem among communities most affected by malaria;
- integration of malaria control tools with other health programmes targeted to pregnant women and newborns;
- strengthened antenatal care systems and involvement of traditional birth attendants where they are part of health service delivery; and
- financial investment.

The prize for doing so will be safer pregnancies and a reduction in newborn deaths in these settings.

Effects of Malaria in Pregnancy

Malaria infection with *P. Falciparum* during pregnancy results in a wide range of adverse consequences to the pregnant woman, the developing fetus and the newborn infant.

Adverse consequences of Malaria during pregnancy

On the Pregnant woman

- Anemia
- Hypoglycaemia
- Cerebral malaria
- Febrile illness
- Puerperial sepsis
- Death

On the fetus

- Abortion
- Intrauterine growth retardation
- Restriction
- Still birth
- Congenital Infection

On the Newborn

- Low Birth weight
 - Prematurely
 - Growth retardation
- Congenital neonatal malaria
- Death

How to Reduce Morbidity and Mortality from Malaria in Pregnancy

- Intermittent Preventive Treatment (IPT) of Malaria with Sulfadoxine/Pyrimethamine (SP)
- Preventing Malaria transmission due to mosquito bites by sleeping under Insecticide Treated Nets (ITNs)
- Early diagnosis of Malaria and prompt case management

- Quality focused ANC

Expectant mothers are particularly vulnerable to Malaria because their natural immunity to the illness is reduced. Initially, Malaria infection can occur without symptoms and a pregnant woman may not know that is ill because the infection might not make her feel sick. Malaria infection during pregnancy carries a high morbidity and mortality rate for the unborn child and mother.

The effects of untreated Malaria infection may include premature births and low birth weight in babies, breathing difficulties, bleeding, jaundice etc.

Two (2) methods of effective protection (armor) are the proper use of preventive medicine, especially Sulphadoxine-Pyrimethamine (SP) and sleeping under an insecticide treated bed net (ITN). This is the armor of protection against Malaria. God protects us – with his armor – against enemies. Therefore mothers are encouraged to protect their unborn children by swallowing two (2) doses of SP as recommended and in front of the health care provider and sleeping under an ITN.

SP is a combination of two (2) drugs – Sulfadoxine and Pyrimethamine. Using SP as an IPT method is effective in reducing placental Malaria and improving birth weight. When swallowed as recommended by the health care worker SP is safe for the pregnant woman and her unborn baby.



Another armour/shield to protect pregnant women and children against Malaria is the use of insecticide treated bed nets. According to the Tanzania 2010 Demographic and Health Survey (TDHS 2009/2010), 75% of households own at least one (1) mosquito net, but only 64% own an ITN. Sleeping under an ITN will protect the mother, and unborn and newborn child from mosquito bites which can transmit Malaria. If the exposure to mosquitoes is reduced, so is the risk of contracting Malaria. Pregnant mothers and their families should remember to re-treat the nets according to the manufacturer's instructions.

During pregnancy, a woman is nourishing two bodies; the health of the unborn child in the womb depends on the good health of the mother. Hence another armour to protect pregnant women and children against diseases and malnutrition is to increase the intake of nutritional supplements (iodine, iron, and folic acid)



Diet

- Advise the mother on a balanced diet that includes proteins, high calorie content, fruits and vegetables for preventing anemia and ensuring proper growth of the fetus.
- Encourage the pregnant woman to eat three (3) meals and a snack every day to increase energy.
- Encourage the pregnant woman to have a diversified diet based on locally available foods.
- Encourage regular taking of iron and folic acid tablets daily throughout pregnancy and post partum period.
- Avoid drinking tea and coffee while taking iron because these drinks contain iron absorption inhibitors. Tea or coffee should be taken at least one hour apart after taking the tablets or meal.

- Encourage the pregnant woman to take Vitamin C rich foods such as oranges, guava, papaya, baobab fruits etc. to enhance absorption of iron.
- Avoid overcooking vegetables.
- Use iodized salt only.
- Avoid eating non-food substances such as clay, ashes, charcoal etc.
- Encourage women to take sweet energy drinks when in labour.

Note: *The advice needs to be realistic, based on the foods that are available locally.*

Rest and Activity

- Encourage the mother to rest.
- Avoid overworking and exhaustion.
- Encourage the mother to carry on with light household work and light exercises such as walking.
- Avoid lying on back and right side to prevent complications. Instead the mother should be encouraged to lie on left side with legs slightly elevated.

Note: *Partners, family and community members to give support to pregnant mothers.*

If a pregnant woman has a balanced diet, she reduces the likelihood of having anaemia. A pregnant woman's balanced diet provides the unborn child to grow and develop properly. The expectant mother should obtain more information about the food value of different food types from her local health care provider.

Quoted Scriptures

Proverb 17:22 *"A joyful heart is the health of the body, but a depressed spirit dries up the bones."*

Ephesians 6:11, 13-18 *"Put on the armour of God so that you may be able to stand firm against the tactics of the devil... Therefore, put on the armour of God that you may be able to resist on the evil day and, having done everything, to hold your ground. So stand fast with your loins girded in truth, clothed with righteousness as a breastplate, and your feet shod in readiness for the gospel of peace. In all circumstances, hold faith as shield, to quench all (the) flaming arrows of the evil one. And take helmet of salvation and the sword of the Spirit, which is the word of God. With all prayer and supplication, pray at every opportunity in the Spirit. To that end, be watchful with all perseverance and supplication for all the holy ones."*

Isaiah 59:17 *"He put on justice as his breastplate; salvation, as the helmet on his head."*

Wisdom 5:17-20 *"He shall take his zeal for amour and he shall arm creation to requite the enemy; He shall do justice for a breastplate and shall wear judgment for a helmet; He shall take invincible rectitude as a shield and whet his sudden anger for a sword, and the universe shall war with him against the foolhardy."*

Psalms 1:1-2 *"Happy those who do not follow the counsel of the wicked, nor go the way of sinners, nor sit in company with scoffers. Rather the law of the Lord is their joy; God's law they study day and night".*

Psalms 18:30 *"With you I can rush an armed band, with my God to help I can leap a wall."*

John 10:27-29 *"My sheep hear my voice; I know them, and they follow me. I give them eternal life, and they shall never perish. No one can take them out of my hand. My Father,*

who has given them to me, is greater than all, and no one can take them out of the Father's hand. The Father and I are one."

Hebrew 4:12 *"Indeed, the word of God is living and effective, sharper than any two-edged sword, penetrating even between soul and spirit, joints and marrow, and able to discern reflections and thoughts of the heart."*

Proverb 17:22 *"A joyful heart is the health of the body, but a depressed spirit dries up the bones."*

Genesis 1:29-30 *"God said: 'See, I have given you every plant yielding seed that is upon the face of all the earth, and every tree with seed in its fruit; you shall have them for food. And to every beast of the earth, and to every bird of the air, and to everything that creeps on the earth, everything that has the breath of life, I have given every green plant for food.' And it was so."*

Pregnant mothers have to be encouraged to prevent Malaria by sleeping under an ITN and take preventive medicine especially SP as well as eating a balanced and nutritionally sound diet.

Sermon 3: The Ark, the Giant and the Gift: Preparing for the Baby

Message

- **Access appropriate information, develop and implement birth preparedness plans for a safe delivery.**
- **Seek health care from the health facility immediately if, there is any sign of complications during pregnancy, child birth and postpartum.**



Preparation for any life event is very important. A child is one of the most important blessings that we may receive. This blessing should not be taken lightly. The family should plan for the birth of a child by developing a birth plan with the advice of the local health care provider during an ANC visit. Child birth can be scary, especially if the mother and her family are not prepared. Included in the birth plan should be plans for a normal delivery as well as a delivery where there may be complications. Should complications arise, a family should be prepared with emergency transport as well as with emergency funds for the care that the woman may need.

All pregnant women are encouraged to develop an Individual Birth Plan (IBP) with their health care provider. An IBP should include the basic information for the pregnant mother including:

- **Birth Place Identification:** This is very important in order to be aware and understand where the birth will take place including:
 - Date expected delivery to take place
 - Location of the selected health facility for delivery, distance from home to the health facility, time that will be taken to reach the health facility, if the expecting mother has never gone to the health facility previously will she know how to reach there.
 - If there are any transport arrangements that need to be made in case of emergency, which means of transport is she going to use to reach the health facility, transportation costs, where will the mother get money for transportation.
- **Family Care:** To identify, if necessary, someone who will take care of her family in her absence.
- **Birth Preparedness:** To collect the essential items necessary for a clean birth such as a kitenge, kanga, soft towels and baby wrap etc.
- **Emergency Preparedness:** To identify at least two (2) appropriate blood donors in case of emergency.
- **Accompaniment:** To select one of family member who is able to make decisions should the need arise, to accompany the mother to the hospital.
- **Resource Preparedness:** To identify resources such as available funds and transport within the community in case of an emergency, and preparation of other important items that will be needed e.g. food, firewood, kerosene, etc

The IBP will help the mother and her partner to recognize the importance of delivering in a healthy facility where there are skilled personnel.

Anytime a pregnant woman is uncomfortable in her pregnancy she should promptly seek the advice from her health care provider. It is important to note that during the course of her pregnancy, delivery and post partum period a woman is at risk for complications.

Quoted Scriptures

1 Thessalonians 4:1 *“Finally brethren, we beseech and exhort you in the Lord Jesus, that as you learned from us how you ought to live and please God, just as you were doing, you do so more and more.”*

Hebrew 11:7 *“By faith Noah, warned about what was not yet seen, with reverence built an ark for the salvation of his household. Through this he condemned the world and inherited the righteousness that comes through faith.”*

Matthew 24:42 *“Keep awake therefore, for you do not know on what day your Lord is coming.”*

Matthew 25:13 *“Keep awake therefore, for you know neither the day nor the hour.”*

Mark 13:33 *“Beware, keep alert; for you do not know when the time will come.”*

James 1:17 *“...all giving and every perfect gift is from above, coming down from the Father of lights, with whom there is no alteration of shadow caused by change.”*

As the end of the pregnancy comes near, the partner and/or family members should make sure that the expectant mother is not left alone for too long in case she has birth pangs or any other emergency takes place.

Because of the unplanned nature of labour, a pregnant woman and her partner must be alert to overcome any challenge which might arise. The key action is for a pregnant woman is to have access to the health facility immediately for when she goes into labor.

Sermon 4: Worth the Wait – Proper Spacing of the Birth of Children

Message

- **Using a family planning method of your choice, wait at least three (3) years to have another child**



The demands of a woman's body during pregnancy, childbirth and breast-feeding are great. She needs adequate resting and nutrition during these periods. Properly spacing the births of children can help give the woman time to recover and her pre-pregnancy state and will enable her to properly care for an infant before she faces the demand of another pregnancy.

The Tanzania Ministry of Health and Social Welfare recommend three (3) to five (5) years between pregnancies in order for the good health of the mother, father and child. Health personnel, religious leaders and other community leaders should encourage couples to space their children three (3) to five (5) years apart. Women should discuss with their health care providers the appropriate birth spacing techniques that would work for them and pay heed to the ethical directions of your religion. Ultimately it is upon the parents to decide on the size of their family and that choice should be respected.

Birth Regulation Policies are ethically acceptable, and provided:

- such policies are not imposed
- the recommended methods are ethically acceptable

Family Planning Method after Delivery:

Lactational Amenorrhea Method (LAM)

- Modern, temporary postpartum contraceptive choice of women who breast feed
- Based on natural infertility resulting from certain pattern of breast feeding
- Advantages: can be used immediately postpartum; with no cost and by any woman who fulfills the criteria
- Three criteria must be met to practice LAM safely:
 - Infant less than 6 months
 - Amenorrhea (menses has not returned)
 - Fully breastfeeding
- If any of these three factors change, the client has to switch to another method to prevent pregnancy. It is useful to begin planning for another type of method to be used before the end of six months

People should be informed of scientific advances in the research into methods of family planning, whenever the value of these methods has been thoroughly proved and their conformity with the ethical order established.

Quoted Scriptures

Sacred Scripture – especially the Old Testament – praises a wealth of children as a great blessing (cf. Genesis 1:28; 24:60; Psalm 127:3; Ruth 4:11) and even sees childlessness as a misfortune or even curse (cf. Leviticus 20-20-21; Isaiah 47:9; Jeremiah 18:21). This does not mean that parents should bring children into the world irresponsibly, i.e. merely as they come

with no planning. Responsible parenthood should be insisted provided the means used are not contrary to the religious ethics.

Genesis 1:28 *“God blessed them, and God said to them ‘Be fruitful and multiply, and fill the earth and subdue it...”*

1 Corinthians 7: 3-5 *“The husband should fulfill his duty towards his wife, and likewise the wife towards her husband. A wife does not have authority over her own body, but rather her husband, and similarly a husband does not have authority over his own body, but rather his wife. Do not deprive each other, except perhaps by mutual consent for a time, to be free for prayer, but then return to one another, so that Satan may not tempt you through your lack of self-control.”*

Proverbs 25:28 *“Like an open city with no defenses is the man with no check on his feelings.”*

2 Timothy 1:7 *“For God did not give us a spirit of cowardice but rather of power and love and self-control.”*

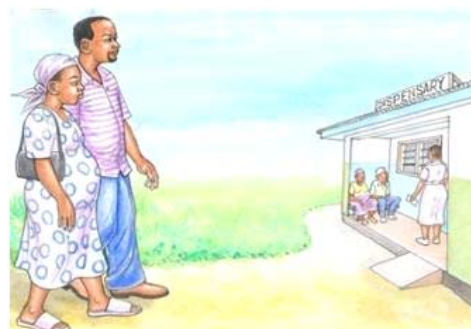
Sometimes life catches us by surprise; but some things in life are better when they are planned. Bring children into the world, but remember responsible parenthood.

Sermon 5: The Guardian

Message

- **Husband to provide support for the pregnant mother during pregnancy, delivery and after delivery.**

The head of the family should take responsibility for the health of the woman during pregnancy, delivery and post-partum period, as well as the health of the newborn baby. The pregnant woman will also need additional assistance in the household in addition to consideration, companionship, interest in the baby's development, and patience.



Quoted Scriptures

The role of the father as a family guardian is highly praised in the Bible:

Matthew 1:20-21, 24 “...an angel of the Lord appeared to him in a dream and said, ‘Joseph, son of David, do not be afraid to take Mary as your wife, for the child conceived in her is from the Holy Spirit. She will bear a son, and you are to name him Jesus, for he will save his people from their sins. ... When Joseph awoke, he did as the angel of the Lord had commanded him and took his wife into his home.’”

Luke 2:4-7 “Joseph also went from the town of Nazareth in Galilee to Judea, to the city of David called Bethlehem... He went to be registered with Mary, to whom he was engaged and who was expecting a child. While they were there, the time came for her to deliver her child. And she gave birth to her firstborn son and wrapped him in bands of cloth...”

Luke 1:13 “But the angel said to him, ‘Do not be afraid, Zechariah, for your prayer has been heard. Your wife Elizabeth, will bear you a son, and you will name him John. You will have joy and gladness, and many will rejoice at his birth...”

Matthew 2:14 “Joseph rose and took the child and his mother by night and departed for Egypt.”

Ephesians 5:28-30 “So (also) husbands should love their wives as their own bodies. He who loves his wife loves himself. For no one hates his own flesh but rather nourishes and cherishes it, even as Christ does the church, because we are members of his body.”

Christ's love for his body, the Church, is the model for the husband's love to his wife. Men have to be fully involved in helping their partners during all the time of pregnancy, delivery, and post-partum as well as taking care of the children.

There is no greater love than caring and providing for the family. The parents have to be a team in which they have to perform duties of the family together.

Genesis 2:24 “That is why a man leaves his father and mother and clings to his wife, and the two of them become one body.”

Good baby care requires the attention of both parents. Moreover, the child's father should provide healthy food and opportunity for the mother to rest. The father has to take an active role to protect the health of the mother and to help her treat her body like the temple of God.

Sermon 6: Be Wise, Responsible and Watchful

Message

- **Family and community will take responsibility for the health of the woman during pregnancy, delivery and post-partum, as well as the health of the newborn baby**

A wise and watchful family and community are a great treasure to the pregnant woman during her pregnancy, delivery and post-partum. The community has a great role to provide appropriate assistance for the pregnant woman.

The most important thing is to make sure that necessary preparations and all basic needs are available during pregnancy and the community can assist the family with these preparations. Moreover church leaders should support pregnant women by educating their congregation to have a proper knowledge of how the community can assist.

Quoted Scriptures

Malachi 4:5-6 *“Lo I will send you Elijah...To turn the hearts of the fathers to their children, and the hearts of the children to their fathers...”*

Proverb 1:5-6 *“A wise man by hearing them will advance in learning, an intelligent man will gains sound guidance, That he may comprehend proverbs and parable, the words of the wise and their riddles.”*

Proverb 22:6 *“Train children in the right way, and when old, they will not stray.”*

Mark 13:32-37 *“But of that day or hour, no one knows, neither the angels in heaven, nor the Son, but only the Father. Be watchful! Be alert! You do not know when the time will come. It is like a man traveling abroad. He leaves home and places his servants in charge, each with his work, and orders the gatekeeper to be on the watch. Watch, therefore; you do not know when the lord of the house is coming, whether in the evening, or at midnight, or at cockcrow, or in the morning. May he not come suddenly and find you sleeping. What I say to you, I say to all ‘Watch!’”*

John 10:11-15 *“I am the good shepherd. A good shepherd lays down his life for the sheep. A hired man, who is not a shepherd and whose sheep are not his own, sees a wolf coming and leaves the sheep and runs away, and the wolf catches and scatters them. This is because works for pay and has no concern for the sheep. I am the good shepherd, and I know mine and mine know me, just as the Father knows me and I know the Father; and I will lay down my life for the sheep.”*

Matthew 18:12-14 *“If a man has a hundred sheep and one of them goes astray, will he not leave the ninety-nine in the hills and go in search of the astray? And if he finds it, amen, I say to you, he rejoices over it than over the ninety-nine that did not stray. In just the same way, it is not the will of your heavenly Father that one of these little ones be lost.”*

Ephesians 6:4 *“And, fathers, do not provoke your children to anger, but bring them up in the discipline and instruction of the Lord.”*

1 Peter 3:7 *“Husbands, in the same way, show consideration for your wives in your life together, paying honor to the woman as the weaker sex, since they too are also heirs of the gracious gift of life – so that nothing may hinder your prayers.”*

1 Peter 4:10-11 *“Like good stewards of the manifold grace of God, serve one another with whatever gift each of you has received... Whoever serves must do so with the strength that God supplies, so that God may be glorified in all things through Jesus Christ.”*

Also, the family and community should reflect the parable of the “Good Samaritan”, who stops beside the wounded person, becoming his “neighbor in charity” (cf. Luke 10:29-37). It is also a love for Christ personified in the sick person – “I was sick” – who assumes the face of a suffering brother, since he considers as done to himself – “you did it to me” – the loving care of one’s brother (cf. Matthew 25:31, 40).

Since precaution is better than cure, the family and the community have to encourage pregnant women to have regular health care visits during pregnancy.

Sermon 7: Children – Reward from God

Message

- **Babies should be delivered by a skilled health worker at a health care facility**

Ps 127:3 *“Children too are a gift from the Lord, the fruit of the womb, a reward.”*

Psalms 127 is a Wisdom Psalm expressing the conviction that the success of any human undertaking and the ability of the couple to have children are gifts coming from God and not from human striving alone. So we must be very careful to ensure that these precious gifts are delivered to us safely. God has enabled us to build health facilities where these precious children can be born in a clean and safe environment. Hence a baby should be delivered by a skilled health worker, such as a midwife, doctor or nurse.

As mothers are preparing to deliver, they need to prepare themselves; part of these preparations is to select a right place for them to give birth. A nearby health care facility is recommended.

Pregnant mothers have to visit health care facility as early as possible, to make sure that they meet doctors, nurses or any other accredited health workers for advice before delivery. This visit should be made in conjunction with the ANC visits.

The Maternal Mortality Rate is alarming. In Tanzania the maternal mortality rate is 454/100,000 live births, this is to say every hour one woman dies because of maternal issues. Delivery at health facilities could minimize the problem.

Quoted Scripture

Jesus, when presenting the heart of his redemptive mission, he declared saying *“I came that they may have life, and have it abundantly”* (cf. John 10:10).

Matthew 1:18 *“Now the birth of Jesus the Messiah took place in this way...”*

Luke 1:57-58 *“Now the time came for Elizabeth to give birth, and she bore a son. Her neighbors and relatives heard that the Lord had shown his great mercy to her, and they rejoiced with her.”*

Luke 2:6-7 *“While they were there, the time came for her to deliver her child. And she gave birth to her firstborn son and wrapped him in bands of cloth, and laid him in a manger, because there was no place for them in the inn.”*

John 16:21 *“When a woman is in labor, she has pain, because her hour has come. But when her child is born, she no longer remembers the anguish because of the joy of having brought a human being into the world.”*

Exodus 1:15-21 *“The King of Egypt said to the Hebrew midwives... ‘when you act as midwives to the Hebrew women, and see them on the birth stool, if it is a boy, kill him; but if it is a girl, she shall live. But the midwives feared God; they did not do as the King of Egypt commanded them, but they let the boys live. So the king of Egypt summoned the midwives and said to them, ‘Why have you done this, and allowed the boys to live?’ The midwives said to Pharaoh, ‘Because the Hebrew women are not like the Egyptian women; for they are*

vigorous and give birth before the midwife comes to them.’ So God dealt well with the midwives; and the people multiplied and became very strong. And because the midwives feared God, he gave them families.”

Profession, vocation and mission meet and, in the Christian vision of life and health, they are mutually integrated. It is a “service to life” and “healing ministry”. Minister of life, the health care worker is the minister of that God, who in Scripture is presented as ‘lover of life’ (cf. Wisdom 11:26). To serve life is to serve God in the person; it is to become ‘a collaborator with God in restoring health to the sick body’, to give praise and glory to God in the loving welcome to life.

Sermon 8: The First Food – From the Hand of God

Message

- **Breast feeding of the newborn child should begin within one (1) hour of delivery**
- **The newborn child will drink the colostrums in the mothers breast milk**



Breast feeding is the design of the creator, and even clever health care providers cannot improve it. Mother's milk is the perfect nutrition for the baby, and moreover it contains colostrums which contain Vitamin A, nutrients and antibodies which help the newborn grow and stay strong and healthy. Breast feeding should start within the first hour after delivery, and the most important time in breast-feeding is the first few days of the baby's life. Across Tanzania breast feeding initiation within the first hour of delivery should increase from 41% to 80% by 2015.

Breast feeding provides the best nutrition and antibodies to help protect the babies against illnesses such as diarrhea. Many of the necessary antibodies are found in colostrums which are a thin yellow milk fluid rich with Vitamin A and other nutrients. The antibodies contained in mother's milk play great role in the baby's growth and development. While traditional customs may dictate the discarding of the colostrums, science tells us that it should be drunk for the growth and development of the newborn infant.

Babies have an immature immune system including insufficient stomach acid to destroy foreign antigens that might be ingested from other sources of food and unsanitary habits. It is therefore important to maintain breast feeding, especially for the first thirteen (13) weeks of life, so the child is at a reduced risk of developing stomach and intestinal illnesses.

Therefore there is a need to encourage breast feeding for the healthy start and development of a child. This is done through the nutrients found in the mother's milk. Special attention should be given for the preterm/low birth weight babies by increasing the frequency of breast feeding for whenever the child might be hungry.

Breast feeding has many benefits for the woman and newborn. It provides the best nutrition for the newborn, which is easily digested and efficiently used by the baby's body; it protects against infection and other illnesses, and it offers some protection against allergies. In short, mother's milk contains all the food the young baby needs. Mothers' milk is clean, inexpensive and easily obtainable. It is, in fact, the food God planned for the baby to have. The baby should be breastfed exclusively for the first six (6) months of life, i.e. nothing else should be given to the baby to drink or eat during that time.

Breast feeding also has its' benefits for mother as it induces uterine contractions that help in preventing excessive blood loss and for the uterus to return to its normal size. It also uses calories and hence helps women to return to their normal weight.

Initiating breast feeding within one (1) hour after delivery, stimulates early production of milk, helps to keep the baby warm and reduces bleeding to the mother. Hence, sharing the benefits of breast feeding and encouraging it among families in your congregation can help give the children in your community a healthy start in life.

The National Guideline on Focused Antenatal Care explains breastfeeding as follows:

Breastfeeding

- Early and exclusive breastfeeding is beneficial for mother and baby therefore the mother needs to be prepared psychologically and physically.
- Benefits of breastfeeding to the mother and infant:
 - Breast milk is the best for the baby because it contains adequate water and nutrients that the baby requires.
 - First yellowish milk (colostrum) protects the baby from diseases and it is rich in Vitamin A and antibodies
 - Is cost-effective/affordable
 - Promotes mother-baby bonding
 - It is a method of family planning as it prevents the normal status of the reproductive system.
- Successful breastfeeding depends on diversified diet and increased food intake (three meals and two snacks/bites), adequate fluid intake and rest.
- Health care providers should provide support to mothers for early initiation of (within 1 hour after delivery) and proper positioning and attachment during breastfeeding.
- Emphasize on exclusive breastfeeding up to six (6) months of age and add complimentary feeding while continuing breastfeeding up to two (2) years and beyond.
- Breastfeeding on-demand stimulates adequate production of breast milk and prevents breast engorgement.
- Advise the mother to breastfeed from one breast until it is empty before offering the other so that the baby gets both form of milk (high content of water) and hind milk (rich in fat and nutrients).
- For HIV + Mothers counsel on infant feeding options; exclusive breast feeding or replacement guided by AFASS as per guideline.

Note: *For successful breastfeeding partner, family and community support is needed*

Quoted Scriptures

Luke 11:27 “...Blessed is the womb that carried you and the breasts at which you nursed.”

Isaiah 66:10-11; 12b-13 “Rejoice with Jerusalem and be glad because of her, all you who love her; Exult, exult with her, all you who were mourning over her! Oh, that you may suck fully of the mild of her comfort, That you may nurse with delight at her abundant breasts...As nurslings, you shall be carried in her arms, and fondled in her lap; As mother comforts her son, so will I comfort you; in Jerusalem you shall find your comfort.”

Isaiah 49:15 “Can a mother forget her infant, be without tenderness for the child of her womb?”

Psalms 22:10b “...you drew me forth from the womb, made me safe at my mother’s breast. Upon you I was thrust from the womb; since birth you are my God.”

Psalms 131:2 “...I have stilled my soul, hushed it like a weaned child. Like a weaned child on its mother’s lap, so is my soul within me.”

1 Corinthians 3:2 “I fed you milk, not solid food, because you were unable to take it...”

1 Thessalonians 2:7 “...although we were able to impose our weights as apostles of Christ. Rather, we were gentle among you, as a nursing mother cares for her children.”

Hebrew 5:12 *“Although you should be teachers by this time, you need to have someone teach you again the basic elements of the utterances of God. You need milk, (and) not solid food.”*

1 Peter 2:2-3 *“...like newborn infants, long for pure spiritual milk so that through it you may grow into salvation, for you have tasted that the Lord is good.”*

Exodus 2: 8-9 *“...So the girl went and called the child’s mother. Pharaoh’s daughter said to her: ‘Take this child and nurse the child for me, and I will give you your wages. So the woman took the child and nursed it.’”*

Sermon 9: Cleansing with attention to the Blessing of Natural Protection

Message

- **Do not bathe the newborn child for 24 hours to protect the child from infection**

The mother and her newborn child are vulnerable to infections and other illness immediately after delivery; however there are precautions that can be made to keep them healthy.

Bathing is a new experience for a newborn and the environment in mother's womb is quite different from the new environment to the baby after birth; and therefore particular attention is to be given to the body temperature of the infant. Therefore, do not bathe the newborn child for the first 24 hours, since the newborn needs time to adjust to the new environment. The delayed bathing helps to keep the baby warm. When the time comes to bathe the child, always ensure that the temperature of the water is tested and adjusted accordingly.

Umbilical cord care by mother is very important, if not handled carefully this can be a source of infection. Before the umbilical cord heals and detaches itself, it should remain as dry as much as possible to prevent infection. Regular hand washing and minimal handling and touching of the cord can help to prevent infections.

When the time comes, bathing the child regularly can help to build a bond between the parent and the child. To bathe the infant, there needs to be a soft towel and wash cloth, a diaper, clothing etc. Beginning with child's face (wash the eyes, ears and nose first) and ending with the genitals taking care to wash from front to back with girls to prevent transferring bacteria, and under scrotum for boys. Take care to remove all soap as this can irritate a baby's delicate skin. Dry every part to minimize the risk of rash.

While bathing the newborn, the adult should be aware of signs of irritation, especially in skin fold areas around the neck and groin. After washing lay the baby down, diaper and clothe. Apply lotion when needed, but avoid powder since it can easily irritate a newborn lungs and cause breathing problems.

In order to maintain the body temperature of the infant, it is recommended that the mother and baby should be kept in skin-to-skin contact, covered with a clear, dry blanket. If the child is born preterm or with a low birth weight the mother or father should carry the baby without clothes on the chest, while covering the head of the baby and socks. Mother should now cover herself and the baby all the time. This is called Kangaroo Mother Care.

Quoted Scriptures

Luke 2:7 *"And she gave birth to her firstborn son and wrapped him in bands of cloth, and laid him in a manger, because there was no place for them in the inn."*

Luke 2:12, 16 *"This will be a sign for you: you will find a child wrapped in bands of cloth, lying in a manger ... So they went with haste and found Mary and Joseph' and the child lying in the manger."*

James 1:17 *"...all good giving and every perfect gift is from above, coming down from the Father of lights, with whom there is no alteration or shadow caused by change."*

Educate your congregation to pay heed for taking care and proper hygiene to the newborn. Life is God's gift to us; we are but stewards to that life. Vigilance is our duty when entrusted to this special gift.

Sermon 10: Caring for Pregnant Women Living with HIV and AIDS

Message

- **Use of appropriate medicines to reduce the risk of HIV infection among HIV exposed babies**

Health care professionals recommend that all women be tested for HIV infection, especially during pregnancy. Not being tested can put the woman and her unborn child at unnecessary risk. There are simple things a woman can do to avoid transmitting the virus to her child if she is aware of her status during pregnancy. This can enable health care providers to provide the appropriate antenatal care to the mother and ensure the necessary treatment during delivery to reduce HIV exposure.

Quoted Scriptures

Psalm 23:1-6 *“The Lord is my shepherd, I shall not want... Surely goodness and mercy shall follow me all the days of my life, and I shall dwell in the house of the Lord my whole life long.”*

John 10:11 *“I am the good shepherd. The good shepherd lays down his life for the sheep.”*

Jesus, the Good Shepherd cares for all, especially the weak. The Lord God created the earth and blessed us with plants that can be used to make medicine to heal us. Let us embrace them and use them to protect our precious families, especially the weak and sick.

Sermon 11: Growth – God and Man’s Work

Messages

- **Eating nutritious food promotes strong and healthy growth and development.**

A child grows best when life is started with good nutrition. When a child is approximately six (6) months old, s/he should start getting supplementary foods to ensure normal growth and development. This can include bananas, well-cooked pumpkin, carrots, pears etc. These should be very finely mashed, not too dry for the baby has no teeth to chew with. It is also important to give the baby fresh fruit after s/he is about six months old. Some mashed papaya, mashed ripe banana or orange juice will help the child to stay healthy and strong.

It is recommended that for normal growth and development, it is necessary for adult caregivers to understand and adhere to feeding recommendations. The baby should be allowed to eat only when s/he is really hungry. This will be approximately every four (4) hours. The baby’s stomach needs to rest between meals and the baby must start learning self-control.

Weaning a child from breast feeding should be after age of two (2) years or older. Since milk is nutrient rich, parents are encouraged to continue giving milk for the child to drink. God originally planned that babies should start with mother’s milk, and as they grow older, that they should eat fruits, nuts, grains and vegetables.

The axiom “prevention is better than cure” calls us to give sufficient care to our bodies. If we do all we can to look after our bodies properly, God will help us. But if we neglect our bodies and ignore the laws of health, then we cannot expect God to make up for our carelessness. Special attention is needed to the growth of children under the age of five (5) and this can be done – in part – through the provision of appropriate nutrient rich foods.

Quoted Scriptures

Isaiah 7:21-22 *“On that day one will keep alive a young cow and two sheep, and will eat curds because of the abundance of milk they give; for everyone that is left in the land shall eat curds and honey.”*

Psalms 131:2 *“...I have calmed and quieted my soul, like a weaned child with its mother; my soul within me is like a weaned child.”*

Luke 2:40 *“The child grew and became strong, filled with wisdom; and the favour of God was upon him.”*

Luke 2:52 *“And Jesus increased in wisdom and in years, and in divine and human favour.”*

Hebrew 5:13-14 *“...for everyone who lives on milk, being still an infant, is unskilled in the word of righteousness. But solid food is for the mature, for those whose faculties have been trained by practice to distinguish good from evil.”*

Nourishing and protecting the infants and children is a very important duty, and it should start from very beginning of their life. Proper eating recommendations should be adhered to.

Sermon 12: Protecting the Temple by Preventing Diseases and Abuse

Messages

- **Full vaccination within the first year of life protects the child against serious childhood diseases.**
- **Stop harmful practices that are not necessary and endanger children's life.**



We, as Christians believe that we are made in the image of our God and that our bodies are the temple of God. It is our responsibility to protect the temple of God.

Immunizations are a preventive measure to keep children healthy. They can protect the body from various illnesses. If a child does not have this protection, become susceptible to various illnesses because their small bodies do not have proper immunity that immunizations provide.

If the mother was vaccinated, the newborn carries in his/her blood the antibodies to fight against such diseases, but this protection lasts only for a short time. Hence the newborn needs to be vaccinated to build protection. The local health care worker should educate the adult caregiver on what the child should be immunized against and the schedule of immunizations.

Fecal, oral and waterborne illnesses can be detrimental to adults, but terrible for children. One of the general measures to prevent such diseases is to build and use a latrine. Covering the latrine pit to block flies getting in and out and contaminate food, fruits, drinks etc. is a method of disease prevention. Also do not allow individuals to use the ground near your house as latrine because this can easily transmit intestinal parasites (e.g. worms). Make sure to wash hands thoroughly before and after eating and after using the latrine.

It is also important to pay attention to child abuse and neglect. There are some traditions which are harmful to the child such as battering, rape, child labour, uvulectomy, removal of plastic teeth, female genital mutilation and for some leaving children without clothes seeing it as normal to stay without clothes, etc.

The creation of the first man and woman – and hence of all human persons - is a well-planned and executed work of art. The human body together with every aspect of a human person is well designed and no part of the body or spirit is made by chance or accident. As Psalm 8 praises, a human person is a little less than a God and s/he is wonderfully made (cf. Ps 8:5-7).

The plan of God is for the human person to be fully alive with all human and spiritual needs fully satisfied. The human body is so fantastic that in the world of medical sciences, men and women spend many years studying just one organ before they can be regarded as experts able to treat that organ or that aspect of the human person. Therefore no one, not even the greatest specialist has the right to remove or cut off any part of the human body without serious reason for doing so, much less mutilate an organ or part of an organ. Any such action affects the original plan of God negatively, namely; to have complete persons just as he made them and to have them fully alive (cf. John 10:10). It sounds like a creature correcting the creator.

Quoted Scriptures

1 Corinthians 6:19-20 *“Do you not know that your body is a temple of the Holy Spirit within you, which you have from God, and that you are not your own? For you were bought with a price; therefore glorify God in your body.”*

The book of Genesis gives an account of God’s wonderful creation, Adam and Eve. God looked at everything he had made, and found it very good (cf. Genesis 1:31). Before creating Adam and Eve, God said: *“Let us make humankind in our image, according to our likeness... God created humankind in his image, in the image of God he created them; male and female he created them”* (cf. Gen 1:26-27). When God presented Eve to Adam he received her jubilantly saying *“This at last is bone of my bones and flesh of my flesh; this one shall be called Woman, for out of Man this one was taken”* (cf. Gen 2:23).

Psalms 139:13-15 *“For it was you who formed my inward parts; you knit me together in my mother’s womb. I praise you, for I am fearfully and wonderfully made. Wonderfully are your works; that I know very well. My frame was not hidden from you, when I was being made in secret, intricately woven in the depth of the earth.”*

Romans 2:29 *“Rather, a person is a Jew who is one inwardly, and real circumcision is a matter of the heart – it is spiritual and not literal. ...”*

2 Peter 3:14 *“Therefore, beloved, while you are waiting for these things, strive to be found by him at peace, without spot or blemish...”*

Nowhere is female circumcision (female genital mutilation) ordered in the Bible. Male circumcision, a covenantal sign of Jews (cf. Gen 17:1-7; Ex 4:24-26), and it was further said circumcise your heart and then be obstinate no longer (Deut 10:16); then acquire spiritual significance as an image of repentance (cf. Jeremiah 4:4). In Paul’s writings (cf. Gal 5:2-6) it means the reliance on one’s own good deeds rather than on God’s mercy for salvation. Hence female circumcision is not justified from a biblical point of view.

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