

FOOTSTEPS

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FAMILY SPACING

The population of the world today is 5.3 billion and is expected to increase, by over 90 million people each year, until the end of the century and well into the next century. It is likely that the world's population will double by the middle of the next century - i.e. in about 60 years.

THE GROWING WORLD POPULATION

by Marian Storkey

TODAY, most of us are aware of the great pressure that the world's population places upon the environment. Soil erosion, de-afforestation, flooding and pollution are just a few examples. The rapidly increasing population will mean more pressure on the world's shrinking resources, making it even more difficult to deal with the poverty which causes so many problems today.

Some countries are very aware of this problem and have offered their people

the opportunity to reduce their family size. Some countries, such as China and India, have seen large reductions in the birth rate. Yet in many African, Asian and Latin American countries the birth rate is very high and the population is doubling every 20 to 30 years.

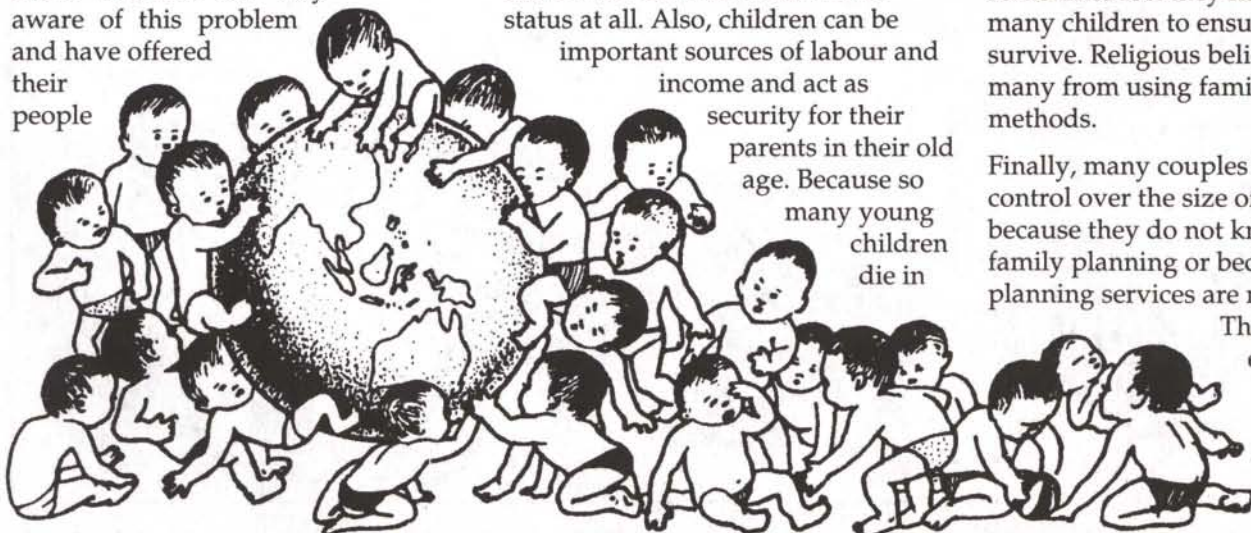
Birth rates are high for many reasons. The high status given to the fertility of women in many societies means that childbearing is extremely important and a childless wife often has no status at all. Also, children can be important sources of labour and income and act as

security for their parents in their old age. Because so many young children die in

some countries, couples may sometimes feel they need to have many children to ensure some survive. Religious beliefs may prevent many from using family planning methods.

Finally, many couples have very little control over the size of their families because they do not know about family planning or because family planning services are not adequate.

The World Bank estimates that there are up to 400 million couples worldwide who still



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lack the help needed to plan their families.

Millions of couples in the world today would have fewer children, given the opportunity.

Having fewer, healthier children can often do much to improve the quality of women's lives. If a woman has pregnancies close together, then it is much more likely that she will miscarry or that the baby will die. A woman's body needs time to recover from childbirth. If she becomes pregnant too soon, then the baby may be small and the mother's health will suffer.

As women's quality of life improves, so they will have more opportunity to take their place as valuable members of society.

Marian Storkey is Information and Education Officer for Population Concern.

Family planning saves lives...

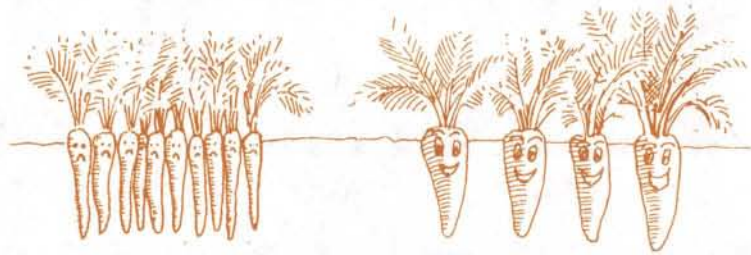
The lives of 5.6 million children and 200,000 women could be saved each year if all the women who wanted to limit their families had access to family planning.

500,000 women die of maternal causes a year. More than 200,000 of these could be saved if they were able to plan their families.

10 million children under the age of five die each year - more than half of these as a result of poor maternal health during pregnancy, unsafe delivery or inadequate care after birth.



Source: UNFPA



*Every gardener knows that plants placed close together do not grow well! In the same way, spacing births helps produce heavier children. Because they can have more of their mother's attention, they are healthier and do better at school. Children are **twice as likely to survive** if they are born two to three years apart than if they are born every year or so.*

MODERN FAMILY PLANNING METHODS were not available many years ago. People developed traditional methods for spacing children. Women would sometimes return to their parents for up to two years after a birth. Sometimes husband and wife would sleep separately until the child was weaned at two to three years of age. Also, more children would die of diseases, which can now be prevented through immunisation, improved hygiene and medicines.

These traditional ways could make married life very difficult but they did ensure that children were well spaced. Children were born every three to four years.

Now, few people use these traditional ways of spacing their

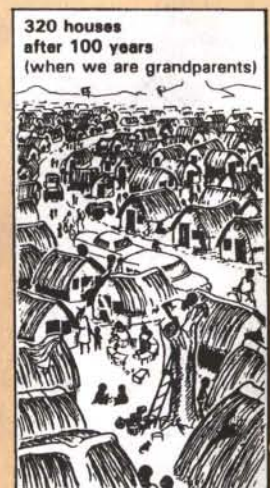
families. Many couples have eight or more children quite close together. People need new ways to help them space their families.

Encourage people in your area to think about these issues. Could you make up dramas or puppet plays to encourage discussion?

Questions for group discussion...

- How much land was there in your grandparents' time? How much land is available now?
- Are baby boys better than baby girls?
- Why should a husband and wife plan their family?
- How should children be spaced? What ways do you know of spacing children?

**A 3% population growth rate...
The population will double every 20 years.**



CHRISTIANS AND FAMILY PLANNING

By John Guillebaud

"We are conquering malaria, we have reduced infant mortality, and so on. But believe me, all this is like writing in the sand. You write, and the tide of population comes in and washes it all away."

M.C. Chagla, High Commissioner for India 1963, at a UK FPA conference held at Church House, Westminster.

SOME CHRISTIANS think that family planning, except by the so-called 'natural' methods, is always wrong, or perhaps just permissible. But I see family planning as a great gift of God! I believe that he has been helping the scientists to develop the modern methods. First, they help many couples in their home lives. Secondly, they help prevent the disaster of the world having more people on it than can live in harmony with the rest of God's marvellous creation.

Marriage was ordained because "It is not good that the man should be alone. Therefore a man leaves his father and his mother and is united to his wife, and they become one flesh." (Genesis 2:18, 24). God means this 'one-fleshness' to result from intercourse which is really a sacrament—an outward sign of the deep inward commitment.

An African Christian says that the Christian home is meant to be like a re-creation (in a very imperfect way, of course) of the original garden of Eden: inhabited by a man and a woman who love God first and also each other. He asks: what if their little garden of Eden is about to be destroyed because there are already more children than this married Christian couple can properly care for? Surely family planning is right to allow the couple to fulfil God's great

first purpose of marriage, without destroying their garden of Eden. Using a 'natural' method of family planning (which requires a lot of abstinence to have any chance of success) may not be the most helpful thing at all.

Some Christians even wonder whether God approves of love-making. They feel it becomes wrong when it is not for conceiving a child. But God created our bodies to bring pleasure during love-making. Within marriage, how can God disapprove of an act which brings pleasure and builds up the marriage relationship?

Of course, family planning can be used by people who are breaking God's seventh commandment (Exodus 20:14), having sex before or outside of marriage. As Christians, we must stand firm in rejecting the use of family planning in this way. But what is wrong is the sin itself, not the family planning.

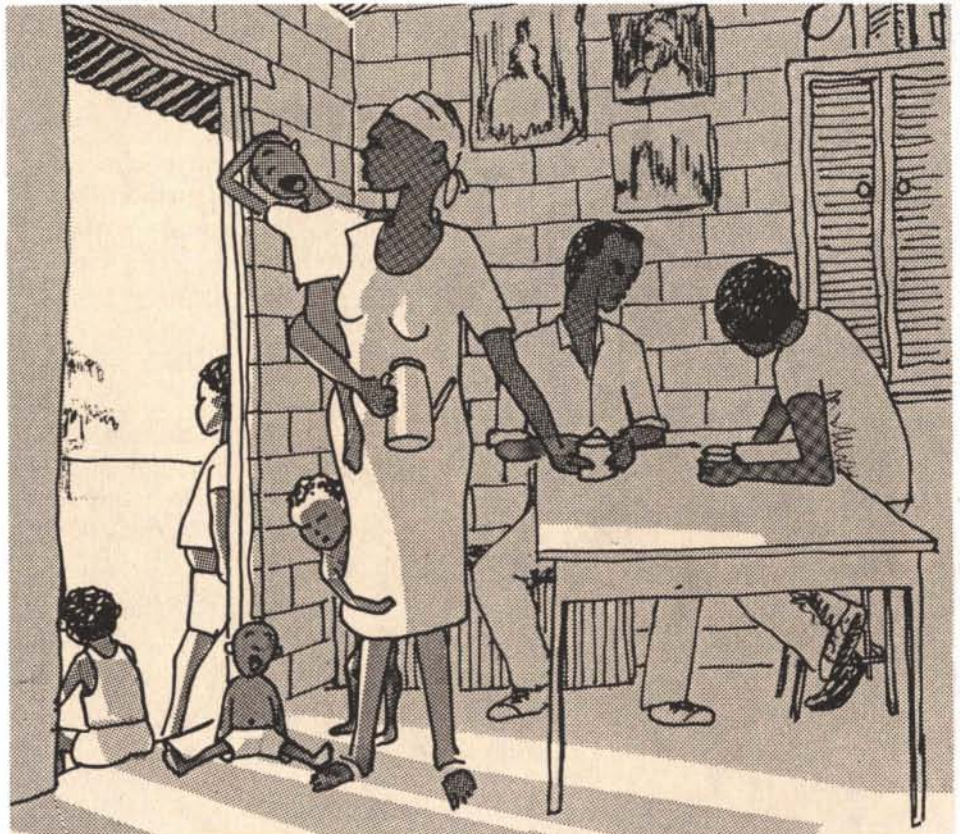
What now if a Christian is a health worker providing family planning, yet knows that someone will use it outside of God's law?

I feel that Jesus, who was known in

the gospels for mixing with and always trying to help sinners, would not consider this kind of medical care as wrong for Christians. In John 17, Jesus prays for his disciples (us included). "They are in the world", he says in verse 11, but in verses 14 and 16 he says "They do not belong to the world." He does not ask that we should be taken out of the world, but that we should be safe from the Evil One (verse 15).

I interpret this to mean that I, as a Christian doctor, can provide the pill, or an IUD, to a patient even if I strongly suspect she is living a life of sin. I find myself in the sinful world, practising my profession by helping to prevent the tragedy of an unwanted pregnancy—yet **not belonging** to it since I remain true to my own beliefs. I treat the person according to **their** morality, not mine: but I must always be prepared to share my views if God gives me the opportunity (Colossians 4:3).

Dr John Guillebaud is Medical Director of The Margaret Pyke Centre and a world authority on family planning.



Too many children, too close together make a happy, healthy family life very difficult.

FATIMA'S CHOICE

by Dr Margaret Brown

This is a true story from Bangladesh, helping us to understand several points about a family planning programme.

FATIMA is the mother of five children. She lives in a small hut, on someone else's land, in the middle of a village in Bangladesh. Her eldest son is about ten and is just starting to be a source of income for the family. Her husband is usually out of work and gives Fatima almost no support. Fatima is extremely hard working, but any money that she makes is usually wasted by her husband. The children are malnourished. The local family planning clinic has been trying to encourage Fatima to use some form of contraceptive, but she can never remember to take the pill. Anyway, she and her friends in the village have heard some stories about unpleasant side-effects, so the general opinion is against using the pill. The family planning staff cannot understand why Fatima will not have an IUD fitted.

Then one day, one of the staff members is in Fatima's home, chatting with a group of the women over a cup of tea. This is an informal, friendly visit but the subject turns to family planning. During the conversation, the family planning worker discovers that the women did not like to have an IUD because they

believed that if they died with it still in place it would pollute them. The worker was not aware of this belief before. No wonder the IUD programme hadn't taken off!

At about this time, the injection *Depo-Provera* became available. The family planning clinic ordered supplies through the government and started to encourage the use of this method in the village. Fatima discussed this with her friends and, after some hesitation, the idea was accepted and Fatima and many of her friends all came to have this new injection. Everything went well. This really seemed to be the right method.

Then disaster struck. For various political reasons, supplies of *Depo-Provera* completely stopped. The family planning staff tried as hard as they could to get more supplies, but they failed. The result was that later there was a tremendous baby-boom in the village—and Fatima is now the mother of six children. She and her friends are now disillusioned with the family planning clinic that seemed to promise so much, but finally failed them.

QUESTIONS:

- 1 Which people most influenced Fatima's choice of method? Her husband, her friends or the family planning staff?
- 2 What part did local beliefs play?

- 3 How did the family planning worker get to know about these local beliefs? Was it important for her to know? Could she have found out by another way?
- 4 Why did the use of *Depo-Provera* seem to be accepted so well?
- 5 What happens when supplies are not regularly available?
- 6 What other aspects of a family planning programme does this story make you think about?



FROM THE EDITOR

Working with people to encourage rural development is a slow process. Whether your work is in health, agriculture, water supplies or some other subject, you will know that improving the quality of people's lives is a gradual process.

But the world population, on the other hand, is increasing more and more rapidly. The slow progress made in establishing adequate health care or better water supplies may not be able to keep up with the growing population in your area. This is why awareness of population pressures and the need for family spacing to encourage happy, healthy families, is the concern not just of family planning clinics, but of all Christians who care about their communities.

It is encouraging to hear from more of you. Please continue to write and share news about your work.

Isabel Carter



Take time to talk with people and learn what they really think.

*Drs Steve and
Margaret Brown
with Marian
Storkey*

AN EFFECTIVE, CARING FAMILY PLANNING PROGRAMME

DOES YOUR AREA have an effective and caring family planning programme, or are you considering how to improve or set up such a programme? Whatever the situation in your area, here are four key points to think about.

ENCOURAGE PARTICIPATION

Some level of participation is essential if your programme is to be accepted and succeed. The level of participation may vary with each situation. Bear in mind that an efficient programme can be owned, managed and run by the people themselves. Get away from the idea that only "experts" can do this. Illiterate women can be taught to give *Depo-Provera* and to provide instruction in other methods. Local resident village health workers or family planning workers can give out supplies from their homes if necessary.

ENCOURAGE ACCEPTABILITY

There needs to be understanding of the local, cultural and religious taboos and beliefs regarding fertility and family spacing. This means knowing what the local gossip is about and how the folk are thinking. Methods that women can use without the husband's knowledge may be important in some areas.

Keep simple records to encourage good follow-up. Use the records to check and evaluate the success of the programme: e.g. What methods are

actually being used? What are the reasons for stopping? Who are we serving - the rich or poor? Make sure that your approach is acceptable to the people with whom you are working.

ENCOURAGE AVAILABILITY

People need to have good access to family planning help at times which are suitable for them. The best way may well be to encourage the people themselves to keep and manage stocks - especially in Muslim villages, where women are restricted. Mobile clinics may be appropriate in remote or inaccessible areas. Family planning clinics need to be open at hours which are suitable for the local community. People should not have to queue with sick patients to obtain family planning advice. The clinic should, if possible, be kept separate from health care or open at different times. People should be able to obtain supplies easily, without long delays. The atmosphere needs to be friendly and relaxed and staffed by people who can identify with the clients. Having a few, less educated, older women around is a good idea.

Regular supplies of contraceptives are very important. It may mean that you can only encourage one or two methods; but it is better to do two methods well, than to encourage various methods irregularly.

However, if it is possible to offer a wide range of methods, then couples can choose the one that suits them best. They are then much more likely to continue using this method effectively.

Ensure there is good follow up of all couples.

ENCOURAGE EDUCATION

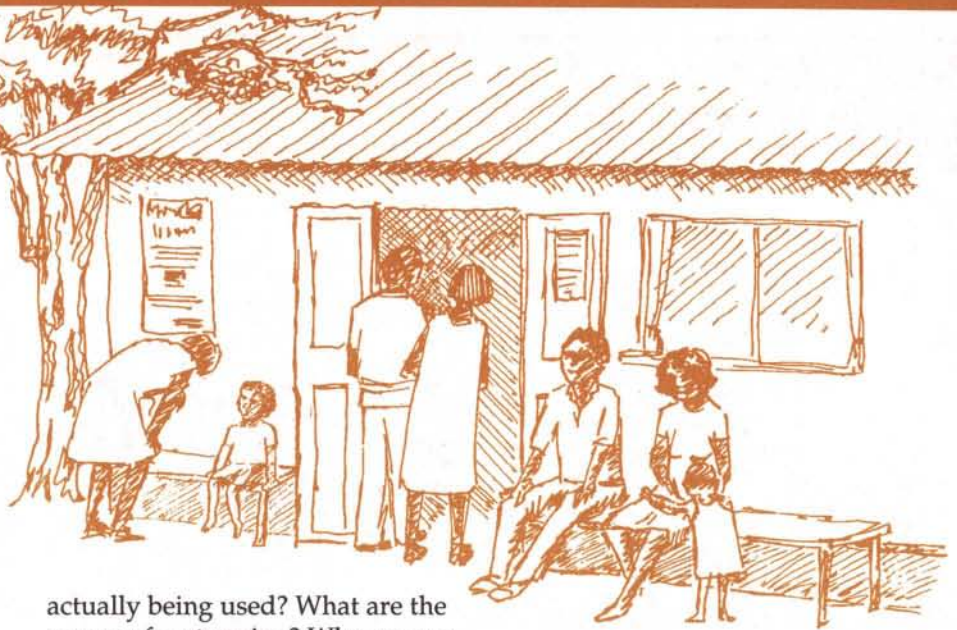
This needs to be a major part of any programme. Target your educational messages to the specific groups of people who make the decisions about family planning - women; husbands; mothers-in-law; religious leaders. Keep to a few important points - such as breast-feeding for as long as possible. Make sure your messages answer the questions people are asking.

Emphasise the health of the mother and children and the spacing of families, rather than preventing children.

There needs to be education at the clinic as well. People need to understand about the method they will be using and any minor side-effects. Encourage staff to be caring and understanding so that people will feel free to ask any questions they may have.

Keep these four points - **Participation, Acceptability, Availability, Education** - at the centre of whatever programme you have and you will be able to encourage the development of healthy, happy families.

Drs Steve and Margaret Brown worked with Tear Fund in Bangladesh for twelve years.

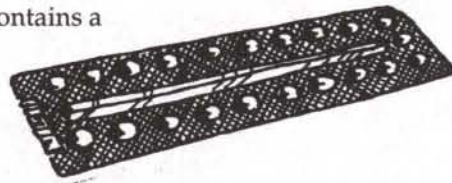


METHODS PREVENTING FERTILISATION

TEMPORARY METHODS

Pill

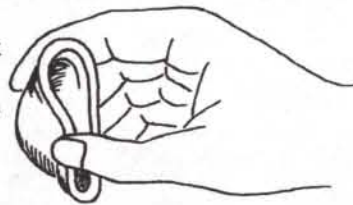
The woman takes a pill every day, which contains a hormone preventing eggs from being produced. She must remember to take the pill at the same time each day. A few women find this method makes them feel unwell, but they can usually change to a different kind of pill.



Using this method, 1 out of 100 women will become pregnant in any year.

Cap

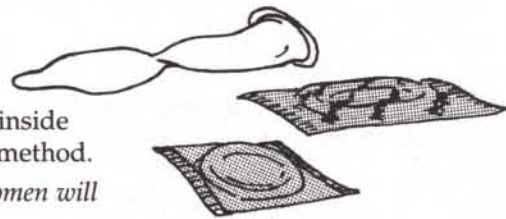
This is a small rubber cap which fits over the neck of the womb, preventing sperm from entering. Various sizes are available and women need to be fitted correctly. If used with spermicide cream, this is quite a reliable method. It is rarely used in Africa.



Using this method, 10 out of 100 women will become pregnant in any year.

Condom

This is a fine rubber sack which fits over a man's penis. It collects the sperm and prevents them from going inside the woman. This can be an expensive method.

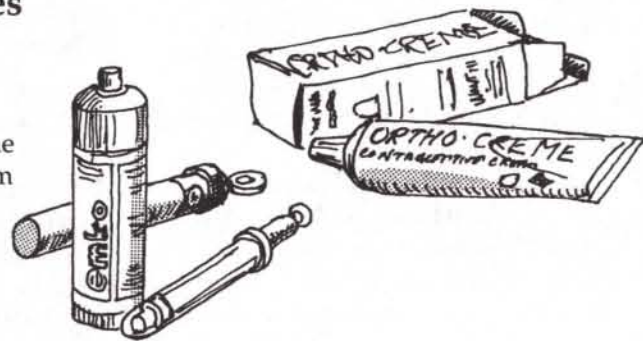


Using this method, about 7 out of 100 women will become pregnant in any year.

Foam or Spermicides

These are creams or foams which are placed inside the woman just before sexual intercourse. They damage the sperm, preventing them from reaching the egg.

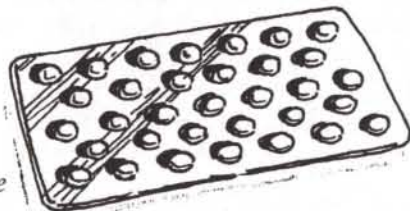
Using this method, about 20 out of 100 women will become pregnant in any year.



Mini-Pill

This can be used during breast-feeding. It contains a hormone which prevents eggs from being produced and alters the fluid from the cervix, making it difficult for the sperm to reach the egg.

Using this method, 2 in 100 women will become pregnant in any year.



PRACTICAL METHODS FOR SPACING FAMILIES

compiled by Isabel Carter

There are many ways of helping couples to space their families. The most suitable method depends on what is available, the needs of the couple, and on their beliefs about which methods are appropriate.

It is important first to understand how a baby is made. Each month a woman's body produces an egg. This lives for just a few days but takes a week to pass down to the womb. If it meets with a sperm released from the husband's body during sexual intercourse, the egg may become fertilised. About half of all fertilised eggs fail to attach themselves to the womb. As with the unfertilised eggs, they pass out of the woman's body during her monthly bleeding. If a fertilised egg does become firmly attached to the wall of the womb, in most cases it will then develop into a baby.

Some Christians do not feel that any artificial methods should be used to prevent fertilisation. Others do not feel happy with methods which prevent a fertilised egg from implanting in the womb. Others believe that since so many eggs are lost naturally, these methods are acceptable. The modern medical definition is that:

CONCEPTION = FERTILISATION + IMPLANTATION

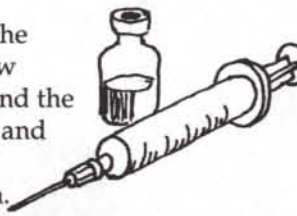
Each couple should have the opportunity to learn about the different methods and decide what will be right for them.

Methods vary in how effective they are. Some will provide almost complete protection from pregnancy. Other methods are not so reliable but may be helpful in spacing births when more children are wanted.

SEMI-PERMANENT METHODS

Injection (Depo-Provera)

This is an injection of hormones which will prevent the woman from producing any eggs for 3 months. A few women may feel unwell as a result of the injection, and the monthly bleeding may change. This is a simple, safe and popular method. It may take a long time before a woman can become pregnant again after an injection.



Using this method, 1 out of 100 women will become pregnant in any year.

PERMANENT METHODS

These methods are only for couples who are quite sure that they will never want any more children. They involve cutting the tubes which carry the eggs in a woman, or the sperm in a man. They have no effect on a couple's sex life.

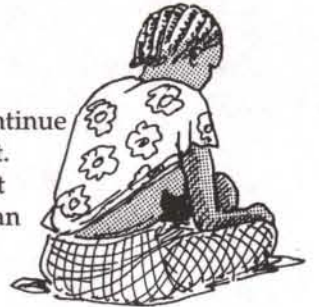
Vasectomy is the operation for men. It can be done quickly with a local anaesthetic. The **sterilisation of women** involves surgery and, usually a general anaesthetic, so the woman is normally admitted to hospital. Both are simple operations. There will be some pain for a week and they must avoid heavy work for two weeks.

Using this method, there will be NO further pregnancies, providing the operations have been correctly carried out.

NATURAL METHODS

Breast Feeding

Breast feeding is best for a baby's health. Women who continue to breast feed regularly are less likely to become pregnant. This is not always reliable after the first six months, but it will help greatly in child spacing. Remember that a woman can become pregnant before the return of her monthly bleeding.



Withdrawal (Coitus Interruptus)

With this method, the man prevents his sperm from being released inside the woman's body by pulling out quickly. This is a very unreliable method and very unsatisfactory for both the husband and wife.

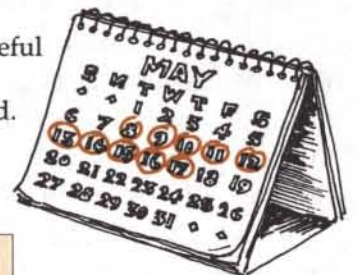
Abstinence

This simply means that husband and wife agree to live apart, or go without sexual intercourse, for a time (for example while breast feeding). In traditional societies, the wife will often remain with her family for up to two years following the birth of a child.

Safe Period or Natural Family Planning

This method relies on the couple's understanding of the woman's cycle. They agree to avoid sexual intercourse during the time when the woman could be fertile (one to two weeks each month). The woman is taught to recognise when she is fertile and to keep careful records of her cycle. Illness may upset the cycle. Teaching is needed to understand and use this method.

Using this method, about 20 in 100 women will become pregnant in any year.



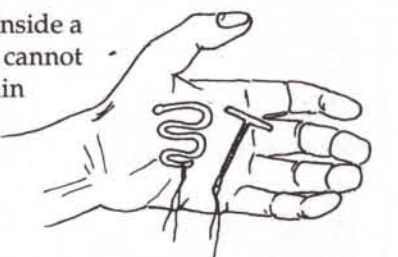
Understanding the times when a woman is most fertile may also help couples who have difficulty in conceiving children.

METHODS PREVENTING IMPLANTING

I.U.D. (Loop or Coil)

An IUD is a small piece of plastic which is placed inside a woman's womb. While the IUD is there the womb cannot hold and protect a fertilised egg. An IUD can remain in the body for four or five years. This is a simple, safe and popular method.

Using this method, 2 out of 100 women will become pregnant in any year.



S P A C E TECHNOLOGY ON THE FARM

by Jim Rowland



ANYTHING THAT GROWS requires food, water, an energy supply and **space**. That is true whether we are talking about humans (especially children!), livestock, trees or crops.

Human beings grow best where there are plenty of these resources and struggle, or die, where there are not enough. Poor soil and over-population produce famine.

It is rather like that with agriculture also. Too many animals leads to overgrazing, which in turn damages the grass and young trees. Then the grazing will produce even less and animals become unhealthy or starve. Too few animals on good grazing means that not all the grazing is used. The animals will choose the best

grasses and leave the rest. Then the grazing will gradually become more weedy and less productive. Numbers of livestock need to be balanced with the grazing available to produce the greatest amount of milk or meat from the land.

Crops behave in a similar way. Where the soil is fertile, with plenty of sunshine and rain, they can be planted more closely and yet still each plant usually produces well. When soil fertility is poor, especially when there is little rain, fewer plants and wider spacing must be used.

People who farm in semi-arid areas know that sometimes, just a little extra rain falling at the right time can make a very big difference to crop yields. If rain is poor then the crop may survive until flowering, but then there may not be enough water in the soil to mature the seeds. So even a

small amount of rainfall after flowering may mean that each acre will produce a few sacks of grain, instead of none.

But what if no rain is likely to fall after flowering? How can farmers still get a yield from their land? In dry conditions, these farmers must try to plant their crops in ways which will prevent the growing crops from using up all the water in the soil before flowering. **Water must be kept in the soil for the grain-filling stage.**

The pattern and spacing of crops will affect the soil's ability to hold water. Farmers can take advantage of this by spacing the plants close together within the rows, but leaving large spaces between the rows. Look at diagrams **A**, **B** and **C** below. They show three different ways of planting the same-sized piece of land. In **A** the young plants will compete with each other for light and will grow smaller leaves and fewer tillers. This means they will use less water. The roots of the crop will reach out to use up the water stored in the soil between the rows. **This way of spacing crops will not always give the highest yields, but it will give a yield in dry years.** In these areas, the farmer's main aim may be to reduce the risk of not getting any harvest, rather than hoping for a high yield in the occasional good year.

In dry areas, the farmer may also use a lower seed rate. It is important to remember that low seed rates and rectangular spacing are only effective if the land is weeded well. Otherwise, weeds will grow in the wide spaces between plants and will quickly use up all the water stored between the rows.

In areas where there is better rainfall, the spacings in **B** and **C** can be used.

A

Rectangular Arrangement

8 plants per square metre

Each plant uses:

12.5 cm x 100 cm = 1,250 sq cm



B

Intermediate Arrangement

8 plants per square metre

Each plant uses:

25 cm x 50 cm = 1,250 sq cm



C

Square Arrangement

8 plants per square metre

Each plant uses:

35 cm x 35 cm = 1,225 sq cm



The plants will have more room to grow larger. With good soils and good rainfall, planting crops in a square arrangement, as in C, will give the very highest yields.

Sometimes it may not be easy to convince farmers of the benefits of planting in lines. Encourage them to experiment first with small areas of land. Sometimes it may be more important to get the crop planted quickly by broadcasting seed and ploughing it in, than by taking extra time and labour planting in lines. Think of ways to help this situation. On softer soils, seed can sometimes be planted before the rains. Simple seed planters could be used, or seeds can be planted in the plough furrows to save time. Planting in lines does take extra time and labour but it will make weeding much quicker. Mechanical weeders can be attached to oxen or a tractor to speed up weeding. Sometimes a quick-growing vegetable can be grown between the rows.

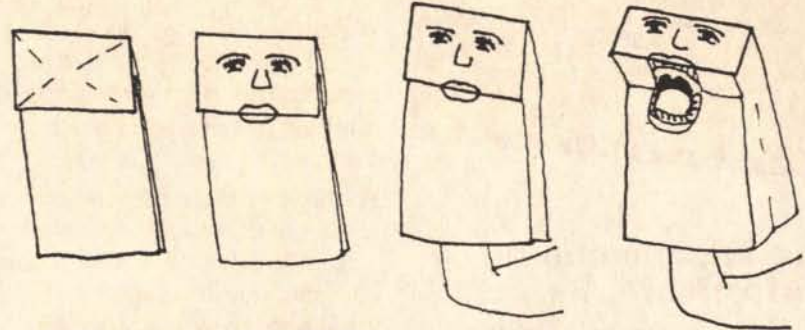
In most parts of the tropics, the kind of seeds the farmer plants, and the way in which they are planted, are two of the very few things which he can control—but they can have a great effect on the yields.

Jim Rowland worked with the Karamoja Seed Scheme in Uganda for many years with BCMS.



PUPPETS THAT OPEN THEIR MOUTHS

These simple instructions for hand puppets would be very useful in teaching about primary dental care (See Footsteps, issues 1 and 2).



- 1 Use a paper bag with the bottom folded over.
- 2 Draw and paint a face on the folded bottom of the bag.
- 3 Lift up the folded bottom and draw and paint a mouth.
- 4 Insert hand and open and close the fingers to make the puppet eat or speak.

From: *Easy to Make Teaching Aids* by Ellen J Barclay. UNESCO 1984.

BIBLE STUDY



If you are involved with others in family planning work, why not meet as a group to read and discuss John Guillebaud's article on "Christians and Family Planning"? Read the Bible passages that he refers to. Discuss his comments.

Family planning is a sensitive issue about which Christians may have very different views. This study may help you to think more about your beliefs, and what your attitude should be towards others who may have opposite views.

Read Philippians 2: 1-4 together.

- 1 What can you do when Christians within the church disagree about important matters? Maybe family planning is one such matter.
- 2 In making a decision to limit the number of children within your own family - whose interests are you thinking of?
- 3 If Christians are to serve each other - what should our attitude be towards those we serve? How could these attitudes be used within a clinic or family planning programme?

As you finish your discussion time, read verses 5 - 11 together. This is part of an ancient Christian hymn, which helps us to learn from Christ's humility and example.

May all that we do in our work be to God's glory.



Nurturing community participation?

I work in community health with the Prem Sewa Hospital, Utraula, India. At present we are training two women to join our team as field supervisors.

We also have ten community health visitors. Only two out of the ten are literate so we are limited in keeping records. We have concentrated on immunisation and ante-natal care, rather than weighing children.

We have come across several problems with record keeping. When a base survey was done, the houses were all numbered. But the numbers were soon covered with fresh mud or whitewash. So pieces of tin were nailed to the houses. But the children take them to play with. Few people still know the number of their homes.

Names are also a problem. We are hardly ever told the same name twice for the same child, mother or father. It is like being a detective to find the child's registered name in the records. Few know their date of birth.

Also girls tend to go to their mother's house to have their babies and may not return for two years. (*This encourages child spacing!* Ed) So we have children staying in this area for



The community health team at Prem Sewa.

two years who do not live here.

Our biggest problem is to encourage participation. There is little interest in change and improvement. It is hard to get people's ideas. Meetings to discuss development are poorly attended.

We are trying to get people to contribute towards the cost of the project. At present we have outside funding, but this will not always continue.

We hope you can give us some ideas of how to encourage the people to help themselves. We have money budgeted for development, but fear to use it until there is some move from the people.

Eileen Coates, Utraula, India

Encouraged

I am working as a facilitator in a church based integrated rural development programme. I was very much privileged to receive the first copies of Footsteps. I hope to participate in the future sharing our practical situation and how we approach rural families. I wish you God's blessing as you try to help his servants exchange their experiences through Footsteps.

Ezekiel Sitienei, Eldoret, Kenya

New uses for banana flowers

I work among the Bunna people of SW Ethiopia. There has been relatively little development work done among these people and most of the Bunna have not heard of Jesus Christ, so it is both a challenge and a privilege to live and work here.

We need first to gain the trust of the people, so apart from the curative side we are spending a lot of time in building relationships and listening. There are few believers and the women seemed eager to learn, so we began meeting with them for Bible study and cooking. Together we looked at alternative ways of preparing foods and new ideas.

Bananas are plentiful here, but the flowers were never used. A Filipino nurse suggested cooking them. Here

are two recipes for using banana flowers. (Can anyone tell me what the nutritional value of the banana flower is?)

Sharon Smith, SW Ethiopia

Recipes using Banana Blossom

Separate and cook the petals of the blossom. When tender, cool and chop.

The following recipes each use one cup of the cooked, chopped blossom.

BANANA BLOSSOM STEW

1 cup of cooked, chopped blossom
1 chopped onion
1 chopped clove of garlic
1 tablespoon oil
1 small piece of crushed ginger root
1 or 2 chopped green peppers
1 cup of water
Salt and pepper to taste

Mix and simmer for 15 to 20 minutes.

BANANA BLOSSOM MEATLESS HAMBURGERS

1 cup of cooked, chopped blossom
1 small chopped onion
1 chopped clove of garlic
1 beaten egg
Half cup of flour
Salt and pepper to taste

Form into patties and fry on a lightly oiled griddle, turning until browned on both sides.

NEWS

French & Spanish Footsteps

Footsteps will soon be available in French and Spanish translations.

Please let us know if you would prefer to receive your copy in either of these languages. Also, let us know of others who will be able to make use of these new translations.

Aids, Sex and Family Planning - A Christian View

by Dr K Baker and H Ward
Africa Christian Press, 1989

This book is written in story form, looking at many aspects of the issues which confuse Christians in family planning, sex and also AIDS. It is written sensitively and manages to include a great deal of practical information, written in a way which is easy to follow and understand. Its approach also gives valuable information on how to teach others about this subject in a relaxed and open way. An excellent book. Very highly recommended to all involved in teaching others on these delicate issues.

This is available worldwide through Christian bookshops. Or you can obtain a copy from: Africa Christian Press, 50 Loxwood Avenue, Worthing, W Sussex, BN14 7RA UK. Price £2.25 including postage.

This is a subsidised price for people working overseas. UK orders: £2.50 plus 90p postage.

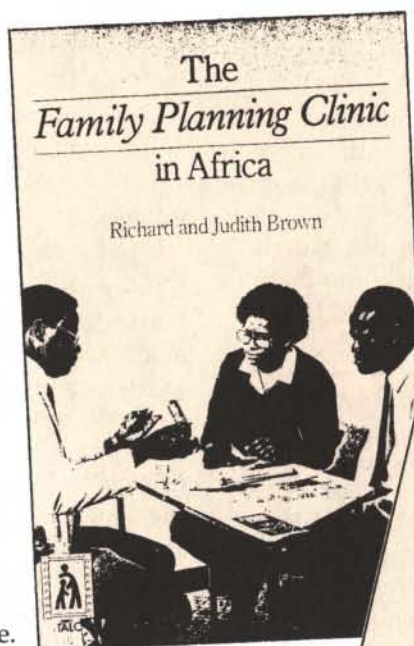
Facts for Life

by UNICEF, 1990

This is a book just brought out by UNICEF. It contains in simple form all the vital information about health which every family in our world needs to know. It is written to help all those involved in communicating health education: health workers, teachers, religious leaders, local government, etc. It contains the vital facts about birth-spacing, safe motherhood, breast feeding, weaning and child growth, immunisation, diarrhoeal diseases, respiratory infections, domestic hygiene, malaria and AIDS. All parts of the book can be freely reproduced. Well laid out and produced at low price, this should be

available to all those involved with development.

It is available in Arabic, English, French, Portuguese and Spanish. Copies are available for £1.00 each (add 10% for postage) from: UNICEF UK, 55 Lincoln's Inn Field, London, WC2A 3NB, UK. For large quantities this book can be ordered from the USA at just \$1 per copy. Money should not be sent with the order - an invoice will be sent later. Write to: UNICEF, DIPA, Facts for Life Unit, 3 UN Plaza, New York, NY 10017, USA.



The Family Planning Clinic in Africa

by Richard and Judith Brown
Macmillan, 1987

This is a practical guide for all those involved with the provision of family planning services — nurses, medical assistants and auxiliaries. It provides clear and non-technical advice on the different contraceptives and how they work, and on the skills and resources needed to set up and run a family planning clinic. It contains chapters on record keeping, teaching methods and dealing with the questions commonly asked: also a useful and extensive list of organisations in many

countries who may help with supplies and information, and helpful books.

Available from TALC, PO Box 49, St Albans, Herts, AL1 4AX, UK. Price £1.95 or \$3.35. Postage £1.50.

Maternal and Child Health in Practice: Training Modules of Middle Level Workers

by G J Ebrahim, A M Ahmed and A A Khan. London 1988 (WHO/EMRO)

This book contains 14 training modules which should help to standardise the practice of maternal and child health in the developing world. The modules are intended to reinforce the knowledge and skills of middle level workers concerning the work carried out by primary health workers.

The subjects covered include caring for individuals from conception to old age, as well as skills in management to ensure that the whole community is receiving adequate health care.

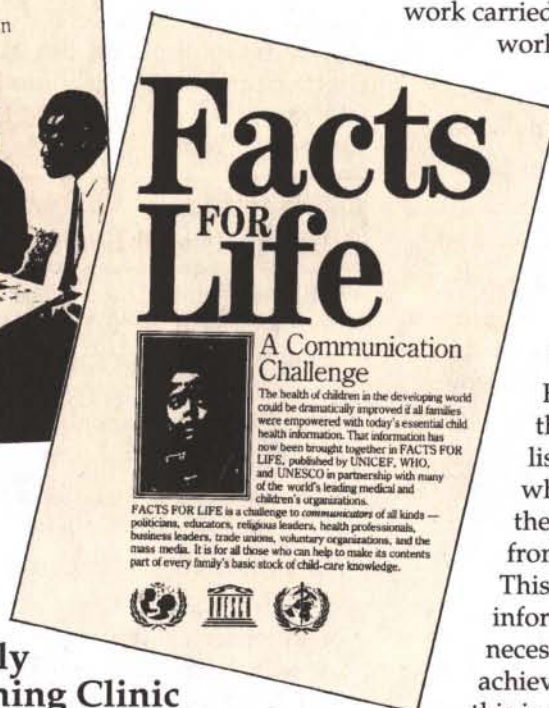
Each module is written in three parts. First there is a list of learning objectives, which tells the reader what they are expected to gain from studying the module. This is followed by all the information and teaching necessary for the reader to achieve the objectives. Next to this is a list of tasks containing the skills which need to be

achieved and practised. Finally, each task is broken down to a number of activities, each activity representing a specific skill which needs to be practised.

Simple language and well-presented text make this book a practical manual. It has already been thoroughly field-tested in several countries.

The book is available from Macmillan Publishers Ltd, Basingstoke, and its distributors throughout the world. Price: £2.25.

Reviewed by Angelika Dietz



CONTROLLING PESTS WISELY

IMAGINE you work as an agricultural extension agent and have to make decisions about pesticides. Pesticide companies may encourage you to use their products. Farmers will ask for advice. Government booklets may recommend a certain treatment.

In many countries, laws to do with pesticides are very weak. Very poisonous pesticides may be bought in the local store. There may be no regulations about storing and applying them. You may find that it is very difficult to learn much about the different chemicals available. For the farmers, it may be almost impossible. So the responsibility lies with **you, the extension agent**, to provide good, safe advice.

Remember— most pesticides are poisonous: some are very poisonous!

Pesticides may be dangerous because:

- the chemical itself is poisonous
- the chemical is not used properly (when stored, mixed or applied)

A poisonous pesticide, if used properly and carefully, may do no harm. But even a slightly poisonous pesticide, if used carelessly without following the instructions, may do great harm. A very poisonous pesticide used carelessly may do great harm both to people and wildlife. **Pesticides may kill if not used carefully!**

WHAT SHOULD YOU DO BEFORE USING PESTICIDES?

1. Examine the need.

What is the problem the farmer faces?

2. Examine the alternatives.

What different ways are there for dealing with the problem?

Consider non-chemical methods like crop rotation, using resistant varieties, hand picking or weeding and good cultivation.

Consider local, traditional methods. But remember that traditional chemicals may also be very poisonous. Finally, consider which commercial pesticides would control the problem.

Following our last issue on pesticides Mike Carter has some helpful comments on when to use them...

3. Examine the dangers.

Think of the effect each method would have on people, livestock and wildlife. How poisonous are the pesticides or traditional methods which you are thinking of using? Ask for information from the Ministry of Agriculture and pesticide companies. Read the labels carefully. If it's hard to find this information, complain to the pesticide companies about poor labelling and write to your M.P. about safety regulations!

4. Examine the way in which chemicals will be used.

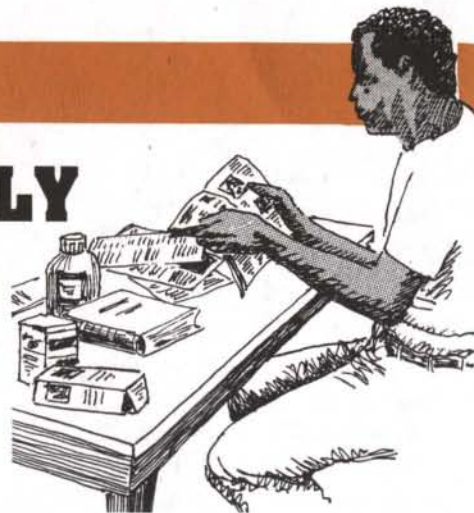
- Will the chemical be used as a liquid, or as granules? (Granules are usually safer.) Is proper equipment (e.g. a backpack sprayer) available, or will farmers try applying the chemical with poor equipment?
- How much training will the farmers have in using chemicals safely?
- Do the farmers understand the dangers involved?
- Is protective clothing (gloves, boots, overalls, facemasks) available and will it be used?
- Will the chemicals be stored safely?
- Are first aid and emergency facilities available, should things go wrong?

5. Now make your decision.

If you are not sure about some of the answers always assume the worst!

Never recommend a chemical which would be too dangerous in the way it is normally used in your area.

Always choose the least dangerous chemical applied in the safest way, even if this may be the most expensive.



A PRACTICAL CONCLUSION

My own experience in extension work is that:

- Pressure to use dangerous pesticides is very strong.
- Good equipment, protective clothing and storage facilities are rarely available or used.
- Labels on pesticide containers are usually very poor.

If this is the case, then commercial pesticides should probably not be used at all. Always try to encourage farmers to use non-chemical and traditional methods, whenever possible. Give proper training in handling and using pesticides. Make other groups aware of the dangers of pesticides.

Only recommend the less poisonous pesticides such as: cypermethrin (*Ambush*), fenvalerate (*Sumicidin*) and pirimiphos-methyl (*Actellic*).

For small-holder farmers, without access to good equipment and protective clothing, do not recommend pesticides such as aldrin, dieldrin, DDT, HCH (*Lindane*), dichlorvos (*Dedevap*) and phosphamidon (*Dimecron*). These are too poisonous and dangerous.

Mike Carter worked in Kenya for four years with Tear Fund. If you need more information about particular chemicals write to Mike Carter, TCORD, Bishop Burton, Beverley HU17 8QG, UK.

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