



LET'S MAKE HISTORY,
BY TELLING OUR STORIES
2021

MARGARITA, HEALTH PROMOTER

Hugo Noboa

My name is Margarita, born in Esmeraldas. When I was a child my parents moved from the town where we lived, initially to Quito and then to the parish of La Esperanza in the Pedro Moncayo canton. That's where I grew up, fell in love, and married the man who today is my husband, Fernando.

He is a good man, very understanding. At first he was upset when I went to health meetings, saying I was wasting time instead of dedicating myself to housework, but now Fernando is my biggest supporter in my work as a health promoter. I do it without pay, simply because of my desire to help other





people and my commitment to this town that welcomed my family with so much love. I didn't go to college but did graduate from high school.

When I had my first child, I was barely 18 years old. I was totally inexperienced, didn't know how to breastfeed, and thought I was doing everything wrong. My son was very skinny. My mother tried to help me, but I still couldn't feed him. I decided to go to the parish health subcenter, but that didn't help much either. To make matters worse, my son was often sick, especially with colds and the flu. It was distressing to see him like that, since he was so small and fragile. One time I went to see a doctor in a nearby town who prescribed an antibiotic to give to my son, Cephalosporin, I think.

Everything felt like a disaster. My son didn't gain weight, got sick, and couldn't breastfeed well. The whole thing came to a head when I started working for a few hours on a flower plantation to bring in some money. During that time my son was left in the care of a friend of my mother's, because my parents were also working and could not take care of him.

One day, Etelvina, a quite young and very hardworking woman who was dearly loved in the parish, visited some of us mothers who were waiting at the health subcenter. She was part of the Cantonal Health Council of Pedro Moncayo and was responsible for some of the community health activities in our parish, which she did as a volunteer.

Etelvina told us that a doctor was coming from Quito

—“She knows a lot about breastfeeding”— she told us —“and how to help mothers do it successfully”. —“Who wants to go?”— she asked. She told us that she herself would find someone to help us with transportation. At first we had misgivings, but then became more convinced as Etelvina spoke, so four of us decided to go. We agreed to meet early the next day at the entrance to the church.

I arrived on time with my son. I had a hard time convincing my husband to let me go, and he initially said no, saying it was a waste of time. But since Etelvina was his aunt and he respected her, he finally agreed.

Only two mothers went to the appointment. The other two were probably not allowed to go. We took the inter-parish bus to the Tabacundo Health Center. There were other women we did not know, from different parishes. Most were from Tabacundo and the surrounding area.

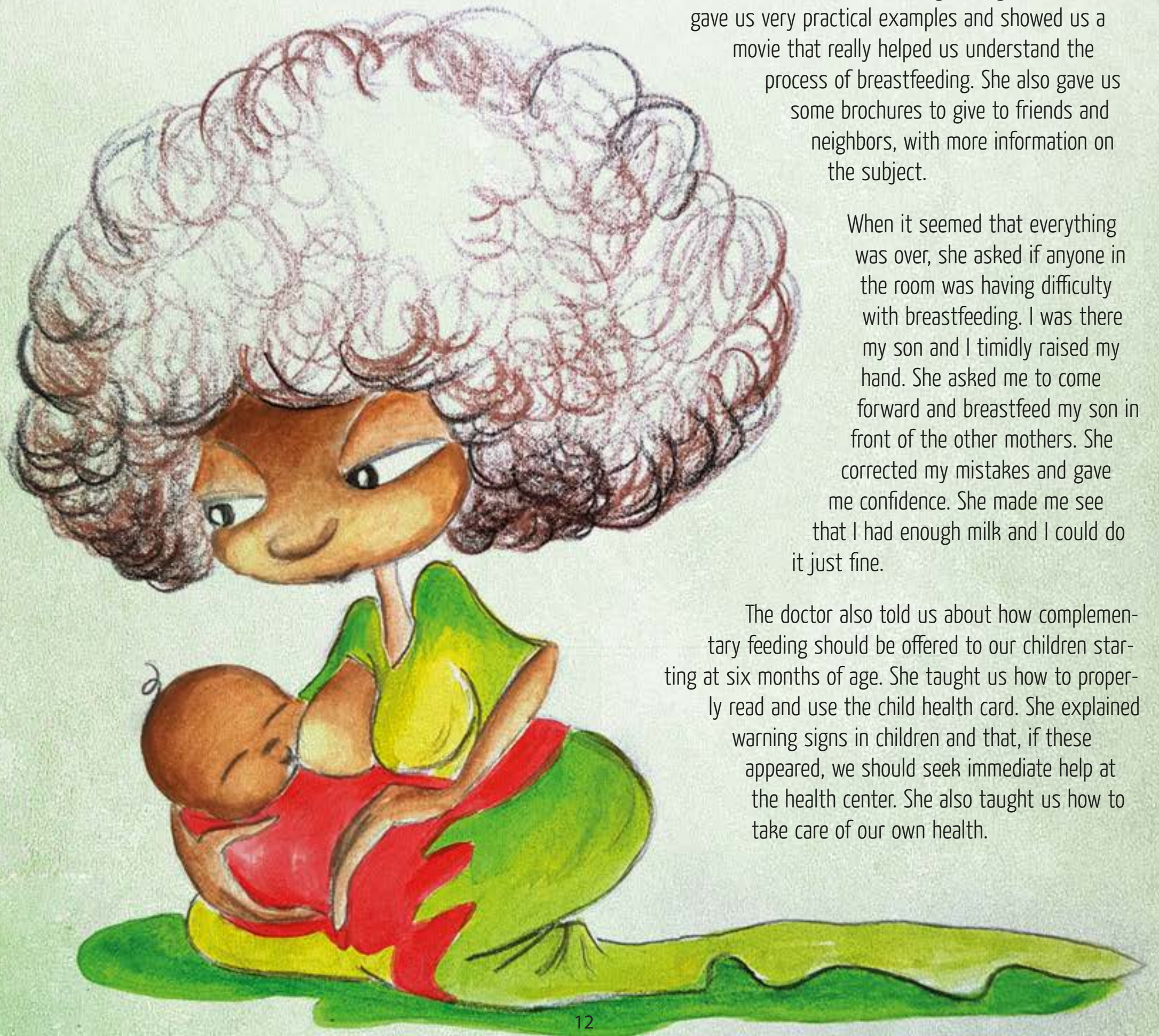
Etelvina did everything possible to make Rosa and me feel comfortable, the two mothers who had come from La Esperanza. When she introduced us to everyone, she said that we were “two beautiful flowers that came on behalf of the parish.” Everyone laughed.

The talk with the doctor from Quito was very good; she really put us at ease. She told us about the importance of breastfeeding as an exclusive diet until 6 months of age and if possible, to keep doing it for up to age 2. She also told us that it is crucial during the first thousand days of life, because it gives children all the protection they need to prevent diseases in the future. Breastfeeding transfers many bacteria that are beneficial to health and strengthen the baby’s immune system. I was a little surprised because I did not expect bacteria to be so important and even thought that all bacteria caused disease, but the doctor explained that this was not necessarily the case: we all have bacteria in our body that have vital functions, such

as the assimilation of nutrients and good digestion. She gave us very practical examples and showed us a movie that really helped us understand the process of breastfeeding. She also gave us some brochures to give to friends and neighbors, with more information on the subject.

When it seemed that everything was over, she asked if anyone in the room was having difficulty with breastfeeding. I was there my son and I timidly raised my hand. She asked me to come forward and breastfeed my son in front of the other mothers. She corrected my mistakes and gave me confidence. She made me see that I had enough milk and I could do it just fine.

The doctor also told us about how complementary feeding should be offered to our children starting at six months of age. She taught us how to properly read and use the child health card. She explained warning signs in children and that, if these appeared, we should seek immediate help at the health center. She also taught us how to take care of our own health.





¡Who would have thought that after that experience I would be able to breastfeed my son so well! The doctor told me to throw away the bottles I was using, and stop using the canned milk I had bought. A few days later my son started to gain weight and got sick less often.

At the second talk, a month later, I was more enthusiastic. This time, the talk was about "diarrheal diseases, respiratory infections, and proper use of antibiotics". My husband was much more supportive. I remember that the same pediatrician who had spoken to us before about breastfeeding told us about the danger of abusing antibiotics, which unfortunately are sometimes prescribed indiscriminately by some doctors or pharmacy staff, or by neighbors or relatives. At that talk, I learned that antibiotics are also used to raise livestock.

The doctor told us that the use of antibiotics is justified in only certain cases of diarrheal diseases and acute respiratory infections, and that it must always be the right antibiotic, in the right amount, and in the proper form.

What I am telling you happened many years ago. I am now a more mature mother and have three children, two boys and a girl. Juanito, the oldest, is 9 years old. I had no problem with breastfeeding or feeding the other two children. They have grown up healthy.

I know how to responsibly use certain medications, not just antibiotics. And what little I know, I try to share with other people, especially women. When they tell me that I am "a health promoter", I laugh and tell them not really, that I am

just a neighbor concerned about the health of others, especially children.

The mothers we work with are generally well aware of family and community practices for taking care of their children's health, but often find it difficult to follow them entirely

When a conference was held in Quito in 2015 (the 5th "Matilde Hidalgo" Congress for Health and Life), a delegation of mothers from Pedro Moncayo attended. We thought we would be able to tell others about our experience, which is much more than what I have told you today. Unfortunately, there was no session on "community health work" or "child health." So we took advantage of the "social participation" session to talk about our experience, although not as much as we would have liked. We learned many new things at that conference. We are always willing to share our knowledge and experience.

Today, the Cantonal Health Council of Pedro Moncayo no longer exists, despite helping us so much. I don't know why. But many of us mothers who were educated through that experience continue to be concerned and we help as much as we can with people's health, especially women and children. The neighbors tell us that we are health promoters and we are very proud of that.

Here are some tips and guidelines for everyone:

KEY PRACTICES FOR FAMILY AND COMMUNITY CARE OF CHILDREN'S HEALTH

For physical growth and development:

- Breastfeed infants exclusively for at least four months, and up to six, if possible
- Starting around 6 months of age, give children freshly prepared nutrient-dense foods, while continuing to breastfeed until age 2 or older.
- Provide children with sufficient amounts of micronutrients (especially vitamin A and iron) found in fruits, fresh vegetables, and other foods. Add supplements if indicated by a doctor.
- Promote the child's mental and social development by responding to his or her need for attention; stimulate the child with conversation, games, and other appropriate physical and emotional interactions.

For disease prevention:

- Ensure that children receive the full schedule of vaccines (tuberculosis, pentavalent, polio, and measles) before their first

birthday.

- Safely dispose of feces (including children's); wash your hands with soap and water after defecation and before preparing food and feeding children.
- In areas where malaria is endemic, make sure that children sleep under insecticide-treated mosquito nets. This is advisable when people travel to or from the coast or the Amazon.

For appropriate home care:

- Continue to feed and offer fluids, especially breast milk, to children when they are sick..
- Give sick children the appropriate home treatment for infections.
- Do not let just anyone prescribe antibiotics. Use them only when recommended by a doctor.
- Take appropriate steps to prevent injuries and accidents involving children.
- Do not mistreat, abuse, or neglect children, and take the appropriate measures should this occur. If necessary, seek help.
- Actively involve men in the care of their children and in matters related to the family's reproductive health, such as the use of contraceptive methods.



When to seek care:

- Recognize when sick children need treatment outside the home and take them to the appropriate health care practitioners.
- Be aware of danger signs. In general, for all children under the age of 5: when they cannot drink or breastfeed, vomit everything they swallow, have seizures, are very weak or unconscious. For children under 2 months of age, there are other danger signs, such as rapid and difficult breathing, whimpering, bulging of the fontanelle (soft spot on an infant's head), redness around the navel, pustules on the body, high fever, etc.
- Follow the recommendations given by health personnel regarding treatment, follow-up, and referral.
- Ensure that every pregnant woman goes in for the recommended prenatal visits and receives doses of the tetanus toxoid vaccine, and that she has family and community support to seek appropriate care, especially at the time of delivery, as well as during postpartum and breastfeeding.



Hugo Noboa. Health practitioner and human rights activist. Member of Fundación Salud Ambiente y Desarrollo [Health Environment and Development Foundation], Plataforma por la Salud y la Vida del Ecuador [Health and Life Platform of Ecuador] and Asociación Latinoamericana de Medicina Social [Latin American Association of Social Medicine].

This is a fictional story, and some names of people and places have been omitted or changed. However, it is a story based on conversations with health professionals and workers from a health center in Quito and the Tabacundo Health Center, as well as with members of the Cantonal Health Council of Pedro Moncayo. The events occurred around 2006 and after.

Family and community practices that are key to the survival and healthy growth of children is a WHO and UNICEF proposal adopted by Ecuador when it implemented the IMCI (Integrated Management of Childhood Illness) strategy in the 1990s and 2000s.