

IMMUNIZATION IN PRACTICE

A Guide for Health Workers who give Vaccines



8

PREVENTING NEONATAL TETANUS

IMMUNIZATION IN PRACTICE

A guide for health workers who give vaccines

Module 1 - Vaccines and how to look after them.

Module 2 - Syringes, needles and sterilization.

Module 3 - When and how to give vaccines.

Module 4 - Preparing for an immunization session.

Module 5 - How to conduct an outreach immunization session.

Module 6 - Health education in an immunization programme.

Module 7 - How to evaluate your immunization programme.

Module 8 - Preventing neonatal tetanus.

TRAINER' GUIDE

This set of 8 texts, or modules, together with the Trainer's Guide make up a training manual for health workers who will give vaccines.

The texts explain what vaccinators need to know about immunization, and they describe and illustrate what vaccinators must be able to do.

A "controlled" or simplified style of English is used so that more trainees can read the material, even though this is not their first language, and so that the text is easier to adapt and to translate into other languages.

However, health workers can not learn all that they need from a book, or from lectures. They need practical exercises as well. So, in addition to factual text, a number of suitable exercises and other training ideas are included. The Trainer's Guide includes suggestions for practical exercises, as well as answers and comments for the questions and exercises in each module.

8. PREVENTING NEONATAL TETANUS

What is tetanus?

The Tetanus Immunization Schedule

How to give tetanus toxoid

How to reach more women

Clean practices during delivery

Care of the umbilical cord

8.1 What is tetanus?

Tetanus is a serious disease in which a person's muscles all contract, and make the body stiff.

Tetanus is very difficult to treat. More than half of the adult patients, and nearly all newborn babies die. However, tetanus can be completely prevented.

Tetanus is caused by bacteria - *Clostridium tetani*. These bacteria grow in dead tissue, for example, in a wound, or in a baby's umbilical cord.

The bacteria make a toxin, which poisons the nerves which control the muscles.

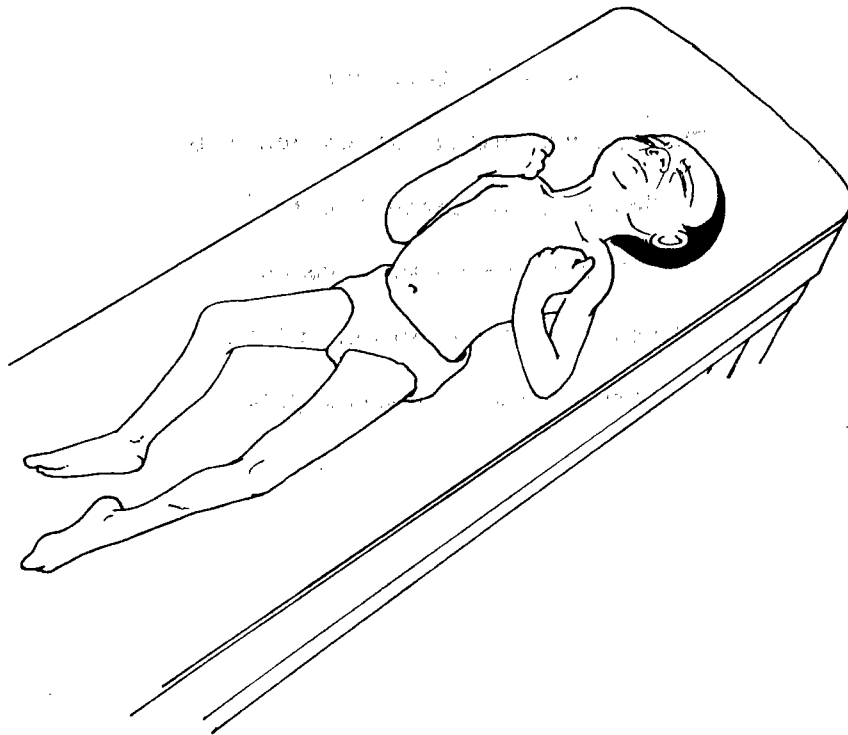


Fig.8-1 A child with tetanus

Who gets tetanus?

Anybody may get tetanus, and in some countries tetanus in adults and older children is a problem.

But tetanus is particularly common and serious in newborn babies. This is neonatal tetanus.

In the whole world, almost one million babies die from neonatal tetanus every year - that is, two babies every minute.

Neonatal tetanus is more common in rural areas than in urban areas; and it is more common in warm, lowland areas than in cooler highland areas.

Where tetanus bacteria are found

Tetanus bacteria live in animal droppings, such as cow dung, and in soil. They form spores which live for many years, and which are very difficult to kill.

To guarantee that all tetanus spores on instruments are killed, it is necessary to heat the instruments in steam for 20 minutes, (see Module 2, "Syringes, needles, and sterilization").

Tetanus bacteria and spores can be carried in soil, in dust, on tools used in the field, on clothes, on the skin of your hands, under the finger nails, or on anything which has touched the ground.

How a person is infected with tetanus

A person may be infected with tetanus if soil or animal dung gets into a wound; for example if the wound was made by a dirty tool.

A newborn baby may be infected if soil, or animal dung, or ash get onto the umbilical cord, for example if:

- the knife blade or other instrument used to cut the cord is old or dirty;
- cow-dung or ash are used to dress the cord;
- the hands of the person who delivers the baby are not clean;

TO PREVENT NEONATAL TETANUS

IMMUNIZE WOMEN OF CHILDBEARING AGE WITH TETANUS TOXOID

USE CLEAN PRACTICES DURING DELIVERY



Fig.8-2. A baby with neonatal tetanus

8.2 The signs of neonatal tetanus

At birth:

The baby appears healthy and sucks well.
(A baby with brain damage has symptoms from the time of birth.)

3-5 days after birth:

THE BABY STOPS SUCKING
The baby has a tight mouth that does not open.

5-8 days after birth:

The baby still does not suck.
The baby's whole body becomes stiff, and he has severe fits.
The baby dies.

8.3 How to prevent tetanus

To prevent neonatal tetanus:

- Immunize pregnant women, and women of childbearing age with tetanus toxoid.

Tetanus antibodies form in the mother's blood. Those antibodies cross the placenta into the fetus and they protect the baby against tetanus during the neonatal period.

The antibodies also protect the woman herself against tetanus.

- Use clean practices during delivery.

To prevent tetanus in children and adults:

- Immunize children with DPT vaccine.

Even if a child's mother was immunized with TT, the child needs DPT vaccine at the normal time.

Antibodies received from the mother protect a child for only a few months.

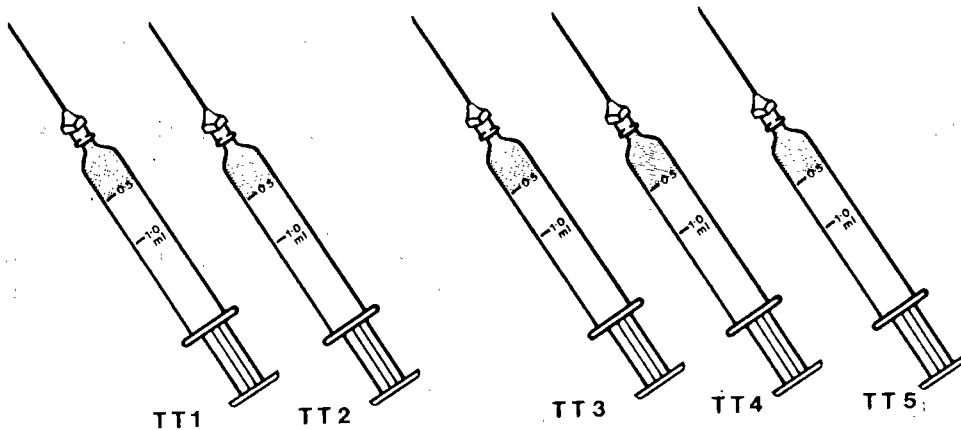


Fig.8-3. The course of tetanus toxoid

8.4 The course of tetanus toxoid (TT) for women

To prevent neonatal tetanus give 2 doses of TT, spaced at least 4 weeks apart. If you do not have contact with the woman before she is pregnant, give these two doses during pregnancy.

You can start immunizing with TT at ANY STAGE of pregnancy. Tetanus toxoid does not harm the fetus.

- Give these 2 doses of TT before a woman's first pregnancy if possible.

This protects the woman and the babies that she gives birth to during the next 3 years. (One dose alone does not give any protection).

- Give the second dose of TT at least 2 weeks before the expected date of delivery of the baby.

If you see the woman less than two weeks before expected delivery, you should still give her the second dose of TT, but you must remember that THIS BABY IS NOT protected against neonatal tetanus.

- Give the third dose of TT 6 months after the second dose - or at any time after that.

Three doses of TT will protect the mother and any babies that she may have during the next five years.

- Give a fourth dose of TT at least one year after the third dose or during subsequent pregnancy.

Four doses will protect a mother and any babies that she may have during the next ten years.

- Give a fifth dose of TT at least one year after the fourth dose or during subsequent pregnancy.

Five doses of TT will provide lifelong protection for the mother.

If a woman was given three doses of DPT vaccine when she was a child, if written document of the immunization is available, and the DPT doses were given with the right interval, you can count these as the first two doses of TT.

Ask mothers to keep their daughter's immunization records carefully, so that they have them when they become adult women.

IF NO WRITTEN DOCUMENT ON PREVIOUS TT IMMUNIZATION IS AVAILABLE
CONSIDER THE WOMAN AS NOT IMMUNIZED

TETANUS IMMUNIZATION SCHEDULE FOR WOMEN

Vaccine: Tetanus toxoid

Dose: 0.5 ml (check manufacturers instructions)

Route: Intramuscular injection into upper part of the arm.

	When to give	Protection
TT1	At first contact with woman of childbearing age; or at first antenatal visit, as early as possible during pregnancy.	No protection or uncertain protection.
TT2	At least 4 weeks after TT1,	3 years
TT3	At least six months after TT2	5 years
TT4	At least one year after TT3	10 years
TT5	At least one year after TT4	lifelong

REMEMBER that the minimum interval between;

- TT1 and TT2 is 4 weeks
- TT2 and TT3 is 6 months
- TT3 and TT4 is one year
- TT4 and TT5 is one year

There is no maximum interval between doses of TT.

Side effects of TT

The woman may notice pain, redness, warmth and swelling for one to three days at the site of the injection. This goes away by itself and needs no treatment.

The reaction may be commoner with later doses than with earlier doses.

What to do

Reassure the woman, and encourage her to return for the next dose.

CASE STUDY - Two months pregnant

Mrs. Kama was two months pregnant. She listened to the health education talk which one of the nurses was giving. The nurse explained about the dangerous disease that many newborn babies die from, and about the injection that mothers can have to protect their babies.

Nurse Celia was giving the injections. Mrs Kama asked if she could have her first TT immunization. "I am going to my mother's village soon, and I will stay there for several months", said Mrs. Kama. "There may not be time for two injections when I get back."

"I am very sorry," said Nurse Celia, "I can't give you the injection now. It is too early in your pregnancy, and it might harm the baby."

"My friend told me that the nurses in the Town Health Centre give those injections at any time. They give them to every woman the first time she goes to the antenatal clinic - even if she is only one month pregnant. The nurses there say that it is NOT dangerous."

"I am sorry," said Nurse Celia, "My supervisor has told me not to give this injection before a woman is at least 4 months pregnant."

Nurse Celia contacted her supervisor the next day, and asked to see him.

Points to discuss

- a) Who was following the correct immunization procedure - Nurse Celia and her supervisor, or the nurses in the Town Health Centre?
- b) What should Nurse Celia do when she meets her supervisor?

CASE STUDY - Sophy's early pregnancy check

Sophy had 4 children all under the age of 6. She did not want any more babies for the time being, but she suspected that she might be pregnant again. She was very worried, and she went to the health centre as soon as she missed her second period.

The midwife examined her, and agreed with Sophy that she was pregnant.

"I am glad that you are coming so early for your antenatal checks" said the midwife. "I see that you lived too far away to come for your previous babies. I have put the date for your next visit on this card. You will need your first tetanus injection then, so be sure to come, won't you."

The midwife never saw Sophy again. She asked Rose, who was a friend of Sophy's. Rose looked embarrassed, but slowly she told the sad story.

"Sophy passed away, Sister. She didn't want another baby, and she tried to stop it. Then she became very ill. She couldn't open her mouth, or eat and she went all stiff.... you know. It was strange, because she did not bleed too much."

"O my goodness, she must have had tetanus." said the midwife. "And she had never had any TT injections; Who is looking after her children?"

Points to discuss

- a) Why do you think that Sophy came to the antenatal clinic so early, after only her second missed period?
- b) What could the midwife have done which might have prevented the tragedy?
- c) What important lessons does the story of Sophy teach us?

REMEMBER, TETANUS TOXOID PROTECTS THE WOMAN TOO

8.5 How to give TT vaccine to a woman

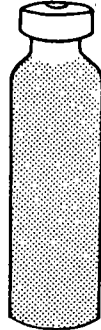


Fig.8-4. Vial of TT vaccine

Care of TT vaccine

TT vaccine is damaged by freezing.

But it is not so easily damaged by heat as other vaccines.

Keep TT vaccine on ice between 0°C and +8°C.

Preparing TT for injection

- Check the label on the vaccine.
- Shake the vial of vaccine, so that the sediment mixes completely into the liquid.

If the vaccine is not well mixed, you may give the wrong dose.

- Remove the centre of the metal cap.
- Take a sterile 0.5 ml (or 1 ml) syringe and a sterile intramuscular needle.

Use the same needle to fill the syringe and to inject the woman.

- Draw 0.6 ml of vaccine into the syringe, that is, a little more than you want to inject.

Remove the needle from the vial.

- Point the needle upwards. Expel air bubbles and a little of the vaccine until exactly the correct dose remains in the syringe.

To inject TT into a woman

Give TT by intramuscular injection on the outer side of her upper arm.

- Use your left hand to squeeze up the muscle of the arm.
- Push the needle through the skin deep into the muscle.
- Inject the vaccine.
- Withdraw the needle and press the site with clean cotton wool.

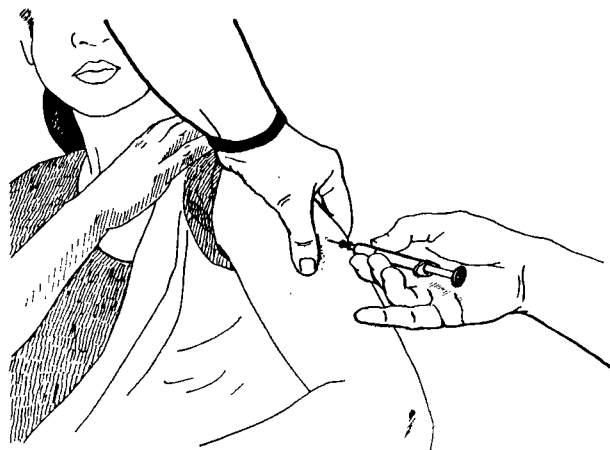


Fig.8-5. Giving TT to a woman

TETANUS PROTECTION CARD			
FAMILY NAME _____			
FIRST NAME _____		YEAR OF BIRTH _____	
ADDRESS _____			
DISTRICT _____			
STATE _____			
CHILDHOOD DPT/DT IMMUNIZATION			
Number of Doses _____			
No information _____			
ADULT TETANUS TOXOID		DATE	
	DAY	MONTH	YEAR
1st DOSE	/	/	/
2nd DOSE	/	/	/
3rd DOSE	/	/	/
4th DOSE	/	/	/
5th DOSE	/	/	/
<small>If you did not receive immunization before, you need two doses of tetanus toxoid (with four weeks interval between) and one dose in any future pregnancy.</small>			

RECOMMENDED IMMUNIZATION SCHEDULE FOR YOUR CHILDREN	
at birth	BCG and polio
at 6 weeks	DPT and polio
at 10 weeks	DPT and polio
at 14 weeks	DPT and polio
at 9 months	measles

Fig.8-6. Tetanus protection card (front and back)

8.6 Recording TT immunizations

There are four ways in which you may have to record the immunization of a woman with TT.

ANTENATAL CARD or MOTHER'S CARD

If you use antenatal cards, or mother's cards in your programme, enter the day, month, and year that the TT injection was given.

TETANUS PROTECTION CARD

Fig.8-6 shows the "Tetanus Protection Card" recommended by EPI. This card has the advantage that the same card can be used for several pregnancies.

The first section is for the woman's name, her date of birth, and where she lives.

The second section is to write down if she had DPT (or DT) immunizations as a child.

You must see written records of these immunizations to be sure that they were given.

If you see a written record, write how many were given where it says "Number of Doses".

If there are no records, mark the line for "no information". A history of immunization, with no records, counts as "no information"

ON A TALLY SHEET

You may also record TT immunizations on a tally sheet in the clinic.

IF A WOMAN HAS NO RECORD OF TT IMMUNIZATION, IMMUNIZE HER

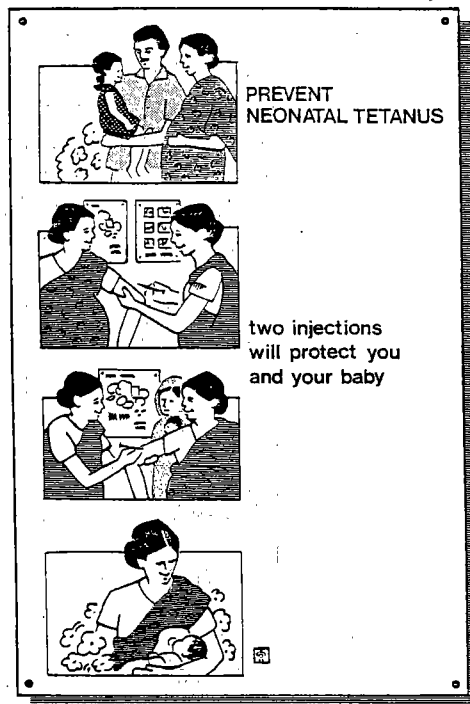


Fig.8-8. Two injections can protect you and your child

8.7 How to reach more women with TT immunization

Ideally, we should immunize all women of childbearing age against tetanus, before they become pregnant.

It is difficult to achieve this, because it is difficult to reach healthy young women. Immunization rates for TT in women remain low.

The easiest time to reach women is when they are pregnant, because they may attend a health centre or hospital then.

However, babies who are delivered at home are at greater risk of neonatal tetanus than babies who are delivered in hospital. And women who deliver at home may not attend for antenatal care.

So it is important to immunize women in other situations, as well as those who attend for antenatal care.

Different times to reach women for tetanus immunization

- When they are pregnant and attending for antenatal care.
- When they attend child care clinics, for immunization of their children.
- When they bring sick children for treatment.
- When they attend hospitals:
 - for antenatal care;
 - for outpatient treatment;
 - for inpatient treatment.

The problem may be to persuade the women to return for the second injection.

- When they are at the market.

In some countries, tetanus immunization is offered at special outreach sessions. The most successful outreach sessions have been conducted in the market place.

- With mass campaigns.

Sometimes a mass campaign seems the only way to increase coverage. Tetanus toxoid should be included in mass campaigns for other immunizations.

- When they are at school.

Girls can be immunized against tetanus as part of a school health programme. Unfortunately, many girls do not attend school, particularly secondary school. Babies of women who do not attend school may be at greater risk of tetanus than babies of women who did go to school.

- In early childhood.

Three doses of DPT given in childhood are counted as two doses of TT.

These three doses of DPT gives girls protection against tetanus for 3 years.

CHECK A WOMAN'S TT STATUS ANY TIME SHE ATTENDS THE HEALTH CENTRE

CASE STUDY - Baby Anna has a cold

Baby Anna is 7 months old, and she has had a cold for nearly a week. Anna's mother is worried because Anna is coughing so much. She takes Anna to the health centre. The nurse looks at Anna, and watches her breathing. She weighs Anna, who is 7.5 kg. When she was last weighed, at the age of 2 months, Anna was 4.5 kg.

"I am glad to say that Anna is breathing quite normally. There is nothing to worry about," says the nurse. "She is growing nicely, too. Make sure that she goes on breast feeding. Some extra drinks may sooth her cough, and she should eat as normally as possible. Try to keep her nose clear, to help her to breathe and to suck. If she start to breathe fast, come back to me straight away, but I think she will be better in a few days."

Points to discuss

- a) Did the nurse give Anna's mother good advice about Anna's cough?
- b) What did the nurse forget to ask Anna's mother?
- c) What might she have done for Baby Anna?
What might she have done for Anna's mother?

8.8 Promotion of TT immunization

The role of the TBA or CHW

Traditional birth Attendants (TBAs) and Community Health Workers (CHWs) can play a very important role in the promotion of TT immunization.

TBAs and CHWs should know about immunization, and about how many doses are needed.

They can encourage women to accept immunization; and they can refer pregnant women and women of childbearing age to the nearest health facility.

They should be able to look at a woman's Tetanus Protection Card, and to decide if a woman needs another immunization.

Health education for TT immunization

Use every available means to inform women about TT, and to encourage them to attend for the immunization.

Mass media broadcasts, particularly on the radio, are a useful way to reach people in the rural areas where tetanus is common. But radio broadcasts need to be organized centrally.

For local work, it is easier to use popular media, such as drama, songs, puppet shows, or discussions and demonstrations at public meetings. These performances can be very effective, and they need not be difficult or expensive.

Women's groups can play a very useful part in an immunization programme, informing women, and encouraging them to accept immunization.

School children may play an important role to motivate and inform their community. They can make posters, and encourage women and children to attend immunization sessions.

Other members of the family, especially fathers, should be involved as much as possible.

And of course health workers themselves should take every opportunity to explain about TT immunization to women who do attend hospitals and health centres.

Try not to be always in a hurry - take time to talk to women.

CASE STUDY - The Family Planning Injection

It was Antenatal Clinic Day in the Health Centre. Nurse Usha was busy examining pregnant women. She was weighing them, checking their blood pressure, giving tetanus toxoid injections, and filling in their tetanus protection cards.

Suddenly, Usha heard loud voices coming from the waiting area. She went out to ask the women what the argument was about.

One of the older women, Mrs. Ali, explained. "We heard that many of the women who came last week had injections which would stop the pregnancy. Some people said that the injection was a Family Planning Medicine. We don't want to have our second injections - we are afraid that it could be dangerous."

"Oh, no," said Nurse Usha, "We don't give family planning injections to women who are pregnant; Now, let's get on, or we will never finish. Mrs. Ali, I think you are next."

Nurse Usha and Mrs. Ali went to the examination room.

Points to discuss

- a) What did Usha do that was wrong?
- b) What should Usha have done instead?

8.9 Preparing clean things to use during delivery

Clean practices during delivery can prevent neonatal tetanus.

The objective is to prevent any soil, dust, animal dung, or other dirt from getting onto the baby's umbilical cord.

Everything that is used during the delivery, especially those things to be used for the baby, must be very clean.

Some time before she delivers, a woman should collect all the things that she will need at the time of delivery. She should make sure that they are clean; and she should wrap them in a clean packet, to keep them clean.

The TBA or CHW should help and supervise the woman to prepare the packet.

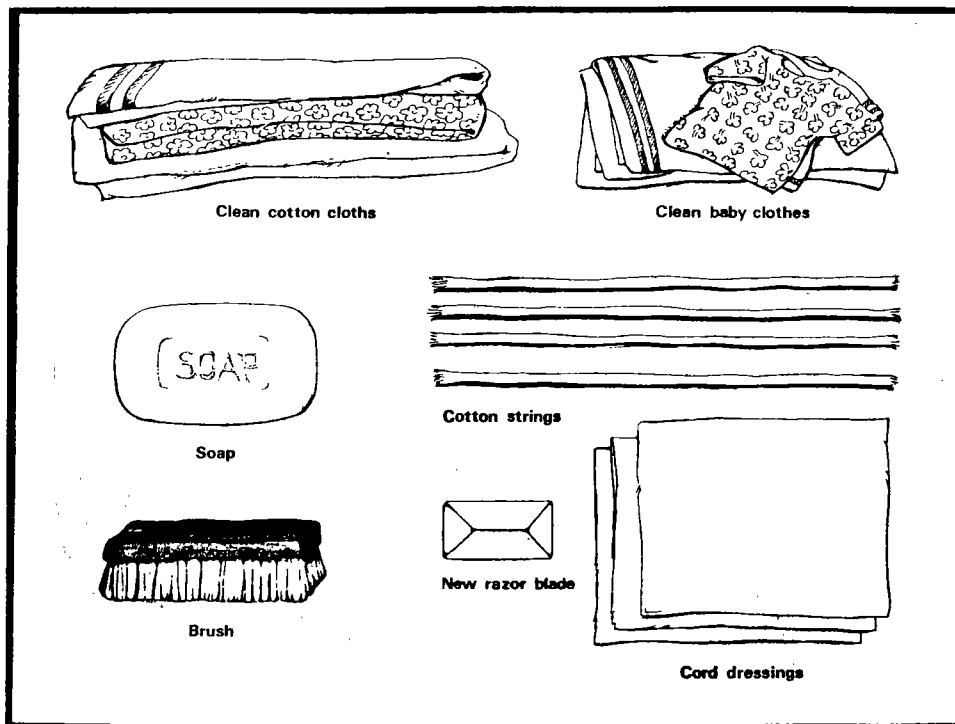


Fig.8-9. Items in the delivery packet

What the packet should contain

- Clean sheets, or towels, or any clean cloth to put on the place where the mother will deliver. Use one of these cloths to wrap everything else up in.
- Clean clothing or wrapper for the newborn baby.
- Clean gauze or square pieces of very clean cloth to cover the cord stump.
- Three thin strips of cloth or string (each piece as long as a hand) to tie the cord.
- One thin strip of cloth or string, (as long as a hand), to wrap around the dressing on the cord stump.
- One new, unopened, razor blade.
- Soap and brush to clean hands and fingernails.
(The mother should buy a new brush if possible, or clean it very thoroughly.)



Fig.8-10. Washing the cloths and drying them on the fence

How to clean the things for the package

- Wash all the cloths and the baby's clothing.
- Hang the clothes on a fence, a wall, or on a line, in the hot sun until they are dry.

Be careful not to leave the clothing on the ground to dry. On the ground, it will get dirty, and may collect tetanus bacteria from the earth.

- Wash the strip of cloths or strings and then boil them for 20 minutes.

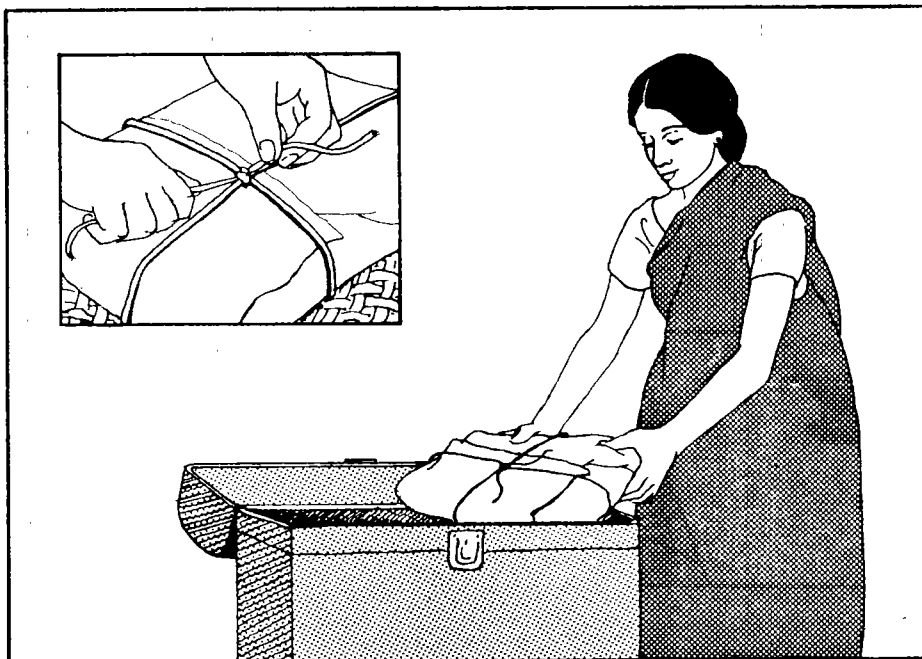


Fig.8-11. Wrapping and storing the delivery packet

Wrapping and tying the packet

- Fold the clean cloths, the babies clothes, the four strings, and the small square pieces of cloth.
- Put everything on top of one of the large clean cloths.
- Put the new unopened razor blade, and the soap and brush on the pile.
- Wrap the large cloth around the pile, and tie it up with a piece of string.
- Store the packet in a clean dry place, until labour starts.

CLEAN PRACTICES DURING DELIVERY CAN PREVENT NEONATAL TETANUS

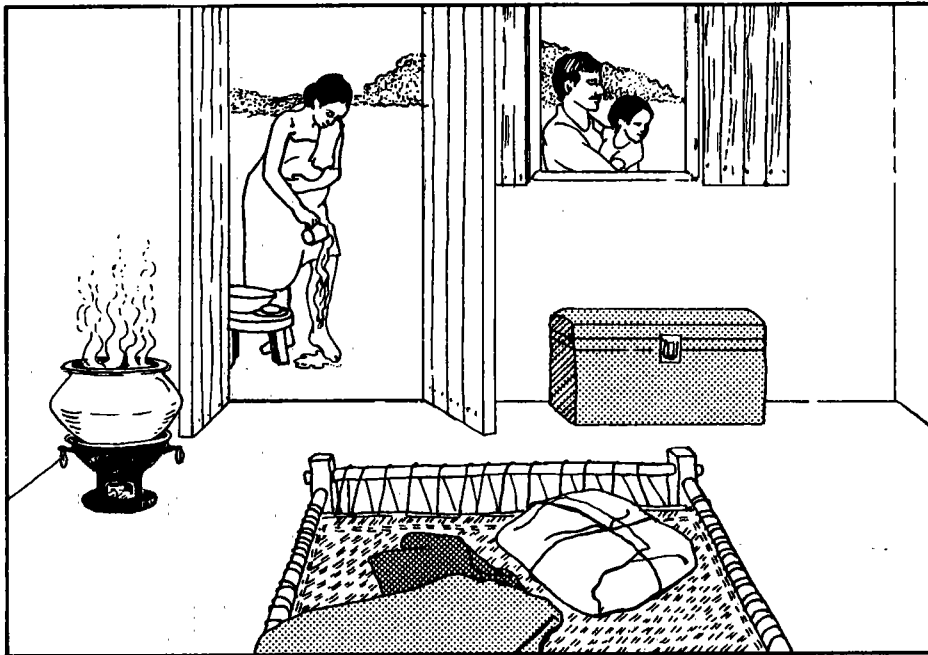


Fig.8-12. Mother washing herself to prepare for delivery

8.10 How the mother should prepare herself for delivery

When labour starts, and before the TBA arrives, the woman should wash her whole body with soap and water.

It is particularly important that she cleans her hands, her breasts, and her genital area.

She should take out the delivery packet, spread the clean sheet on the birth place, and be ready for the TBA to arrive.

Make sure that there is water ready for the TBA.



Fig.8-13. TBA washing her hands to prepare to deliver the woman

8.11 How the TBA should prepare for a delivery

Preparing herself

The TBA might arrive to attend the delivery after working outdoors. Her feet, her hands, and her clothing may all be dirty.

They may have tetanus bacteria on them.

The TBA must clean herself thoroughly, and if possible, change her clothing.

- She should wash her hands and forearms with soap and water.
- Someone should help her by pouring water from a container.
- She should use the brush from the delivery packet to scrub under her fingernails.

She can also use a thin piece of bamboo or another stick to clean under her fingernails.

Her nails should be cut short.

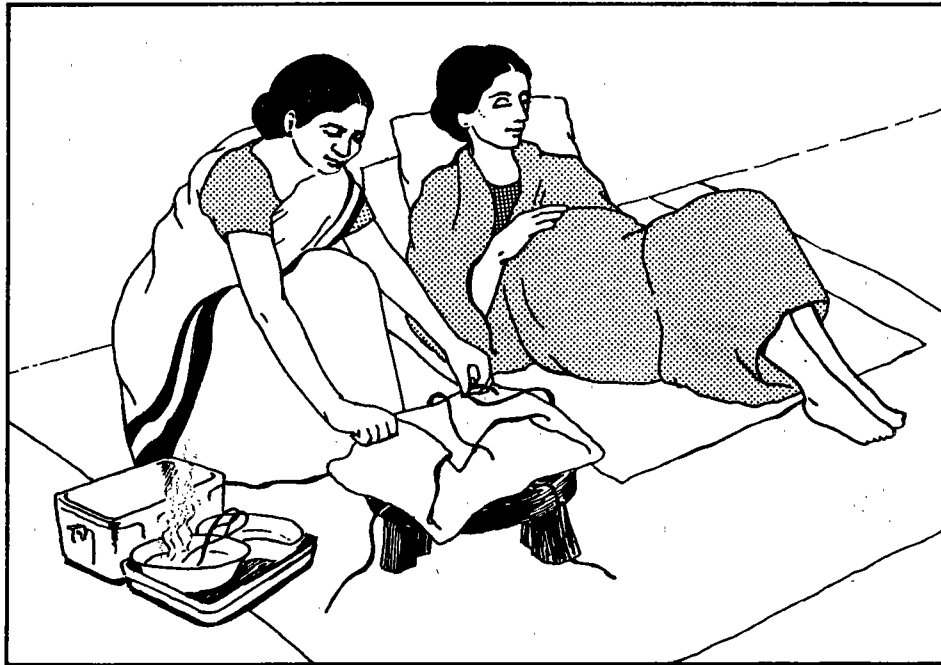


Fig.8-14. Putting a clean cloth under the mother

Preparing the things to cut and dress the cord

When the mother will deliver soon, the TBA takes a clean cloth or towel from the delivery packet, and places it on a table, chair, or bed.

On the cloth she puts:

- the new unopened razor blade to cut the cord;
- the three strips of cloth or string to tie the cord;
- the piece of clean gauze or cloth to cover the cord stump;
- the strip of cloth or string to wrap around the cloth which covers the cord stump.

Preparing the mother

The woman may deliver squatting, sitting, or lying down, according to her custom.

Whichever position she uses,

- place a clean cloth under her;
- wash her genital area with clean water.

Clean the woman's genital area both before and after delivery.

If the weather is cold, use warm water.

The TBA should be careful not to put her foot on the woman's perineum during delivery. Her foot may have soil and tetanus bacteria on it.

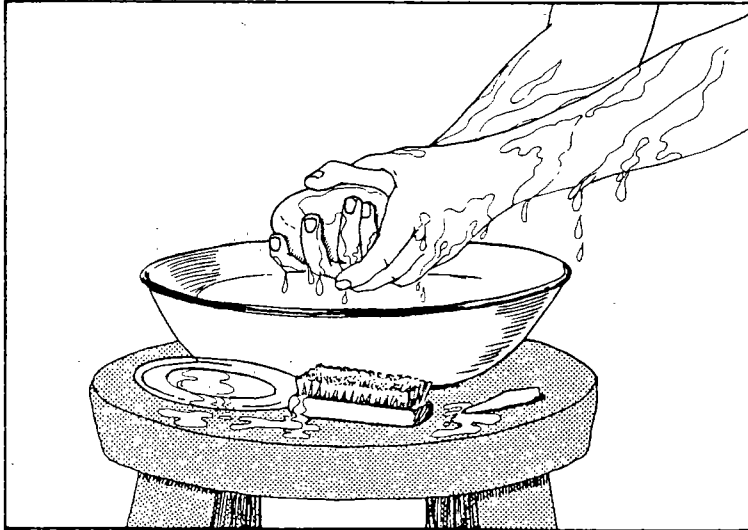


Fig.8-15. The TBA washes her hands again before she cuts the cord

8.12 Cutting and dressing the umbilical cord

Before she cuts the cord, the TBA should wash her hands very well again.

She should tie the cord in **THREE** places, with the clean, dry, strips of cloth or string.

- Tie the first string (1) the length of your first finger away from the baby's body.
- Tie the second string (2) immediately next to the first string.

This makes sure that the cord will not bleed.
It is double security in case the first string comes off.

- Tie the third string (3) another finger's length away from the first tie.

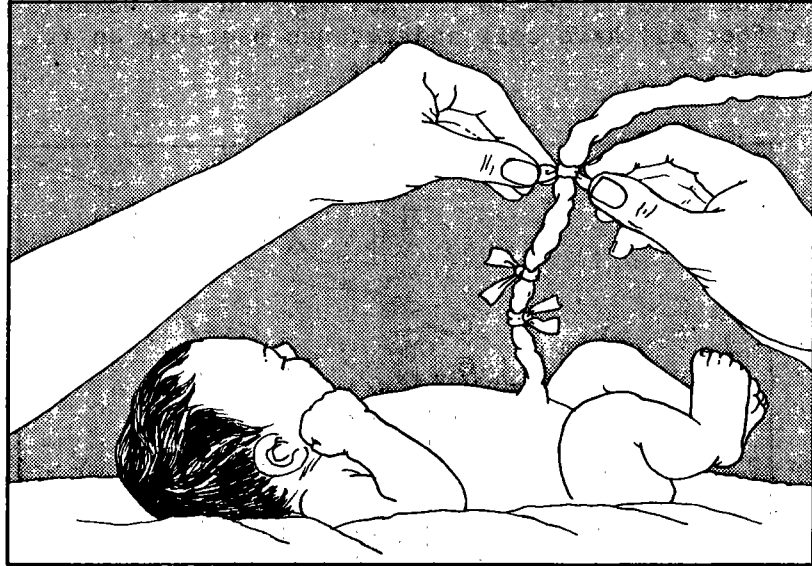


Fig.8.16 Tying the umbilical cord

Before she opens the razor blade, the TBA should wash her hands again.

- Open the razor blade, and cut the cord between ties (2) and (3).

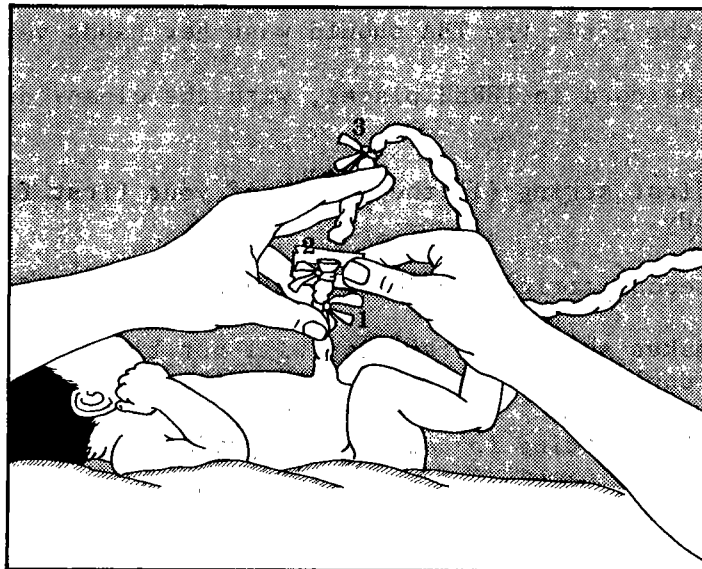


Fig.8.17 Cutting the umbilical cord

- Cover the cord stump with one of the small pieces of clean cloth or gauze.

Tie the cover loosely with the fourth strip of cloth or string.

- It is essential NOT to put any traditional medicines, dung, or ash onto the cord stump.

DO NOT PUT ASH, DUNG, OR TRADITIONAL MEDICINES ONTO THE CORD

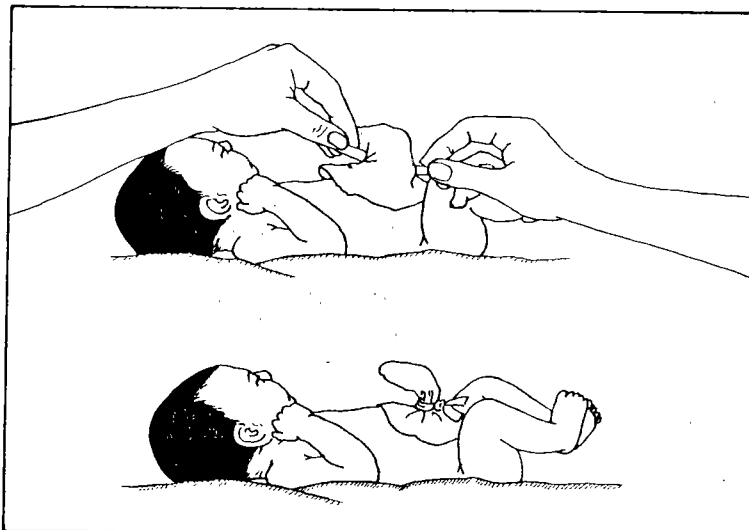


Fig.8-18. Covering the cord stump with a dry dressing

8.13 Care of the newborn baby after delivery

When the delivery is over, give the baby to the mother to hold. The baby may be very alert at this time, and the mother should let him try to breast feed.

She will not have much milk for a few days, but sucking will help to start milk production.

The baby will get colostrum, which protects him against many infections. The baby's sucking also helps to stop bleeding after delivery.



Fig.8.19 Let the mother put the baby to her breast soon after delivery

Gather the members of the family, (such as the father and grandmother), and talk with them about the health of the mother and baby.

- Ask them how they feel the umbilical cord stump should be dressed, and try to explain why it is so important to keep the cord stump clean.
- Explain that putting traditional medicine, ash, or animal dung on the cord stump can cause serious disease and death in the new baby.

(If these are common practices in the area, the family may recognize tetanus when you describe it.)

- Show them how you would like them to dress the cord stump.
- Ask if they will be able to visit the nearest health centre soon.
- Explain that the baby should start his or her own immunizations as soon as possible.

How the family can dress the baby's cord stump

In cool, dry weather, and in clean conditions, the family can leave the cord stump open. In warm or damp weather, it is better to put a dry dressing on the cord stump.

Explain that the dressing is instead of dung or medicine. The dressing should stay on until the cord stump falls off.

The TBA comes and checks the cord stump, and she can change the dressing if it is dirty.

Do not put any medicine on the cord stump, even if it becomes sticky.

CASE STUDY - The newly trained TBA

Nurse Araba has trained 12 TBAs in her area. She is now busy supervising and evaluating her work. One morning she arrives in a village to find Mrs. Nasa, one of the TBAs, preparing to deliver a woman. Nurse Araba is very pleased to be here at this time. She sits in the corner and watches Mrs. Nasa working.

Araba notices that everything is clean and tidy. Mrs. Nasa washes her hands several times, and she performs the delivery skilfully. She ties the umbilical cord carefully in three places, exactly as Araba taught her.

Mrs. Nasa then takes from her pocket an old razor blade, and a black box full of smelly ointment. She cuts the cord with the razor blade, and puts a thick layer of ointment on the cord stump. She then covers the ointment with a clean piece of cloth.

Araba is sad to see Mrs. Nasa cutting and dressing the cord this way. They spent a long time during the training talking about the dangers of putting local medicine, cow dung, or ash on the cord stump. Araba remembers that Mrs. Nasa's husband is a traditional healer. She wonders if Mrs. Nasa found it difficult to tell her husband that his medicine can be dangerous for a newborn baby.

Later, Araba and Mrs. Nasa talked. Mrs. Nasa said that her husband forces her to use this mixture of cow dung and herbs. He says that they have used it for years, and it does not harm children. Also, he uses the new razor blades that she has in her kit, and she has to use the old ones for cutting the cords.

Points to discuss:

- a) What can Nurse Araba do to try to change the situation?

