

FOOTSTEPS

No.27 JUNE 1996

PRESSURES ON THE FAMILY



The Population Debate

THE WORLD'S POPULATION will increase from the present figure of 5.8 billion to an estimated 8.5 billion in 2030. It will double from the present figure in just over 50 years' time. Picture your community, health and education services with twice the number of people...

90% of this increase will be in developing countries, often in areas already facing severe pressure on the environment and natural resources. 70% of this increase will occur in the very poorest developing countries where the average person's income is less than \$2 a day.

In recent years there has been much discussion about world population growth. Some people see this as a disaster, with resources running out and poverty increasing. Other people point to the work and investment new people will bring and the problems they will solve. Where there are enough resources, population growth can bring real benefits to a society. After all, if those new people are working and investing, they are contributing a great deal to their society. But in societies where resources are already strained, with no jobs and lack of adequate education or healthcare, rapid

population growth can place the situation under more pressure.

How will the world support such a huge increase in people when so many are already living in poverty? These new people will need new resources. They will need jobs, housing, education and healthcare. This raises issues of economic growth and development. It also draws attention to the fact that the people in the north consume so many more of the world's resources than people in the south. We need to be aware of unfair trade and lending practices internationally which

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FOOTSTEPS

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

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

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

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prevent many countries from realising their full potential.

Whether a population is growing or in decline, we need to look at people's needs. A growing population may have a lot of very young people with specific needs. A declining population (as in some of the countries of Europe) may have many elderly people in it, which will bring different challenges.

Key issues

Tear Fund has focused its reflections on societies with growing populations. Some of these are among the poorest countries in the world. This focus is based on a careful study of the Bible and puts God's concern for people first. Here are some of the key issues...

Children are a blessing The Bible teaches that children are a blessing. Children are to be welcomed into the world and celebrated. People are made in the image of God and are to be given respect and dignity. However, many people today do not experience life as a blessing but as a tragedy. They may live in extreme poverty or as one of millions of 'street kids' who are unwanted. They may die from illnesses which are preventable.

God is just and has a special concern for the poor, weak and powerless. God's desire is that people should live in sustainable relationships between people, the land and other resources, and be at peace with God. God is a generous creator and wants all people to have sufficient resources to give security and hope in their lives.

Economic development We need to work together to improve the prospects for people in their communities. This means working to create jobs, access to credit,



Photo: Richard Hanson, Tear Fund

Men need to recognise that men and women are equal in God's sight. Decisions about family size need to be joint decisions.

improving housing, education and health care. Justice for the poor is at the heart of Tear Fund's work.

Education of women Educating women and girls is one of the key issues in discussions about population. In many cultures women have the decision to have children imposed on them. Where there is a strong preference for boys, girls are often regarded as inferior. In some cases the discovery of a girl foetus, through the use of scans, will lead to an abortion. In countries with a dowry system, girl children are seen as a drain on household income. Access to education and employment is vital so that women can make their own contribution to household income and to the community.

Family life Strong marriages and families are the backbone of strong communities. Marriage is a commitment to one another in a permanent and faithful relationship which lasts for life. Within this secure relationship men and women can make joint decisions about their life together, including having children. It is a tragedy that some people do not have happy marriages because they have become violent or oppressive. All men and women need preparation before taking on marriage commitments and learning to love and respect each other. It is important that men are taught from an early age that men and women are equal in God's sight and that decisions that affect them both should be joint decisions.

Responsible parenting Within such relationships, spacing children so that



Photo: Richard Hanson, Tear Fund

Discussion Starters

- Do you have opportunities to discuss openly issues of population, family spacing and sexual behaviour within your family, with your friends or within your community? If the answer to any of these is no, can you think of ways of providing such opportunities?
- What kind of teaching and support is available to young people within your community to help them think through important and sometimes embarrassing issues in a relaxed and open situation?
- What is your church's teaching on important moral issues?
- Does the present availability of family spacing teaching and methods provide people with sufficient choice to make their own decisions. If not, are there any ways of improving this situation?
- Do young people receive well established cultural teaching on matters such as sexual responsibility, marriage and behaviour? Or are they confused by the contrasts between this and liberal western attitudes seen on TV? Do parents provide good role models?

mother and child are both healthy and flourishing, is important. How big a family a couple have is their own decision. Tear Fund is against population control programmes or aggressive contraceptive programmes which take these decisions away from the families concerned. However, God's blessing of fertility does not mean that we should necessarily have unlimited numbers of children. Married couples who do wish to limit their family size by using contraceptives, or by other natural or traditional methods, should be able to see such decisions as part of the stewardship of their lives. Decisions about which method to use must be left with those concerned, so that these are personally, culturally and morally appropriate.

Abortion Decisions about child spacing are very different from decisions about abortion, which is always and everywhere a tragedy, both in terms of the life destroyed and the health of the mother. It is therefore very important to separate discussion about family spacing from discussion about abortion. We welcome the statement from the Cairo World Conference on Population that 'abortion should never be used as a method of birth control'.

Young people Young people have special needs – especially if they are growing up in urban areas where they may be cut off from cultural traditions about family life. They need opportunities to learn and discuss openly, against a background of Christian teaching, issues such as sexuality, gender and family life. Providing counsellors is very important.

The role of churches All too often, churches do little or nothing in the way of teaching about sensitive issues. However, it is vital that churches take time to develop a positive vision for human relationships. Otherwise the church may end up simply reacting to difficult situations by being negative and having little impact on the community. Pastors, counsellors and lay leaders need to receive training and resources to enable them to teach, counsel and lead in these areas.

A sensitive approach

Tear Fund's approach to population issues is based on an understanding of what the Bible says about these issues. Tear Fund aims to support its partners throughout the world who should feel free to develop their own approach in a way which is sensitive to the local culture and needs. Although Tear Fund does not act independently, these are such sensitive and important issues that time has been set aside to think them through and to form clear guidelines. This article summarises the ten point policy document that Tear Fund has produced – copies are available from the Teddington office. Tear Fund trusts that by working in partnership with organisations around the world, people can be enabled to make their own decisions about their lives and to face the future with hope.

Tear Fund's population policy document is based on a recent study by Roy McCloughry, who works for the Kingdom Trust.



FROM THE EDITOR

THIS EDITION of *Footsteps* is a challenging one. It shows some of the issues facing families today and in the future. It could make us feel quite depressed. Is there anything we can do? It raises many difficult issues that are easier to ignore. However, like the recent issue on women's health (which has been much appreciated by readers) we hope that this issue, too, will help in raising awareness and discussion of sensitive issues. Families are the building bricks of societies. When they start to crumble, so too may society. We need family units – of whatever size – that provide a secure and loving base for children to grow and where people can share their needs, problems and joys openly.

As part of the final stage of developing their population policy, Tear Fund have included discussion of population issues in all their publications. They would be particularly pleased to have the response of *Footsteps* readers.

Future issues will look at street kids, urban agriculture, participatory learning and action and water-borne diseases. Do send in your contributions on these.

Isabel Carter

The changing role of the family

by Dr Apolos Landa

AS WE APPROACH the third millennium, people all around the world show signs of being scared. They may be fearful about their safety, worried about their families or full of uncertainty about the future.

Our families give us an identity. They provide us with a moral, social and economic support. Today, however – even in rural areas in Peru – the idea of the family itself is changing and is sometimes being replaced by other groups whose links are based on confidence, mutual support and a sense of common destiny. Religious groups, office colleagues and homosexuals are now sometimes seen to operate as ‘family’. This new way of thinking about the family is radically different and is not based on correct biblical teaching.

Many forces shake our homes and can cause our families to crumble. What are the most important ones?

Change

Change in itself does not have to be bad. It can often be good. When it is expected and wanted, most of us handle it well and welcome the variations it brings – like the arrival of children, starting a new job or growing old. Though at the time we may struggle with these changes, we soon regain our balance and move on with life.

However there are other kinds of change that threaten to destroy our family life. These can come from the modern world of discoveries and technology – continuously updated televisions and computers. Good technology, designed to help us, can steal from our families their peace.

There are also changes in values, economics and government policies. These changes are making unfaithfulness and divorce more acceptable, homosexuality more ‘natural’, marriage more temporary, child rearing more confusing and stable relationships more



Photo: Jim Loring, Tear Fund

difficult. These changes go against correct biblical teaching. We need to learn to control and cope with this rate of change. While not agreeing with such practices, we can still care for the people involved.

Pressures

War and disaster can bring great pressures. So can lack of money and financial instability. The precarious financial situation of many poor people

in urban and rural areas of developing countries becomes a tremendous force of pressure as family members – both parents and children – are forced to work out how to survive. Everybody has to work, regardless of age, education or emotional maturity.

Lack of time for precious family life affects both the well-off in regular employment and the poorest alike. This forces the disintegration of family life. This can affect us all. As families try to run their lives and satisfy their desires, life may become emptier instead of fuller.

A major concern, I believe, is that the family is losing its ability to survive pressures. As a doctor, I can liken this to the AIDS epidemic. Just as HIV infection causes the body to lose its ability to fight infection, so the continuous change and pressures on the family act like a disease, causing it to lose its ability to fight off and survive these pressures. **The family is becoming immunodeficient!**

AIDS and the future

One of the greatest challenges is the HIV/AIDS pandemic. In vast regions of the world this disease has disrupted the basic family structure. AIDS has become the family disease. Wherever there is a member with AIDS, the whole family goes through the same individual conflicts: denial, rejection, anger and resignation.

A family member with AIDS increases the pressures on a family. Can that family respond adequately to the problems? There is both physical and emotional damage.

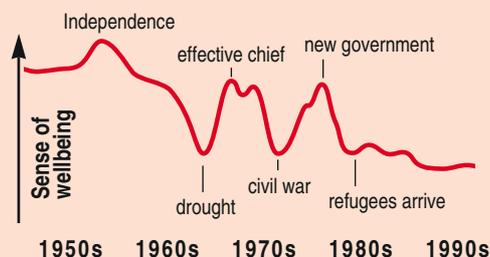
Discussion Starters

■ Discuss changes over time in your community and environment. It can be helpful to use timelines for this. Draw a line which shows the times of change and pressure as well as the times of stability. You could use the same exercise to show the pressure times in your own lives. Discuss what these lines show.

■ How is your community coping with the pressure of AIDS?

■ What positive action from within the community could be taken to ease the pressures on families in your community?

■ Is the church's teaching helping people to live with changes and pressures? Could it be doing more? If so, what?



Single women and elderly family members are overburdened with the painful duty of providing for AIDS orphans. Even the extended family disappears when compassion reaches the bottom. Women first and then children are becoming heads of families. AIDS is destroying those who produce and reproduce.

With such worry over the future, many people put their hope in angels, new

religions or over-emotional religion – but an inner emptiness remains. There is an urgent need to understand what is happening and to take time to work out our responses – in education, in our values and beliefs, in our family life. We must face up to the changes and pressures on the family, both in Latin America and the wider world today. The prophet Jeremiah once wrote (Jeremiah 6:16),

‘Stand at the cross-roads and look; ask for the ancient paths, ask where the good way is and walk in it, and you will find rest for your souls’ and, I may add, ‘...and for your families.’

Dr Apolos Landa is Director of the Asociación San Lucas, Apdo 2, Moyobamba, San Martín, Peru.

The world's missing women

by Tim Chester

KALA DEVI lives with her husband and seven daughters in the slums of Delhi. When I met her, she was pregnant again. Despite the expense, she had been for a scan. Finding it was a boy, the family had brought sweets for everyone to celebrate. If it had been a girl, she might well have had an abortion.

Travelling on the train, it is possible to see adverts offering abortions – legal in India since 1972 – for around 100 rupees (about \$3). With the arrival of sex testing – usually through scans – abortion has become the urban equivalent of infanticide, the practice of killing girl babies at birth. There are an estimated 60 million ‘missing’ women in Asia, creating a serious population imbalance.

Boys work for the family, look after their parents in old age and carry on the family name. Girls leave and get married.

Russia

More than four million abortions are conducted in Russia each year. Despite an increase in family spacing services, abortion is used by many women as a form of birth control.

China

Officially, ten million abortions are carried out in China each year, 97% of which are of girl fetuses. China's one child policy, begun in 1979, means that many couples who want a son abort girl babies, although it is illegal to tell parents the sex of a child before birth. The result is that there are only 85 girls for every 100 boys.

But in India it is the dowry system that drives the desire for boys. The practice, though illegal, is still widespread. The bride's family pays the groom's family the equivalent of several years' income for most workers, as a dowry. Dowries can land families in debt for several years.

In 1994 the Indian government made sex determination tests illegal – but still the practice continues. ‘Pay Rs 500 and save Rs 50,000!’ is a popular advertising slogan for having a scan to find the sex of a baby. In other words, pay \$15 for a scan which could avoid the risk of having a girl child whose dowry will eventually cost \$1,500.

In African and Latin American countries – together with those countries in Asia which are largely Muslim – the situation is very different. Most of these countries have very strict abortion laws at present. But there is pressure for change – particularly

in Southern African countries. Christians are concerned but are often not sure how to take action.

The UN conference in Cairo agreed that abortion should not be seen as a form of birth control. Christians around the world face an enormous challenge – to pray, to influence the attitude of society and to influence new laws. Tear Fund's policy document states that ‘abortion is always a tragedy and should never be used as a method of birth control. Those women who do have abortions need to be offered care and compassion.’

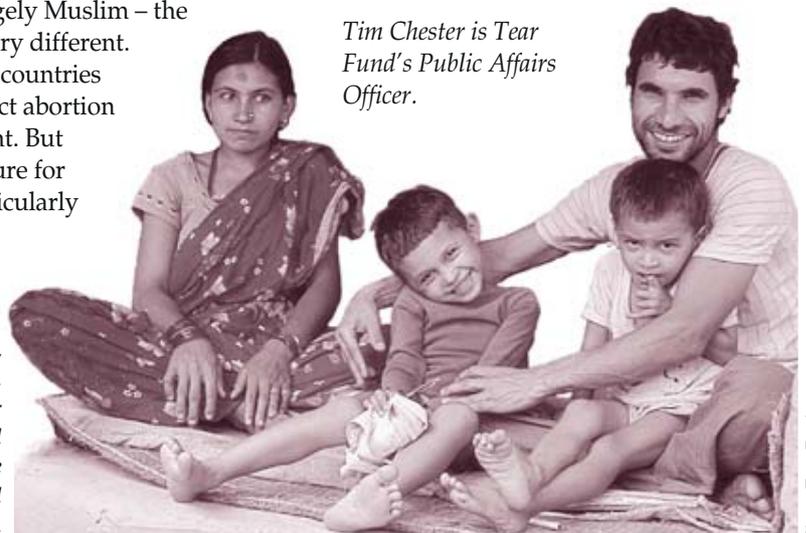
There are about 25 million unsafe and illegal abortions carried out every year.

UK

In the UK one in every five pregnancies ends in abortion. This means over 180,000 abortions a year – seven times the figure in 1968 when abortion was legalised.

In many cultures, boys are preferred.

They look after their parents in old age, carry on the family name and need no dowry.



Tim Chester is Tear Fund's Public Affairs Officer.

Photo: Tear Fund



Testing water purity

WE APPRECIATE *FOOTSTEPS* which provides much useful information for us. We work in providing water supplies in rural areas. We have a problem in testing water before proceeding with the building of wells and do not have access to large and expensive machines. Will the water be clean enough for drinking? Do any *Footsteps* readers have any ideas for simple methods of testing water easily and cheaply in the field?

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Kathmandu
Nepal

Child marriage

I READ THE *FOOTSTEPS* ISSUE on women's health and this has encouraged me to write about the condition of Nepalese women in the rural areas.

The practice of early marriage became customary from 200BC, encouraged by

ancient Hindu laws. It was believed that the parents or guardians of a girl who reached puberty before marriage would go to hell. Child marriage became the custom – sometimes even the marriage of infants. Marriage at the age of 6 or 7 still happens in some rural areas. Orthodox Hindus believe that if a daughter is given away before her first menstruation she is a virgin and they will receive credit from the gods. This practice is still common among the Bhahun and Chhetri ethnic groups in particular, with a definite expectation that the couple will prove their fertility as soon as possible. There will be pressure to have frequent un-spaced pregnancies until a healthy son is born. Often, more than one son is needed to guarantee that at least one will survive to adulthood.

A small survey in a village in the hills of central Nepal showed 40% of the women were married before reaching puberty. Half the women had suffered problems during pregnancy and childbirth; 14% had had an abortion, 12% had given birth to stillborn babies and 16% had suffered a prolapsed uterus.

Literacy levels are low – 80% of women in Nepal are illiterate. The education of boys takes priority over that of their sisters. The status of girls and women remains low. Their low self-esteem produces low expectations and a fatalistic attitude to life. For example, a woman may not believe she can limit the size of her family and resigns herself to the annual burden of childbirth. Education can change expectations. It may

empower a woman to control her own fertility, give her the knowledge to space the birth of her children and to improve their chance of survival as well as her own. She can recognise problems when they arise, and seek appropriate solutions.

Kunti Tiwaree
c/o Sunita Shakya
Health Development Project
PO Box 1535
Kathmandu
Nepal

Astonished!

I AM an adult education animator, working with a group of 35 young girls who missed the chance of being educated in schools. We received the *Footsteps* issue on women's health and I talked with the group about the regular menstruation cycle. I also talked with them about how to wash and keep the rags they use, how to take care of themselves during menstruation, taboos during menstruation and how to get medical help if necessary.

Actually, Editor, the group was astonished and all fear was removed from their minds. They now recognise menstruation as completely normal. Thank you very much.

Biasaki Nzoka
Alphabetiseur
Diocese Anglican du Nord – Kivu
Beni-Zaire

A matter of priorities

THE ISSUE ON WOMEN'S HEALTH is, in my male opinion, one of the best in a long time – even though we value every issue, because it challenges Christian readers directly. It is my bitter experience that in many societies where I have lived in Africa and India, Christians believe that discussion on sexuality is not only shameful but un-Christian. I would urge you to plan a follow-up to this issue.

I found Dr Arrowsmith's article on obstetric fistula both moving and enlightening. Governments – in both the developing and developed world – believe they have to spend more on armaments than health care. It is not always true that countries cannot afford to have good medical facilities. It is a matter of priorities.

We sincerely believe that a woman with an obstetric fistula is seen socially in the same



Photo: Richard Hanson, Tear Fund

The education of girls can change their expectations.

way as leprosy patients were (and still are) in many communities. While it is still right to support leprosy work, it is harder to obtain support for fistula work. You can use persuasive photos of leprosy patients – but you cannot use photos of fistulas. The Christian community has been one of the largest supporters and promoters of health changes. We still see thousands of Christian hospitals in the developing countries. Their support – and that of Christians in the 'North' – for this work is vital.

In his healing ministry, Jesus met the needs of women with chronic problems relating to sexuality. If we do not give priority to training in corrective fistula surgery and provide free hospital care for these women – we fail the example which Jesus gave us.

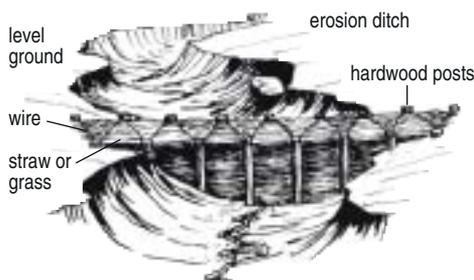
Dr P Paul
New Hope Rural Leprosy Trust
Post Bag 1
Muniguda, Rayagada District
Orissa
India 765 020

EDITOR

New Hope Trust have available a set of discussion papers on excision and obstetric fistulas.

Erosion control

MANY YEARS AGO I worked with a group to control very large erosion ditches – sometimes 10 metres across. We used hardwood posts which we sank 1 metre deep into the ground, with the tops level with the original ground level. We planted them in two rows across the ditches and tied wire diagonally between



them. We filled the ditch with straw or grass and planted cuttings of willows. As the level of straw and grass fell, we filled it up again.

Two years later the ground was level, the willows growing well, and the land again producing crops.

Dr William Dobson
Tecuitata
Nayarit 63777
Mexico

Materials for training

FOOTSTEPS IS A SOURCE of many new ideas to us. It often reminds us of things which we were not paying enough attention to – eg: excision. Fortunately, in our country the authorities and churches reacted energetically against this practice and it happens only in certain areas.

We have just organised a training session for our monitors in charge of tree nurseries. We used subjects from *Footsteps* – grafting, nursery techniques and the Bible study – and were well satisfied!

Jean-Claude Bokoula
CFAE
BP 7, Alindad
Central African Republic

If the word said 'A single word cannot make a page' – there would be no book.

If the note said, 'A single note does not make a piece of music' – there would be no symphony.

If the stone said, 'A single stone cannot build a wall' – there would be no house.

If mankind said, 'One gesture of love cannot save humanity' – there would never be any justice, peace, dignity or happiness on earth.

Just as the book needs each word,

Just as the symphony needs each note,

Just as the house needs each stone,

The whole of humanity needs you

Where you are

Unique

And therefore irreplaceable.

Taken from the review, *Mission No.50*
and with thanks to SCAR, Switzerland.



Photo: Richard Hanson, Tear Fund

Happy Families Checklist

How often do you laugh together?

- every day 5
 every week or two 3
 not very often 1

How often do you pray together?

- every day 5
 every week or two 3
 when there are problems 1

Can you talk with teenage children...

- easily? 5
 with difficulty? 3
 hardly at all? 1

Are the old people in your family...

- a blessing? 5
 rather difficult? 3
 very awkward? 1

How often do you make time to do things together as a family?

- every day 5
 every week or two 3
 not very often 1

How often can husband and wife relax on their own together and talk openly of their concerns?

- every day 5
 every week or two 3
 not very often 1

Tick the boxes and add up your scores...

25–30 Yours is a happy family. Make sure you keep it that way!

15–24 You are doing well, but need to keep building relationships in your family.

0–14 Take care that problems do not get out of hand. Make time to build up the links in your family.

Try this quiz again in a year's time and see if your scores have improved!

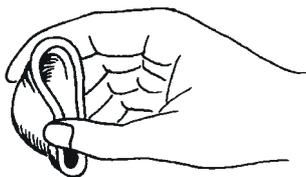
Temporary methods

Pill The woman takes a pill every day which contains a hormone which prevents eggs from being produced and alters the lining of the womb. 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. Some feel better because their periods become lighter and less painful.



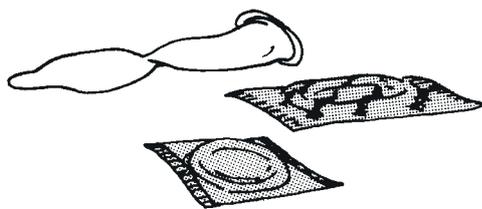
Using this method, about 1 out of 100 women will become pregnant in any year.

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.



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

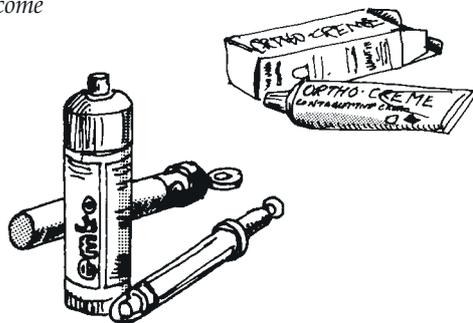
Condom This is made of fine rubber and fits over a man's penis. It collects the sperm and prevents them from going inside the woman's body. There is also a female condom which fits inside the vagina and works in the same way.



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

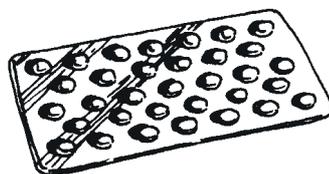
Foams or spermicides These are creams or foams which are placed inside the woman just before sexual intercourse. They damage the sperm, preventing them from reaching the egg.

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



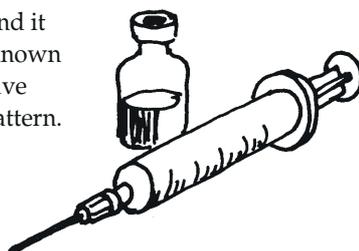
Mini-pill This can be used during breast-feeding. It contains a hormone which makes eggs less likely to be produced and changes the lining of the womb to prevent implantation of the egg.

Using this method, about 2 out of 100 women will become pregnant in any year. (Fewer during full breastfeeding.)



Injections These contain hormones which prevent the woman from producing any eggs. This is a simple, safe and popular method. The effects of *Depo-Provera* last for three months but can make a few women feel unwell at first and it changes the monthly bleeding pattern. New injections, known as *Mesigyna* and *Cyclofem*, are needed each month but have few side effects and do not alter the monthly bleeding pattern.

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



Practical for spacing

compiled by

THERE ARE MANY WAYS of... families. The most suitable metho... the needs of the couple and their... appropriate.

It is important first to understand h... woman's body produces an egg. T... fertilised. If it meets with a sperm... during sexual intercourse, the egg... of all fertilised eggs fail to attach... the unfertilised eggs, they pass ou... monthly bleeding. If a fertilised eg... the wall of the womb, in most case...

Some Christians do not feel that... used to prevent fertilisations. Othe... which prevent a fertilised egg fro... believe that since so many eggs... are acceptable.

Each couple should have the oppo... methods and decide what will be ri... effective they are. Some will provid... pregnancy. Other methods are no... spacing births when more children...

Permanent method

These methods are only for couples who are... children. They involve cutting the tubes wh... sperm in a man. They have no effect on a co...

Vasectomy is the operation for men. It can be c...

Sterilisation of women involves surgery and, c...

Both are simple operations. There will be so... heavy work for two weeks.

Using these methods, failures (further pregnancies)

methods g families

Isabel Carter

helping couples to space their
od depends on what is available,
beliefs about which methods are

ow a baby is made. Each month a
This lives for just a few days if not
released from the husband's body
may become fertilised. About half
themselves to the womb. As with
ut of the woman's body during her
g does become firmly attached to
s it will then develop into a baby.

any artificial methods should be
rs do not feel happy with methods
m implanting in the womb. Others
are lost naturally, these methods

portunity to learn about the different
ight for them. Methods vary in how
le almost complete protection from
t so reliable but may be helpful in
are wanted.

ds

e quite sure they will never want more
ich carry the eggs in a woman, or the
ouple's sex life.

done quickly with a local anaesthetic.

often, a general anaesthetic in hospital.

ome pain for a week and they must avoid

s) are extremely rare.

Natural methods

Breast feeding Breast feeding is best for a baby's health. Women who breast feed at least six times daily and give no extra milk or food to the baby are unlikely to become pregnant. This is not reliable after the first six months, but it can help in child spacing. Remember that a woman can become pregnant before the return of her monthly bleeding.



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 learns to recognise when she is fertile and to keep careful records of her cycle. Illness may upset the cycle. Clear teaching is needed to understand and use this method as it is quite complicated to understand.



Using this method, about 10–20 out of 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.

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. However, this may lead to the husband having other women.

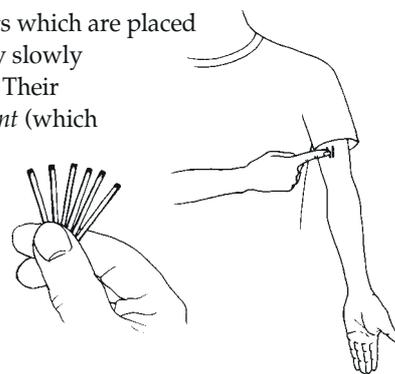
WITHDRAWAL (coitus interruptus) is sometimes included as a 'natural' method. With this method, the man prevents his sperm from being released inside the woman's body by pulling out

quickly. This is an unreliable method which is very unsatisfactory for both husband and wife.

It is **not** recommended.

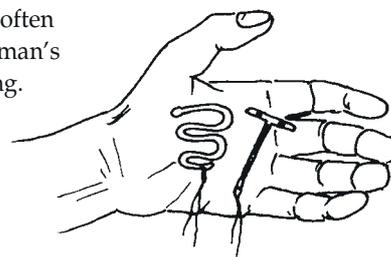
Reversible, long-term methods

Implants These are small, matchstick-sized implants which are placed inside a woman's arm. They release hormones very slowly and prevent the woman from producing any eggs. Their effects are long lasting – up to five years for *Norplant* (which has six implants) – but can cause side effects. A new type, called *Norplant 2*, only has two implants and lasts for three years with few side effects. The implants can be removed if the woman wants another child.



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

IUD (loop or coil) An IUD is a small piece of plastic, often carrying some copper, which is placed inside a woman's womb and prevents a fertilised egg from implanting. An IUD can remain in the body for four or five years. This is a simple and popular method. The most effective is the *Copper T380*.



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

Healing for our communities and families

by Gladys Mwiti

THE OASIS CENTRE is based in Nairobi, Kenya, and believes that the importance of Christian counselling in the church cannot be over-emphasised. They prepare training materials and run workshops and seminars throughout Africa to prepare Christian counsellors.

Rwanda – the long road to recovery

Following the traumatic events in Rwanda in May 1994 the Oasis Centre carried out research and prepared crisis counselling materials to use in Rwanda. A training manual called *Crisis Counselling* was published late in 1994. Other materials followed, including teaching notes for pastors, Bible study materials and teaching on subjects such as forgiveness, hope and repentance.

Later on all these materials were translated into Kinyarwanda. In 1995 a series of training seminars was begun. We have been amazed at the long history of pain stretching deep into the past. At the same time we have been thrilled by the healing power of the Holy Spirit who, through the process of prayer, Bible teaching, counselling and debriefing, helps to bring reconciliation and restore unity.

It is people like Paul (see box) that our trauma counselling seminars are producing. They come from all over Rwanda and from all the churches in that

The story of Paul

Paul is an elderly pastor. When the war started on April 6 1994, he was away from home attending a pastors' meeting. When finally he was able to return home through the horrors and confusion that followed the genocide, he found the maggot-ridden bodies of his sons and their families. He still remembers the sleepless nights that followed the experience. He, too, had to run away for his life and as he fled he vowed to get even with the murderers one day.

Paul was just one of the 55 participants in our third counselling seminar in Rwanda. After a lengthy debriefing session of six hours, he slept soundly for the first time in months. He told us that the pain in his heart had become bitter and was slowly strangling him. For a long time he had wanted to pour out his story but did not know how.

Over the first three days of the seminar, he began to understand himself. At the same time he was being equipped to help others. The seminar helped him to open up and share his experiences and thoughts. He has since forgiven the murderers, whom he knew well as his neighbours. By the end of the training, he was longing to get back home and be reconciled with them. He was a healed man.

nation. Through them many others will be helped. We trust that a wave of healing and transformation has begun in a wounded nation. Our work in Rwanda continues on this long road to recovery.

What are the needs in our communities?

Recently at the end of one Oasis training course, the newly trained counsellors brought together their thoughts on the needs in their communities. They identified the following problem areas where they can begin to work – through setting up counselling groups in churches and organisations, by teaching people biblical values and in preventing breakdown of relationships...

Changing value systems Due to urbanisation and the movement of people, tribal values which held people together are fast being lost. The church can step in and teach biblical values which are lasting.

Family breakdown Unstable economies, work stress, political instability and general apathy have badly affected family relationships. This can lead to violence, separation and divorce. Strengthening the family should begin with counselling before marriage, followed by marriage enrichment so that family issues can be discussed before they even begin to cause problems.

Young people under pressure Urbanisation, TV, music and films have contributed to fast cultural change among young people. Unrealistic expectations of good jobs leave many young people not only

disillusioned but also bitter about a society they see as false and uncaring. Many young people can no longer communicate with their parents who are confused by the changes in their children. Indeed their manner of dress, language, attitude and seeming lack of ambition leaves many parents at a loss. The result of this breakdown in communication is rebellion, drug and alcohol abuse, teenage sexual activity, teenage pregnancy, abortions, school drop-outs etc. Counsellors are equipped not only to understand the needs of young people but also to begin early in preparing parents. Counsellors can help to build bridges between parents and youth through joint seminars in churches, in the community, in schools and by using the mass media.

Since in most of Africa both parents have to work to support the family, counsellors can also help parents to set priorities in their lives so that they spend enough time with their children. Strong relationships need time to grow and the best inheritance parents can give their children is love and a healthy relationship. All the rest – property, money, and education – may not last unless they are based on these two values.

Abuse of children War, ethnic conflict, urbanisation, poverty, unplanned families, drought, famine and loss of community values have, for the first time in Africa, created a large group of abused children. They can be found on the streets, in refugee camps, children's homes or uncared for in the community. Counsellors learn how to organise these traumatised

children and begin community-based programmes where they can start to regain their lost childhood and start living again.

AIDS: prevention, counselling and community-based programmes Before they come for training, many counsellors are already working in AIDS-related programmes. After Oasis training, many go home determined to include a biblical aspect in their programmes or to set up programmes in their churches, organisations and communities.

Leadership training and work ethics Many projects and aid programmes in Africa have failed because of untrained leadership. Many international aid agencies feel that their involvement in Africa has almost been a wasted investment. This is because Africa continues to slip deeper into dependence. Oasis recognises that sustainable development has to be based on 'people transformation'. During the training much time is spent on understanding people's inner needs, learning to help motivate them towards transformation by God, emphasising biblical work ethics and calling leaders to servant leadership. The lay counsellors go home as transformed leaders, able to provide counselling in conflict situations in organisations and to lead towards accountability in the world of work and ministry.

They believe God's way is in urgent demand for achieving a meaningful life. They now have a vision of hope for Africa and a burden to help others.

Gladys Mwiti is the Founder and Executive Director of Oasis Counselling Centre, PO Box 76117, Nairobi, Kenya.

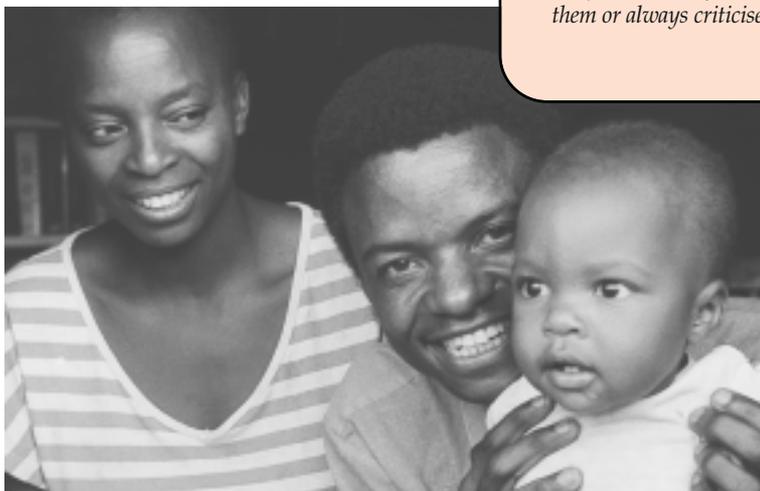


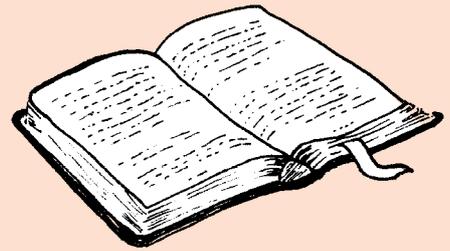
Photo: Mike Webb, Tear Fund

The best inheritance parents can give their children is love and a healthy relationship.

BIBLE STUDY

Families

by Louise Pott



GOD INTENDS the family as a place of refuge and security, standing strong under pressures. It should be a place where members can grow to maturity, sharing good things and fun! There are many examples of this in the Bible – for example, Psalm 128.

What can we do to strengthen our families? What will help them to develop as God intended? Here are some ways which will help us to progress...

Put God first If we put God first in our lives, other things will fall into place.

The Word of God Studying the Bible, both alone and together, is very important. It is a foundation stone for the family. Read Deuteronomy 6:4-9

Love Read 1 Corinthians 13 to understand the type of love which we should have in our families. Do we have this love in our own families?

Responsibilities of family members Read Ephesians 5:21-6:4 and then Colossians 3:18-21 to learn about our responsibilities as family members. What are these responsibilities? Do we really put them into practice?

- *As husbands, are we loving and not harsh to our wives? Do we love them as much as ourselves?*
- *As wives, are we 'companions' to our husbands, supporting them in their role?*
- *Children are a blessing from God. Do we see them as a blessing or do we think instead of the problems they bring? Do we encourage them or always criticise them?*

• *Do we respect and obey our parents? As they become old, do we look after them? Do we look at the problems of their old age rather than the wisdom that it brings?*

Sexuality God wants us to enjoy the sexual side of our relationship with our husband or wife (Read *The Song of Songs*). But **only** with them. The Bible condemns adultery (Proverbs chapters 5 and 7).

Drunkenness Read Ephesians 5:18. Drunkenness leads to many problems which attack the family: poverty, immorality, adultery, AIDS etc. Getting drunk may seem a simple way of escaping the problems of life but it actually makes them worse.

Money Chasing after wealth causes some of the problems which attack our families. We put money before God and before our families, thinking that it will bring security and happiness. Not only is this wrong – it is not true. As we put God first, he will provide for our needs. Read 1 Timothy 6:6-10 and Matthew 6:33.

Think and pray about these things. Discuss them together with your family. How does your family life compare with these truths in the Bible? What could you do to improve things?

Finally, enjoy your family! They are a blessing!

Louise Pott is a member of the Footsteps Editorial Committee. She has spent some years living in Uganda.

MAY WE BE a shining light to the nations.

May we bring a word of life to the peoples of the earth.

May we be a healing balm to the nations.

A prayer written by participants of an Inter Africa Counselling Seminar, September '95

Visual Aids for Development

by Petra Röhr-Rouendaal

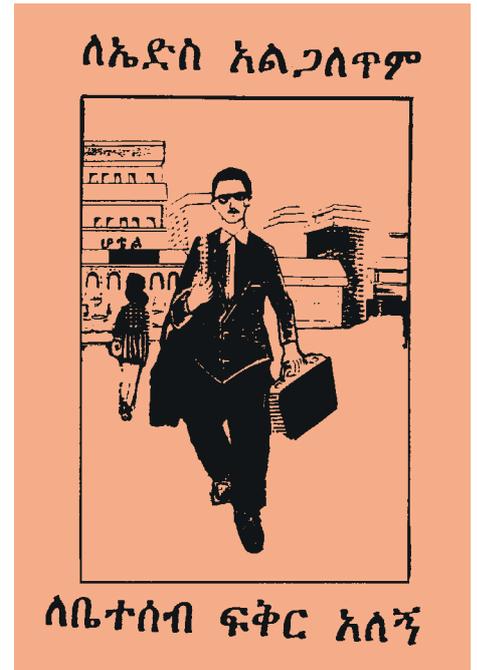
'I FEEL LIKE A BIRD who can fly for the first time!' This is what Brenda told me after she had produced her first visual aids. She is a nurse working in the north of Kenya with the nomadic Samburu and Turkana people. She has travelled with the nomads over the last few years, living in a simple grass-mat hut. Brenda's work is to teach people about primary health care. This proved difficult as few people could read or write and she had no visual aids. Visual aid teaching materials on health might have been available in the capital city Nairobi, but they probably would not have been culturally appropriate. When pictures are used for education in an illiterate community it is important to use images which the people can identify with.

For example, the poster on AIDS education, shown at the top of this page, was designed by the Ministry of Health in Addis Ababa and was found on walls all over Ethiopia. How relevant is this poster for people in rural areas where there are no two-storey houses, where men don't wear suits and smart shoes

and carry briefcases? No wonder people's response was to say, 'Yes, AIDS is only a disease in towns – we won't get it here.'

Simple visual aids

More than 800 million people in the world cannot read or write. In



communities where people are illiterate, pictures can become a very powerful educational tool. Thousands of development workers world-wide could use posters and other visual aids. However, there is a great shortage of simple visual aids in health and development. Trainers have to rely on an occasional poster made locally or given to them by the Government or aid agencies. There are rarely enough simple educational pictures to help development workers get across vital information that could improve people's lives.

'Health Images' was started nine years ago in response to this need. Based in the UK, it specialises in helping groups in poorer countries develop and produce their own, locally relevant visual aids for health, development and education. We have worked with people at grassroots level in many different countries, helping them identify their own local problems and produce appropriate visual aids. We take a similar approach to Paulo Freire's, the forefather of adult literacy. He believed that education is successful only when a real dialogue with the community takes place and when one 'starts where the learner is'. This participatory approach is the essence of our work. We help community members to produce visual aids for the local community.



A discussion starter from the Namibian Literacy Campaign.



Tigrayan refugees preparing a screen for printing.

Thinking through the problems

Our role as facilitators is to provide space and time for local people to come together and discuss local health and development issues. Once they have identified the problems, we help them to think about their ideas in the form of different visual aids. If, for instance, they want to remind people to get their child vaccinated, a simple message poster may be appropriate. If they want to talk about AIDS education, a puppet show could be a good way of communicating this sensitive and possibly embarrassing issue. If the development worker wants to discover what people know about water-related diseases, a discussion starter may be the right kind of visual aid.

Historically, pictures for development communication have been used in a top-down way. Messages were directed at the target audience without allowing any room for their involvement. In many communities we find that people have seen simple message posters which tell them that 'Breast milk is best' or to 'Use a condom to stop AIDS,' but they are often not aware that there are many other kinds of visual aids such as discussion starters, picture cards, educational games, puppets and masks, educational comic strips, T-shirt design or flannel board figures, all of which are very participatory and encourage discussion.

Screen printing is a simple and effective way of mass-producing images. On the right are examples of designs for T-shirts and posters.

Beyond participation

Over the years we have found increasingly that even this participatory approach does not go far enough. The word 'participation' implies that people take part, but this does not empower them to make their own decisions. Often planners say, 'We need to empower people to do this or that,' but the very idea that you can empower someone else is a contradiction. Empowerment cannot be given or taught. It can only be done by people for themselves.

In our workshops we try to encourage people to take part in lively discussions. We help people focus on the health or development issues they feel are important in their community. We encourage them to make their own decisions and build up their self-confidence. Once that is done, we introduce the different kinds of visual aids and explain the technical side, especially when silk screen printing is involved. We also spend much time in pre-testing the visual aids produced in any workshop.

Often people say in a panic '...but I can't draw!' It's useful to remind them that a visual aid does not need to be a piece of art – it just has to pass on a message. We do help people with basic drawing skills if that is what they want. We also concentrate on the kinds of visual aid that can be easily produced or mass-produced (like silk screen printing).

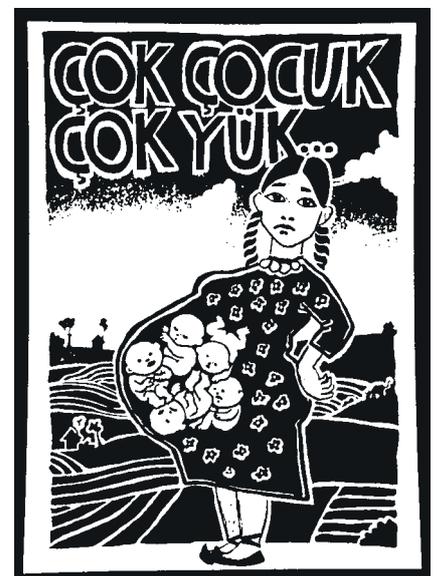
Workshops may have very different themes. Over the years these have

included primary health care, AIDS education, agricultural training, literacy campaigns, animal husbandry, water hygiene and caring for the environment. It is wonderful to work with people who really want to help themselves.

Health Images provides workshops in countries around the world for all kinds of groups. They will shortly be publishing a new 'Copy Book' with guidelines on how to produce visual aids. Contacts for further information:

Petra Röhr-Rouendaal, 73 Clarence Road, Birmingham, B13 9UH, UK

Bob Linney, Holly Tree Farm, Walpole, Halesworth, Suffolk, IP19 9AB, UK.



Drama from EcoLink

IT IS VERY IMPORTANT to encourage people to talk openly about sensitive issues. Drama – using people or puppets – can be a good way of encouraging such discussion. Here is an idea for a drama written by EcoLink in South Africa. You can add your own ideas, adapt the content and change the names to make it relevant for your own community.

EcoLink produce many useful booklets on a number of different subjects. See next page.

‘Another Mouth to Feed’

Six women of different ages are sitting together talking. Maria, Anna, Jane and Theresa are older women. Sarah and Lucy are younger women. Maria is making a quilt for her daughter's new baby.

- SARAH Is that for your daughter's first baby, Maria?
- MARIA No – it's for her third. But it's a girl again. Her husband says they must go on trying for a boy. He needs a son to carry on his name and for the inheritance.
- ANNA It's a pity that girls can't inherit. When my friend's husband died, his mother and brothers just came and took everything. They just left her some pots.
- LUCY That's bad. I think there are some different laws now though. We need to know about them.
- ANNA So what will your daughter do, Maria?
- MARIA She's going to the clinic for advice. She's had these three children very close together and she needs to get strong and well again before thinking of having any more. Besides, she's also afraid that her husband may lose his job. So many factories are being closed down now.
- JANE Some of our men don't like us to go to the clinics for help. They like us to have lots of children. Some of them think they have to build up a big tribe, like in the old days.
- ANNA We needed many children in the old days to help us in the fields and in the homes, but it's different now.
- SARAH My husband wants me to go to the clinic. He's not old fashioned. He says we can't afford children yet. He's had to pay 15 cows for the bride price and doesn't earn much. He doesn't want a big family but he'd like a son.
- LUCY My husband likes to have a baby in the house all the time. He says a baby makes him smile even when he is feeling sad.
- MARIA I agree. Even strangers in the street smile at a baby and greet you nicely. Besides we need more children to look after us in our old age.
- THERESA But it's different now. If we have fewer children, they have a better chance of having a good education, useful skills and well-paid jobs. So just a few children will then be able to look after us better than a lot of poor children can.
- JANE You're right. I had a big family but they can't help me now. Instead I have to help my daughter's children.
- ANNA It cost me a lot to send my daughter to high school, but she has a good job now and helps me a lot. She's helping to pay for my son's education too.
- MARIA You know something? That lady near me with seven children is having another baby.
- LUCY Yes I know her. Her daughter is pregnant as well and she's only 15.
- SARAH Huh! We should talk to them about the clinic.
- THERESA No, I tried. The husband won't listen. He says all those pills and things are just ways of 'murdering' us.
- LUCY Some of us need better information. My neighbour believes that if you have those injections to prevent pregnancy, you'll never be able to have a baby afterwards.
- ANNA No, that's not true. I had injections for many years but have had two children since then. They are good, strong children as well.
- LUCY Some of us have our babies too close together and never have a chance to get really well before the next one. I think the idea of child spacing is a good one.
- THERESA It is true that healthy mothers will have healthy children. But, still, we must be free to decide for ourselves. No one else must come along telling us what to do.
- MARIA In the old days, if a young girl got pregnant they used to marry her to an old man as a warning to others.
- JANE It was different then. The whole community was responsible for the good behaviour of the young.
- MARIA Yes, any member of the community could discipline someone else's child. Today we have to mind our own business.
- JANE Well, it's very confusing. In the old days we all knew where we stood. We learned everything from the old people. Everything was connected. 'Home' wasn't separate from 'being educated'. Today the children are only getting half a teaching.
- THERESA Yes, education has lost its roots.
- ANNA I think we parents should teach our children about these issues. It might bring us closer if we can talk freely.
- MARIA We don't like the modern ways but we can't do much except prepare our children well. We must teach them about the dangers and give them a good moral and spiritual grounding.

EcoLink

Ecolink is a group in the Eastern Transvaal of South Africa, providing a variety of training courses and booklets. The workshops include literacy, environmental issues, bookkeeping and budgeting and solar cooking. Their resource centre produces environmental education resources for communities, schools and field workers. They are useful not just in South Africa but elsewhere.

Write and ask for a catalogue from EcoLink. Books must be paid for in rand or dollars.

PO Box 727
White River 1240
South Africa
Fax 01311 33287

Filling the Gaps: Care and Support for People with HIV/AIDS in Côte d'Ivoire

This is No.10 in the *Strategies for Hope* series. It is the first book which is based on a Francophone country. It shows how people, communities and government agencies are mobilising to meet the challenges of the HIV/AIDS epidemic. It gives case studies of people who provide counselling, care and training in the fight against AIDS.

Copies of the book are available free of charge to groups in Sub Saharan Africa unable to pay in foreign currency.

TALC
PO Box 49
St Albans
Herts
AL1 5TX
UK



Stepping Stones Training Package

This is a new training package about HIV/AIDS, gender issues, communication and relationship skills. It contains a 240 page manual and a 70 minute workshop video. It is aimed at Africa, though could be adapted for other cultures.

The materials are designed to help trainers and community leaders organise a series of workshop sessions for groups of 10-20 people. They will help people to explore their social, sexual and emotional needs and to communicate better within their relationships. The aim is to help

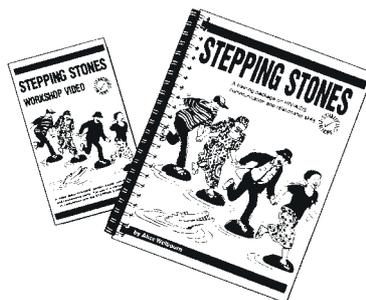
communities to change their behaviour – as individuals and together – through the 'stepping stones' provided in the workshop sessions.

The manual is available in English and Luganda. Other language versions will shortly be available. For running workshops, the full set of manuals is recommended so that each group training has its own manual.

The full set of four manuals and video costs £85, one manual and video cost £47.50 and the manual on its own, £12.50. Groups unable to buy these materials who could put them to good use can write to request free copies. Please describe your organisation, your experience of training people in sensitive issues and how you would use *Stepping Stones*.

Please order the package or write to:

TALC
PO Box 49
St Albans
Herts
AL1 5TX
UK.



Baygen 'Freeplay' radio

This is a new development – a clockwork radio. The Freeplay radio does not need batteries, solar panels or any other source of power. Twenty seconds of winding gives about 40 minutes of playing time. The radio is large, with a strong design and should last for many years without problems. It weighs 2.75kg and is 35cm long, 25cm high and 14cm deep. It gives a very strong volume, allowing a large group to listen together. It has three wavebands.

There is a special price of US \$46.30 for non-commercial organisations, church groups and development workers. This does **not** include the cost of postage. Please write and ask for further details from:

Baygen Agency
6 White Horse Drive
Epsom
Surrey
KT18 7LY
UK.

Family Counselling Groups

MAP

Following a very successful Family Congress in 1994, MAP are planning a second Family Congress in 1997. In the meantime, regional conferences are planned in Bolivia (July 1996) and Colombia (December 1996). For more information write to:

MAP, Casilla 17-08-8184, Quito, Ecuador

EIRENE

EIRENE is an international, non profit organisation made up of Christian professionals dedicated to supporting the development and welfare of families in Latin America. It began in Ecuador but now has offices all over Latin America. It provides family counselling centres, training courses for counsellors and publishes a number of books and manuals. Write for more information to:

EIRENE, Casilla 85-86, Quito, Ecuador.
e-mail: admin@eirene.ec

OASIS COUNSELLING CENTRE

The article by Gladys Mwitit tells of the training courses provided by the Oasis Centre. They have also produced a number of very helpful counselling manuals:

Crisis Counselling – a manual for crisis counsellors 250 Shillings

A Bible Study Guide 60 Shillings

The KAIROS – notes for Rwandan pastors 50 Shillings

The Youth Counsellor's Manual – soon to be published

Oasis Counselling Centre, PO Box 76117, Nairobi, Kenya



Photo: Paul Mowatt

The return of sleeping sickness

Sleeping sickness (trypanosomiasis) is a disease carried by tsetse flies which affects an estimated 55 million people in 36 African countries. It causes severe pain, suffering and death in mainly rural communities. A WHO specialist has described the situation in many parts of Africa as a 'time bomb' under constant threat of exploding. Here is recent information from a Footsteps reader, Dr Paul Fountain...

IN ZAIRE the 1995 Ebola epidemic is over. But the sad reality is that this is becoming a land of epidemics. The current one is sleeping sickness. Back in the 1940s and 50s, when Zaire was a Belgian colony, there was a massive campaign against the tsetse fly which carries sleeping sickness. It was almost entirely wiped out. During the 60s, 70s and 80s there were no cases at our hospital – Vanga.

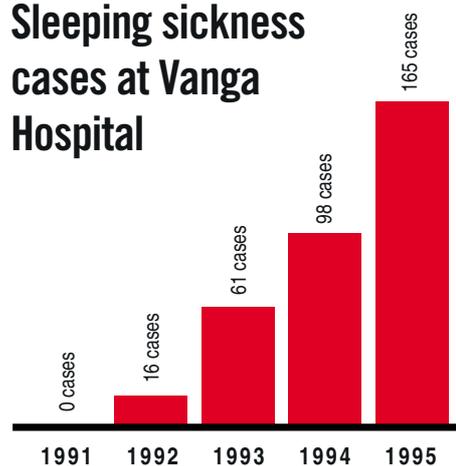
In the last few years, however, the disease has returned. The chart below shows a ten-fold increase in just four years.

A major epidemic

Since most cases came from two specific groups of villages, a team was sent out to investigate. They were able to check about half of the population. Of 2,092 people examined, they found 82 positive cases. This represents an infection rate of 4% in our area.

The official figures for 1994 report 19,000 cases of sleeping sickness in Zaire. This was twice the number from the previous

Sleeping sickness cases at Vanga Hospital



Because tsetse flies reproduce so slowly, they can be controlled by trapping and killing. This photo shows one trap design which is treated with insecticide. Tsetse flies are attracted to the colours blue and black.

year. However, comparing this figure with the rate of infection we have found here, it is likely the real figure must be much, much higher. We are in the middle of a major epidemic – far more serious than ebola fever. But there is no public interest in this epidemic – and few medical resources and drugs to help fight it.

The treatment for sleeping sickness is expensive: about \$50 per person. Most people can't afford that. Yet if they aren't treated they will spread the disease to others. With treatment there is a very good recovery rate; without treatment there is certain death.

Free treatment for all?

Our health programme has decided we must give free treatment to **all** sleeping sickness patients. In the last week they have been descending on Vanga Hospital. A whole village has grown up here of patients and their families – and as word spreads, more are expected to arrive. A more difficult question is how to take treatment to those who can't come in.

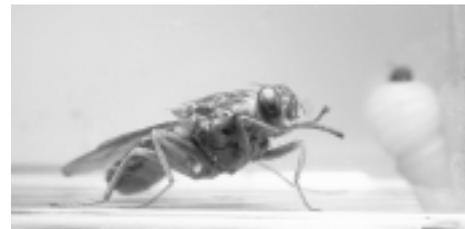


Photo: Dan Salaman, LSHTM

Tsetse females do not lay eggs, but give birth to a mature larva, as this photo shows. The larva becomes a pupa and an adult fly develops after a month.

It affects us who live at Vanga. Already Vanga has tsetse flies. They aren't yet infected with sleeping sickness. But with all these patients, there is a high risk that one of the local tsetse flies will bite an infected patient and then bite a local animal. The risk to those of us living and working at Vanga is increased. As many practical measures as possible are being taken to protect people here...

- All animals capable of being a reservoir for sleeping sickness have been moved away from Vanga.
- Tsetse fly traps have been put up.
- Mosquito nets are being used – especially for children.

Outside support

The treatment programme being used here is based entirely on the drug *Melmerarsoprol*. We have been told by the Trypanosomiasis Office in Kinshasa that production of this drug will stop in two years because its manufacture causes environmental damage to the Rhine River in Germany. Alternative drugs – *Eflornithine* (\$200 a treatment) and *Nifurtimox* – are even more expensive. How will we cope? Will the rest of the world stand by and let this frightening epidemic continue to grow?

For up-to-date information on sleeping sickness, contact...

Dr Cattand

*Division of Control of Tropical Diseases
WHO*

*CH-1211 Geneva 27
Switzerland.*

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TEAR FUND 
CHRISTIAN CONCERN IN A WORLD OF NEED

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