

COUNTRY PROFILES

AUSTRALIA

Each state has its own health education unit.

High priority activities: differ from state to state; include production of materials, training courses, radio and television programmes and newspaper and journal information.

Involvement of community voluntary organisations: considerable use of voluntary groups, e.g. National Heart Foundation; Cancer Society; Family Planning Association; and many others.

Innovatory projects: for example, breakfast programmes in schools, "healthy state" shops, health assessment packages.

Health education in schools: primary and secondary; specially designed media schools programmes.

Institutions providing health education qualifications: Canberra College of Advanced Education, W.A.I.T. Division of Health Sciences, W.A.C.A.E. Claremont Campus, Sturt College of Advanced Education, Burwood College of Advanced Education, Toorak College of Advanced Education, Sydney College of Advanced Education, Wollongong Institute of Education, Kelvin Grove College of Advanced Education. Also Masters in Public Health with health education proponent at University of Sydney.

BAHAMAS

Health education division

High priority activities: production of materials; training courses; radio and TV programmes.

Community involvement voluntary organisations: Kiwanis Club involved in immunisation campaign; Service clubs; Cancer Society.

Innovatory projects: training members of voluntary and civic organisations to take part in community health education.

Health education in schools: none.

Institutions abroad used for health education qualifications: Amherst University, Boston, Mass., USA.

BARBADOS

No health education unit. Health education officer.

High priority activities: production of materials; radio and TV programmes; newspaper and journal information; outpatient clinic programmes. Also, dental health, blood donorship, drug abuse, anti-litter.

Community involvement/voluntary organisations: volunteers through a variety of associations and societies, churches, workers' unions. Voluntary organisations included: Family Planning Association; Cancer Society; Diabetic Society; Red Cross; St John's Ambulance.

Health education in schools: primary and secondary; special media programmes for schools.

BELIZE

No health education unit. Health education through public health inspectorate and Peace Corps volunteer.

High priority activities: radio talks, schools programmes.

Health education in schools: secondary; specially designed media programmes for schools.

BOTSWANA

Health education unit.

High priority activities: training courses, outpatient clinics, rural community programmes, peri-urban community programmes. Also mobilisation of traditional healers, curriculum development for schools.

Community involvement/voluntary organisations: village health committees, popular theatre, producing radio programmes, Red Cross, women's organisations.

Innovatory projects: workshops to increase community participation and awareness.

Health education in schools: primary and secondary; special media programmes for schools.

Institutions providing health education qualifications: Botswana National Health Institute, P O Box 985, Gaborone.

Institutions abroad used for further qualifications: University of California, University of Michigan, USA; University of Ibadan, Nigeria.

BRITAIN

Health education council.

High priority activities: production of materials, training courses, radio and television programmes, newspaper and journal information.

Community involvement/voluntary organisations: volunteer tutors in exercise classes. "Look after yourself". National Council of Voluntary Organisations; health action groups; Coventry Community Education Development Centre.

Health education in schools: primary and secondary; media programmes for schools.

Institutions providing health education qualifications: Diploma courses at the Polytechnics of Leeds, South Bank (London), Bristol, and the Institute of Education (London). Masters degrees from the University of Manchester and Chelsea College (London). Part-time health education certificates in over 30 colleges. Details from The Health Education Council, 78 New Oxford Street, London WC1A 1AH.

CANADA

Health promotion directorate.

High priority activities: production of materials, training courses, radio and TV programmes. Also non-smoking campaigns, poison prevention, promotion of breast feeding.

Community involvement/voluntary organisations: community-based media involvement. Voluntary organisations include Heart Foundation; Cancer Society; Lung Association and many others.

Health education in schools: primary and secondary; special media schools programmes.

Institutions providing health education qualifications: University of Waterloo, University of Toronto, University of Dalhousie.

Institutions abroad used for further health education qualifications: Various USA universities.

CYPRUS

No health education unit (nucleus has been established).

High priority activities: production of materials, rural and peri-urban community programmes. Also cleanliness campaign, anti-smoking campaigns.

Community involvement/voluntary organisations: voluntary groups, e.g. Co-ordinated Committee for Blood Transfusion; Anti-Anaemia (Thalassaemia) Association; Anti-Cancer Society; Family Planning Association.

Health education in schools: primary and secondary; special media programmes for schools.

Institutions abroad used for health education qualification: proposals to send one person to the University of Beirut, Lebanon, and one person to the University of Leeds, Britain.

DOMINICA

No health education unit (is being established).

High priority activities: preparation of materials, training courses, radio programmes, outpatient clinics, rural and peri-urban community programmes. Also school health education.

Community involvement/voluntary organisations: local discussion and volunteer skills used. Village health committees; adult education committees.

Innovatory projects: monthly themes using media .

Health education in schools: primary and secondary. Syllabus in preparation. Special media programmes for schools.

FIJI

Health education unit.

High priority activities: production of materials, training courses, radio programmes, outpatient clinic programmes, rural and peri-urban community programmes. Also school broadcasts.

Community involvement/voluntary organisations: village health committees, women's groups, Responsible Parenthood Council, Red Cross, St John's Ambulance, YWCA and YMCA.

Health education in schools: primary and secondary; special media programmes for schools.

Institutions abroad used for further health education qualifications: University of Hawaii.

THE GAMBIA

Health education unit.

High priority activities: production of materials, radio programmes, outpatient clinic programmes, rural community programmes.

Community involvement/voluntary organisations: traditional story-tellers and radio artists. Family Planning Association; Catholic Relief Services.

Innovatory projects: mass media projects on oral rehydration and diarrhoea control.

Health education in schools: primary; special media programmes for schools.

Institutions abroad used for further health education qualifications: University of Ibadan, Nigeria.

GHANA

Health education division.

High priority activities: training courses, outpatient clinics, rural and peri-urban community programmes.

Community involvement/voluntary organisations: planning programmes for World Health Day. Red Cross; various Christian churches; village health committees; local councils.

Health education in schools: primary and secondary.

Institutions abroad used for further health education qualifications: University of Ibadan, Nigeria.

GRENADA

Health education department.

High priority activities: production of materials, training courses, radio programmes, rural and peri-urban community programmes. Also clean-up campaigns.

Community involvement/voluntary organisations: volunteers in teenage programmes to reduce adolescent pregnancy. St John's Ambulance; National Women's Organisation; National Youth Organisation; Planned Parenthood Association.

Innovatory projects: training community leaders as health educators.

Health education in schools: primary and secondary.

Institutions abroad used for further health education qualifications: University of Michigan, USA.

GUYANA

Division of health education.

High priority activities: production of materials, training courses, radio programmes, outpatient clinic programmes.

Community involvement/voluntary organisations: teachers and school children in school food vendor programme. Responsible Parenthood Association.

Innovatory projects: schools sanitation project.

Health education in schools: pilot project started for primary; special schools media programmes.

Institutions abroad used for further health education qualifications: University of the West Indies, Jamaica; University of Michigan, USA; University of New South Wales, Australia.

INDIA

Central health education bureau.

High priority activities: production of materials, training courses, radio, TV programmes, outpatient clinics. Also exhibitions.

Community involvement/voluntary organisations: community often involved in planning and implementation through village councils, youth clubs, women's organisations. Voluntary Health Association; Family Planning Association; Hind Kusht Nivaran Sangh; National Society for the Prevention of Blindness.

Health education in schools: primary and secondary; special media programmes for schools.

Institutions providing health education qualifications: All-India Institute of Hygiene and Public Health, 110 Chittaranjan Avenue, Calcutta; Gandhigram Institute of

Rural Health and Family Planning, PO Ambathurai RS, Maduvai District, Tamil Nadu-624309; Central Health Education Bureau, Kotla Road, New Delhi.

Institutions abroad used for further health education qualifications: Various, but especially Britain and the USA.

JAMAICA

Bureau of health education.

High priority activities: production of materials, rural and peri-urban community programmes. Also displays.

Community involvement/voluntary organisation: teenage volunteers for family life education. Parent and teachers associations, women's groups, church groups, youth groups. Anti-TB League; Health Education League; Kiwanis Lions Club.

Innovatory projects: poultry-rearing to improve nutrition of children.

Health education in schools: primary and secondary; special media schools programmes.

Institutions providing health education qualifications: University of the West Indies, Mona, Kingston 7, Jamaica.

Institutions abroad used for further health education, qualifications: University of Michigan, University of Minnesota, University of Hawaii, USA.

KENYA

Health education unit.

High priority activities: production of materials, radio programmes, rural and peri-urban activities. Also school health education.

Community involvement/voluntary organisations: community leaders sought out. Village health committees; trades unions; National women's organisation.

Health education in schools: primary and secondary; special media programmes for schools.

Institutions providing health education qualifications: Medical Training Centre, PO Box 30195, Nairobi.

Institutions abroad used for further health education qualifications: California State University, University of Chicago, USA; University of Ibadan, Nigeria.

KIRIBATI

Health education unit.

High priority activities: production of materials, training courses, radio programmes, outpatient clinic programmes.

Community involvement/voluntary organisations: village health committees, women's groups, youth and church groups, political parties.

Health education in schools: primary and secondary; special media programmes for schools.

LESOTHO

Health education unit.

High priority activities: production of materials, training courses, radio programmes, hospital programmes, rural and peri-urban community programmes.

Community involvement/voluntary organisations: through village health workers, women's and youth groups, some traditional healers. Red Cross; Planned Parenthood Association.

Innovatory projects: traditional healers, training teachers in school sanitation; training urban outreach workers.

Health education in schools: primary; media programmes for schools.

Institutions abroad used for further health education qualifications: Leeds Polytechnic, Queen Elizabeth College, Britain; Pan African Institute of Development, Zambia.

MALAWI

Health education section.

High priority activities: production of materials, training courses, radio programmes, newspaper and journal information, rural community programmes. Also immunisation weeks, fairs and shows.

Community involvement/voluntary organisations: Red Cross Volunteers; through primary health workers; village health committees.

Innovatory projects: plans to decentralise the regions.

Health education in schools: primary; media programmes for schools.

Institutions abroad used for further health education qualifications: University of Zimbabwe; University of Ibadan, Nigeria.

MALAYSIA

Health education unit.

High priority activities: production of materials, training courses, rural community programmes.

Community involvement: through village health and village development committees.

Health education in schools: primary and secondary; media programmes for schools.

Institutions providing health education qualifications: Public Health Institute, Jalan Bangsar, Kuala Lumpur.

Institutions abroad used for further health education qualifications: University of Michigan, University of California, Berkeley, University of Hawaii, San Diego State University, Tulane University, USA.

MALTA

Health education unit.

High priority activities: production of materials, radio programmes, newspaper and journal information, outpatient clinic programmes. Also anti-smoking, diabetes and breast-feeding campaigns.

Community involvement/voluntary organisations: voluntary groups carry out drug abuse and diabetes education and marriage counselling. Family Planning Association.

Health education in schools: primary and secondary; media programmes for schools.

MAURITIUS

Health education unit.

High priority activities: production of materials, training courses, radio and TV programmes, outpatient clinics.

Community involvement/voluntary organisations: Sugar Industry Labour Welfare Centre involved in rural development project. Red Cross gives health training. Various workers' unions, women's associations, village councils, etc.

Health education in schools: primary and secondary; media programmes for schools.

Institutions abroad used for further health education qualifications: Ecole Nationale de la Sante Publique, Rennes, France.

NAURU

No health education unit. Community health department, general hospital.

High priority activities: special campaign run during outbreak of communicable diseases.

Health education in schools: none.

NEW ZEALAND

Health education and information unit.

High priority activities: production of materials. Also health advertising.

Community involvement/voluntary organisations: Cancer Society; National Heart Foundation.

Health education in schools: primary; media programmes for schools.

Institutions abroad used for further health education qualifications: WHO Regional Teacher Training for Health Personnel, New South Wales, Australia.

NIGERIA

Federal health education division.

High priority activities: production of materials, training courses, radio programmes, newspaper and journal information, hospital and outpatient clinic programmes, rural and peri-urban community programmes.

Community involvement/voluntary organisations: voluntary committees. Red Cross; missionary churches; National Council of Women's Societies; family planning.

Health education in schools: primary and secondary; media programmes for schools.

Institutions providing health education qualifications: University of Ibadan, Nigeria.

Institutions abroad used for further health education qualifications: University of Michigan, University of Illinois and other North American universities.

PAPUA NEW GUINEA

Health education section.

High priority activities: production of materials, training courses, radio programmes, rural and peri-urban community programmes.

Community involvement/voluntary organisations: individual volunteers, village health committees, women's groups. Family Planning Association; Life-line; various Christian groups.

Health education in schools: primary and secondary; media programmes for schools.

Institutions providing health education qualifications: Institute of Health Education.

Institutions abroad used for further health education qualifications: Lomacind University, Cornell University, USA; University of New South Wales, Australia; Macquarie University, Australia.

ST LUCIA

Bureau of health education.

High priority activities: production of materials, training courses, radio programmes, outpatient programmes, rural and peri-urban community programmes.

Community involvement/voluntary organisations: health committees, parent and teacher associations. Family Planning Associations.

Health education in schools: primary and secondary; media programmes for schools.

Institutions abroad used for further health education qualifications: University of West Indies, Jamaica.

ST KITTS-NEVIS

Health education unit.

High priority activities: production of materials, training courses, radio programmes, rural and peri-urban community programmes.

Community involvement/voluntary organisations: communities involved in production of materials for health campaigns; women's groups; health committees; church.

Health education in schools: primary and secondary.

ST VINCENT AND THE GRENADINES

Health education unit.

High priority activities: production of materials, training programmes, radio programmes, outpatient clinic programmes, rural community programmes. Also family life education for adolescents.

Community involvement/voluntary organisations: adolescents as peer counsellors, other volunteers. Planned Parenthood Association; Service clubs; Jaycees.

Innovatory projects: training adolescents in peer counselling.

Health education in schools: primary.

Institutions abroad used for further health education qualifications: University of the West Indies, Jamaica.

SEYCHELLES

Health education and nutrition unit.

High priority activities: production of materials, training courses, radio programmes, newspaper and journals, rural and peri-urban programmes, theatre or drama programmes. Also teenage pregnancies, sexually transmitted diseases projects.

Community involvement/voluntary organisations: in all activities. Voluntary organisations include: Catholic Relief Services; women's association; nurses' association.

Health education in schools: primary and secondary; media programmes for schools.

SIERRA LEONE

Health education division.

High priority activities: production of materials, training courses, radio programmes, outpatient clinics.

Community involvement/voluntary organisations: volunteers in primary health care, village health committees, religious associations, women's organisations. Planned Parenthood Association.

Health education in schools: primary and secondary; media programmes for schools.

Institutions providing health education qualifications: University of Sierra Leone.

Institutions abroad used for further health education qualifications: University of Ibadan, Nigeria; Tuskege University, USA.

SINGAPORE

Training and health education department.

High priority activities: production of materials, radio programmes, newspaper and journal information, peri-urban community programmes. Also family life and population for factory workers.

Community involvement/voluntary organisations: volunteers give family planning talks in Malay language. Youth groups, women's groups, religious associations, trade unions, Family Planning Association, National Heart Association, Cancer Society.

Innovatory projects: scripts and slides on health topics for schools; health articles to in-house newsletters.

Health education in schools: primary; media programmes for schools.

SOLOMON ISLANDS

Health education division.

High priority activities: production of materials, training courses, radio programmes, rural community programmes.

Community involvement/voluntary organisations: women's workshops, primary health care workers and village aids and village health committees. Peace Corps volunteers train village leaders in community health.

Health education in schools: primary and secondary.

SRI LANKA

Health education bureau.

High priority activities: production of materials, training programmes, radio programmes, hospital programmes, rural community programmes. Also anti-malaria, anti-VD, anti-cancer campaigns.

Community involvement/voluntary organisations: volunteers at family level. Family Planning Association; Sarvodaya; National Association for the Prevention of TB; Cancer Society.

Health education in schools: primary and secondary; media programmes for schools.

Institutions providing health education qualifications: University of Colombo, Kynsey Road, Colombo 8 (proposed course). Health education bureau.

Institutions abroad used for further health education qualifications: Various universities in the USA, India and Manila.

SWAZILAND

Health education centre.

High priority activities: production of materials, training courses, radio programmes, rural community programmes.

Community involvement/voluntary organisations: local volunteers especially in latrine construction and protection of wells. Red Cross; Family Life Association.

Innovatory projects: using theatre as education strategy.

Health education in schools: Primary curriculum being developed.

Institutions abroad used for further health education qualifications: University of Ibadan, Nigeria.

TANZANIA

Health education unit.

High priority activities: production of material, training courses, radio campaigns, peri-urban community programmes.

Community involvement/voluntary organisations: Family Planning Association; Women's organisation.

Health education in schools: primary plans in preparation; media programmes for schools.

Institutions abroad used for further health education qualifications: University of Ibadan, Nigeria; University of North Carolina, USA; University of Beirut, Lebanon.

TONGA

Health education division.

High priority activities: production of materials, radio programmes, newspaper and journal information, rural community programmes. Also diarrhoeal diseases campaign.

Community involvement/voluntary organisations: village volunteers selected by village to work on diarrhoeal campaign. Women's groups.

Health education in schools: None.

Institutions abroad used for further health education qualifications: University of Ibadan, Nigeria.

TUVALU

Public health unit.

High priority activities: radio programmes, rural community programmes.

Community involvement/voluntary organisations: women's committees and island councils. Family Planning Association.

Health education in schools: None.

Institutions abroad used for further health education qualifications: University of Papua New Guinea.

UGANDA

Health education division.

High priority activities: production of materials, training courses, peri-urban community programmes.

Community involvement/voluntary organisations: in community development programmes and village health committees.

Health education in schools: primary and secondary; media programmes for schools.

Institutions abroad used for further health education qualifications: University of Ibadan, Nigeria; University of North Carolina, USA.

VANUATU

Health education section.

High priority activities: production of materials, training courses, radio programmes, peri-urban community programmes.

Community involvement/voluntary organisations: through women's groups, village health committees and youth groups.

Health education in schools: None.

WESTERN SAMOA

Health education office.

High priority activities: production of materials, training programmes, radio programmes, newspaper and journal information, rural and peri-urban community programmes. Also breast-feeding and family planning campaigns.

Community involvement/voluntary organisations: voluntary workers in primary health care, village health committees, women's and youth groups. Red Cross; church groups; Civic Organisation.

Innovatory projects: income-generating activities like vegetable gardening, poultry raising.

Health education in schools: primary and secondary; media programmes for schools.

ZAMBIA

Health education unit.

High priority activities: production of materials, training courses, rural community programmes. Also functional literacy.

Community involvement/voluntary organisations: through community health workers, village health committees and adult literacy groups. Red Cross.

Health education in schools: primary and secondary; media programmes for schools.

Institutions abroad used for further health education qualifications: University of Ibadan, Nigeria.

ZIMBABWE

Health education department.

High priority activities: production of materials, training courses, radio and television programmes, outpatient clinic programmes, rural and peri-urban programmes.

Community involvement/voluntary organisations: village chooses primary health care worker. Village health committees; Red Cross; St John's Ambulance; Christian missions.

Health education in schools: primary and secondary; media programmes for schools being developed.

Institutions providing a health education qualification: University of Zimbabwe; Ministry of Health in conjunction with University of Zimbabwe; Domboshawa Technical Training College.

BRUNEI

No health education unit. Public health division.

High priority activities: production of materials, radio programmes, newspaper information, rural community programmes.

Community involvement/voluntary organisations: total community involvement in health week "clean-up" campaign.

Health education in schools: primary.

COOK ISLANDS

No health education unit. Public health division.

High priority activities: rural and peri-urban community programmes.

Community involvement/voluntary organisations: child welfare committee, school teachers, Boys Brigade, Girl Guides, youth groups, village committees.

Health education in schools: primary and secondary.

Institutions abroad used for health education qualifications: East West Centre, Hawaii, USA; University of Papua New Guinea.

MONTSEERRAT

No health education unit. Health educator.

High priority activities: production of materials, radio programmes, newspaper information, rural community programmes, outpatient clinics.

Community involvement/voluntary organisations: community youth groups involved in hypertension and diabetes programmes; church and community groups.

Health education in schools: primary and secondary.

SELECTED BIBLIOGRAPHY

American Public Health Association, 1982, **Primary health care issues: using radio**, Series 1, No 1, 56 pages.

This is a general introduction to the use of radio in primary health care, both for getting over particular health messages and for keeping in touch with health workers working in isolated areas. The main body of the text presents guidelines for development which may be useful for planners thinking about projects using radio for health education. There are short descriptions of projects in a variety of countries and a bibliography.

Bassey Williams, P, 1980, **The need for a comprehensive health education programme in Nigeria**, Royal Society of Health journal, 100 (3), 90-94.

A very useful and hard-hitting article which criticises the increasing shift away from preventive towards curative medicine which has characterised the Nigerian health services. A system which is top heavy in academic/curative medicine is, states the author, patently not working to the advantage of the Nigerian people when an estimated 44.6 per cent of deaths in the capital city alone are caused by readily preventable diseases. The author proposes guidelines for comprehensive health education of the populace and provides a list of eight suggested priorities for a health education programme which would be relevant discussion points for countries other than Nigeria. Particular emphasis is laid on co-operative programmes, especially co-operation between the Education and Health Ministries.

Byram M, Kuate C B, Matenge K, 1980, **Botswana takes a participatory approach to mass media educational campaign**, Development Communication Report, No 32, October 6-8. Publication of Clearing-House on Development Communication.

This is a useful review of the successes and shortcomings of a radio learning group campaign in Botswana. In this instance the theme was "Understanding Government" but the technique suggests itself strongly for health education in scattered rural settlements.

Crowley D, Etherington A, Kidd R, 1981, (revised edition) **Mass media manual: how to run a radio learning group campaign**, Frederich-Ebert-Stiftung, Germany, 186 pages.

A clear, step-by-step manual, with a useful section on evaluation, based on successful campaigns run in Tanzania and Botswana. Useful short, selected bibliography.

Drummond T, 1975, **Using the method of Paulo Freire in nutrition education: an experimental plan for community action in North East Brazil**, Cornell International Nutrition Monograph Series No 3, 55 pages. Cornell University Programme in International Nutrition and Development Policy.

A nutritionist describes her attempt to translate the teachings of the Brazilian educationalist Paulo Freire into action, gaining the participation of the people of four rural Brazilian villages in a programme of nutrition education aimed at improving the nutritional status of young children. Interesting for those seeking applications of Freire's philosophy in the health field and/or those seeking innovative approaches in the field of nutrition education.

Dwivedi K N, Tiwari I C, Marwah S M, 1973, India: Innovation in health education in rural schools, International Journal of Health Education, 16, 1973/2, 100-108.

A small but thoroughly evaluated study demonstrating that two relatively low-cost innovations, namely short in-service teacher training in health education together with co-ordinated action between school teachers and health personnel, have a significant effect on the health knowledge, attitudes and, most importantly, the practices of rural schoolchildren.

Epskamp C, 1979, Media education and development: a bibliography, Centre for the Study of Education in Developing Countries, The Hague, Netherlands, 94 pages.

This is a selected but unannotated bibliography grouped into three sections: mass media; media and development; and media, education and development. The author points out that, in spite of the considerable literature on modern audio-visual media, evaluations of the educational impact of instructional media are rare.

Gatherer A, Parfit J, Porter E, Vessey M, 1979, Is health education effective? The Health Education Council, London, 92 pages.

This is an extremely useful compendium of health education studies over the last 10-15 years for which there has been some evaluation. Though reviewing mostly the problems and approaches in the Western world, there are some data from developing countries, especially under the "Community methods" section. Well laid out, the publication has three main sections:

- (a) a theoretical discussion of the aims of health education and the purpose and direction of evaluation;
- (b) abstracts of some 250 references, grouped according to the method of health education used - data clearly organised;
- (c) a general summary of the overall findings with conclusions.

Gramiccia G, 1981, Health education in malaria control - why has it failed? World Health Forum 2 (3), 385-393.

The article pinpoints four main reasons for the failure of health education in malaria control:

- (a) the type of populations that suffer from endemic malaria - the fact that these are usually rural people in depressed areas means, says the author, that they suffer from isolation, apathy, lack of capacity for understanding and insufficient physical, mental and social resources;
- (b) malaria is part of a socioeconomic depression complex from which people have difficulty singling out malaria for particular concern: "the

multiplicity of afflictions from which the people suffer takes away a good part of the motivation they might have for self-help in controlling malaria";

- (c) the nature of the disease itself - specifically the complexity of its epidemiology;
- (d) the health education methods themselves, which have not been well adapted to local situations.

The author's main recommendation is that education programmes should be developed in detail by an epidemiologist, a sociologist and a health educator, fully acquainted with the local situation and working together.

See also: Brieger W R, 1981, **Health education can help if properly conducted**, a letter to Readers Forum, World Health Forum 2 (4), 578.

Brieger points out that Gramiccia's fourth reason, inappropriately conducted health education in malaria, is the most likely reason for programme failure. Techniques geared to providing knowledge and motivating "apathetic" populations miss the point that "behavioural characteristics that lead to the spread of malaria are rooted in economic and cultural factors, not intellectual ones". Motivation already exists, and it is up to the professional to determine, and to work within, the existing motivations, needs and interests of the community. Also "lack of understanding is not the main reason why people do not accept new kinds of behaviour. It is rather that they are inconvenient, uncomfortable, expensive, produce side-effects, and do not give visible results". He ends up by suggesting that existing malaria technologies need to be improved.

Green L W, 1979, **National policy in the promotion of health**, International Journal of Health Education 22 (3), 161-168.

The author offers a broad definition of health promotion as "any combination of health education and related organisational, economic and political interventions designed to facilitate behavioural and environmental changes conducive to health". He examines the paradoxes which confront governments in policy-making and provides some models in health promotion which help to identify the actors, issues and needs involved in policy. Strong emphasis is put on the need to decentralise decision-making. "Information", says Green, "can be centralised but education cannot." This leads him to a consideration of the role of the mass media, some reasons for its failure as a tool of health education ("problems get defined in some insipid, average way and particular problems of sub-groups, of cultural groups, of geographical regions, get glossed over") and its potential as an untapped source for health education, "not in changing people's behaviour, but more likely in reinforcing and supporting behaviour that is being changed through more decentralised local processes of decision-making and change".

Green L W, Kreuter M W, Deeds S G, Partridge K B, 1980, **Health education planning: a diagnostic approach**, Mayfield, California, 306 pages.

This is essentially practical for health educators, which takes as its definition of health education "any combination of learning experiences designed to facilitate voluntary adaptations of behaviour conducive to health". The authors propose a model called PRECEDE, "a tool to use intelligently in drawing on and applying the most appropriate scientific theories and educational technologies in planning effective health education". It helps health educators to diagnose the problem, and uses the concepts of predisposing factors, enabling factors and reinforcing

factors to plan health education programmes. It is a book many will find useful. It goes through the model in simple stages, with exercises and examples. There are diagrams to clarify the concepts. While it is particularly orientated to North America, there is no reason why the basic model should not be used elsewhere.

Health Education Council, **10th International Conference in Health Education**, London, 2-7 September 1979. Published by the Health Education Council, England, and the Scottish Health Education Group, 1980, 167 pages plus appendices.

The conference was entitled "Health education in action: achievements and priorities" and was attended by delegates from 76 countries (including many Commonwealth countries). The conference was organised around three main themes:

- (a) **Public policy:** what progress had member countries of the International Union for Health Education made in the integration of health education in national planning?
- (b) **Youth:** what developments had taken place related to health education in youth, especially in the areas of preparation for parenthood, the pre-school child, primary education and adolescence and young adulthood?
- (c) **Methodology:** what methods have health educators developed to assess needs and priorities, to define objectives, to carry out programme evaluations and to develop educational strategies?

The report contains the main addresses to the conference and the keynote papers on each main theme and sub-theme, plus an evaluation of the conference and a list of the names and addresses of all conference delegates.

See also: **Abstracts: 10th International Conference on Health Education**, London, 1979, 61 pages.

Issued as a separate publication from the conference report, this contains an abstract of all the papers presented at the conference plus alphabetical lists of authors, countries and subjects.

Hellberg H, 1980, **Government attitudes to health education: a crucial factor in effective action**, *International Journal of Health Education*, 23 (2) 76-81.

The author argues cogently that it is a government's responsibility to provide an administrative and legislative framework supportive of community action, through individuals and groups in the area of health education. Governments should also recognise and facilitate the role of voluntary agencies, share information about health and the health consequences of certain practices and behaviour with the entire population and accept financial responsibility in developing a policy for health promotion.

Ho H S, and Chee Eng Nam A, 1980, **Factors influencing the outcome of health campaigns: a case study in Singapore**, *International Journal of Health Education*, 23 (4), 247-252.

This describes a follow-up on a national health campaign against infectious diseases using a combination of exhibitions, film shows, schools competitions, newspaper, radio and TV, in a country with four official languages and many

spoken dialects. Of those aware of the campaign (52 per cent), increased awareness of the facts of diseases were greatest among the younger, better educated, and economically better-off. In other words, although the authors do not spell it out, the campaign failed to reach that part of the population to whom it might have been most useful. TV and radio were the respondents' preferred media for future campaigns, although again the official language used in these probably meant it would be but poorly comprehended by dialect speakers.

See also; Ho H S, 1979, **Assessment of the effectiveness of a health education campaign in a Singapore urban community**, in Health Education Council, Abstracts: 10th International Conference on Health Education.

Isely R B, Sanwogou L L, Martin J F, 1979, **Community organisation as an approach to health education in rural Africa**, International Journal of Health Education, 22(3), 3-19.

Account of the setting-up of village health committees in south central Cameroon, with a discussion of methods used, activities and accomplishments of the committees in relation to latrine building, protected springs, garbage pits, and animal enclosures. The evaluation related only to numbers of activities undertaken (and not to the impact on health attitudes, health-related behaviour or health status) and to some subjective assessments of the committees' work. The article is useful, however, for its analytical approach, and the discussion at the end on the implications of such experiments for overall development, for national health planning and services, among other things, could be useful to many other countries, especially those in Africa.

See also; Isley R B and Martin J F, 1977, **The village health committee: starting point for rural development**, WHO Chronicle, 31, 307-315.

Jabre B, 1981, **Innovative approaches in nutrition education in the Pacific region**, International Journal of Health Education 24 (2), 95-101.

The decline of local food production and the rise in the consumption of nutritionally inferior imported foodstuffs is leading to nutritional problems for the Pacific islanders. A nutrition education programme stressing the local resources is being undertaken by the South Pacific Commission using trainees sponsored by community-based organisations and utilising existing groups such as women's village committees as well as health education in schools and radio programmes.

Jenkins J, 1982, **Media for health education**, International Extension College, Cambridge, 124 pages.

This book is aimed at people in developing countries who are interested in health education using media. Written by an expert in distance or non-formal education, it is especially geared to health educators who want to find out more about educational methods. The book is therefore an introduction to methods which make use of media. One section is devoted to descriptions of projects around the world which are helpful in considering the arguments for and against using media for health education purposes. The other main section is a practical guide to implementing such programmes, which gives clear guidelines on the planning, production, organisation and administration of possible projects. Essential reading for any health educator who wants to make the best possible use of media. Available from: 18, Brooklands Avenue, Cambridge, CB2 2HN, U.K.

Kidd R and Byram M, 1978, **Popular theatre as a tool for community education: four case studies from Botswana**, *Assignment Children*, UNICEF, 44, 35-65.

This is an interesting look at participatory theatre as the starting point for educational programmes and as an accompaniment to ongoing problem-solving by the communities involved. It has interesting potential for community health education, especially in its attempts to involve audience members actively.

Leathar D S, Hastings G B, and Davies J K, (eds) 1981, **Health education and the media**, Pergamon Press, Oxford, 561 pages. Proceedings of Edinburgh Conference held in 1981.

The conference was organised jointly by the Scottish Health Education Group and the Advertising Research Unit, University of Strathclyde. Papers are organised into three main groups: theoretical issues; development of materials; and evaluation. Many of the papers address themselves to health problems more common in the developed world: cigarette advertising; alcohol abuse; breast cancer screening; and tend to assume the availability of high-technology media. However, the whole conference provides a useful overview of the media in health education. Delegates agreed that as it had been used to date, the mass media's power to change behaviour had been over-estimated. Campaigns that had worked well had done so because they were conducted in communities motivated to improve their health, they were co-ordinated campaigns, they were backed up by self-help groups and they had specific aims. The importance of political will in opposing anti-health advertising and commerce was stressed by delegates.

Moynihan M and Mukharjee M, 1981, **Visual communication with non-literates: a review of current knowledge including research in northern India**, *International Journal of Health Education* 24(4), 251-261.

This is an interesting discussion on the importance of health education material being culturally based and tested locally. Many people cannot understand pictures and much thought has to be given as to how to present information. Thus centralised development of materials by professionals, especially in large or culturally diverse countries like India, is criticised. The authors argue strongly that pictorial content of health education materials has to be adapted to the region, where clothing, utensils and buildings vary. The authors have identified 14 concepts which convey all desired information to traditional midwives. For example, the most popular sign for "good" was a parrot and for "danger" a snake. Working with the people, to discover what is understandable and relevant, is essential. Useful for those concerned in production of materials.

Ram E R, 1978, **Realisation of an integrated health services programme in rural India**, *Contact* 44; 1-15, Christian Medical Commission, World Council of Churches, Geneva.

The author describes a three-year project, from 1973, in Maharashtra State, India, in which district, voluntary and church organisations worked out a system of co-operation to provide basic and non-overlapping health care to the rural population. There was an interesting integration of traditional midwives and medical practitioners and a strong element of community involvement in the health education and more general self-help aspects.

Ramasmurthy V, Rao D H, Clarence I D and Balasubramanian S C, 1978, **Nutrition education and SITE telecasts**, *International Journal of Health Education* 21 (3), 168-173.

This evaluation of some selected nutrition orientated telecasts transmitted under SITE (the Indian Satellite Instructional TV Experiment programme) is a timely reminder of the need for thorough local information and planning preparation if high technology media are to be of any use in community health education. In this case the telecasts signally failed to reach a reasonable proportion of the target group - rural women of childbearing age - for fairly simple social reasons. The main one was that they were broadcast at a time when most women, having returned from the fields, were engaged in their cooking and domestic chores. The study highlighted the need for: improved quality in telecasts; greater research into the felt needs and social/work patterns of the target populations; the development of a supportive/follow-up infrastructure based on face-to-face communication.

See also; Ramadasmurthy V, 1979 Nutrition education and SITE telecasts in Health Education Council: Abstracts: 10th International Conference on Health Education.

Ross D A, 1979, The village health committee - a case study of community participation from Sierra Leone: the Serabu hospital villae health project, Contact, 49, 1-9, Christian Medical Commission, World Council of Churches, Geneva.

This is a clearly written-up project with evaluation techniques built in at the early stages, involving three villages (others to be added later) in the area of a church hospital. The main aim is "to decrease the prevalence of disease by motivating the people to adopt practices which promote health". The main method is the liaison of village-selected village health committees with staff provided by the hospital as advisers/educators/participants in the village locus.

Scotney N, 1981, We must stop ignoring local culture, World Health Forum 531-532.

Increased numbers of properly-trained health education workers, rooted in the local cultures and sympathetic to indigenous customs, attitudes and felt needs, have enormous potential in contributing to the development, improvement and extension of maternal and neo-natal care services in the developing world. The author believes the touchstone in training and approach lies in effective two-way communication leading to the establishment of co-operative he/she serves and between health education worker and the health staff providing the health services.

Sikes O J, 1979, Education in family planning: what route to take? What difference does it make? International Journal of Health Education, 22(4), 206-210.

This is a useful article on different approaches in family planning education with examples of increasing use of the mass media for providing the information necessary for informed decision-making. Concludes that neither a "grassroots" nor a "top down" approach is the sine qua non of programme success but that what is needed is a combination of the most important elements in the two approaches.

Sutherland I (ed), 1979, Health education: perspectives and choices, George Allen and Unwin, London, 273 pages.

The book is made up of 12 individual contributions designed to cover a wide variety of aspects of health education, each raising its own problems and posing its own questions. Although largely geared towards the industrial world, especially

the United Kingdom, several of the chapters have wider analytical and practical application.

Tones B K, 1977, **Effectiveness and efficiency in health education: a review of theory and practice**, Occasional paper produced for the Scottish Health Education Unit, 90 pages.

This is a very useful critical approach of the current state of health education in Britain. Part one outlines the nature and scope of health education and analyses the logical argument for utilising educational and behaviour modification strategies to improve the health of the community. Part two provides selected examples of a range of health education programmes which have been evaluated and where some degree of effectiveness has been documented.

Tonon M, 1978, **Models for educational interventions in malnourished populations**, The American Journal of Clinical Nutrition 31 Dec., 2279-2283.

This is a good short article. It compares two models underlying community educational interventions:

- (a) rational empirical model - basically informing-giving using an instructional method, which is easy to plan for but shows little result in effecting planned change in developing countries;
- (b) normative re-educative model - requiring analysis of target groups, a holistic approach, and full participation of the groups with the professionals at all stages of planning and implementation. It is harder to plan clearly for, but more flexible and with a higher success rate. The second type of model is recommended for developed and developing countries.

Tumlison G, 1977, **An exercise in dental health education**, Papua New Guinea Medical Journal, 20(3), 125-130.

This is a description of an effective dental health education exercise trying three different methods to improve the oral hygiene of schoolchildren in Papua New Guinea. It was clear from the results that the only method that brought any improvement was when the teachers and their families were involved, as well as the students. The teachers were motivated by a two-day visit from the dental officer when he explained the causes of decay, examined families and gave individual instruction for cleaning teeth. The schoolchildren were then shown how to clean their teeth, and teachers supervised toothbrushing every day at the beginning of the health class. There was a dramatic rise in cleanliness and gingival health.

Weiss E and Udo A A, 1981, **The Calabar rural maternal and child health/family planning project**, Studies in Family Planning, 12(2) 47-57.

This evaluation of a family planning project in Nigeria has an interesting section on language and communication about family planning, which has implications for education in modern family planning techniques and the sort of cultural constraints which might be met.

WHO Regional Office for Europe, **Principles and methods of health education**, Euro Reports and Studies No. 11, Copenhagen, 1979.

A report on a WHO working group on health education held at Dresden in October 1979. Report deals with the philosophy, principles and methods of health education in industrialised developed Western (European) societies. It contains some comments on the training of health education personnel and the importance of health legislation and an integrated approach.

World Health Organisation, 1981, **WHO/UNICEF regional workshop on information education and communication on health**, Manila, Philippines, 17-23 March, Final Report.

This is a useful synopsis of activities in the region. Available from the WHO Regional Office for the Western Pacific, Manila, Philippines.

RESOURCE MATERIALS

Action/Peace Corps, 1978, **Community health education in developing countries: getting started**, 215 pages. American Public Health Association International Health Programmes, 1015 Fifteenth Street, NW, Washington DC, 20005 USA.

A how-to-do-it manual simply and clearly laid out for the guidance of teachers, agricultural extension workers, social workers and other community-involved personnel who want to set up and carry through community health projects. It is divided into four parts: helping a community to start a health project; planning, implementing and evaluating community health projects; some aids and methods in health education; and common community health problems. The emphasis throughout is on community involvement and communal problem-solving. The health education section considers individual and group educational methods, visual aids and mass media, and covers a variety of techniques from songs, dramas and puppet shows through to films and radio.

Asian Community Health Action Network, Flat 2A, 144 Prince Edward Road, Kowloon, Hong Kong.

Community health is the major focus of this organisation. They produce a newsletter called LINK which aims to exchange ideas on community health; health information is one aspect sometimes covered.

Bureau of Health Education, Centre for Diseases Control, Public Health Service, U.S. Department of Health, Education and Welfare. The Bureau produces a monthly publication called **Current awareness in health education**. It contains abstracts of documents and descriptions of programmes arranged in chapters according to their major subject area. There is a chapter on "Community health education".

Fuglesang, Andreas 1973, **Applied communication in developing countries: ideas and observations**, The Dag Hammarskjold Foundation, Sweden, 124 pages.

A useful handbook of ideas and practices in communication in the developing world with some sound warnings on the pitfalls awaiting the "expert". See also the useful paper by Fuglesang in the use of folk rather than mass communication media in 1980, in **Health education by TV and radio**, Meyer M, (ed).

Fuglesang, Andreas, 1982, **About understanding: ideas and observations on cross-cultural communication**, The Dag Hammarskjold Foundation, Uppsala, Sweden.

Designed for workers in adult education, primary health care and nutrition, this is essentially an up-dating and expansion of Fuglesang's earlier work on information, cross-cultural communication and adult education in the Third World.

Health education index, 1980, from B. Edsal and Co. Ltd., 36 Eccleston Square, London, SW12 1PF.

Lists over 500 sources of supply and classifies over 9,000 different items. Covers leaflets, film strips, slides, tape cassettes and video cassettes, film etc. Hundreds of wall charts and posters are illustrated in miniature.

Hilton, D, 1981, **Health teaching for West Africa: stories drama, song**, MAP International, P O Box 50, Wheaton 1L60 187, USA, 30 pages.

Developed by a medical missionary in Nigeria, from experience gained in a rural health training school, this booklet offers a simple and practical guide to developing health teaching using the strong local oral traditions of story-telling and parable, drama and song. These techniques have proved to be popular, flexible in incorporating local custom and effective. Example stories, lessons and ideas are offered for the topics of malaria , diarrhoea, intestinal parasites, latrines and malnutrition.

See also: Barrow, R Nita, 1977, **Rural basic health services: the Lardin Gabas way**. Contact 41. October, Christian Medical Commission, World Council of Churches.

This describes the Lardin Gabas Health Programme, with its community participation village health committees, and use of traditional story telling as a teaching method.

Kemp J E, 1968, **Planning and producing audiovisual materials**, Chandler Publishing Company, California.

A basic handbook on the planning and production of audio-visual materials from posters and charts to films.

Ministry of Health, Zimbabwe/UNICEF, 1981, **Baby feeding: behind and towards a health model for Zimbabwe**, Department of Nutrition, Ministry of Health, Harare, Zimbabwe, 62 pages.

An excellent and well-illustrated little booklet which makes the case against the promotion and use of infant formula while promoting breast-feeding and the use of local foodstuffs as supplements to weaning foods. A broad front of actions to protect and promote breast-feeding is suggested, including implementation of the WHO code of marketing of breast-milk substitutes, putting feeding-bottles and teats on prescription, and giving working women the means of breast-feeding during the hours of work. Although designed specifically for Zimbabwe, the clear and forthright style of the booklet and the thoroughness of the case it makes against commercial breast-milk substitutes suggests its modification and adaptation to the particular circumstances of other countries.

Non-formal education and health: a selected, annotated bibliography, 1981, Non-formal Education Information Centre, College of Education, Michigan State University, East Lansing, Michigan 48824, USA., 56 pages.

A useful annotated bibliography of some of the recent (post-1975) literature in the area. It contains full addresses for obtaining some of the, as they describe it, more "fugitive" materials. The seven-page section on health education is one of the nine parts, and is itself subdivided into: general, manuals, practical materials, guides and radio, TV and audio cassettes.

Population: an international directory of organisations and information resources, a resource book on all aspects of population and family planning, brought out by the Public Affairs Clearinghouse, Claremont, California.

Saunders D J, 1974, (revised 1979) **Visual communication handbook, teaching and learning using simple visual materials**. United Society for Christian Literature, Lutterworth Educational, Guildford and London.

Simple and clear. A basic manual on the communication of ideas through a wide variety of methods from pictures and posters, through puppet shows and drama to a how-to-do-it of projection screens. Much of the book is based on ten years experience in rural India.

Scotney, N, 1976, **Health education**, Rural Health Series 3, African Medical and Research Foundation (AMREF), Nairobi, Kenya, 141 pages.

Useful short book, largely written for health workers in health centres, with one chapter on community health education.

The sun, water and bread, 1978, Report on an appropriate technology workshop in food and nutrition for family welfare educators and home economists, Ministry of Health, Botswana.

Account of a useful workshop in which participants were involved in trying out the many ideas generated in the villages and with the villagers. Useful sections on communication problems and the use of popular theatre and song followed by discussion.

UNESCO, **Reports and papers on mass communication**, Paris.

Ongoing series of useful papers and reports dealing with individual projects or general issues in mass communication for the dissemination of information and education.

Voluntary Health Association of India, 1977, **Better child care**, Safdarjung Development Area, New Delhi.

A small basic booklet, produced in English and several Indian languages, on guidelines to child care, with ample photographs, designed as an aide-memoire and teaching aid for community health workers, but also for a personal use by village families with a literate member.

Werner D and Bower B, 1982, **Helping health workers learn**.

This is a book of methods, aids, and ideas for instructors at the village level, especially for use where there is no doctor.

WHO-AFRO, Technical Report Series No 10, Brazzaville.

Contains a report of a meeting on Commonwealth Sciences for Health Promotion held in Brazzaville July 1979. The meeting reviewed health information and education activities of countries in the region, identified methods and techniques suitable for community health information and education, and worked out a strategy for integration of health information and education into primary health care programmes.

World Health Organisation 1981. **Health education methods and materials in primary health care**, *Appropriate Technology for Health Newsletter* 10, 24 pages.

A series of brief articles illustrating a wide variety of higher education techniques and materials currently being used in health education programmes throughout the developing world.

RESOURCE CENTRES

African Regional Health Education Centre, Department of Preventive and Social Medicine, University of Ibadan, Nigeria.

Set up in 1975, supported by UNICEF, the Ford Foundation and WHO. Trains health educators from other African countries and produces some interesting reports on projects in the field.

AHRTAG: Appropriate Health Resources and Technologies Action Group Ltd., 85, Marylebone High Street, London W1M 3DE.

Concerned with the development of equipment and techniques for health care at community level. Community health education is one of its special interests - along with dental health, diarrhoeal diseases, disability prevention and rehabilitation. Information services and publications, including Diarrhoea Dialogue.

AMREF: African Medical and Research Foundation, Wilson Airport, PO Box 30125, Nairobi, Kenya.

Produces, among other things, books, manuals and journals for front-line health workers, especially relevant to East Africa.

BLAT: The British Life Assurance Trust for Health Education, Blat Centre for Health and Medical Education, BMA House, Tavistock Square, London W.C.1.

Library, materials and information service on the training of health workers.

Child-to-Children Programme, Institute of Child Health, University of London, 30, Guildford Street, London, WC1N 1EH.

A wealth of data, in several languages, for teaching older children who care for young children how to do more. Applicable to normal and handicapped children. Newsletter and information sheets.

Clearinghouse on Development Communication, 1414 Twenty-Second Street, NW Washington DC 20037, USA.

Information services; publications; including a quarterly newsletter; training workshops and seminars in communication. "Project profiles" on various AID projects.

HEMIS: Health Education Materials Information Service, Centre for Medical Education, University of Dundee, Dundee DD1 4HN, U.K.

An information retrieval service which will provide a comprehensive guide to audio-visual material available on any specific health education topic. The

service is intended to be of value to all concerned with the promotion of health. There is a service charge.

The Health Education Council, 78 New Oxford Street, London WC1A 1AH, U.K.

Has a resource and information library with a complete section devoted to audio-visual aids and materials, lists of films and tapes available. Also a shop with books, leaflets and posters on all aspects of health education relevant to developed Western world with some pamphlets and posters in the languages of ethnic minority groups in Britain - Bengali, Gujarati, Hindi, Punjabi, Urdu, Spanish, Italian, Greek.

International Council for Adult Education, 29 Prince Arthur, Toronto, Canada, M5R1R2.

International council that produces work of relevance to health education. One example is the Participatory Research Project, an annotated bibliography, December 1977.

International Development Research Centre, Box 8500, Ottawa, Canada, K1G3H9.

Publishes **Low-cost Rural Health Care and Health Manpower Training**, an annotated bibliography with special emphasis in developing countries, which includes entries on health education.

International Extension College, 18 Brooklands Avenue, Cambridge, CB2 2HN, U.K.

Information, materials and expertise on all aspects of distance learning.

IPPF: International Planned Parenthood Federation, 18-20 Lower Regent Street, London, SW1Y 4PW.

They publish **IPPF Co-operative Information Service**, a booklet with a constantly up-dated list of references and addresses in the whole area of family planning and population.

IUHE: International Union for Health Education, 9 Rue Newton, 75116, Paris, France.

Parent organisation for the international conferences on health education.

Non-Formal Education Information Centre, College of Education, 237 Erickson Hall, East Lansing, Michigan 48824 USA.

Produces the **NFE Exchange**, occasional papers in various fields, including health. See in particular, **Non-formal education and health: a selected annotated bibliography, 1981.**

TALC: Teaching Aids at Low Cost, Institute of Child Health, 30 Guilford Street, London, WC1 1EH.

Provides low-cost sets of slides and books to help in teaching.

United Nations Information Centre, 14-15 Stratford Place, London, W1N 9AF.

Library and reading room.

VISITS

In the three countries visited many people gave up valuable time to help us accomplish our mission. The list below does not do justice to the many villagers, health education personnel, other health workers, teachers, pupils and volunteers who welcomed us and patiently answered our questions. Thanks and appreciation to all.

SRI LANKA

Dr Munasinghe,	Director, Health Education Bureau
Dr Abeyagunewardene	Health Education Bureau
Dr Fernando	Health Education Bureau
Mr Karunadasa	Health Education Bureau
Dr Malalasekara	Health Education Bureau
Dr Perera	Health Education Bureau
Mr Ranaweera	Health Education Bureau
Mr Saparamadu	Health Education Bureau
Mr Wijetunga	Health Education Bureau
Dr Goonesekere	Family Health Bureau
Mrs Jayasinghe	The Women's Bureau
Dr Jayasuriya	Planning Unit, Ministry of Health
Dr Senevirutne	Medical Officer of Health, Padukka

TANZANIA

Dr Mtera	Director for Preventive Services, Ministry of Health
Mr Chizenga	Health Education Unit
Ms Assay	Health Education Unit
Mr Kihange	Health Education Unit
Mr Mandange	Health Education Unit

Ms Matole	Health Education Unit
Mr Ktavangu	Health Education Unit
Mr Mwango	Health Education Unit
Mr Hegga	Radio Tanzania
Mrs Ngaza	Tanzania Food and Nutrition Centre
Mr Dhalla	Planning Unit, Ministry of Health
Dr Shoo	Continuing Education Unit, Ministry of Health
Professor Nhonoli	Commonwealth Regional Health Secretariat, Arusha
Dr Maikambo	Family Planning Association
Mr Mbeleka	Family Planning Association
Mrs Mtawali	Family Planning Association
Dr Ng'Wandu	Director, Institute of Adult Education
Professor Takulia	Community Medicine Division Muhimbili Medical Centre.

CYPRUS

Dr Angastiniotis	Cyprus Thalassaemia Centre
Dr Hadjiminias	Cyprus Thalassaemia Centre
Dr Markides	Director of Department of Medical Services, Ministry of Health
Dr Komodiki	Department of Medical Services
Mr Charalambous	Department of Medical Services

Thanks also to the British Council and Turkish Cypriot health personnel who made possible a brief visit to the general hospital in the north of the island.