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Health is now more than ever an issue of equity, justice and peace. Worldwide, the improvements in nutrition, hygiene, immunization, provision of health care and living standards have improved the health status of many people. However, the opposite must be noted. The effects of urbanization, changing food patterns, globalization and changes in the nature and ways of work have not usually brought better health to the poor.

In this issue of Contact we want to highlight some initiatives in which people chose a ‘lifestyle’ which influenced their own well being and improved the health of their children, spouses, families, neighbours, communities and their congregations. They achieved better physical, mental, social and spiritual health by daring to change their individual lifestyle and the lifestyle of their communities.

Christina de Vries challenges Contact readers to prove mistaken the predictions of a future plagued by chronic diseases by taking a small step to fight the ill-effects of wrong lifestyles, living habits or social isolation, in their own communities. In her thought provoking article she argues that health workers need to be retrained to promote healthy lifestyles.

Jayaprakash Muliyil from India, underlines the importance of teaching children healthy practices. The time to work on the health of the next generation is right now! The church as a community of healing is promoting “wellness” in Jamaica where lifestyle related diseases are among the top killers. Anthony Allen provides an overview of the congregation-based whole person healing ministry, a successful health promotion and prevention programme that mostly operates in lower income areas of Jamaica.

Eric Ram shares an experience of personal change. A heart attack set him on a journey to transform his lifestyle. We hope his experience will help others in living a healthier life, without going through the trauma of a heart attack!

Do governments have a role in promoting healthier lifestyles? Yes, according to Mini Varghese, who cites the example of the Victorian Health Promotion Foundation, an organization established by The Victoria State Government, Australia. The Foundation has made sure that health messages have replaced advertisements and signs promoting smoking at arts and sports events. Funds from a tax on tobacco products have financed this change.

In this issue of Contact we also hear of the challenges posed by changing lifestyle in Africa and we hear the message of the Thirteenth World AIDS Conference in Durban, South Africa, that “together we can make a difference”. We admit with Elizabeth Alarcón, a shantytown health promoter, that sometimes the professional way of seeing things does not allow us to see things the way they really are.

We can choose and we are stewards in this world: we have a responsibility to choose, not for the easiest lifestyle at the expense of our own health, of others’ health or at the expense of the environment or of future generations. This issue shares some experiences and some examples, which you will hopefully find stimulating.

Darlena David
Editor

Together we can achieve better physical, mental, social and spiritual well being for ourselves, our children, spouses, families, neighbours and communities.

Cover
“The time to work on the health of the next generation is right now!”
Credit: WHO

Future Issues of Contact
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Do you have an experience to share? A question to ask? An announcement to make? Please send us your comments!
LIFESTYLES AND HEALTH
JUST A MATTER OF BEING POOR OR RICH?

The lifestyle of the poor has changed dramatically during the last one or two generations says Christina de Vries, from the Medical Coordination Secretariat of the Netherlands. She says there is an urgent need to retrain health staff, with more attention towards promoting healthy lifestyles.

Issues of health are now more than ever issues of equity, justice and peace. Poverty, war and lack of political commitment towards health and education by governments, are the root causes of high risk for infectious diseases, and for physical and psychological trauma that has long-term consequences. Yet, while fewer members of the growing middle class in many western and Asian countries (that has access to more wealth and more health care) die of infectious diseases, chronic diseases (partly due to the living environment and partly due to unhealthy living habits) still trouble many people. What is the problem?

Change of global disease patterns

Many societies have experienced a substantial demographic transition as more children live (thanks partly to birth spacing, better obstetric services, EPI programmes with growth monitoring). As more people can now expect to live longer, there is a growing population of adults and the elderly. Industrialization, economic and technological developments have resulted in more people travelling, living in towns, and to more accidents and injuries. It has also led to more psychiatric disorders due to various degrees of social disintegration. All these transitions have dramatic consequences for disease patterns as illustrated by Figure 1.(pg. 4)

The ranking of diseases in Figure 1 has been done according to the total disease burden. The unit of measurement is...
**INTRODUCTION**

The Twentieth Century has brought tremendous changes in disease. What did we gain?

- Improvements in nutrition, hygiene, immunization, provision of health care and living standards were directly translated into improved health status.
- Standards of living improved for large segments of populations, first in Europe and the Americas; better housing, access to clean water, sewage systems and latrines contributed greatly towards reducing the occurrence of tuberculosis, cholera and child mortality from diarrhoea.
- Knowing more about healthy diets and having more foods available and the development of vitamin and iron supplements for children and pregnant women contributed towards better survival.
- The discovery of antibiotics has contributed towards reducing mortality from communicable diseases.
- The development of vaccines in conjunction with the establishment of the World Health Organization (WHO) and the United Nations Childrens’ Fund (UNICEF) are highlights. The ensuing global programmes to eradicate smallpox and the Extended Programme for Immunizations (EPI) against major childhood diseases has achieved impressive results.
- Revolutionary new technologies changed hospital care: more diagnostic and imaging facilities changed the role of doctors and hospitals, in the sense that technology became more prominent at the expense of care and comfort.
- The development and the large scale adoption of Family Planning methods (whether or not forced upon) resulted into a demographic transition in many countries with relatively less youth and more elderly.
- A widening health gap occurred between the rich and the poor because of a widening economic gap between the poor and rich. The rich benefited more from economic growth, leaving a fast growing section in society, the poor, with less and less access to resources, particularly towards quality and appropriate health care.

**Note:** The projections for 2010 were done on the basis of the trends in disease patterns: shifting emphasis, increasing risks of traffic and war, the spread of the HIV/AIDS epidemic, etc.

Source: Nature Medicine 1998; 4:1241
Lifestyles of the poor, perhaps more than others, have changed within a few generations thanks to urbanization, change in the availability of water and food, and the changed spectrum of occupations. Food patterns have changed. The use of salt, sugars and fats has increased among many urban and rural populations. Even the dominant staple foods have changed in several countries.

Caries of the teeth is a serious problem of children living in slums. Hypertension occurs widely among West Africans, irrespective of their affluence. Another alarming development is the widespread presence of diabetes and obesity.

WHO assessed the burden of disease in terms of DALYs (disability-adjusted life years lost), a way of looking at diseases and mortality rates that is different from assessing the number of deaths a disease causes. DALYs measure the lifetime people lose while being ill (days-months-years).

In the context of the changing pattern of diseases, we can see the importance of healthy living habits. Though our choices are limited or enabled by the society we live in, and by our gender and ethnicity, we can try to change our individual lifestyle and the lifestyle of our communities. The economic burden of chronically disabled or diseased people justifies more health care attention towards these conditions.

This ‘disease burden’ perspective is helpful in understanding the dynamics between health on the one hand and characteristics of society on the other. Seen from the perspective of ‘disease burden’ the impact of frequent, short-duration diarrhoea (especially if deaths are averted because of ORS), accounts for less burden on the productivity of the population than atherosclerosis (causing heart attacks and strokes), depression, psychiatric diseases or HIV/AIDS. These conditions not only greatly impact the structure of families, and villages, but also the productivity of a country as a whole.

Figure 1 did account for the fact that the majority of the world’s population lives in middle and low-income countries. In spite of this, the chronic conditions, which are related to a way of living and influenced by the environment, still rank highest among the disease burden for populations.

Lifestyle diseases

The term ‘lifestyle’ is often associated with rich upper-class people, who can choose freely how they spend their time and resources. But with the term ‘lifestyle’ I am referring here to habits that people choose either voluntarily or involuntarily, which affect health – habits in areas such as food (e.g. use of sugars and salts), hygiene, coping mechanisms, alcoholism and cigarette smoking, etc. Wellness activities must deal with obesity, hypertension and diabetes.

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POVERTY AND HEALTH

India faces the health problems of both the affluent and poor societies. Jayaprakash Muliyil from the Christian Medical College at Vellore in India says that the time to work on the health of the next generation is right now!

While poverty continues to be the most important risk factor for illness and death, we in India are faced with health problems of both the affluent and the poor societies. Obesity and coronary heart disease are good examples of a new set of problems that affluence has brought. In a recent study supported by the Indian Council for Medical Research (ICMR) we compared the rural and urban populations with respect to coronary heart disease (CHD) and its risk factors. CHD was more common among the urban folk. They were more obese, had higher cholesterol levels, carried out less physical activities and on an average had higher blood pressure than the rural folk.

The relationship between deaths due to coronary heart disease with the infant mortality rates (IMR) in several European countries 50 years ago is interesting. Those countries with a high IMR 50 years ago have higher rates of coronary heart disease. And countries with low IMR 50 years ago, have lower rates of coronary heart diseases.

Economic transition has added a new dimension. Since IMR is a good indicator of socio-economic development, it has been suggested that individuals born in poorer circumstances, if exposed to affluence in later life, are more likely to develop coronary heart disease. It appears that one’s biological systems are adjusted to a given level of food availability and fat intake very early in life, and it may be difficult for the body to adjust to subsequent changes in this availability.

One could get sick being poor. One could get sick being rich but a lot less. Sadly, one could get sicker by trying to move from being poor to being well-off. But not as sick as one would be if one remained poor.

Young people and lifestyles

Children tend to adopt healthy practices when taught early in life. Similarly the combat against HIV/AIDS needs to start with proper education of teenagers. The time to work on the health of the next generation is right now!

Youngsters, by nature, pursue risk-taking behaviour. This sense of adventure can be easily shown to be related to many of the great strides mankind has made. Unless imaginative measures are taken to channel young peoples’ sense of adventure, mere preaching is unlikely to have any significant impact.

A large section of our population, for whom the day-to-day existence is uncertain, will often ignore messages related to long-term benefit or messages about risky behavioural patterns. A soldier going to a battle may not pay much attention to the message that cigarette smoking is injurious to health.

Yes, there are challenges that lie ahead of us. If people are to be inspired to practise healthy lifestyles, health education initiatives must take a wholistic view.

Jayaprakash Muliyil, Professor of Community Health, Christian Medical College, Vellore 632 002, Tamil Nadu, India. Tel: 91-11-0416 282-603/262-903 E-mail: chad@cmcvellore.ac.in
tobacco use in Africa, Asia and Eastern Europe. The WHO predicts that smoking of tobacco will become the biggest single cause of death in the 21st century!

**Mental Health**

The World Health Organization plans to make 'Mental Health' a central theme for the year 2001 to alert policy makers and the public how psychiatric conditions are affecting the well being in individuals, families and communities, but also the development of communities.

Most health clinics at the peripheral level are not equipped to deal with the chronic illnesses mentioned above. Health workers in most countries are neither trained to diagnose psychiatric conditions, to offer counselling nor to prescribe medication.

The disadvantaged position of women is a risk factor for depression and malfunctioning. The depression plays a significant role in trapping women into isolation and preventing them from claiming their place in society. They will not be able to participate in women’s groups, adult literacy classes, credit schemes or other activities that help to advance, even a little, the position of women.
women. Depression keeps people trapped in a vicious circle of poverty.

Retrain health staff

The lifestyle of the poor has changed dramatically during the last one or two generations. Primary health care facilities, especially in urban settings, are not sufficiently equipped for dealing with non-infectious diseases. There is a need for retraining health staff, for developing new curricula for training health workers, with more attention towards promoting healthy lifestyles. This can be done individually, but also in groups.

Consequences for church health care

If we take the diagram on page 4 seriously, then planning of church health services, training of all levels of health professionals, need to alter dramatically. Churches have a vital role to play. Churches can help to prevent depression, which ranks high worldwide as one of the most important public health problems. Health professionals can only partly treat depression. Successful treatment requires a truly wholistic approach – together with lay people and within congregations or communities.

Churches can play a role in advocacy for the marginalized. Congregations, through support and care, can give solidarity to those who are overwhelmed by the problems they face. Proper pastoral care can give people a sense of acceptance, better self esteem and a regained loving and trusting relationship with God.

What affects one of us affects us all. If each one of us makes just one small step in his or her own community in fighting the ill-effects of wrong lifestyles, living habits or social isolation, a lot can be changed for the good. The prediction of a future plagued by chronic diseases will only be true if we sit back and do nothing. Let us prove them to be untrue.

Christina de Vries, Medisch Coördinatie Secretariaat, Post Bus 8506, NL 3503 RM Utrecht, Bezoekadres Utrecht, The Netherlands Tel: 3130-880-1841 E-mail: c.de.vries@sowkerken.nl
REFLECTIONS ON LIFESTYLE AND HEALTH IN AFRICA

Chronic diseases are rarely recognized as a priority, even though in 1995, lifestyle related diseases were responsible for 48% of the reported deaths among South Africans. Approximately 7 million people have hypertension, 4 million diabetes, 7 million smoke and 4 million have increased blood levels of fatty acids. More than half the people have at least one of these risk factors and about 20% are at high risk for chronic diseases. Chronic conditions are poorly diagnosed and managed.

Maake Masango: Smoking is different. In the village if you were caught smoking any adult could whack your butt, whereas in the cities people smoke because the Hollywood world has intruded. There are three institutions that are very powerful: the home, the school and the church.

On poverty
Maake Masango: The struggle of poverty has the misery of health. People are not exposed to issues of health. Some people die of diseases that can be healed because they do not have access to treatment or because of ignorance.

Jack Githae: The African as he or she imitates the western oriented lifestyle, acquires so many other diseases. Diseases related to the type of food people eat are increasing dramatically. They were non-existent in Africa. Diabetes is one of the commonest problems. Traditionally we used certain herbs at home for treating many diseases. I use certain herbs. My mother had not been to the hospital even once.

On westernization of lifestyle
Maake Masango: The African systems are contradicted with the new lifestyle of Hollywood. We have people who hold on to a western standard of life. But when it suits them they go to the African standard of life – then they go to their roots.

People even feel that using guitars during worship is much better than using drums in the African way of worship.

There must be a concrete dialogue between the two cultures, so that one does not disclaim the African element as it is challenged by the western element.

Maake Masango: At funeral services, you hear families saying, “Please do not mention that … died of AIDS”. What an opportunity lost to reach naive young people who feel that they are immune from the “sickness of the gays.” HIV/AIDS can be a platform for healing.

On chronic diseases
Beatrice Njoroge: I think high blood pressure is everywhere in Africa.

Beatrice Njoroge works with MAP (E&S), Kenya. Jack Githae is the Chairman of the school of Alternative Medicine and Technology (SAMTECH) in Nairobi and Maake Masango, a bishop of the United Presbyterian Church of Southern Africa, is a member of the Executive Committee of the World Council of Churches.
The island society of Jamaica is a place of paradox. Tourists enjoy her world famous sun, sand and sea, cricket, coffee and carnivals. Yet, most of our people enjoy a different reality. Lifestyle related diseases are very much a critical problem in Jamaica. Circulatory disease, diabetes, motor vehicle accidents, liver cirrhosis, cancer of the respiratory system, homicide and suicide, cancer of the breast and the cervix are among our top killers. Identified rates of diabetes and hypertension are present in over 15% of the adult population; the prostate cancer rate is among the highest in the world.

Table 1 shows the ten leading causes of death in the USA, during 1990, and the

Lifestyle related diseases are a critical problem in Jamaica.
lifestyle factors leading to half of them. This is a growing trend world-wide.

**The church as a health promoting community**

Christ has set the example and He has mandated the church to be a community of healing. One of the most important ministries of healing is the promotion of health or wellness. This needs to be the case if we are to be “wellness-oriented” rather than “illness-oriented.”

Churches and communities can develop activities that will bring about lifestyles among the well that will keep them well. Next, they can develop lifestyles that will promote early recovery from illness. These include seeking early detection of illnesses and early and easy access to treatment. It is also vital to have rehabilitation programmes in order to maintain the best recovery of health that is possible. All these activities can be carried out through the use of self-help approaches and the involvement of non-professional health promoters working as volunteers.

It is a whole person and multidisciplinary approach that makes a health promotion programme successful. This is because true health is wholeness. Churches in Jamaica have sought to develop a model

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**Ten leading causes of death in the USA**

<table>
<thead>
<tr>
<th>The 10 leading medical and lifestyle factors</th>
<th>Causes of death, leading to half of them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease 720,000</td>
<td>Tobacco 400,000</td>
</tr>
<tr>
<td>Cancer 505,000</td>
<td>Diet, Sedentary Lifestyle 300,000</td>
</tr>
<tr>
<td>Cerebrovascular Disease 144,000</td>
<td>Alcohol 100,000</td>
</tr>
<tr>
<td>Accidents 92,000</td>
<td>Infections 90,000</td>
</tr>
<tr>
<td>Chronic Pulmonary Disease 87,000</td>
<td>Toxic Agents 60,000</td>
</tr>
<tr>
<td>Pneumonia and Influenza 80,000</td>
<td>Firearms 35,000</td>
</tr>
<tr>
<td>Diabetes 48,000</td>
<td>Sexual Behaviour 30,000</td>
</tr>
<tr>
<td>Suicide 31,000</td>
<td>Motor Vehicles 25,000</td>
</tr>
<tr>
<td>Liver Disease, Cirrhosis 26,000</td>
<td>Illicit Drug Use 20,000</td>
</tr>
<tr>
<td>AIDS 25,000</td>
<td>TOTAL 1,060,000</td>
</tr>
<tr>
<td>TOTAL 2,148,000</td>
<td>TOTAL</td>
</tr>
</tbody>
</table>

The nation’s investment in prevention is estimated at less than 5 percent of the total annual health care cost.

Sources: National Center for Health Services, Estimates for 1990 by Department of Health and Human Services, The Carter Center, Atlanta, USA

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Churches in Jamaica have developed the congregation-based whole person healing ministry.
To what extent can we achieve change in our behaviours by ourselves?

Just by making resolutions? Many resolutions have been broken! Old habits die hard. Every person can develop his or her own personal programme for health-promoting lifestyles. But barriers from “within” such as our personalities, mental health, addictions and attitudes can make such changes difficult.

Small support groups where members build accountability to one another becomes a powerful tool for change. Accountability and doing activities together are two of the most the effective weapons for building motivation and overcoming the difficulties of giving up short-term pleasures for long term benefits.

Building a spiritual fellowship in groups also acts powerfully to heal and promote change. It involves solidarity through sharing common difficulties, practical help, as well as sharing empathy. Members learn from one another. They find a sense of affirmation, acceptance and belonging. They also pray for one another, and grow with one another. Accountability is enabled through making a joint agreement to encourage, remind and confront one another, in love, as is necessary.

Partnerships can be established for carrying out joint activities, such as exercise, in planning diets, monitoring habits and praying together. Therefore types of groups can include:

- enrichment groups such as men’s or women’s groups, youth or old age issues groups, couples or singles groups and parenting groups;
- crisis groups such as bereavement or divorce support groups and “tough-love” groups for parents of difficult youth;
- recovery groups such as Alcoholics Anonymous, Narcotics Anonymous and Overeaters Anonymous.

Health promotion activities are vital in times of crisis. Persons are most vulnerable to diseases of body, mind, spirit and relationship when they are in a crisis. Yet crises also motivate us to learn and change.

In using the approach of health promotion, most healing ministries can function without doctors or professional counsellors. These persons can train volunteer health promoters and lay counsellors whose activities can include health education, screening and referral, as well as teaching first aid and home care.

As part of planning activities the following questions can be asked:

- What do you consider to be the commonest or most important lifestyle related illnesses in your community or church?
- What are the behaviours most commonly related to them?
- What activities including behaviour changes can be developed to deal with the causes and effects of these illnesses?

Family life education and marriage enrichment groups can promote healthy lifestyles. It can also include informal counselling, prayer and visiting. These can be special activities or they can be a part of the programmes of women’s and men’s groups, literacy classes, visiting the sick and those who are homebound and health clinics. Every congregation member can become a health promoter by encouraging each other, as well as other community members, to adopt healthy lifestyles. Recruiting and training
health promoters must be a priority of each community and local church.

**Health-promoting congregations in action**

This is a journey giving you some “snapshot” scenes of health promotion activities of church healing ministries in Jamaica.

**Preventive activities**

Early detection of our common lifestyle diseases has been present in most of our churches. There is screening for illnesses such as hypertension, diabetes, breast and prostate cancer, dental and eye problems. This occurs during special health fairs. They are also part of the activities for women’s and men’s groups, literacy classes, home visits and health clinics.

**Miracle Open Bible Church: promoting fitness**

The pastor of the Miracle Open Bible Church felt that somehow too many persons in the congregation had illnesses that did not have to occur. The planning team started a gymnasium. Participants work out to music that delivers not only a rhythm but also a spiritual message. Individuals receive guidance as to healthy eating and the use of herbs for health benefits. As well as being a place of wellness promotion through physical fitness, the gym has also become a centre for social fellowship. Several persons have also made commitment to the Christian faith.

**Bethel Baptist Church: a health-promoting congregation**

A typical church bulletin at the Bethel Baptist Church reveals much of the congregation's commitment to health promotion through its various organizations. On the front page is a poem entitled “Prescription for the Blues”. The activities advertised for the week include a games evening for all ages, a birth month meeting on stress management and a marriage enrichment get-together for couples. The sports ministry advertizes basketball and cricket competition.

Those in need are not to be neglected. There is an advertisement for a single male seeking a job and accommodation available for those seeking to rent. A summer employment programme seeks to provide experience for over 400 youth. A youth programme entitled “Ablaze For Christ” included a family health promotion topic entitled “Leaving the nest — Parents and Youth”.

The prevention of marital breakdown and negative parenting are important issues at Bethel where premarital counselling is provided as well as counselling for parents of infants about to be blessed.

The accumulation of plastic containers and other garbage constitutes a major health hazard in Kingston and St. Andrew.

**EXPERIENCES**

We can encourage each other, as well as others, to adopt healthy lifestyles.

Miracle Open Bible gym instructor in action.
Every person can develop their own personal programme for health-promoting lifestyles.

PROMOTION

Health Promotion Activities
- Policy development, wellness education, health fairs, “health evangelism”, school programmes,
- “Safe environment” promotion, enrichment support groups, spiritual direction, activity clubs,
- Networking, media.

Maternal and Child Care Skill Promotion
- For every child in each family: pregnancy supervised, delivery assisted by trained persons, breastfed, immunized, taught and provided access to hygiene, births spaced to two years and over, monitored for growth, provided with time, affection and stimulation.

Poverty & Violence
- Safe water, waste disposal, mosquito control, home and public food hygiene, conflict-education, family abuse

Whole person health education church and media
The Boulevard Baptist Church provides health promotion through media lobbying. Advertisements are placed on television where such themes as responsible fatherhood and appropriate sexual behaviour are emphasized.

Rehabilitation
The Bethel Baptist Church has developed a “Special care” rehabilitation ministry to persons who are bereaved,

PREVENTION

- Early detection
- Education about diseases,
- Screening (for hypertension, diabetes, breast and prostate cancer, dental and eye problems, etc.)
- Telephone services (for suicide, HIV concerns, domestic violence, depression etc.)
- Pre-marital counselling
- Early and accessible treatment
- Church and Community health workers,
- Lay counselling,
- Spiritual counselling
- Crisis groups,
- Training in: first aid, self care, home care
- Natural Healing: herbal, nutrition, massage, etc.
- Walk in counselling service
- Walk in clinic

REHABILITATION

- Rehabilitation and palliative care for: persons with disabilities, strokes, heart disease; vision, mental illness, addictions; injuries, arthritis, cancer, HIV.
- Victim support
- Recovery support groups
- Skill training
- Psychological and spiritual counselling
- Care giver groups

Church Activity Form for Healthy Lifestyle Development

Education, youth clubs, community action, mentoring, racial pride, police and citizens, politics, earning capacity, justice advocacy

Lobbying
- For a regional/natural health promotion programme, recreation facilities, “green spaces”, good environmental practices, the poor, children, the elderly, the disabled, the mentally ill, and good human services.
- Against violence and anti-health commercial practices.

(Please note the Church Activity Form for Healthy Lifestyle Development details are not fully visible in the image.)

Table 2

Church Activity Form for Healthy Lifestyle Development

<table>
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Marlo Scott

EXPERIENCES

where flooding from blocked drains sometimes claims lives and fosters mosquito borne diseases. To counter this, Bethel Baptist Church has a plastic container collection programme for the purpose of recycling.

Preventive education, youth clubs, community action, mentoring, racial pride, police and citizens, politics, earning capacity, justice advocacy

Lobbying
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The Boulevard Baptist Church provides health promotion through media lobbying. Advertisements are placed on television where such themes as responsible fatherhood and appropriate sexual behaviour are emphasized.

Rehabilitation
The Bethel Baptist Church has developed a “Special care” rehabilitation ministry to persons who are bereaved,
shut-in, mentally ill, HIV-positive or otherwise disabled by strokes, joint disease, blindness and other effects of chronic illnesses. A strong emphasis is placed on health promotion through counselling, fostering activity, stimulation, social interaction, healthy nutrition, medication compliance, health monitoring, regular outings, visits and spiritual care.

**Promoting health in the community**

Members in communities surrounding the Mona Baptist Church are visited regularly. Persons experiencing crises and disasters such as fire and injury, receive practical as well as spiritual ministry. Problems of potential community violence are dealt with through conflict-resolution education and “rap sessions” for youth clubs.

The Meadowbrook United Church focuses on empowering the under-trained and unemployed through training in job skills, literacy and homemaking.

At the bakery of the North Street United Church persons are trained to make whole-wheat bread and other products for children in their day care centre and for community members. There is a homework centre for adolescents.

**True development**

True development begins with a change of heart of an individual and a change of the conscience of a society. External barriers to healthy behaviours, such as from poverty, the media, misunderstood cultural traditions and corrupt industrial environmental practices all require educational measures.

Among the poor in both developed and developing countries, communicable diseases still remain the major health problem. These include respiratory diseases, childhood infectious diseases, diarrhoea, malaria, typhoid, tuberculosis and HIV/AIDS. These diseases of poverty are also related to human behaviour. Such negative lifestyles include injustice, inadequate environmental care and poor community hygiene. These require lobbying for better public policy, government action and industrial practices. In the Jamaican experience benefits have resulted from the informal lobbying of the government, other churches, the security forces and the media.

Urbanization, industrialization and the “information age” do not necessarily mean “development”. True human development comes from seeking justice and enabling positive behaviour-change for wholeness.

Dr E. Anthony Allen, 8 Durham Avenue, Kingston 6, Jamaica W.I Tel: 1-809-927-4824, Fax: 1-809-702-2682 E-mail: tonilt@kasnet.com

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**Health Habits Check List**

**Do I engage in the following lifestyles?**

- exercise for at least 30 minutes 3 times a week regularly?
- eat 7-10 portions of fruits and/or vegetables daily?
- drink one glass of skim, or low fat soymilk daily?
- avoid fatty meats?
- eat meat substitutes (e.g. soy products, legume-grain combinations)?
- eat mostly whole and natural carbohydrates?
- take multivitamin and mineral supplements?
- avoid fats except “good fats” (e.g. olive, canola, peanut, fish or flaxseed oils)?
- avoid sugar and salt, except that which occurs naturally in food?
- use herbal seasoning for taste and medicine?
- drink 6-8 glasses of water daily?
- have an annual medical check up?
- have regular fun, e.g. entertainment and recreation?
- have regular hobbies?
- find occasions for humour?
- relax regularly?
- promote my intellectual growth?
- pay regular attention to my spiritual life (e.g. devotions, fellowship, meditation, praise, forgiveness)?
- pay attention to my social life (e.g. close friends, calling, visiting and entertaining)?
- help others in the society?
- enjoy nature regularly (e.g. gardening, pets, walks, seabathing)?
- regularly help to preserve the environment and avoid practices that will damage it?

**True health is wholeness. Jamaican churches lobby for “healthy” public policies, government action and industrial practices!**
EXPERIENCE A WONDERFUL TRANSFORMATION

Eric Ram, Director, International Health and International Relations, World Vision International, Geneva, and former Director, Christian Medical Commission, World Council of Churches, Geneva, recounts his search after a heart-attack, for a lifestyle that was enjoyable, professionally meaningful and satisfying.

Philip Potter, the former General Secretary of the World Council of Churches used to tell us, albeit light-heartedly, that any one who wished to work for the WCC must meet three basic criteria. He or she must have a sense of humour, must have written a will and be “touched in the head”! Working on the staff of WCC is very rewarding but also very demanding.

I was invited to join the staff of the CMC/WCC when I was 42 years of age. Seven years later I had my heart attack. It was said that it was due to work-related stress. In many ways I was predisposed to it because my father had a coronary attack when he was 55 years old. My doctor told me this was a “wake-up” call for me. So, I began a search for alternative approaches to improve the chances of my survival, but more so a lifestyle that was enjoyable, professionally meaningful and satisfying. Sixteen years later, I want to share with you my own experiences that may be helpful to others in living a healthier life, without going through the trauma of a heart attack.

The regime that I follow may sound simple; that is because it is simple. The trick, though, lies in actually practising them.

Healthy Diet
Healthy diet basically means nutritious food, which is high in fibre but low in cholesterol and sodium. My wife plans each meal very carefully. We are eating more fish and very little red meat and avoid deep fried foods. Rice and oat bran are very good in lowering cholesterol. Keeping the total cholesterol level to less than 200 mg/dl, has been a struggle. It is best to keep it at 150 mg/dl. The more important thing, however, is to raise the high-density lipoproteins (HDL) — the good kind, and reduce the low-density lipoproteins (LDL) — the bad kind. The name of the game is: keep the ratio of total cholesterol and HDL to less than 4.0 or better still 3.5.

Regular Moderate Exercise
I am doing total body exercise at least twice a week and bicycling once a week on a regular basis. I have built it into my calendar, so even my assistant knows

EXPERIENCES
that three times a week I must leave my office by 5:30 p.m. It has been proven that regular exercise improves the health of heart. In my case I had a partially blocked artery. Regular exercise has helped develop collateral vessels, the equivalent of natural bypass.

Exercise helps circulate blood. It strengthens muscles, including the heart muscles. Regular exercise reduces tension and stress. Since stress is known to raise cholesterol level, it is best to reduce stress. I prefer a total body exercise. While exercising I try to raise the heartbeat to twice the rate for at least 20 minutes, three times per week. Exercise also reduces cholesterol. I feel good and fresh after exercise. This is because a chemical substance called beta — endorphin is released in the blood, giving a blissful feeling. I am also sleeping much better. As a result my workday goes much better too.

**Manage Stress**

- Worries, anxieties, anger, hostilities, pressure of any kind, unpleasant emotions are all parts of stress. Stress causes ulcers, headaches, stomach aches, colitis, high blood pressure and heart attack. Stress causes the nerves to react in such a way that the muscle tissues or arteries constrict, referred to as a “spasm”. The spasm may completely shut down the flow of blood to the heart resulting in a heart attack. There is no way to eliminate all stresses from our lives. Besides, a bit of stress in fact enhances work performance. The most important thing is that we learn to manage it properly. We must also strive to reduce the number of stressful incidents, reduce the intensity of those episodes and find time to rest and relax in between.

- Breathing consciously and deeply through the diaphragm is very essential to regularize our breathing patterns. When we get enough fresh air, things seem to fall into perspective. I also paint to concentrate all my thoughts on one thing, to forget about all worries and work. This helps reduce stress tremendously.

**Spiritual Nurture**

For me, spending a few minutes in prayer and meditation every day is essential to balance my spiritual aspect of health with the physical, mental and social aspects. My spirit must connect with the Holy Spirit on a daily basis. A five-minute meditation helps me to draw my mind to that particular moment rather than being in too many places at the same time. The focus of my meditation is Christ. I try to soak in as much as I can from the beauty of a sunrise or a sunset. They energize

“In a mysterious way, being a part of the larger faith community heals and strengthens me.”
me from within and give me serenity, calm, inspiration and a sense of connectedness with nature.

Being in the company of other believers on Sundays, praying, singing praises and participating in the communion services are equally important as they help me to be a part of the larger faith community. In a mysterious way they heal and strengthen me. They are a part of our support group.

I have also learned the importance of maintaining forgiving and healthy relationships with the colleagues we work with, with our family members and with the neighbours. Bad relationships are like a cancer; it eats away the good we do. It is best to eliminate them as quickly as possible.

One of my favourite prayers for the morning is that which says, "Lord, grant me the strength to change the things I can, the serenity to accept the things I cannot, and the wisdom to know the difference". There are certain things that are absolutely beyond our control so it is best to leave them alone and focus our energies on things that we can do something about.

Worry produces stress which in turn consumes much energy and leave us mentally drained. Worry is also contagious. It spreads a negative message and a feeling of fear. They interfere and distract us from our task. Let go of them.

And, my favourite psalm for use in the evening is: "Cast your burdens upon the Lord and He will sustain you." A wonderful advice to free our minds of all worries allowing us to sleep well in the night.

Mini Varghese describes the pioneering efforts of Victorian Health Promotion Foundation, Australia, in developing health promotion interventions for healthy lifestyles.

The Victorian Health Promotion Foundation (Vic Health), an independent health promotion organization established by The Victoria State Government, Australia sponsors arts and sports events which the tobacco industry traditionally found attractive. Health messages replaced pro-smoking messages and signage. The funds came from a small percentage of dedicated tax on tobacco products. So instead of these events being used to recruit smokers, Vic Health promotes the benefits of not smoking and adopting healthy lifestyles.

Besides sponsoring art and sports events Vic Health Foundation, developed multifaceted health promotion interventions such as preventing road accidents and injuries, healthy eating and physical activity and responsible drinking.

They inform the public about being physically active, remaining smoke-free or stopping smoking, healthy eating habits and about medical matters.

To involve the young people they developed the JUMP, Jump Rope for Heart programme to encourage physical activity.
Work environment influences our lifestyles. Do the environments in which we work create stress? If they do, are any measures taken to reduce stress? Practising meditation, spiritual teaching are found to have a positive impact on developing inner peace.

We can create better working environments by:
- planning work better
- doing things before it they become urgent,
- and consciously assessing our workloads.

The “Food Smart” campaign helps to form healthy eating habits through checking lunch boxes at schools, and by correcting and encouraging students to bring healthy food.

“Tick,” a collaborative programme of the Australian Heart Foundation with the food industry, certified healthy foods as part of their mission to prevent early death and disability from chronic diseases. This encouraged a healthy food supply, meaningful food labelling and nutrition education of the general public.

To reduce stress and provide relaxation, the Foundation helped to develop community resources and facilities that created supportive physical environments and healthy working environments.

The Foundation trains health professionals about prevention and special disease management and assists them to undertake research.

In order to foster a larger debate the Foundation has initiated a national campaign on policy and legal issues.

In many countries professional bodies such as the Cardiology Society, Diabetes Society, NGOs and churches, and other organizations that work close to people, educate the public on controlling non-communicable diseases.

What we can do

Churches in particular can influence people to choose positive lifestyles and create supportive and protective environments. In addition, as churches run hospitals and hospices, they understand the epidemiological transition — the change in the patterns of diseases in their area. They are most likely to understand that preventive and curative approaches are essential.

- NGOs and churches can make public health a public concern!
- Understand the epidemiological transition in your area. Watch closely the deaths and the causes of death.
- Develop public education on healthy lifestyles with special reference on health hazards of tobacco and excessive consumption of alcohol.
- Condemn any attempt to link youth with tobacco or alcohol.
- Identify and understand if and why food production and consumption patterns are changing in your area.
- Develop mechanism for physical activity such as developing parks and organizing out door activities.
- Develop professional capacity; improving facilities and equipment is essential.
- Promote healthy lifestyles in schools. Encourage children to bring healthy meals, rather than junk foods and encourage physical activity.

Mini Varghese, 152, Pratap Nagar, Hari Nagar, New Delhi 110 064 Tel: 91-011-549-2067 E-mail: minivarghese@e-mail.com

Victorian Health Promotion Foundation, P O Box 154, Carlton South VIC 3053, Australia Tel: 61-39-345-3200 Fax: 61-39-345-3222 Email: webmaster@vichealth.vic.gov.au Web: http://www.vichealth.vic.gov.au

Dealing with lifestyle issues involves addressing value systems influenced by media, increasing communication, competition and increasing aspirations. A healthy food supply must include locally available vegetables and fruits.
OTHER PUBLICATIONS

Simple Steps to Wellness by E. Anthony Allen is a useful guide for self-help as well as for church and community education. The useful checklists will help Contact readers set up a programme for change. Published in 1999 by Whole Person Resource Centre. 43 pp. Price: US$10 +$6 shipping.

Caring for the Whole Person by E. Anthony Allen. This simple book meant for every church member, uses methods of theological and scientific analyses to provide a reflection on whole person healing and salvation. It includes a case study of congregational healing in the Bethel Baptist Church, Jamaica. 1995 Price: US $10 +$6 shipping. Whole Person Healing by E. Anthony Allen is a good ‘start-up’ guidebook to developing a Whole Person Healing Ministry. An additional bibliography is included as well. It emphasizes how non-professional lay leaders and health workers can

WCC PUBLICATIONS


WHO PUBLICATIONS


RESOURCES

World Health Organization 1211 Geneva 27 Switzerland, Fax: 41 22 791 4167. E-mail: austinm@who.ch

The Chronic Diseases of Lifestyle Programme (CDL) in South Africa promotes healthy lifestyles in the South African population. The CDL Programme has, with different organizations, set up treatment guidelines for: hypertension, diabetes, hyperlipidaemia, stroke management in South Africa. Reaching the public: In collaboration with the CDL Programme, a television series of 13 programmes on hypertension; a 60-episode radio story and an educational supplement on hypertension – incorporated in to more than 2 million newspapers in South Africa – are being developed. South African Medical Schools were provided with teaching materials on tobacco control. CDL programme provides a constant flow of information to the media and other groups on research results or other chronic diseases of lifestyle information.

CONTACTS

Krisela Steyn Programme Leader CDL Programme Medical Research Council of South Africa, PO Box 19070 7505, Tygerberg, South Africa Tel: 27 21 938 0423 27 21 933 5519 E-mail:krisela.steyn@mrc.ac.za

Nanda Chandrasekharan World Council of Churches P.O. Box 2100, 1211 Geneva 2 Switzerland Tel: 41 22 791 6111 Fax: 41 22 791 0361 E-mail: fch@wcc-coe.org

Whole Person Resource Centre, 8 Durham Avenue Kingston 6, Jamaica. Tel: (876) 702-2898 Fax: (876) 702-2682 E-mail: tonlit@kasnet.com

Whole Person Healing by E. Anthony Allen is a good ‘start-up’ guidebook to developing a Whole Person Healing Ministry. An additional bibliography is included as well. It emphasizes how non-professional lay leaders and health workers can

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develop a ministry. Published by Jamaica Baptist Union. Price: US $3 + $4 shipping.

**Becoming Whole Together: Whole person lifestyle and healing through support groups** by E. Anthony Allen is a step-by-step guide for using small support groups to achieve healthy lifestyles and wholeness for individuals and families. Published by Christian Education Institute, Jamaica Baptist Union and distributed by Whole Person Resource Centre. 34 pp. Price: US $8 + $6 shipping.

**Structured Exercises in Wellness Promotion: Whole Person Handbooks for Trainers, Educators, and Group Leaders** (Vols. 1-5) by Nancy & Donald Tubesing (eds.). These handbooks are excellent tools for training health workers and lay leaders. They use group participatory activities to teach about the principles of healthy lifestyles and health promotion. Published by Whole Person Associates. Price for set: US $134.80. Individual copies can also be obtained.

**Health Conditions in the Caribbean** by the Pan American Health Organization, highlights the ways in which the countries have responded over the years to the health needs of their respective populations. Practitioners and students of health disciplines, researchers both in and outside the Caribbean area, and members of the media will also find this publication a useful resource, 1997. 326pp. ISBN 9275115613. Price: US $36.


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**Contact Solidarity Appeal**

Contact is expanding, rising to the challenges of regionalization and strengthening the network of health workers.

Will you help us in this? A donation of just US $10/British Pound 8/SF 8/Rs. 460 will enable one more health worker to receive Contact free of charge.

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SPIRITUALITY IN LIFESTYLE

MATTHEW 18: 21-35

This Bible study has been prepared by Thomas F. Best who is an Executive Secretary in the team on Faith and Order (Cluster on Issues and Themes) of the World Council of Churches.

My own church, the Disciples of Christ,** has always emphasized the practice of Christian faith in daily life. This is what I understand by spirituality “in” lifestyle — that the faith you profess and the life you live are one.

Read Acts 2: 44-47

The early followers of Jesus shared their faith, their worship, their lives — and, when necessary, their material goods. For these early Christians, faith and worship were not separate from their daily lives and material possessions. Paul speaks often about “fellowship” (koinonia). He uses the same word to mean the spiritual unity in Christ which existed between believers in the scattered Christian communities, and the material sharing which they offered each other as a sign of that unity. The “fellowship of the Holy Spirit” among Christians means that “if they have come to share in their spiritual blessings, they ought also to be of service to them in material blessings.”

Let me illustrate this unity of faith and life from my own family. In my church the Elders play an important role in the celebration of the Lord’s Supper, giving a “free” (personal) prayer over the bread and wine before these are distributed to the congregation. My grandfather was an Elder and did this many times. The last time I heard him offer such a prayer, it seemed strangely familiar but I could not “place” it. Then I realized that it was the table grace, which he often said at the lunch or dinner table at home! He did not need a special, more “holy” prayer for use in church. He had learned through the sufferings of his last years to focus on the essentials of faith, and to apply them in every situation. Christ was present in his whole life and at every meal, and He could be invoked just as readily at home, in church, and in the workplace too.

What principles can we draw from these biblical texts and reflections? First, that it is important to focus on what our faith tells us to be the essentials in life. The world — the media, society, the economic system — constantly tells us to acquire more, eat more, have more, do more, be more. But what is really important to you? Is it possessions or people? Property or relationships? Acquiring and keeping, or receiving and then giving again, sharing with those in need?

A second principle is that we should strive for a coherent life, one guided by our faith and not divided into “compartments” labelled home, church, and work. The world constantly tells us that religion is a private matter, for personal consumption only and not to be applied in the professional or public sphere. But what value is our faith if it applies to only part of our lives and has to be “switched off” when we leave home, or walk out the door of the church?

Read Matthew 5: 14-16

Matthew, using the image of the lamp, challenges Christians to be “the light of the world”. For a lamp to burn, its wick must be infused with oil. Let us be infused with our faith, so that our whole lives may “shine before others”, praising Christ and giving glory to our heavenly Father.

Questions for Reflection

1. How would you describe your own “lifestyle”? How far is it consistent with the gospel?
2. What, for you, are the essential things in life?
3. What principles guide your actions at home, in church and in the world? How do these relate to health, healing and wholeness?

**We exist as a denomination in some countries but, wherever possible, have entered into united churches such as the Church of North India and the United Reformed Church (in the United Kingdom).
There was a sense of hope and commitment at the Thirteenth World AIDS Conference in Durban, South Africa, a feeling that finally the wall of silence around the reality of HIV/AIDS was breaking down. The mood was very encouraging even though all available information indicated that the worldwide situation, particularly in developing countries is rapidly deteriorating.

We were challenged to move from scientific and epidemiological rhetoric to action. “We have the tools! Let us apply them” said Peter Piot, director of UNAIDS. There is an impressive range of effective interventions: from peer education, voluntary counselling and testing, condom promotion, STD treatment, to preventive therapy with antibiotics and treatment with anti-retroviral drugs.

Mother-to-child transmission can now be reduced by 50% with a single tablet of Nevirapine for mother and the baby. Though an effective vaccine will not be available within the next 7-10 years, it became clear many scientists are tremendously committed to the ‘International AIDS Vaccine Initiative’.

Access to treatment

More than 12,000 delegates discussed the dramatic dimensions and socio-economic impact of the HIV/AIDS epidemic. “Access to Treatment” dominated the conference and was perhaps most clearly illustrated and emphasized by Judge Edwin Cameron – being HIV + himself – who stated: “Amidst the poverty of Africa, I stand before you, because I am able to purchase health and vigour. I am here because I can pay for life itself!”

Health is not a right only for those who can pay for it, but a human right for all. It was clear that our overriding and immediate commitment must be to find ways to make accessible for the poor, that which is within reach of the affluent. Both putting pressure on the large pharmaceutical companies to decrease their prices, and on western governments to allow parallel import and local production of cheap generic and essential drugs.

For millions of people, the stark reality of the equation “AIDS = death” has led to fear, anxiety, denial, stigma and discrimination. Perhaps the most important message of this conference, is that AIDS is no longer a death sentence and that many years of quality life are possible. An urgent call for the
**UPDATE**

**Let our voices be heard**

Elizabeth Alarcón, a coordinator of the El Bosque Community AIDS Network, Chile – which works to prevent HIV/AIDS in poor communities – presented the Network’s experience at the XIII International AIDS Conference.

"We, the poor, are the most affected by HIV/AIDS. I think it is important that our voices are heard!"

EPES: What does it mean for you personally that a shantytown health promoter was able to participate in this conference?

Elizabeth: It was an incredible experience. It is important to share the community perspective in these conferences – what we feel as shantytown people. Sometimes, the professional way of seeing things is not really the way they are. I learnt to have a broader vision, a more global perspective regarding HIV/AIDS. I learnt of new developments in treatment.

The trip motivated many new things for me after so many years dedicated only to my home. Often we women do not go out. For me to dare to leave the four walls of my house was a tremendous leap! It has allowed me to believe that I can do something besides working as a maid. The trip made me

Elizabeth Alarcón at the XIII International AIDS Conference at Durban, South Africa.

Those who are infected with this terrible disease do not want stigmas, they want love. Together we can make a difference.

**Prevention and care**

Though the emphasis was predominantly on access to treatment, prevention and care to reduce the impact of HIV/AIDS are equally important. Many presentations highlighted experiences of home-based care, pastoral care and counselling, school health programmes, dealing with orphans, etc. Greater involvement of people with HIV/AIDS proved to be an important intervention in dealing with ignorance and discrimination.

**Role of religion**

It was a disappointment that the role of religion, and the churches in particular, was hardly covered, especially since the churches have the potential to play a crucial role in breaking the silence around AIDS and to counter stigma with love and care.
An exception was the satellite workshop, “Facilitating Community Response” organized by WCC together with ICAN, the International Christian AIDS Network, where innovative experiences and lessons learnt by Christian groups working in the field of HIV/AIDS were shared and an opportunity given to facilitate net working. A number of thought provoking and inspiring presentations led to very useful discussions.

Durban seems ages ago. We are back to reality, facing the frightful impact of the HIV/AIDS epidemic. Yet we should not lose the momentum. We must hold tight the conviction that we have the tools to act. Together we can make a difference. The church can make a difference! To quote Mandela once more, “Let us all combine our efforts to ensure a future for our children. The challenge is no less!”

Frits van der Hoeven, Medisch Coordinatie Secretariaat, Post Bus 8506, NL 3503 RM Utrecht Bezoekadres Utrecht, The Netherlands Tel: 3130 880 1841 E-mail: P.vander.Hoeven@sowkerken.nl

Health is not a right only for those who can pay for it, but a human right for all.
Bangladesh, with 125 million people, probably has the world’s highest population density. It is one of the world’s poorest countries. The cost of modern health care and the high salaries and fees that doctors demand, has put health care out of the reach of the poor. In government hospitals, all medicines have to be bought from outside. Doctors prescribe expensive drugs and investigations. Quacks give wrong medicines and incomplete courses of antibiotics. Corruption, injustice, poverty and ill-health are closely linked — many medical students are children of rich land-owners, money lenders and corrupt officials — can we hope they will ease the health problems of the poor?

In poor communities small children and mothers are at greatest health risk. Poverty threatens nutrition and child care and hinders treatment and education. The poorest families have the greatest needs. All three communities of the area, the Bengali Muslims, the Christian Mandi tribal people and the Hindu Borman tribal people are poor. Many migrate to the cities, and either families get divided or the whole families move in to slums.
The low status of girls and women leads to undernutrition and make infections more common and treatment less likely. The cost of their dowries makes girls a burden to their families. Child marriage — fourteen-year-olds having deliveries and miscarriages are not unknown, and ease of divorce destroy their security, self-esteem and health. Societal discrimination results in women being poorly educated and burdened with recurrent childbearing. In turn, their children also suffer poor health.

Recognizing that health action must face the problems of poverty, ignorance and disharmony, the Church of Bangladesh established the Thanarbad Health Care Programme 25 years ago. The programme has had amazing success. Under medical supervision, local village people who have little schooling, treat and care for people with chronic diseases. Most are themselves diabetic patients and most of the diabetics they care for, are poor and illiterate and keep their disease well controlled.

Severe malnutrition has become rare in the ten villages of the programme. Oral rehydration is almost always started in the home for acute diarrhoea. Deaths from pneumonia and diarrhoea are rare. Scabies and worms are unusual. We have never had an eye lost from Vitamin A deficiency in the areas where we work.

The message of the programme is that health care must be especially for the poor and they must do it themselves. Actions must be simple and low cost. Faith in Christ motivates us to care for the poor and to share our motivation by joining hands with those of other faiths. The staff of 64, though poor, are motivated to serve their own people. Everyday the staff and patients — Christian, Muslim and Hindu, pray together.

Edric Baker
Village Thanarbad, PO Jalchatra, Dt. Tangail 1900
Bangladesh

Edric Baker has been at Thanarbad Clinic for 17 years. The message of the programme is that health actions must be especially for the poor; they must be simple and low cost, and the people must do it for themselves.

Editor

May I congratulate you on yet another excellent edition of Contact and echo the comments of Anne Merriman on the quality, relevance, importance and usefulness of this journal. Long may it continue!

Concerning tobacco, the International Union against Tuberculosis and Lung Disease (IUATLD) is another organisation that attempts to combat this major threat to human health. The Union has an active Tobacco Prevention Section that has produced a handbook for medical students and a guide for low-income countries. Details are available from the IUATLD, 68 Boulevard Saint-Michel, 75006 Paris, France or from the Union’s website www.iuatld.org

John Grange
Royal Free and University College Medical School
London, UK
E-mail: sophia@hagia.freeserve.co.uk

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ANNOuncements

Faith-based network on reproductive health

A faith-based network, the African Regional Forum for Religious Health Organizations in Reproductive Health facilitates and supports dialogue on reproductive and sexual health issues. The inter-faith network, launched in Lusaka, Zambia, in September 1999 currently has representatives from Ethiopia, Kenya, Namibia, Nigeria, Tanzania, Uganda, South Africa and Zambia.

Ecumenical Pharmaceutical Network

The Pharmaceutical Programme of the World Council of Churches and Community Initiatives Support Services is changing to Ecumenical Pharmaceutical Network (EPN). This Network brings together partners mainly but not exclusively linked to churches, involved in the support of or in implementing healthcare services and who share a desire for the development of a compassionate, just and sustainable health care system. Its members (based both in the North and South) include Christian Health Associations and Boards; Joint Procurement Units, Health care institutions, Low cost drug suppliers, Christian Medical Associations, Development oriented agencies and Consumer networks. It also collaborates with other organizations with similar objectives such as the World Health Organization (WHO), Health Action International (HAI) and Médecins sans Frontières (MSF).

In its next three year plan of action, EPN will focus on national activities designed to support health care providers at all levels, in their efforts to improve patient care through proper drug management and use. At international level it will work in collaboration with other strategic partners to advocate for equity in access to essential medicines and health care for all.

Pharmalink

Pharmalink is a bi-annual newsletter produced by the Ecumenical Pharmaceutical Network. The two issues are usually distributed in February and July to members of the Network and other organizations sharing the same objectives as the Network. It covers topical pharmaceutical issues, news on important publications and web pages as well as a calendar of events and announcements. The newsletter is produced in English but concerted efforts are being made to have it translated into French. Contributions are welcome for articles, announcements and important events like workshops, seminars etc.

For more information on the Ecumenical Pharmaceutical Network or for a copy of Pharmalink please contact:
The Coordinator, The Ecumenical Pharmaceutical Network, P O Box 73860, Nairobi, Kenya
Tel: 254-2-444832/445020 Fax: 254-2-440306 Email: ciss@net2000ke.com

Contact deals with various aspects of the churches’ and community’s involvement in health, and seeks to report topical, innovative and courageous approaches to the promotion of health and healing.

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Contact is also available on the World Council of Churches’ website: http://www.wcc-coe.org/wcc/news.contact.html