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## **MODULE 3**

# **APPLICATION OF HEALTH EDUCATION TECHNIQUES TO DIARRHOEAL DISEASE CONTROL PROGRAMMES**

This module was developed with the technical and financial participation of the Diarrhoeal Diseases Control Programme of the World Health Organisation (WHO), Regional Bureau for Africa, Brazzaville.

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**PRE-REQUISITES**

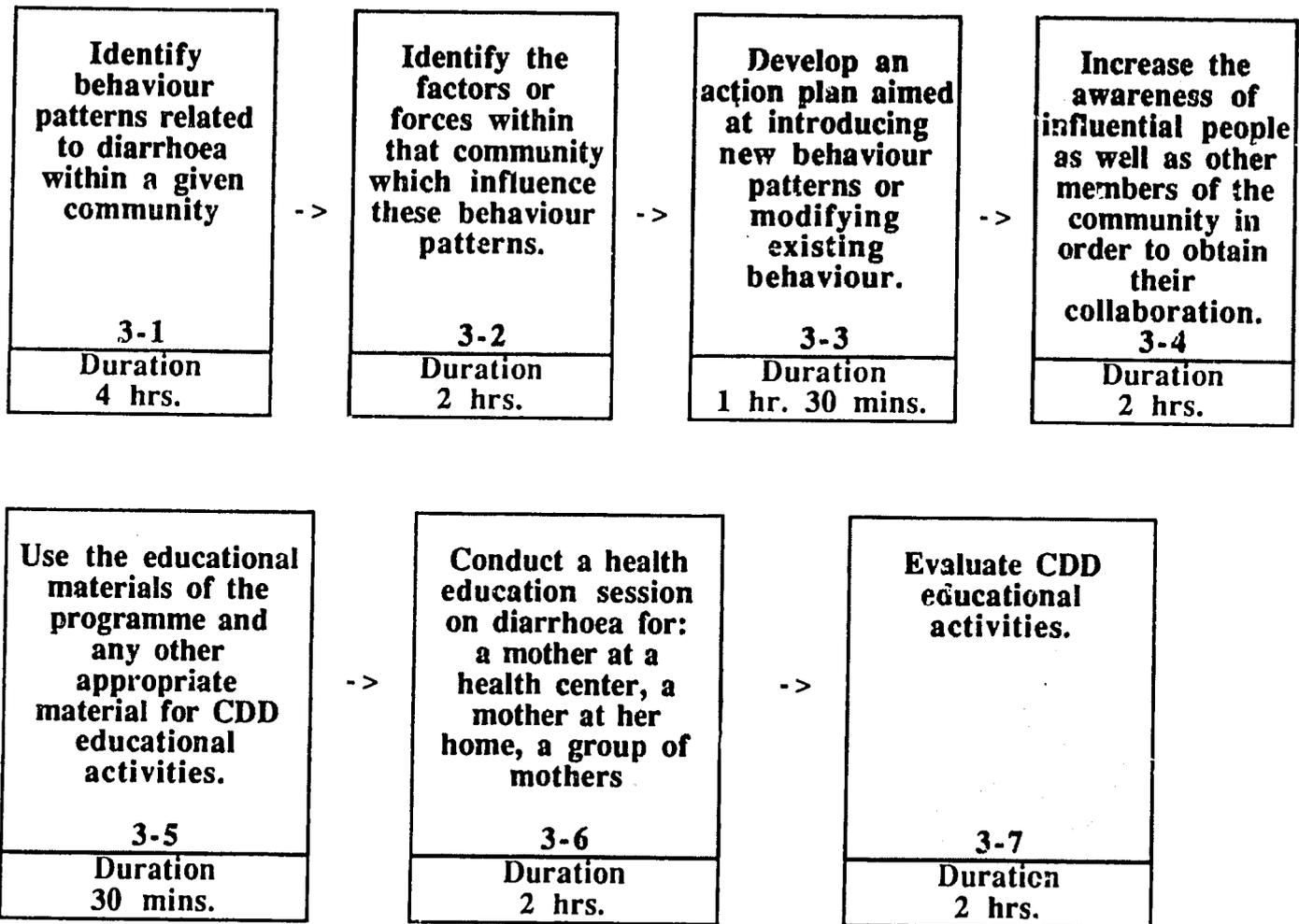
The student must have basic knowledge of the following:

- Health Education
- Survey Methodology
- Modules i and 2

# LEARNING OBJECTIVES

This module presents the process of planning and implementing a health education programme aimed at involving the community in diarrhoeal disease control.

The following diagram lays out the learning objectives. These objectives are based on the tasks that the student will carry out after his studies. The information provided and practical exercises are designed to facilitate learning.



## IDENTIFICATION OF BEHAVIOUR PATTERNS

### LEARNING OBJECTIVE: 3.1

Identify behaviour patterns related to diarrhoea within given community.

Behaviour is the way a person or a group of people acts. These actions do not simply appear out of nowhere; they come from beliefs and practices that are often passed down from one generation to another. Human behaviour patterns have an important influence on health. This influence can be either positive or negative. A change in a pattern of behaviour identified as negative or reinforcement of a positive pattern of behaviour may help to improve health. Bringing about this kind of change is a difficult task which requires both patience, motivation, and hard work as well as the careful application of certain principles.



Therefore, for diarrhoeal disease as for any other educational focus health, it is imperative that the health worker not rely solely on

his own knowledge of the community, but that he first study the knowledge, the attitudes and practices of all groups concerned before attempting to introduce any behaviour modifications. Any attempt at health education which is not based on this principle may well miss the point and have very little chance of affecting behaviour.



### EXERCISE 3-A

Cite three behaviour patterns in your community related to diarrhoea

- 
- 
- 

### How to identify behaviour patterns linked to diarrhoea

There are several different methods which can be used to identify health-related behaviour patterns.



### EXERCISE 3-B

Before consulting the list of possible methods below, make a list of methods you could use to find out about behaviour related to diarrhoea in your community

- 
- 
- 

### List of methods for identifying behaviour patterns

- review of anthropological or other studies that have already been done
- group discussions on the subject, often called "focus groups." These should include several members of the target population. The facilitator should prepare a list of questions to guide the discussion. The principal objective of this activity is to gather a wide enough variety of information about the vocabulary, attitudes and practices related to the health problem in question.
- in depth interviews with individuals about questions raised during the group discussions. Meet with people similar to the participants in the group discussion in order to talk about certain important points in more depth.



- home visits in order to identify living conditions and behaviour which should be taken into consideration in discouraging negative habits or reinforcing positive behaviour.
- widespread application of questionnaires to be able to quantify any important issues which may have been raised by the use of other methods

All of the information gathered by the methods cited above enables you to:

### IDENTIFY PRESENT BEHAVIOUR PATTERNS



#### EXERCISE 3-C

Specify the most appropriate methods to identify the practices listed below:

Practices	Methods of Identification
<ul style="list-style-type: none"> <li>- the mother does not feed her child when it has diarrhoea</li> <li>- the mother does not use correct dosages for sugar and salt when preparing ORS as taught by the health worker</li> <li>- the mothers use traditional methods to treat diarrhoea</li> </ul>	



### **EXERCISE 3-D**

Meet with five mothers from your own neighborhood to identify their attitudes and practices related to diarrhoea

You may want to ask the following questions:

- Is diarrhoea dangerous?
- What are the consequences of diarrhoea in young children?
- What are the causes of diarrhoea?
- What does the mother do to treat diarrhoea?
- What does the mother feed her child when it has a bout of diarrhoea?
- Does the mother know about ORT?
- Does the mother use ORT?
- What does the mother think about ORT?

Discuss the answers you get in class.

**FACTORS THAT  
INFLUENCE  
BEHAVIOUR  
PATTERNS**

**LEARNING OBJECTIVE: 3.2**

**Identify the forces or factors at the community level which influence behaviour patterns. (Force Field Analysis)**

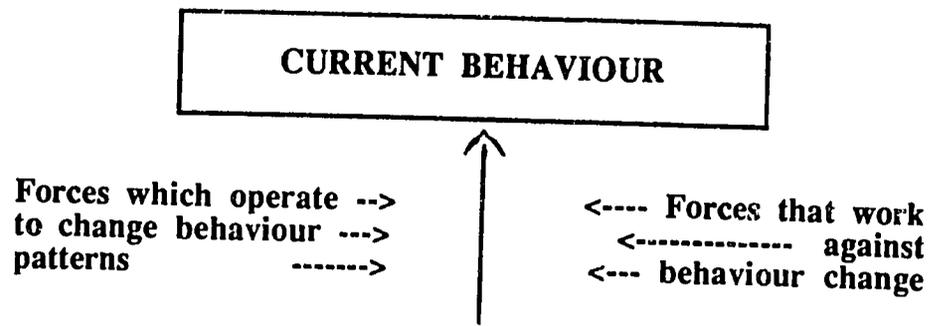
Once current behaviour patterns have been identified, the next step is to identify what causes this behaviour, or the forces or factors which stimulate the individual or group to behave in this way.

This phase of the investigation takes place in the community where the health worker questions people, and observes both them and their environment.



Once the causes have been identified, the analysis consists of separating the factors which encourage present behaviour patterns and those which would be favorable to their modification. Often there are two antagonistic forces: those which must be changed or eliminated, and those which must be reinforced, in order to change present behaviour patterns.

Presented in outline form, we might have:



This analysis helps the health worker choose those factors that he can act upon from among the forces which have been identified.

A detailed analysis of forces enables the health worker:

- to choose the most relevant, effective, educational approach which is in keeping with the causes of behaviour
- to formulate health education objectives
- to develop the content of the educational messages

### Factors (forces) to be considered

#### Socio-cultural forces

- traditional beliefs
- religious considerations
- societal norms

#### Forces related to knowledge

- lack of information
- mistaken information

#### Forces related to resources

- financial resources
- material resources



### EXERCISE 3-E

Based on the following behaviour pattern:  
**the mother uses traditional remedies to treat diarrhoea,**  
use the list presented above to identify the forces that might be influencing her behaviour.

**PLANS OF ACTION  
TO MODIFY  
BEHAVIOUR  
PATTERNS**

**LEARNING OBJECTIVE: 3.3**

**Develop an action plan aimed at introducing new behaviour patterns or modifying existing behaviour.**

In order to produce a detailed action plan one must:

- Define the specific desired behaviour
- State the educational objectives related to the desired behaviour
- Choose educational messages
- Choose the methods to be used to communicate the messages
- Develop and test educational materials
- Plan educational activities

**A. Specific desired behaviour**

There may be a whole range of behaviour that would be desirable in solving a given health problem. However, as indicated in the preceding paragraph, the health worker must choose a limited number of behaviour patterns to act upon.

It is possible to choose the most important and the most feasible from the whole range of desirable behaviours by referring to the criteria listed below. The desired behaviour should:

- a) be as close as possible to certain current behaviour
- b) have a clear, positive impact on the problem to be solved.
- c) be easy enough to implement using available resources.

**For example, in the case of diarrhoeal diseases**

PRESENT BEHAVIOUR	DESIRED BEHAVIOUR
<p>Mothers do not give children much to drink during diarrhoea, fearing that to do so will increase the diarrhoea.</p> <p>After a diarrhoea episode, mothers do not give the child extra meals</p> <p>The mothers use drugs to stop the diarrhoea.</p>	<p>The mothers give sufficient liquids to children with diarrhoea.</p> <p>After a diarrhoea episode, mothers give the child extra meals</p> <ul style="list-style-type: none"> <li>• The mothers use ORS and/or other liquids for children with diarrhoea</li> </ul>



### EXERCISE 3-F

Evaluate each of the desired behaviours in the preceding chart using the criteria (a), (b), and (c) listed above the chart.

### B. Educational Objectives

The different points that mothers should know in order to achieve the desired behaviour, should be defined clearly. For example, to prepare and administer ORS correctly (desired behaviours), the mother has to know how to:

- measure correctly the water needed to mix with an ORS-packet
- prepare the solution correctly
- give the solution to the child at the right time
- give sufficient amounts of the solution
- give the solution patiently, little by little--especially if the child is vomiting.

These points make up the learning objectives upon which all subsequent teaching materials and activities should be based.

### C. The Choice of Messages

Once the desired behaviour and learning objectives have been established, the key messages to be communicated to the target population should be chosen. Any research done previously to identify current behaviour patterns will help determine the first messages to be tested.



### EXERCISE 3-G

Name three qualities that an educational message should have -- before looking at the list below.

- 1.
- 2.
- 3.

**Here are some of the characteristics of a good educational message:**

Messages should:

- be worded in language commonly used by the target population and should incorporate familiar ideas (for example: explain the dangers of diarrhoea - dehydration - by referring to the signs that mothers already know, such as fatigue, weight loss, anorexia, and using local expressions identified in preliminary studies).

- be as clear as possible, avoiding unnecessary technicalities
- emphasize specific actions that the target population can take, rather than theoretical considerations
- be as concise as possible
- be presented in a format which contains only a few messages in a short period of time, avoiding education sessions or radio programmes that are too long for the mothers and that talk about too many topics at the same time.

**D. The choice of methods for communicating messages.**

First, determine which target groups the educational program should reach (mothers, school children, community leaders, etc.) Then list all methods which could be used to reach each target group.



**EXERCISE 3-H**

Make a list of possible ways of communicating messages (before looking at the list of suggestions below).

- 
- 
- 
- 

**Here are some ways to communicate messages:**

- radio and television
- neighbourhood or village meetings
- the use development workers from other sectors to communicate some messages (teachers, literacy workers, etc.)
- contacts with political, administrative, and religious leaders who can facilitate communication of messages or pass them on directly themselves
- health workers working with groups of mothers, with individuals in health care centres and in the community
- printed material of differing levels of complexity

It has been shown that one-to-one contact between mothers and health personnel is one of the most effective ways to bring about changes in behaviour. The messages relayed by other means reinforce this personal contact. Mass communication methods are especially important for people who do not have easy access to or direct contact with health care services.

In all cases, it is best to use as many different methods as possible simultaneously in order to reach the target population. The same messages should be transmitted by a variety of means. The harmonisation of messages is extremely important to ensure that people clearly understand which behaviour is good. The use of printed material as a guide can help ensure that different educators and media communicate the same messages.

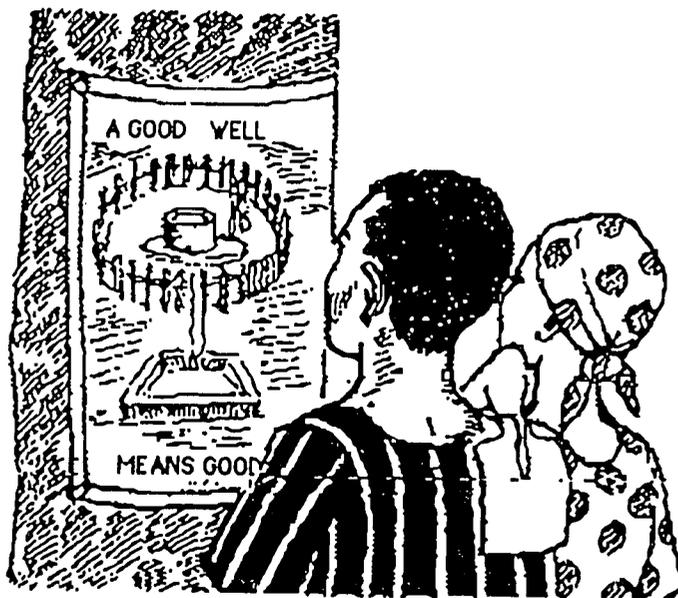
### E. Testing Messages and Educational Material

A health worker was holding a health education session about malaria for a group of villagers. As a visual aid he held up the picture of a magnified mosquito. At the end of the presentation a villager said:

"Your presentation would be, without a doubt, very interesting for people who have that kind of mosquito; however, the mosquitoes we have here are much smaller."

Baseline research on perceptions and behaviour help in the initial selection of messages. However, it is vital to test messages with a sample of the target population before launching them in a widespread, organised manner. For example, if you have illustrations, ask mothers what they see when you show them a picture. Listen to radio messages with people and ask them questions, to see if they have understood key points.

In a similar way, methods recommended for preparing sugar-salt solution should be pre-tested: Does the quantity of salt which mothers actually use correspond to the recommended measure, for example? How do mothers interpret the messages about the quantity of ORS to give a child who has diarrhoea?



The testing of messages and educational materials will help avoid misunderstandings and enable you to keep on target without wasting too much time and too many resources.

## **F. Planning educational activities**

First, define which target group(s) you want to reach through health education. If mothers are targeted, for instance, you should identify all contexts in which education could be introduced. It is preferable to choose those which allow you to:

- reach the largest number of mothers (not necessarily all at the same time)
- reach mothers at times when they are most receptive to learning
- use people whom mothers are most likely to listen to as a channel for communicating your messages

In general, it has been shown that educational activities are most effective:

- when they involve individual education or communication in small groups, which permits dialogue between the teacher and participants, and among the participants themselves.
- when the teacher is from a similar cultural background to the mother (a good village health worker will probably communicate better with mothers than a doctor would)



- when educational messages are well accepted and reinforced by influential community leaders, especially informal leaders (for example: a well-respected traditional midwife or other influential women in the community)

- when planning educational activities, take into account the amount of time that personnel and mothers have available, and also the resources available. Try to give priority to the activities which should have the maximum impact and make best use of limited resources.



### **EXERCISE 3-1**

Desired behaviour is:

**THAT THE MOTHER USE WATER-SUGAR-SALT SOLUTION CORRECTLY TO PREVENT DEHYDRATION.**

- A. Create 10 key messages to educate mothers.
- B. Discuss the suggested messages, using criteria from the text in section (C) above.
- C. Suggest educational activities that would be appropriate for a community with a rural health care facility (refer to the criteria mentioned above in paragraph F)

## COMMUNITY AWARENESS

### LEARNING OBJECTIVE: 3.4

Increase the awareness of influential (and other) members of the community in order to obtain their collaboration in the Diarrhoeal Diseases Control (CDD) Programme.

#### A. Community Awareness leads to Community Participation.

The goal of an information campaign is to make a community aware that they can solve problems by their own actions. In a Diarrhoeal Diseases Control Programme, community participation is needed in order to:

- help people to understand the dangers of diarrhoea and the new techniques for combatting dehydration (ORT, feeding, etc.)
- help people to identify different activities that they can undertake themselves to support the CDD Programme
- enlist the support and involvement of different groups in the community in specific activities related to diarrhoeal diseases. For example, organization of educational meetings, distribution of educational materials, sanitation efforts, etc.



## **B. Steps in Creating Community Awareness**

1. Identify different groups and influential people in the community.
2. Make appointments to talk with them about the problems and to elicit their support.
3. Create a committee or work with an existing committee to coordinate CDD activities. This committee should have representative members from different sectors of the population.
4. Choose volunteers, if necessary, from the community and train them in different CDD activities.

Volunteers can spread educational messages about health, which are often better understood when prepared and communicated by people from within the community.

The volunteers may also help in the prevention and treatment of dehydration, as well as in the follow-up and feeding of patients.



### **EXERCISE 3-J**

1. Make a list of people and groups who could take part in a CDD Programme within the area covered by a health facility.
2. List activities which 3 or 4 of the people or groups identified could conduct within the framework of the CDD Programme.
3. Describe the steps a health worker must take to enlist the participation of one of the people or groups you have identified.
4. Discuss foreseeable obstacles and how to get around them in order to ensure the participation of this person or group.

## **C. Principles to Follow:**

To increase the awareness of a person or group it is important to:

- Ask the person's/group's opinion about the problem
- Discuss their opinion and add technical information to the conversation
- Explore alternative solutions with the person/group
- Help the person/group choose specific activities they can carry out.



### EXERCISE 3-K

a) Organise a role-play exercise simulating a meeting of a group of influential women in the community to increase their awareness of the seriousness of the diarrhoea problem and to organize community action to popularize the use of sugar-salt solution

b) Discuss the role-play, using the list below (which the participants must be familiar with before doing the role-play):

	YES	NO
• the facilitator tried to find out the group's opinion about the subject	.....	.....
• the facilitator got everyone to participate in the discussion	.....	.....
• the information was presented in a way that the group could understand	.....	.....
• the facilitator encouraged the group to suggest solutions	.....	.....
• the group clearly defined the activities it should carry out	.....	.....
• the facilitator summed up the decisions made	.....	.....

c) Re-enact the situation, incorporating suggestions from the discussion of the first role play.

**D. Possible Constraints** If, in spite of everything, there is little community participation in the CDD Programme, the health worker and the committee must identify the causes and talk about possible solutions.

In general there are three possible causes:

- lack of sufficient information about the possible CDD activities within the community (methods of treatment and prevention).
- lack of motivation; if mothers do not think that diarrhoea is a major problem or prefer traditional methods of treatment.
- finally, mothers' many daily tasks may limit the time available to participate in the CDD activities.

## THE USE OF EDUCATIONAL MATERIALS

### LEARNING OBJECTIVE 3.5

Use the educational materials of the Programme and any other appropriate materials for CDD-related educational activities.

Printed materials help people who conduct educational activities (health personnel and other educators) to remember basic key messages.

Clear explanations of illustrations and written messages on such teaching aids should be communicated each time the material is used.



When preparing to use educational materials:

- see what materials are available
- identify who is going to hear/see/use the material
- develop a strategy to distribute and use the materials.  
A strategy might include the following activities:
  - a) Identify all persons who could use the materials for education.
  - b) Contact the local authorities of each development sector concerned

- c) Have a meeting with those who will use the materials to help familiarise them with their use. (Use role-plays as a necessary part of this learning activity.)
- d) Prepare a distribution plan, indicating the quantities which should be given to each user.
- e) Prepare a plan to follow-up on how the material is being used by the different people and facilities concerned.

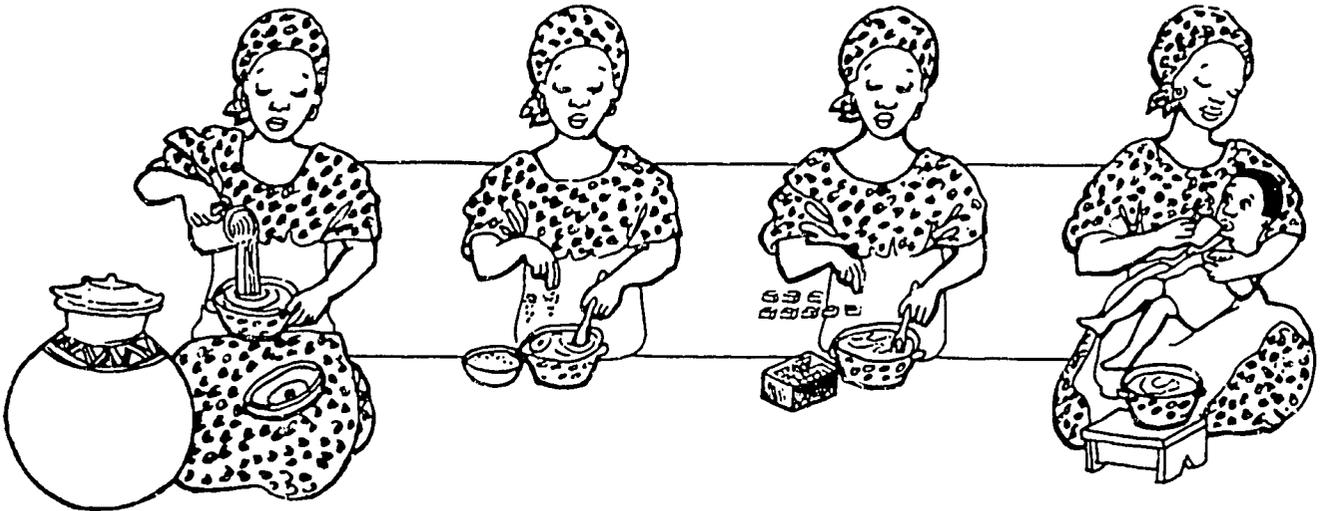


### EXERCISE 3-L

You work in a health facility and have received a large quantity of leaflets which explain how to prepare ORS.

Make a list of people or groups who should be given the leaflets.

- Plan how to get the leaflets to them
- Plan an orientation for the users
- Plan ways to follow up on the use of the leaflet.





### EXERCISE 3-M

Do two demonstrations. Have one student "educator" prepare a solution with an ORS-packet and another prepare sugar-salt solution. Have him/her explain each action to the group of "mothers".

a) Discuss the demonstrations, using this list (which the participants should be familiar with prior to the demonstration)

	YES	NO
• The way the trainer stood enabled the group to see his gestures clearly	.....	.....
• The trainer coordinated his explanations with his gestures	.....	.....
• The message was divided into sequences which were easy to assimilate/understand.	.....	.....
• The trainer linked the sequences well	.....	.....
• The trainer conversed with the group	.....	.....
• The trainer checked on how much the group understood	.....	.....
• The trainer asked one or two members of the group to re-enact the demonstration.	.....	.....
• The language used was simple and clear.	.....	.....

b) Repeat the demonstrations, incorporating suggestions made during the discussion of the first role play.

## **COMMUNITY EDUCATION ON DIARRHOEAL DISEASES**

### **LEARNING OBJECTIVE 3.6:**

**Conduct a health education session on diarrhoea for:**

- **a mother whose child is being seen by a health worker**
- **a mother at her home**
- **a group of mothers (or of other members of the community)**

**To teach successfully, you have to:**

- create an atmosphere of confidence
- treat those you are trying to teach respectfully
- avoid criticism and a superior attitude
- use language and materials which those to be taught will understand
- be patient
- check periodically to make sure that those being taught have understood. Ask them to repeat advice given and encourage their questions.

The following pages present situations which frequently occur in a CDD Programme. A general course on Health Education will give more detail on communication and teaching techniques.

### **Demonstration**

To facilitate understanding of the message being communicated, all teaching should, if possible, be accompanied by a demonstration. Demonstration is a means of helping someone to acquire a technical skill and to remember the message being delivered.

Demonstration is based on the principle that:

"what I hear, I forget;  
what I see, I believe;  
what I do, I know."

In fact, we generally remember much more of what we see and do than of what we simply hear.

The demonstration should be simple, and stripped of unnecessary details that do not help in the understanding of the message. It must be done with the participation of the audience and with locally accessible, familiar materials. (Use utensils and foods present in the home.)

**Conversation with a mother during a visit to a health facility.**

It is very important to use the time when the mother is most acutely aware of a problem to talk with her. Her visit to the health facility is the ideal moment for this talk.

In spite of time constraints, the health worker must do his/her best to communicate essential and appropriate messages to the mother during this time, and to make sure that she has understood.



### EXERCISE 3-N

Fanta is four months old, and is still being breastfed. For the past two days her mother has put her on a diet because she has diarrhoea. Fanta is weak and listless, and her mother has brought her to the health center.

You want to make Fanta's mother understand her error and help her to resume breastfeeding and to use ORT.

- a) Role-play the situation, using one student as the health worker, and another as Fanta's mother. The rest of the group will observe. At the end of the role-play, discuss together the positive and negative points of the "conversation". Give recommendations to help improve the "health worker's" performance.
- b) Ask another two students to re-enact the situation, incorporating the suggestions made during the discussions of the first role play.

**Conversation with a mother during a home visit.**

It is often necessary to make home visits for CDD purposes.



### EXERCISE 3-P

a) Give three reasons that could lead you to make a home visit to a mother whose child is suffering from diarrhoea.

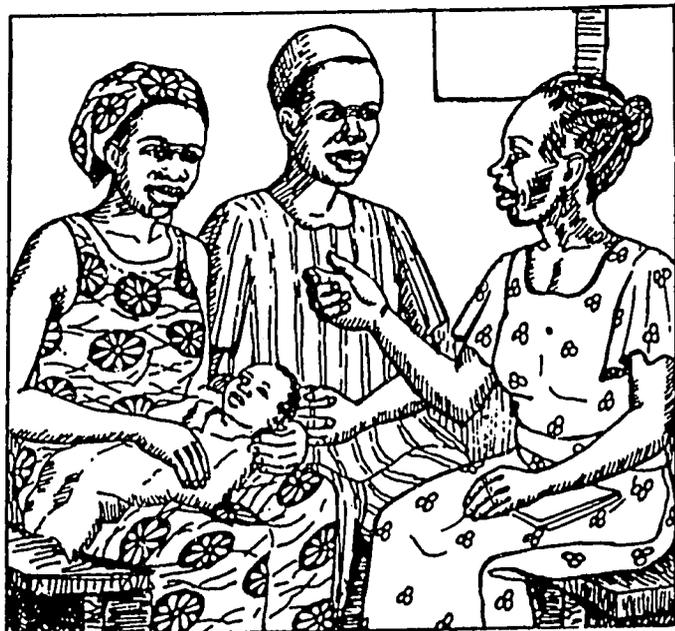
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Here are some cases when home visits are useful:

- A mother whose child has acute diarrhoea has not returned to the health center for a follow-up visit.
- A child has had several episodes of diarrhoea within a short time period.
- A child has diarrhoea associated with malnutrition.

Home visits related to diarrhoea help the health worker:

- discover conditions, for example poor hygiene, which may be the cause of the diarrhoea
- observe how the mother prepares and administers ORS at home
- observe how the child is fed at home
- educate all members of the family about diarrhoea treatment and prevention.





### EXERCISE 3-Q

Role play a home visit.

1. Find out if the mother:

- remembers how to prepare ORS
- understands the use of ORS
- used ORS correctly the last time her child had diarrhoea
- fed the child correctly
- has had difficulties using ORS

2. According to her answers, give the mother advice using the demonstration technique and educational material.

3. Discuss the roleplay visit, using the following list (which the participants must be familiar with prior to the exercise):

	YES	NO
• The health educator introduced himself/herself to the family in a courteous manner	.....	.....
• The health educator asked questions in a clear and concise way.	.....	.....
• The health educator listened to answers, encouraging the speaker to express him/herself, without showing a critical attitude to responses.	.....	.....
• The explanations the health educator gave took into account the mother's situation and what she already knew.	.....	.....
• The health educator was careful to reinforce the positive behaviour of the mother.	.....	.....

4. Re-enact the role-play incorporating the suggestions made during the discussions of the first simulation.

### Conversation with a group of mothers.

When talking to a group, an educator should do all that is possible to establish an atmosphere of trust and calm. Friendly and courteous while receiving the participants, he should show his real interest in the problems that the group has.



Before beginning, the educator should raise the essential points upon which the discussion will be based.

Then the educator may:

- introduce the subject
- lead off and stimulate discussion
- let the participants speak and pay attention to what they say
- lead the participants to express themselves on different aspects of the subject
- illustrate themes, ideas
- find comparisons with local customs
- clarify the content of discussion (re-state ideas)
- keep the meeting going by asking leading questions or by bringing participants back to the subject.
- summarize or have someone else summarize ideas which have been voiced

A group discussion should not last more than 15 minutes.

**LEARNING OBJECTIVE 3.7:**

**Evaluate educational activities planned for the Diarrhoeal Disease Control Programme.**

To know what kind of impact educational activities are having, it is important to do some small sample surveys in the target population a few months after the messages and the educational process have been launched. A precise questionnaire about knowledge and practices should be applied to as many target groups as possible--according to available resources.

Large-scale studies which gather statistically valid data would be ideal, but one may get a good preliminary understanding of the situation simply by questioning twenty mothers who live around a health facility.

The important thing is to find out what points pose difficulties for the mothers, to study these points more closely, if necessary, and to then draw conclusions which suggest alternative ways of approaching the problem -- either by modifying the actual messages or by using different means to communicate them.

**An example from Mali:**

A study done in 1986 in Commune 1, Bamako District, asked 590 mothers the following questions:

- a) Do you know what a salt-sugar solution (SSS) is?
- b) If you do, do you know how to prepare it?
- c) Have you used it yourself?

- NOTE:**
- In other surveys question b) is more complete and asks mothers to give the measurements for the sugar/salt solution and to mix it.
  - Mothers are usually asked what they gave their child during its **most recent diarrhoea episode**. This gives a better idea about the actual behaviour of the mother.

The following chart shows the results of the study:

SALT/SUGAR SOLUTION (SSS)					
Knowledge and use	No. of Mothers			Frequency %	
	YES	NO	TOTAL	YES	NO
Knowledge of S.S.S.	199	391	590	33.73	66.21
Knowledge of S.S.S.Preparation	70	129	199	35.20	64.80
Use of of S.S.S.	1	69	70	1.4	98.6



### EXERCISE 3-S

Using the table above, discuss the following points in class:

- What are the main conclusions we can draw from this table?
- What are the possible causes of the problems revealed by this study?
- What measures could be taken to improve the situation?

### EXERCISE 3-T

After several months of educational activity in a community you want to evaluate:

- how many mothers know about ORT
- how many mothers know how to prepare ORS
- how many diarrhoea episodes have been treated by ORT

Make up 10 questions which would enable you to gather that information.

### MODULE 3

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