YOUTH AND HEALTH

Taking the lead today for a better tomorrow
INTRODUCTION
Today, one in every three persons is between the ages of 10 and 24 years. This is an important consideration when we take into account the fact that most decision-makers in government, church and society are in their 30s or older. Not only are policy-makers older but they often wish to ignore the views and ideas which younger people would like to contribute.

The under-representation of young people in decision-making is important when we consider health matters. Since young people form such a large group in many communities, they should be visible, participating in policy-making and implementation of health programmes. Their views may not always be different from those of older people, but when there are differences, the differences may be important.

For example, young people are more likely to highlight controversial issues. It was several young people who shaped one of the ecumenical discussions on AIDS at the World Council of Churches (WCC), says Anu Talvivaara from the WCC’s Youth Team. “One young person brought up the subject of different cups being offered to people with AIDS in communion services... I do not think older church representatives would have raised this topic in such a strong way.”

WCC has done a great deal to increase youth representation in decision-making by providing leadership training and by building youth networks throughout the world. The Youth Team has also played an important role in the development of this issue of Contact. In particular, they have helped us understand the youth viewpoint, and introduced us to WCC delegates at the UN International Population and Development Conference in Cairo (see page 14).

In the article from the Marshall Islands, Darlene Kaju-Johnson shows how activities run by youth can create a health movement and change habits which have threatened communities for years. Her article provides an example of the potential that can be realized by motivating young people.

In the article from the Caribbean, we learn how distrust between older people and younger people can be broken down. Neilson Waihe from the Moravian Church in Barbados describes a programme which builds trust and openness between youth and the adults who learn to be "big brothers" and "big sisters".

Young women face special problems because their lives are often undervalued. Our reports from an Indian village and about young women and AIDS help to throw light on some of the consequences of the low status of girls.

We hope that you enjoy this issue of Contact and that it will encourage you to think about making young people a bigger part of your health activities.
MARSHALL ISLANDS: WHERE YOUNG PEOPLE ARE MAKING A DIFFERENCE

Darlene Keju-Johnson is director of Youth to Youth in Health, an energetic and highly effective non-governmental organization working with youth in the Marshall Islands. She says: "We have a saying in the Marshall Islands 'when a bamboo is young you can bend it and it will follow; but when it is old, you bend it and it will break.' So the best way is to teach people when they are young". Here is her story about how the young - and their families - are learning about health.

Of the Marshall Islands' estimated population of 51,000, 70% is under 26 years of age. Approximately two-thirds of Marshall Islanders live on less than three square miles of land in the two urban centres, Majuro and Ebeye, with the balance residing on remote, outer islands that are scattered over 300,000 square miles of the north Pacific ocean.

During the 1980s, the Marshall Islands experienced an extraordinarily high birth rate, estimated at 4.24% by Office of Planning and Statistics. At the same time, many "lifestyle" changes were taking place as a result of rapid urbanization. In 1986, the Marshalls became independent and has since be living in "free association" with the USA. This treaty allows the USA to use Kwajalein Atoll, one of the Marshall Islands, for missile testing in exchange for providing the majority of the funds to operate the government.

The majority of health problems in the Marshall Islands are preventable. Malnutrition, and associated sickness, is the leading killer of children under five years of age. Alcohol abuse is widespread among young men and increasingly among young women. Though still relatively minor, crime by young people, fuelled invariably by alcohol, is on the increase in the urban centres. Suicide continues to be a leading killer of young men between 15-30 years. The
cultural values and pride that were once the cohesive "glue" of this close-knit society are disintegrating in the face of rapid modernisation, particularly in the two urban centres. A detailed report on health conditions in the Marshall Islands conducted by the Asian Development Bank in 1992, concluded: "Quality of life indicators... in the Marshall Islands show a declining health status. Increasing rates of diabetes, hypertension, heart disease, sexually transmitted diseases, tuberculosis, malnutrition, high suicide rate for teenage males, and high teenage pregnancy rate are negatively impacting on maternal health status."

The Marshall Islands birth rate has fallen dramatically since the end of 1980s. According to the Ministry of Health, the birth rate has declined from 42 per thousand in 1988 to 23.25 per thousand in 1993. However, as a consequence of the population boom of the 1980s, youth make up the largest sector of the population today. The adolescent and young adult population is chronically under-served in health and social programmes. There are few coun-

selling services available for young people, and there are no outreach health clinic services specifically devoted to the needs of the large

Why peer education?
People are often more willing to listen to, and to follow advice from, their peers — those similar to themselves in age, background and interests. With basic training and support, young men and women can carry out a range of educational activities with their peers. The activities range from informal conversation to organized group sessions, and can take place in settings such as communities, youth clubs, schools or workplace.

Peer education programmes aim to help young people increase their confidence, knowledge and skills in relation to their sexual development.

Adapted from: AIDS Action, number 25, June-August 1994, published by AHRTAG, see page 15.
youth population. Organized sport, social and health activities for young people are also extremely limited.

Youth to Youth In Health
Established by the Family Planning Programme in 1986, Youth to Youth in Health (YTIIH) utilizes the Marshall Islands' greatest natural resource - its youth. Its original mission was to help provide health education and family planning counselling to all ages, but particularly to youth. A small group with a strong dedication to training began developing a larger team of peer educators. These peer educators would provide health education to other young people aggressively addressing health concerns such as teen pregnancy, sexually transmitted diseases, substance abuse, nutrition and, more recently, AIDS. Since the success of the family planning counselling, there has been an expansion of health education through performance arts in both schools and the community.

Today, YTIIH's health education programme makes use of drama, song, music, dance, video and other audio-visual methods to promote improved health and to encourage behaviour change. The thinking behind YTIIH action is based on a philosophy that links youth self-identity and cultural pride, health knowledge and ecumenical religious values.

Over the past nine years, 340 volunteer peer educators have received an intensive two-to-three week training. Collectively, YTIIH peer educators have provided more than 50,000 health education contacts. Most are high school and local community college students who work with the project after school, in the evenings and at weekends. They use different methodologies including: one-on-one counselling, small group classes, and large group outreach programmes. Peer education outreach is delivered in response to community requests in elementary and high schools; the community college; youth, women and church groups; private businesses, and other community groups throughout the Marshall Islands.

When young people enter the YTIIH leadership programme, they are typically shy, unable or embarrassed to speak in front of their peers or adults, and ashamed of their own culture. The staff encourage as much active participation of the young people as possible. Through this participation, the youth discover their culture. YTIIH staff concentrate on teaching island songs to the trainee peereducators. After nine years, many of these songs are ones that have been composed by young peer educators during previous seminars. By the end, the new trainees have learnt that their culture and their songs, and that learning about health, can be exciting and lots of fun. Roma Bejiko, a former YTIIH peer educator, who is now a flight attendant with a leading airline, had this to say: "Nowadays, kids my age and younger say it's impossible to build up Marshallese culture. They say another world has come and it controls us. But after they see our programme they say it is possible for us to be proud of our culture."

The first week of the training focuses on health awareness and education; the second and third, on finding creative ways for the youth to express their new knowledge. The use of songs, dances and drama/skits breaks down barriers for the youth, while, at the same time, promoting a strong cultural norm in the Marshalls.

Every day during the sessions, several trainees are required to get up in front of the others to summarize the events of the day. This is done
in a way that encourages their participation, and which discourages ridicule for mistakes. This is important for the development of self-esteem.

Because the youth are enthusiastic and expressive in their presentations to other young people and to the community, people of all ages listen. Creating a healthy community depends on people’s participation. If the youth, the majority in the community, is alienated from its culture, lacks confidence, and does not have a positive outlook towards the future, how could it possibly stimulate community participation in primary health care? Getting young people to be positive about themselves as individuals and as Marshall Islanders is an essential first step before they can begin to do things for their families and their community. How do we create this positive outlook? By getting youth excited about their abilities and about their culture. This builds their confidence. Once they have confidence and knowledge, they can find creative ways to express this knowledge to others.

Community acceptance
Earlier this year, Enja Enose, the President of the National Council of Churches and a YTYIH Advisory Committee member, observed: “The Youth to Youth in Health programme is now readily accepted in our communities; so much so that the youth are taken seriously on subjects that, if presented by others, might be considered controversial and inappropriate for open discussion.”

The latter comment reflects a major argument in favour of involving young people in health programmes. Young people are willing to introduce difficult but important topics which might not be discussed in an adult programme. At the same time, the involvement of youth in the programme automatically means that their families become involved. Thus, the trained YTYIH peer educators are able to make a significant contribution to health promotion for everyone in the Marshall Islands.

The influence of these volunteer peer educators spreads throughout the islands. In addition to the urban YTYIH programme, located in Majuro, YTYIH chapters (branches) have been established on 15 remote outer atolls (islands), where approximately 15% of the total population of the Marshall Islands lives.

Peer educators on the outer islands work directly with the health assistants of the Ministry of Health to increase community awareness about preventive health and to encourage the community to use clinic services. Several of the rural island YTYIH chapters have planted large gardens, shipping produce such as pumpkins into Majuro to generate funds for their projects. Other outer islands chapters produce salt and smoked fish, flower leis (garlands), and handicrafts which they send to the urban centre to sell.

This year, YTYIH decided to try to regularize and develop this activity by launching a “self-reliance for primary health care” project. The aim is to lessen the dependence of rural chapters on outside assistance. A team of women from each chapter – the wives of the health assistants, and two female peer educators – are currently being trained to oversee development of local income-generating activities.

The health assistants are key to the success of the programme on these outer islands. They supervise the youth who are working in the preventive clinics (checking blood pressure and weight) and in education and counselling in the communities. Every week, the Majuro YTYIH office receives requests from health assistants, mayors, council members and other community leaders who want the peer educator Project to be extended to islands not currently included. Whether these requests can be met depends on available funding and staffing.
Volunteer peer educators in the Marshall Islands contribute about 35,000 hours (the equivalent of more than 17 full-time personnel) to outreach health promotion and clinic services annually. But the volunteer hours contributed by each peer educator represent only one part of the actual reward and benefit to the community. Family participation in YTYIH activities has also been phenomenal. Although YTYIH education is targeted at youth, our activities have drawn in the adults. As mentioned earlier, culturally, adults and youth work together; thus, YTYIH has a community-wide impact that extends beyond our youth population and fosters the importance and strength of family and community. Mothers and fathers as well as brothers and sisters of the peer educators participate in all the activities.

**Evaluation of Youth to Youth in Health**

After nine years of youth health activities, YTYIH felt that it was time to have an outside person evaluate the programme. The process would not only show staff where the programme was going but also help them to develop self-evaluation skills for ongoing assessment. The research design included:

1) Focus group interviews on Majuro and on an outer island site. The groups included member youth, non-member youth, former members, parents of members, and parents of children who are not YTYIH members;
2) Key informant surveys with appropriate individuals in government, business, and church sectors;
3) Reviews of Ministry of Health and programme documentation and statistics; and,
4) Pre-test tools for measurements of knowledge and behaviour change were developed, translated and tested with programme staff.

The only significant weakness identified by those interviewed was that the programme could not involve enough young people. "YTYIH is a well-run programme that is using respected
strategies for helping address youth issues in the Republic of the Marshall Islands," the assessment concluded. "The community appears to be in agreement that YTYIH's expansion, in both staff and facilities, is warranted and necessary."

Perhaps the most interesting aspect of the assessment were the comments of people interviewed. The following are a few of the comments from a rural, outer atoll.

"The council has had an ordinance for many years against drinking (alcohol) but it was not enforced. When YTYIH came, the amount of drinking decreased because of the YTYIH rules."

"Some of the kids who join get better; they stop drinking and drop out of gangs."

A Majuro businessman commented: "Right now, YTYIH does not reach enough people. But even if they only impact the top 2-3% of the youth, these are our future leaders for the Marshall Islands. YTYIH helps these young people to deal with change and think about the future, not to just live for today."

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Ask yourselves
1. What age group makes up the majority of the population in the Marshall Islands? Compare this to your country – is it similar or different?
2. What types of health and social problems/needs do youth in the Marshall Islands face today? How do these compare with your own situation?
3. Describe the three aspects of Youth to Youth in Health’s philosophy of preventive health that guide the project. Why has this helped to expand primary health care in the Marshall Islands?
4. What are some of the spin-off benefits of placing youth at the forefront of primary health care implementation, as demonstrated by the Youth to Youth in Health experience?
5. How does the involvement of trained peer educators help the Ministry of Health in the Marshall Islands?

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Building identity and cultural pride among youth is an important ingredient for developing effective peer educators and in implementing primary health care in the Marshall Islands.

These rules affected members, but also non-members."

"Our youth are learning new skills in health, and they are helping the community by supplementing the work of the health assistant."

"They started a gardening programme on their own and people can get pumpkins from the garden to supplement their diet."

Some of the comments from parents on Majuro were also interesting.

"My daughter comes home and shares health messages with us. She told me to get more exercise."

December 1994
ASIAN GIRLS: PROBLEMS BEGIN IN THE WOMB

The executive secretary of Women’s Organization for Rural Development (WORD) in Tamilnadu, India, has recently completed a study report on female infanticide and crude abortion in the area where she works. It highlights the agonizing choices women are often forced to make when they discover that they are pregnant.

In our project area, unmarried girls, sometimes as young as 15 years old, become pregnant and feel obliged to abort themselves. Valued little within their family, they see no option other than to risk their health and future life in this way.

During the course of our study, we heard the story of a 15 year-old girl from a poor, Dalit* family who became pregnant for the third time as a result of a relationship with the landlord’s son. For the first six months, she ignored the pregnancy. In the seventh month, her parents approached the landlord’s son in an attempt to make him marry her. At first, he said he would. In fact, he took her to a private hospital for an abortion. The abortion was difficult because the pregnancy was very advanced, and the girl died during the operation. In an attempt to silence the parents, the landlord’s son gave the parents money, silk saris and jewels. He hoped that they would be willing to forget that she had ever existed.

Village women also practise self abortion because many of them only want baby boys. After the birth of the first child, they go to ask an astrologist to predict the sex of the second child. When he tells them it would be female, they immediately abort the pregnancy. The women we spoke to had not heard about the medical act which made it illegal to abort female infants.

We have also identified numerous cases of female infanticide in the project area. Some mothers feel so desperate at the birth of a baby girl that they kill the child. Some kill themselves as well. One woman killed herself when she realised that her husband had stopped visiting because of the birth of a second girl. Her baby starved to death soon afterwards.

The village women to whom we spoke in the project area knew about family planning methods. However, they feared the side-effects of using the methods available. They also feared the disapproval of their husbands. Men had a very bad opinion about women who were using family planning.

Crude abortion practices and female infanticide is practised among poor as well as high caste women. All these women have faced unbearable pressures which had forced them to kill. At WORD, we believe that public opinion must change to respect and honour women from conception until death.

Our organization is creating awareness among boys and their parents about the value of the girl child as a person in her own right. We try to educate the village people about the social evils of crude abortion and female infanticide. Our health workers try to support the women by offering counselling.

*Dalits are Indians who are born outside the Hindu caste system. Various known as untouchables, outcastes, scheduled castes or Harijans, these people have themselves lately chosen the name Dalit, which means “oppressed”, “downtrodden”, “broken”.

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BARBADOS: BIG BROTHERS AND SISTERS

On the Caribbean island of Barbados, young people have been blamed for everything, from rising crime rates to declining manners. Neilson A Waithe, who is a pastor with the Calvary Moravian Church, believes he has found a way to create greater understanding between young people and older “brothers” and “sisters”. Here, he describes his Big Brother, Big Sister Programme.

While working with youth groups in my church, I realized that young people and adults could learn to understand and appreciate each other if they were brought together in the right way.

I had first-hand experience. While working with youth groups in my church, I found that I was learning an enormous amount from talking to the young people themselves. I felt that if we could build bridges to help other adults understand young people - and to help young people understand adults - real progress could be made. As part of the process, each youth person would gain an adult in whom they could confide.

I asked professionals in the care-giving community to help me run an eight-week training course for adults and some young people. Sessions included:

- the development of counselling skills;
- “Adolescents are different”;
- the sexually-active adolescent;
- adolescents and drugs;
- the adolescent and his or her family;
- emotional problems in the adolescent (suicide, depression, and abuse);
- building trust in relationships;
- spiritual guidance; and,
- listening skills.

The aim of the training was to teach prospective “Big Brothers” and “Big Sisters” how to listen to young people, how to cope with their needs, and how to respond to them in supportive ways. It also helped equip people for a ministry of sharing and caring.

Before selecting each of the young people who wanted to be involved, we sought the permission of their parents. Then, once the training was completed, we began pairing up the 12 adults with 12 young people. Once paired, either the older or the younger person was free to telephone the other partner to arrange weekend meetings.

The youth were encouraged to share problems with the adults, and the adults were encouraged to share their experiences and to keep confidential anything the young person told them. I was available for any assistance that might be needed, and for regular meetings with the young person and his Big Brother or Big Sister. This provided an opportunity for updating, sharing and reflection.

Both young people and adults say that they have found the experience rewarding. The adults, some of whom have teenage children of their own, say that they have learnt a great deal about young people. They now feel that parents sometimes give their youngsters too much freedom while at the same time not taking enough interest in the young person’s life.

Some of the young people said that they appreciated the opportunity to speak freely and in confidence with an adult. They said that they felt an assurance that their Big Brother or Big Sister would listen to their ideas with respect. The young people who had had problems sharing with their parents were especially appreciative. Some of them even said that they were now better able to see some things from an adult’s point of view.
Young men in the Caribbean: Are they an endangered species?

"Travel through any Caribbean country during the daytime and there is one obvious phenomenon. It is the number of groups of young black men at street corners, under trees, in uninhabited dilapidated buildings doing absolutely nothing... When they are not sitting at the street corners, under trees or in uninhabited buildings, they are in the jails."

This social phenomenon, which is turning young men into an "endangered species", calls for a process of socialization, according to Caribbean Contact, the magazine of the Caribbean Conference of Churches.

Are we to conclude that young men in the Caribbean are in greater need of help than young women? We asked Neilson Waithe how he saw the problem.

"I agree that there is a need for a new process of socialization. We need to help our young men understand that "things they are a changing", as the old negro spiritual says. The unfortunate problem is that some of our parents, educators, planners and governments have been slow to see the changes in the social landscape.

"For example, information technology is the pull of the future, but the information technology industry provides low paying jobs for women rather than for men. Politicians are so eager to increase the number of jobs that they are less particular about the type of jobs coming to our shores. As many as 90% of the new jobs in manufacturing and tourism may be going to women.

"However, women have risen to the new opportunities. They are no longer content to sit back, and they no longer expect to raise a family supported by a man. Our societies have told our women that they can achieve, and they are taking advantage of the opportunities. Women are being employed at lower wage rates in areas where men have been traditionally dominant.

"Men, on the other hand, are still being socialized to think that as the head of the family, the economic burden of family life must rest on their shoulders. Some young men refuse to work where they feel the remuneration would not be enough to allow them to maintain a family. The scarcity of new jobs for men, coupled with the frustration of unemployment, have resulted in high male crime rates.

"Men need to understand their new responsibilities. If women are prepared to stay in school, to go through on-the-job training, and to attend afternoon classes – even though some of them have a child or children – our young men must be taught to make some sacrifices. We have to start our re-socialization process. It must begin by promoting the dual role of husband and wife in the economic well-being of the home."
USA: ALTERNATIVE VISIONS FROM THE SOUTH BRONX

As part of its youth programme, All Saints Lutheran Church in South Bronx, New York, has started a photography centre. The aim is to boost health and wholeness by promoting self-esteem and social awareness. The expanding group of young people taking part go out into their mainly African-American and Puerto Rican community to look at their environment in a new way. They share the cameras, equipment and darkroom, and put on exhibitions – one of which attracted 200 neighbourhood residents. Ronny Martinez is the 22 year-old director of South Bronx Photographic Center (SBPC). Here is his message to the young people in his neighbourhood.

The 23rd Psalm
South Bronx style

The Lord is our homeboy*
He watches our back.
The parks and street corners is where we hang
to learn the Means for Life and of Grace.
“Peace” in the midst of burned spirits
gives us our U.N.I.T.Y.

Homeboy shows us the right thing
to keep our honour.
Even though we walk through the valley of
the shadow of death, we fear no evil.
We hang together connected by a new rap
and a new step for a new future.

We share a meal together
in the sight of our worst enemies.
We are given a new blessing for life and
support for living.
Our hidden gardens begin to bloom.

Yeh man, peace and love will follow our vision
all the days of our life.
We remain engulfed in the Lord’s dream
forever and ever.

* bodyguard

Left to right: Ronny Martinez with Natalie Kelly and Francisco Chimilio, members of South Bronx Photographic Center.

“Our worlds may appear upside down to you and me. The drugs in our neighbourhood, the violence in our streets, schools that don’t teach us how to read and write, unemployed moms, dads, aunts, uncles, sisters and brothers. All this gives us a different view of the world. It is the underside view of history as we live it and as we struggle to change it. Come take a look with us. Whose world is upside down?

“We at the South Bronx Photographic Center believe that there are alternatives. The darkroom and work space at All Saints is a safe haven where we search for answers, trying to understand why our reality is so different from those of popular American culture as shown on television and in the movies. We use photography as a guide for reflection and as a first step in transformation. But most importantly, we make pictures because it makes us feel good.”
CHRISTIAN YOUTH AND AIDS

Worldwide, more than half the people with HIV infection are under 25 years old. This fact has not escaped the attention of church groups involved in HIV/AIDS activities. Two groups which network with CMC - Churches' Action for Health have already sent us information about their work with young people.

Nigeria: Discussing the issues
Rayika Booth, coordinator of the AIDS programme of Christian Health Association of Nigeria (CHAN), says that despite the severe conditions resulting from the political situation in Nigeria, her work with young people is continuing.

Rayika is using the participatory action research approach (see Sources for related publication) to encourage church youth groups in Jos to discuss their knowledge, attitudes and practices in relation to AIDS. She says that most of them know about AIDS and about how it is transmitted, but that what is interesting is the differences in their attitudes.

According to Rayika, some young people felt that if people stuck to biblical principles sexual transmission of AIDS would be promptly checked. The attitude of "Born again Christians" was that people with AIDS should be left to be punished by God for disobeying his commandments.

Others believed that if there was more sex education about AIDS, sexual transmission could be reduced. They felt that sex education was inadequate and that people should not be left in ignorance. Some of the young people felt that condoms should be made freely available to anyone who expressed a need for them, regardless of age.

On one statement, virtually all the young people were in agreement. They felt that there had been some change of attitude in the cities as a result of the fear of AIDS. They felt that the
information shared with people in the villages had been less well accepted. Villagers were less willing to accept information from outside.

The project is currently planning the development of materials to promote AIDS messages. It is also considering peer education training for some of the young people who have taken part in the discussions.

**Zimbabwe: Salvation Army focuses on youth**

Due to the increase in AIDS cases in the hospitals, Tshelanyemba AIDS Care and Prevention Department of the Salvation Army in Zimbabwe decided to encourage community involvement in home-based care and to provide preventive education to young people to help prevent further spread of the infection.

Those running the project recognized early on that younger people were most vulnerable. They decided to meet with the young people in the church. From discussions with them, it became obvious that the initial messages, such as “AIDS kills”, were not helpful. Such messages did not help the youth make responsible decisions in their sexual behaviour. It was therefore decided that Anti-AIDS clubs would be set up. There, young people would decide for themselves their own “code of conduct” rather than listening to the words of parents or Sunday school teachers. By deciding for themselves what they felt comprised responsible behaviour, they would be taking the first step towards developing more “responsible behaviour” within their community.

**Sources:**

Participatory Action Research on AIDS and the Community as a source of care and healing, CMC - Churches’ Action for Health publication.


Hand-in-Hand Network, Caixa Postal 4894 - Ag. Central, CEP 20 106, Rio de Janeiro, RJ, Brazil, press release. Dr Mrs M R Booth, Coordinator, CPA, CHAN, PO Box 6944, Jos, Plateau State, Nigeria, personal communication.


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**Young women's vulnerability**

Seven in every ten new HIV infections worldwide are among women between the ages of 15-25 years. In Malawi and Zimbabwe, studies have shown that women between the ages of 15-19 are infected at a ratio of five females to one male.

Young women are at greater risk of infection for several reasons. First, their sex partners are often older men who may already have HIV infection. Young women also often have less power to refuse sex or to insist on condom use. Second, women are biologically more vulnerable to infection.

Although information about the vulnerability of young women has been available since 1986, programmes have not been adapted to focus on those who are most affected. This is because those people who are most affected are women, people from developing countries, and young people.

**CMC - Churches’ Action for Health has begun to focus on women and AIDS.**

An issue of *Contact* taking this theme will be published during 1995.
Contact editor Diana Smith has recently returned from International Conference on Population and Development in Cairo, 5-13 September 1994. As a member of the Population Task Force of World Council of Churches (WCC), Diana went to Cairo to help organize the 30-strong WCC delegation of representatives from around the world.

As everyone who reads newspapers, listens to the radio or watches television knows, discussion at the Cairo conference was dominated by the abortion debate. Despite the fact that most people felt that development issues and reproductive health and rights were much more important, the Vatican showed its determination to put across its official teachings.

However, the fact that abortion did receive so much discussion ultimately led to a positive shift in policy thinking. As those who read Contact 135 on Population will remember, WCC was hoping to see more emphasis on the need to provide individuals, particularly women, with the opportunity for reproductive health and rights, and less on the need to cope with population problems. By the end of the meeting, a new balance had been struck. Almost everyone had a deeper understanding and acceptance of the need for reproductive health and reproductive rights; abortion had been recognized as a public health issue, and there was much greater recognition that family planning programmes should have much more to do with women's health and rights than with efforts aimed at reducing population growth.

WCC would have liked there to have been more discussion on development. It has been critical of the way in which the UN conference document had linked population with the concept of sustainable economic growth. The Council would have liked more opportunity to debate the need for policies which put people — particularly the poor, the vulnerable and the marginalised — rather than economic growth at the centre of development strategies. The UN's approach implied that population growth in the South was the reason behind poverty, under-

development and overconsumption of world resources. The opposite was nearer the truth—that poverty and inequality between and within nations was the cause of population increase and environmental degradation. WCC policy calls for people-centred economic policies and greater participation in decision-making for everyone, particularly women.

Although there is considerable agreement among the 324 churches which are members of WCC on the need for family planning, opinions about abortion vary. What WCC participation aimed to achieve was to begin to plan how to work with the churches on population issues. The Council is currently engaged in a study process towards the goal of producing an international Christian ecumenical perspective on the debate.

The following was approved in the final text: “Reproductive health is a state of complete physical, mental and social well-being ... in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health services...”
WCC delegation to Cairo included a substantial number of youth delegates. Here, several of them offer their insights into the significance of the “Population and development” discussion for young people in their countries.

Ashraf Tadros, Coptic Orthodox Church, Egypt:

“ Youth are not represented in government or the church here. Young people can say what they like, but it is usually ignored. Our traditional ways of thinking need to be challenged, and we ought to have the right sources of information. For example, because we go to separate schools, young men and women never mix together. Later on, there are problems understanding and respecting each other.”

Kathleen Pender, Student Christian Movement, Canada:

“Many of the mature delegates here are constantly talking about youth as agents of the future (population). But we are not just the future, we are the here and now. We have to be made part of the social, political, economic, cultural and religious community today.”

Kristen Stromberg, Evangelical Lutheran Church of America, USA:

“Young people have a crucial role to play in reducing consumption, particularly in the North. I think kids today are becoming increasingly aware of environmental issues and how their waste and excess affects others. That is a good trend and one that should be emphasized.”

Shijulin Suraj, Church of South India:

“The only way out of India’s vicious circle of poverty and population growth is by educating more people for skilled jobs. Young people should demand that the government spends more money on education, and also invests more in agriculture so that parents can afford to send their children to school.”

Cristina Bosenberg, Argentina, member of WCC’s Central Committee:

“Poverty is a more important issue than population. In Argentina, there is not a problem of overpopulation, but many young women are dying as a result of illegal abortion. The Argentinian delegation is representing a viewpoint that does not focus on this problem even though Argentina has the highest rate of abortion in Latin America.”

Irena Bialokoz, Orthodox Church, Poland:

“Young people in Poland are facing a lot of problems today. For example, comics from the West are flooding in and young people are learning about sex through the mass media. In a very traditional society like ours, this is too much for young people. Should they listen to their parents or to peer group pressure? The role of the Church should be to try to get close to these children and young people, to teach them about love and responsibility to each other, and to help them in this very turbulent time.”
USEFUL CONTACTS

World Council of Churches
The Youth Team is involved in a wide range of activities, see also publications listing below. Address: Youth Team, WCC, PO Box 2100, 1211 Geneva 2, Switzerland.

Lutheran World Federation
Programme includes publication of Youth magazine. Address as above.

AHR TAG
Appropriate Health Research and Technologies Action Group has many useful materials on youth included in its large resource centre, and youth is also the subject of several publications available, including AIDS Action, Young people first! June-August 1994, and a Resource pack on sexual health and AIDS prevention, for details, see Useful Publications. AHR TAG’s new address is Farrington Point, 29-35 Farrington Road, London EC1M 3JB, UK.

CECIP (Popular Image Creation Center)
Based in Brazil, this centre is involved in the production of a wide range of written and audio-visual materials for educators inside and outside schools, working with street children and adolescents. Cartoons included in this issue of Contact are taken from one of CECIP publications, but it is currently available only in Portuguese and Spanish. If you would like further information, please write to CECIP (Centro de Criacao de Imagem Popular) or Popular Image Creation Center, Largo de Sao Francisco, 34/4 andar, CEP 20051-070, Rio de Janeiro, RJ, Brazil.

International Planned Parenthood Federation (IPPF)
IPPF has youth programmes operating in a number of countries. For details and for information about numerous publications relating to young people, write to IPPF, Regent’s College, Inner Circle, London NW1 4NS, UK.

World YWCA
World Young Women’s Christian Association runs many health projects, and the association’s publications and newsletters often feature health issues. For details, write to World YWCA, 37 Quai Wilson, 1201 Geneva, Switzerland. World Alliance of Young Men’s Christian Associations is based at the same address.

World Association of Girl Guides and Girl Scouts
Girl guides are launching several health-related projects in Africa in the near future. For details, please write to: World Association of Girl Guides and Girl Scouts, World Bureau, Olave Centre, 12C Lyndhurst Road, London NW3 5PQ, UK.

World Health Organization (WHO)
WHO is currently developing a School Health Initiative. Drawing on experience from around the world, the initiative aims to improve the lifestyles of students, teachers, parents and whole communities operating through the school. WHO also has an adolescent programme in the Division of Family Health (FHE). For more details, write to Dr M A C Dowling, HEP/HPE, WHO, 1211 Geneva 27, Switzerland.

World Student Christian Federation
The Federation has an AIDS education project for the African region and plans are being made to include discussion on AIDS in the General Assembly in September 1995. Contact: World Student Christian Federation, 5, route des Morillons, 1218 Grand-Saconnex, Geneva, Switzerland.

USEFUL PUBLICATIONS

World Council of Churches
Making connections, facing AIDS
This book provides theological insights, tools for critical thinking and educational resources (including a study guide for community research) for dealing with some of the vital questions surrounding AIDS. It will be available at the end of 1994, free of charge. Write to: Youth Team, World Council of Churches, address above.

I am worthy: Young women demand a violence free world
This booklet includes the testimonies of eight
young women from all over the world whom WCC brought together in November 1992 to form a network.

Three WCC flyers: Youth and the ecumenical movement contains a description of the Youth team’s work and functions (available in English, German, Spanish and French); Why we care, a leaflet about AIDS and youth, produced in conjunction with Lutheran World Federation and available in English, German, Spanish, French and Portuguese; and, Ecumenical Youth Action, which is about youth camps, available in English only.

The health of young people: a challenge and a promise
This publication is devoted to all aspects of young people’s health. It calls for public health action which recognizes that young people have special contributions to make themselves. It is available at a price of CHF23 (developed countries) and CHF16.10 (developing countries). Write to: Distribution and Sales Unit, World Health Organization, 1211 Geneva 27, Switzerland.

Resource pack on sexual health and AIDS prevention
This colourful book promotes the exchange of information and educational experiences concerning the health and rights of “socially apart”, or disadvantaged, youth. It is distributed free from AHRTAG, Farringdon Point, 29-35 Farringdon Road, London EC1M 3JB, UK, and Brazilian Center for the Defense of Rights of Children and Adolescents to groups in developing countries (limit of one copy per group). Elsewhere £5.00 (US$10.00).

Action for Youth, AIDS training manual
This manual produced jointly by International Federation of Red Cross and Red Crescent Societies and World Organization of the Scout Movement is used by youth leaders. It is available free to groups that cannot afford to buy at (CHF15.00) in English, French, Spanish and Arabic. Contact: International Federation of Red Cross and Red Crescent Societies, PO Box 372, 1211 Geneva, Switzerland.

LETTERS

Saying what we mean
Contact 136 has the sub-heading “Say what you mean and mean what you say”. It is disappointing, therefore, to discover that the magazine goes beyond basic advice about communication in order to put forward “politically correct” views.

The arbiter of truth should always be the Eternal Word of God rather than current opinions. As a magazine that claims to be Christian, it is sad to find statements that are in direct contradiction with the Word of God, for example, “some uninformed people have suggested that AIDS is a punishment from God” (page 7). On what grounds are such people uninformed? True, millions of people suffer from AIDS who have never indulged in immorality, but does not the Bible reveal God as both a God of judgement and a God of mercy and compassion? Can there be any forgiveness outside of Jesus Christ through His sacrifice at Calvary?

And does not the Word of God employ language that your magazine would describe as “exclusive gender language”? Did not God create man first in His own image, and then form the woman from the man’s rib?

May God Almighty grant you mercy and salvation through His son Jesus Christ.

Paul Barnes
Bromley
United Kingdom

Erlinda Senturias, a CMC - Chuches’ Action for Health executive secretary, replied as follows:

“And you will know the truth and the truth will make you free.” (John 8:32). We discern the truth in many ways. The inspiring words of God from the Bible shows us that God, our Creator, Redeemer, Sanctifier and Sustainer, constantly calls us to wholeness of life for God created us with the divine image.
God continues to show pointers of being part of the body of Christ in our day-to-day life experience - in our action-reflection-action. We have the text (the Bible) and the context (life itself in this world). God speaks to us in our imperfections and pronounces grace and forgiveness.

God does not punish us by making us sick. Sickness just as wellness is part of life. We could not be fully well as we see the continuing injustice in our world, the discrimination and alienation of human beings and the destruction of creation. “Our knowledge is imperfect and our prophecy is imperfect; but when the perfect comes, the imperfect will pass away.” 1 Corinthians 13: 9-10. This is our continuing prayer. It is in going through all these imperfect events in our life that we can continue to have a deep relationship with God, the author and finisher of our faith and as we cling to this hope we will fully understand the unfathomable love of God.

I was in Chiang Mai, Thailand, during the last week of July. I met a couple living with HIV/AIDS. The experience of living with HIV/AIDS is not easy. But, in the process, they testify to the fact that they have known the true meaning of life in the experience of HIV. The couple are Buddhists, and Christian pastors have been visiting them for many months now. We Christians are ministered by them while, at the same time, they recognize the kind of love we share with them. They continue to do their Buddhist meditation. Listening to their story was also another way to discover the truth incarnated in life’s experiences.

In this world, we will only know in part. Each one of us operates within a framework. We, at CMC, have chosen the framework that we all live with HIV/AIDS. We care for one another because we are all parts of the body of Christ.

It took many centuries before we recognized the role of women. God’s Spirit has led us to a renewal of our understanding. Finally, our church leadership bodies are beginning to redress the old ways of telling stories. But this is not without all the difficulties of struggling to be recognized as part of the body of Christ. We need to realize that the written word of God was written by men who were in privileged positions for several centuries. But the Holy Spirit is not static and fixated to a particular time frame God’s Spirit is dynamic and moving us to responses that would allow new ways of experiencing the fullness of life.

We cannot take the Bible out of its context. The stories passed on from generation to generation reveal God’s abiding presence in our own life stories. Each story is precious in God’s sight and is a pointer for us in our search for the truth and the meaning of life that is rooted in God. What does God require of us? “To do justice, to love, kindness and to walk humbly with God.” (Micah 6:8). This is the political and theological message that all of us in CMC want to spread through Contact.

God be with us in our continuing search for truth until we see God face to face.

ANNOUNCEMENTS

World AIDS Day on 1 December 1994 adopted the theme of “AIDS and the Family”. WHO’s Global Programme on AIDS (GPA) defined family to embrace personal relationships and social “families” of every kind, as well as more traditional family units.

Updated and expanded editions of What is AIDS and Learning about AIDS are now available in English from CMC - Churches’ Action for Health. A revised edition of “What is AIDS” in French and Spanish will be available soon. Please write to CMC - Churches’ Action for Health (address below). These publications are available free of charge, but if you are able to make a contribution, it would be most welcome.

HealthWrights, a workgroup for people’s health and rights, have started a newsletter. The group is a small, non-profit organization committed to advancing the health, basic rights, social equality, and self determination of disadvantaged persons and groups. The board of directors includes David Werner, formerly of the Hesperian Foundation. (The Hesperian
Foundation now concentrates on the production and distribution of self-help books and teaching materials. Address: HealthWrights, 964 Hamilton Avenue, Palo Alto, CA 94301, USA.

AHRTAG Update
This bulletin, published 10 times per year, provides a listing of the books, manuals, journal articles, conference reports and other items entered each month onto the biographical database of AHRTAG's resource centre. Subscription: £52.00 per year. Details: Victoria Richardson, AHRTAG, Farringdon Point, 29-35 Farringdon Road, London EC1M 3JB, UK.

Welcome to CMC
We are delighted to welcome Jolanda Fazzone and Emilia Reichmuth to CMC - Churches' Action for Health. Jolanda joins us as administrative assistant to Kofi Asante and Eva Ombaka, and Emilia as administrative assistant to Margareta Sköld.

The next issue of Contact will focus on the financing of health care.

All of us here at CMC - Churches' Action for Health would like to take this opportunity to wish you a very happy and peaceful Christmas and New Year.

CONTACT is the periodical publication of "CMC - Churches' Action for Health" of the World Council of Churches (WCC). It is published six times a year in English, French, Spanish and Portuguese. Selected issues are also published in Kiswahili in Kenya, and Arabic in Cyprus. Present production exceeds 32,000 copies.

CONTACT deals with varied aspects of the community's involvement in health and seeks to report topical, innovative and courageous approaches to the promotion of health and integrated development. A complete list of back issues is published in the first annual issue of each language version. Articles may be freely reproduced, providing that acknowledgement is made to CONTACT, the bimonthly publication of CMC - Churches' Action for Health, WCC.

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The average cost of producing and mailing each copy of CONTACT is Swiss francs 4 (US$ 2.50), which totals Sfr 24 (US$ 15) per year for six issues. Readers who can afford it are strongly encouraged to subscribe to CONTACT to cover these costs. Please note that orders of back issues of CONTACT are charged at the above rate.

18 Contact December 1994