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A selected bibliography

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Health Education: A selected bibliography

Prepared by the World Health Organization
PREFACE

This is the second occasion on which Unesco and the World Health Organization have collaborated to produce an annotated Bibliography of Health Education. The previous bibliography, published by Unesco in 1951 in its series Occasional Papers in Education (replaced by the present series Educational Studies and Documents) restricted itself to a survey of literature which, it was felt, would be of interest and value to field workers in fundamental education. This first venture met with a favourable reaction in many parts of the world and proved useful to the Secretariats of both Specialized Agencies in carrying out their respective programmes. Accordingly, when W.H.O. suggested the publication of another and more comprehensive survey of literature on health education, the Unesco Secretariat readily agreed to renew the collaboration which had already proved so successful.

The manuscript for this present issue was prepared by the World Health Organization, the Unesco Secretariat exercising only editorial functions. It was decided that it should be devoted to descriptive literature and should not include teaching materials as such. The latter are normally prepared for a particular purpose and adapted to the needs of specific cultures and areas — in other words, they rarely have much transfer value. This issue, then, has endeavoured to review publications of general interest to readers, in whatever part of the world they may be. The largest section deals with descriptions of existing health education programmes and their problems but it was felt useful to extend the listing to include somewhat wider topics. For example, health educators, particularly those working outside their own cultural environment, constantly meet problems which require some knowledge of anthropology and sociology, and a few publications dealing with their relationship to health education have been included in Section I. Readers who wish to make a particular study of these two subjects will be able to obtain suitable book lists from almost any large library. Similarly, the section on methods and techniques deals only with publications that were specially written with health education in view. All the techniques of adult education may be adapted to the needs of health education, and the reader is referred to adult education bibliographies for further literature.

It is no exaggeration to say that health, including health education, programmes are a major preoccupation of all countries. Moreover, the universal realization of the advantages to be gained from the international exchange of information has led to the founding of organizations, such as the International Union for the Health Education of the Public, which, by holding conferences and by other means, enable health educators from different countries to make contact and profit from one another's experience. The Health Education Section of the World Health Organization associates itself with and promotes these activities, and Unesco, too, collects and disseminates information on health education through its various educational field projects. The present bibliography is intended as a modest contribution to this international cross-fertilization of ideas.
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"Fly quickly and far from the infected place; and if that is possible, purify the house by sunlight, fumigation and the lavish use of vinegar. Nothing must make us discouraged or despair, such fear only does great damage and no good whatsoever."

The time was 1348; the occasion, the advent of the Black Death; the writer, Jehan Jacme d'Argramont of Catalonia, author of the earliest of the plague tractates. These popular treatises, over 300 of which were written between 1348 and 1720, explained the causes of the epidemic and the symptoms, prophylaxis and treatment of the disease. Many of them were written in the vernacular and they would appear to be the first large scale effort in mass education of the public.

Health literature, however, has a far older history. Rules for healthy living are to be found in the code of Hammurabi, written in 1800 B.C., and in the Book of Leviticus. An example of works on health by Greek and Roman physicians and philosophers is Plutarch's Advice about Keeping Well, written in the first century A.D. Turning aside from the aristocratic hygene, the regimen advocated for the idle rich, which was preached by Hippocratic physicians, he says, "For health is not to be purchased by idleness and inactivity, which are the greatest evils attendant on sickness, and the man who seeks to conserve his health by uselessness and ease does not differ from him who guards his eyes by not seeing and his voice by not speaking. For a man in good health could not devote himself to any better object than to numerous humane activities."

During the early Middle Ages the literature on health was scanty. The next great landmark was the Regimen Sanitatis Salernitanum, which has been called "the most popular book on hygiene not only in the Middle Ages but of all times". It was a didactic poem, full of maxims on how to keep healthy.

"Let air you breathe be sunny, clear and light, Free from disease or cesspools' fetid blight."

Interspersed with humour and common sense, it preached moderation in all things, equanimity, and a natural way of life. The reader is advised "to rise early, to wash in cold water, to brush his teeth, to go for walks, to give up sleeping during the day, to avoid draughts and bad smells". It must have been as quotable as Alice in Wonderland, for it has been said that there was hardly a situation that did not call for the quotation of some of its verses. It ran through over 500 printed editions in Latin, Hebrew, Persian and all the European languages.

The fourteenth and fifteenth centuries produced a spate of books for popular consumption but mostly addressed to lords and ladies of high degree, advising them about diet, hygiene of the mouth and teeth, care of the hair, bathing, etc. The Oxford reformers who went to Italy at the end of this period brought back from Padua and Florence the Greek inspiration. They taught that true learning was true humanism and urged the importance of education especially in medicine and health.

Published in 1516, Sir Thomas More's Utopia included a succinct and remarkable programme, covering all essential matters pertaining to personal and public health, for his imaginary State. The humanist Thomas Linacre (1460-1542), physician to Henry VIII and Cardinal Wolsey and founder of the Royal College of Physicians, made a notable contribution to health education with his Compendious Regimen, or Dyatorye of Healthe. During the sixteenth and seventeenth centuries books on health appeared under such titles as the "Gouvernayle", the "Haven", the "Castell", the "Brevyary", the "Rosary", or the "Garden of Helthe". A family medical book called The Englishman's Treasure ran through innumerable editions between 1577 and 1888. One of the first works on mental hygiene was Wisdom's Dictates or Aphorisms and Rules for Preserving Health of Body and Peace of Mind, by Thomas Tryon, which appeared in 1696.

The eighteenth century, believing in its mission of enlightenment, undertook its task in the field of health with great enthusiasm. Didactic poems became very popular once more. These included Henry Baker's An Invocation on Health (London, 1724) and John Armstrong's The Art of
Preserving Health: A Poem in Four Books, (London, 1741). Armstrong's "four books" were devoted to air, food, exercise and the passions. A desire to instruct the public was expressed in the dedication. On exercise he observes,

Of exercises, swimming's best,
Strengthens the muscles of the chest.
As 'tis the best, so 'tis the sum
Of exercises all in one,
And of all motions most complete
Because 'tis violent without heat.

William Cadogan made a real contribution to education in the maternal and child health field when he wrote his Essay on Nursing and the Management of Small Children, London, 1747. He advocated that infants should be breast fed by their own mothers and not by wet nurses, that they should have plenty of fresh air, clean, loose, light clothing, cleanliness of body and linen, and insisted that fresh fruits and vegetables were not an unhealthy diet for the infant as had always been supposed. He also advocated doing away with swaddling clothes.

The term "orthopaedics" came into common use after Nicolas Andry wrote L'Orthopédie, ou l'Art de Prévenir et Corriger dans les Enfants les Différomités du Corps, Paris, 1741. He, too, denounced the time-honoured practice of tight swaddling of infants, and did much to show that many of the deformities of children were due to wrong handling.

One of the period's most outstanding and charming books on health education was The Catechism of Health (Gesundheits-Katechismus), by Bernhard Christoph Faust, published in Buckeburg in 1794. It was written primarily for parents, teachers and children as a manual of health teaching, and was translated into many languages.

Charles-Augustin Vandermonde, of the Faculty of Paris, published his Dictionnaire de Santé, Paris, 1760, in which he formulated the idea of positive hygiene. "Men are the true wealth of the State, and yet the most neglected . . . . I believe that our bodies are capable of greater perfection than they possess, that it is possible to prevent their degeneration by following simple rules and natural principles, and that the mind itself would greatly benefit from improvement of the body." John Wesley was inspired to write his Primitive Physick: or an Easy and Natural Way of Curing Most Diseases, London, 1747, by the popular reception given to George Cheyne's book of health precepts, Essay on Health and Long Life, London, 1724. Sir George Newman says of Wesley's book, "Its medical prescriptions are innocent of any scientific authority whatsoever, but its homely advice was the secret of its enormous sale. It recommends fresh air, simple dietetic rules - "nothing conduces more to health than abstinence and plain food with due labour" - eight hours rest at night, urges the necessity for daily exercise, and discusses the effect of passions on health, and the hygienic value of a calm and contented spirit". An interesting feature in connexion with Wesley's book and the innumerable health pamphlets which followed in its wake was the mass distribution of health literature through the Methodist Church organization. At the end of this period John Sinclair's Code of Health and Longevity, Edinburgh, 1808, included a comprehensive bibliography of health literature published to date, listing nearly 1,900 items.

Three men and one woman - Edwin Chadwick, Southwood Smith, Sir John Simon and Florence Nightingale - had a profound influence on the development of public health in England in the nineteenth century. Because of their common sense and down-to-earth investigations, in which they gave full details of existing conditions and attempted to correlate them with their knowledge of local mortality, many of their publications may be considered great health education documents. By making the government and the people aware of insanitary conditions and attempting to raise the level of community cleanliness and housekeeping, they pointed the way out of the wilderness of disease and misery, helped to develop a real health consciousness, and gave an impetus to sanitation reform. The report on the Sanitary Condition of the Labouring Population of Great Britain (1842) is considered Chadwick's most important single work. After dealing with drainage, water supply, the disposal of human and manufacturing wastes and housing, he came to the conclusion that the abject misery of the working people was due in large part to the filthy environment in which they lived. He based his arguments on a careful study of vital statistics and proved beyond question that preventive medicine raises standards of living and behaviour. Parliament received this realistic report with "astonishment and dismay", with "horror and incredulity". The
immediate result was the creation of a central, executive Board of Health, and the report became the gospel of the epidemiology of the "Great Sanitary Awakening".

Southwood Smith was an advocate of popular education in support of legislation. He organized a voluntary association of medical and lay workers interested in advancing sanitary reforms. This body, the "Health of Towns Association", represents the first of a long series of efforts to use community health education in establishing effective health legislation and public health administration. Smith also published a popular book on health, based upon the principles of physiology, entitled The Philosophy of Health, or the Exposition of the Physical and Mental Constitution of Man, with a View to the Promotion of Human Longevity and Happiness, London, 1835. There were eleven editions of this work.

Sir John Simon took over from Chadwick the leadership of the sanitary programme and carried many of Chadwick's recommendations into execution. Throughout his term of office as chief medical officer of health from 1855 to 1872, he showed a keen sense of the value of public health education. In his great book English Sanitary Institutions, he says, "Education ... is the one far-reaching true reformer, not the mere elementary school business, not even ... with some super-addition of bread-winning technical ability, but the education which completes for self-help and social duty by including wisdom and goodness among its objects; which teaches standards of moral right and wrong, acts orthopaedically on the twisted mind and applies its own hygienic discipline to the shaking palsy of purposeless life. Education in that sense is not something which one man can receive passively from another, as he might receive an unction or a legacy, but is something which his own nature must actively go forth to meet. It is in truth a process of fertilization ... a process in which fructification requires time". Simon also emphasizes that reliance must be placed upon the ability of the people to help themselves, and upon the solicitude of the community for the welfare of its weaker members.

Ideas of hygiene were beginning to have a real part in education. It was Florence Nightingale, however, on her return from the Crimea, who did much to organize propaganda for healthful living among the British people. She initiated in the County of Buckinghamshire a system of house-to-house visits by women instructors. This type of instruction later became known as "health demonstrations". "The aim of the worker must not be to alleviate, but to educate, and this she can only do by becoming the friend and confidant of the people for whom she is working." "It is quite useless to send round and lecture, because people do not like being lectured. Let someone go and live among the women and become their friend." Her Notes on Nursing, London, 1860, was written not primarily for the professional nurse, but to teach women in general how to look after their own sick.

The formation in England of the National Association for the Prevention of Infant Mortality (1906), the St. Pancras School for Mothers (1907), and the British Social Hygiene Council (1914) encouraged education of the people, and posters and pamphlets began to appear in greater numbers. With the passing of the Maternal and Child Welfare Act of 1918, child health clinics were established throughout the country and health education became a recognized and vital part of their work. The Central Council for Health Education was formed in 1927, and, in response to the changing concept and status of health education, is now concerned more with the training of professional workers in health and education and less with direct programmes for the general public.

Lucien Viborel states that health education in France developed rapidly after World War II with the formation of Le Centre National d'Education Sanitaire. This was only possible, however, through the earlier efforts and writings of such men as Pasteur and his pupil Duclaux, Bourgeois, Landouzy, Honnorat, Strauss, Bernard, Fournier, Calmette, Sicard de Plauzolles, Parisot and others.

In the United States of America one of the earliest health education journals was the Medical and Agricultural Register, established in 1806 by Daniel Adams. Smillie states that the first volume contained "much valuable information concerning management of crops and dairy herds; care of swine and chickens. It gave useful hints on personal hygiene and discussed the means of distinguishing a physician from a quack. Consumption was a topic of great concern. Epidemiological discussions of malignant angina, smallpox and typhus fever were included in the text with emphasis on the necessity for better statistics". This journal was short-lived, as was the
Journal of Health, published from 1830 to 1834, the motto of which was "Health - the poor man's riches, the rich man's bliss". Another Journal of Health, with a motto "Health is duty", and devoted largely to personal and mental hygiene, was more lively than its predecessors, but shared the same early demise. The first important public health journal in America was The Sanitarian, founded in 1873.

As in Europe, during this period, where Guides to and Preservers of Health, Almanacks, Breviaries, Catechisms, Codes, Counsels on Health, followed each other in quick succession, textbooks on medicine were published in great numbers. They seem to have been even more popular in the New World than in the Old. Dr. William Buchan's Domestic Medicine, or a Treatise on the Prevention and Cure of Disease, Philadelphia, 1797, went through more than twenty editions. The first popular text devoted entirely to preventive medicine. Robert Wallis' The Art of Preventing Diseases and Restoring Health, New York, 1794, included chapters on home nursing, food and nutrition, personal and mental hygiene and the control of communicable disease.

As early as 1843, Horace Mann was urging the value of education for health. When the Shattuck Report appeared in 1849, it was considered "worthy to rank with the best productions of English sanitary statesmanship". One writer, C. E. A. Winslow, feels that for breadth and clarity of prophetic vision, it is among the most remarkable documents in the history of public health. The report had great significance for health education. It recommended that sanitary associations "be formed in every city and town in the State of Massachusetts for the purpose of collecting and diffusing information relating to public and personal health".

During the Civil War the United States Sanitary Commission prepared a number of pamphlets to be used as "keep fit guides" for soldiers, but this policy was not continued after the end of the war. A few pamphlets on dust and its dangers appeared, but it was an educational leaflet against tuberculosis written by Hermann N. Biggs in 1889 that began the great flow of health education literature in the United States of America. With the formation of the national and local voluntary health associations, whose essential function and basic purpose was health education, the publications became so numerous that even by 1900 the enormous increase in basic knowledge outran the individual's ability to absorb and apply it. Health and social workers recognized the wide gap between knowledge and its actual application to daily living. Accordingly health education began to develop along two lines - education in school and education in the community.

In 1904 there arose a movement known as the Modern Health Crusade which was specifically designed for tuberculosis education and led to the formation of the National Tuberculosis Association in 1915. In 1909 the National Society for the Study of Education published its Year Book, Part One of which was devoted to Health and Education. In 1918 the United States Office of Education published the first of its Health Education Series, the year in which the term "health education", proposed by Sally Lucas Jean, was adopted officially by the Child Health Organization. One of the chief objects of this Organization was "to teach health habits to children"; Rules of the Game was prepared to help teachers popularize simple health practices.

The main development of organized community effort in health education began in 1941 following the inauguration of a series of local demonstrations in the southern region of the United States of America, and later of similar ones in other States. At the same time, publications on this subject began to appear in considerable number.

It is of interest to note some of the changing practices in health education in comparatively recent times. There was the information-centered technique, in which information was often presented with a patronizing air, sometimes encased in the more awesome tombstone approach. This gave way to the "gadget period", in which the health message had to be made attractive. In came the smart format, the most novel radio programme, the most entertaining health film. The results were, however, "notably unrewarding". With the growth of knowledge about mental health, and particularly the learning process, and also about principles and methods of social action, it is now realized that the presentation of facts is not automatically followed by changes in behaviour - however attractive the format or the film. At the same time, contact with other cultures has rekindled awareness of the existence and relatedness of many factors besides ignorance in the causation of ill-health.

The present-day concept of the functions of health education is therefore widening to include not only the extension of knowledge, but the creation of the conditions necessary for people to make use of that knowledge and to translate it into individual and community action. The health educationist has become a community worker who seeks to stimulate, co-ordinate and further the efforts of the people to recognize their own health problems and to take an active part in dealing with them.

   The writer compares his views with those expressed by George Foster in a 1951 report entitled "A cross-cultural anthropological analysis of a technical-aid programme". Foster had chiefly recommended that administrators of public health programmes should know something about the culture in which they are working, that specialists in the social sciences should be assigned to public health field parties, and that basic anthropological studies should be continued. Adams makes two further points: those carrying out public health projects can benefit from training in anthropology, and anthropological consultants can play a valuable role in the central administration and planning of such projects.


   A summary of Mexican experience in the Indian zones where Indians and Mestizos live together in close socio-economic interdependence, this paper shows how a cross-cultural situation affects the carrying out of public health programmes. Workers need to understand the different idioms and variations within the national culture. In considering community participation it is important to gain the co-operation of those who really influence the action of the community - the elders, the chiefs, the medicine men. Health programmes should be drawn up so as to allow for mobility and initiative on the part of the personnel - and to compromise with magical-religious beliefs and practices etc. The findings of scientific medicine must be explained in such a way that the community can understand and apply them.


   In backward rural areas the educator should not try to impose drastic changes but rather start with the community's traditional ideas and primitive ways of doing things - and only gradually introduce improved practices. What is taught should be related to one or other of the main interests of an individual or a community: earning a living, home life, and health and recreation.

   The author gives case studies based on Near East Foundation experiences in Iran, Greece, Lebanon, Syria, Eritrea, Macedonia, Albania, Cyprus and Palestine.


   The necessity for co-operation between public health departments and health educators is emphasized. There are sectors in the field of public health where laws and regulations have no effect but where health educators can intervene and see that rules for healthy living are applied. They should see that principles of elementary hygiene are adapted to the needs of individuals according to their social situation.


   The author first considers the common factors involved in the great diversity of agencies and approaches towards health education and then discusses the educational principles which are related to the problems of health education in general. Among these principles are: no educational approach is likely to get very far unless it is brought into living relationship with the cultural patterns of the particular groups to be reached; health education workers must
become aware of the social structures they wish to change – taking into account the distribution of prestige and power in the community. Health education workers should direct a large part of their efforts to small groups.


A study attempting to give a picture of the mind of the untouched rural African, and to disentangle the parts that constitutional and environmental factors play in producing characters distinctive from those of Western culture.


Reviews a wide range of social-scientific thought under the following headings: primitive medicine in non-literate societies; the organization and practice of medicine in contemporary western society; psychosomatic medicine, social medicine and multiple stress in disease; and types of disorders. A bibliography of recent literature includes references to unpublished reports of relevant research.


In his use of the word education, Dr. Farnsworth makes certain assumptions about its meaning - "that it includes intellectual, emotional, social and spiritual components, and that it is the forerunner of wisdom. Mental health is, therefore, a keystone in the structure of education which enables it to stand firm and solid even though it does not constitute the main structure". His discussion is centred on the opportunities of the school health worker and the doctor to promote mental health in the individual, the home, the school and the community.


Examination of technological development programmes of the past 20 years reveals certain empirically derived principles which have stood the test of time: Know the culture in which work is to be done; select the site of operations and the field workers with extreme care; regardless of long-range hopes, start with a simple project that will show obvious results in a short time; don't ask people to do anything they fear may threaten their already narrow margin of material security; think in terms of the economic and social potential of the community - not in terms of the ideal programme; plan broad but integrated programmes; follow the right sequence in a programme; use existing community leadership whenever possible; require payment for certain services.


Summarizes the discussions and findings of a study group on the mental health aspects of public health work, and discusses the basic principles that should be observed by all whose work depends on establishing good relationships with other people.


Dr. Koekebakker considers the integration of concepts, the personality of the health educator, the mutual dependence of physical and emotional development, and the need for team work.

Twenty authorities in their particular fields have contributed to this book, which is an epidemiologic approach to preventive medicine. The importance of the physician's rôle in health education is stressed throughout, as also the vital rôle of health education in any programme of preventive medicine.


"All preventive medicine has as its aim the avoidance of stress on the person at some level of his functioning." It is from this point of view - and that mental hygiene is an inseparable part of the whole public health programme - that Dr. Lemkau has developed his thesis. The book presents a clear picture of what the common emotional maladjustments are, and what personal advice and family and social adjustment may do to create and preserve mental health. These problems are reviewed as they present themselves at chronological phases of the evolution of the individual. These are chapters dealing with the prenatal and natal period, infancy, the pre-school period, the school period, adolescence, the young-adult period, middle age and old age.


Based on the writer's participation in health activities in East and Central Africa, Central and South America and the Caribbean, this article analyses factors making for success and failure which were common to the work in all those countries. The writer concludes - "The essential foundations of successful health education in societies such as these described are adequate understanding of their anthropological background and attack on those disease-problems which to them are important."


Dietitians trying to improve food habits often run up against deeply ingrained prejudices deriving from a community's culture pattern. There is thus a need for collaboration with social anthropologists and psychologists.


This study of the impact of modern technical advances on the traditional way of living in old societies shows how the introduction of scientific methods and new techniques must be carefully related to the community's culture pattern if human values are to be preserved and the well-being of the group promoted. There are five long studies of representative cultures: Greece, the Tiv of Nigeria, Burma, Palau, and the Spanish Americans of New Mexico, and a series of cross-cultural studies providing illustrative materials on the introduction of changes in particular fields: agriculture, industry, public health, maternal and child health, nutrition, and fundamental education. The concluding sections of the book deal with the specific mental health implications of technical change and the principles involved in developing mental health during the process. There is a useful selected bibliography on culture change and a "master" bibliography of sources used in writing the book.


Emphasizes the rôle of the pediatrician - in addition to his institutional work - in educating mothers. Touches upon health education in schools and the health education of the community.

Describes public reactions to health programmes in 16 widely differing communities of the world. Some of the studies appear as successes, others as failures, the cases range from practice of modern medicine in a village of Northern India to an Alabama town surveying its own health needs.


This experiment was begun in 1936 to study health as the total development of the individual in his social context and the family as a social unit. A health centre was organized as a laboratory to facilitate spontaneous social expressions of persons at all age levels. Until its work was interrupted by the war in 1939, the Centre became a real community centre for the families who joined as members. Work was resumed for a short time after 1946. This report describes in detail the principles underlying the experiment and the methods and approaches used at the Centre, and gives an analysis of the processes by which a living social group spontaneously emerged.


Includes the following papers: Community action for public health, a report, by Harold M. Erickson; How does a community see its needs? by Richard W. Poston; How does a community react to its health needs? by Earl Lomon Koos; Setting our sights for the future, by John D. Porterfield.


Dr. Read discusses briefly three criteria of "positive health" which she found inherent in the thinking and beliefs of the African tribes with whom she worked: the possession of physical strength and endurance; the reproductive capacity (the ability to beget and bear living children); and a general sense of well-being, which includes psychological adjustment as well as physical fitness.


A practical analysis of the problems facing health educators in the tropics. To understand a people's attitude towards health and disease it is necessary to understand their thoughts about the nature of the universe, their ideas about the origin of good and evil, and about the motive springs of human conduct. These are underlying factors governing the way in which people face disease and the death which may result from it, and the way in which they attempt to influence and control natural forces and processes by supernatural means. Health education in the tropics is not a matter of showing a few films and posters, but rather a question of being able - through understanding the background - to make the first crossing of the barrier of culture and environment.


Discusses the application of social anthropology to educational problems. Two papers on cultural factors militating against improvement of health and nutrition are included.
The author uses the Spanish-speaking Americans in Denver and their concepts and attitudes towards disease, healing and medical care as a specific case study to demonstrate the problems for health workers among ethnic groups. It is emphasized that health services should be adjusted in as far as possible to the social structure of the population receiving them. There is a discussion of biases likely to affect health personnel in cross-cultural situations - the assumption of a universal human nature which presumably leads all normal people to respond in certain uniform ways in given situations; an excessive belief in "reason" as a controlling force in human behaviour; ethnocentrism; identification of the practitioner's own social environment with that of the patient; and concentration on the disease rather than the person.


Records speeches and reports presented to the Conference, including papers on health education in France, Italy and Uruguay, the scientific bases of health education, the aims of the Society of Public Health Education (U. S. A.), the work of W. H. O., and a communication from the American Medical Association.


Includes notably summary records of the discussions in the study groups which were set up to examine in what ways the Union could promote training of health educators, obtain recognition of the usefulness of public participation and co-operation in health education programmes, contribute to the exchange and diffusion of information, and induce public health personnel to become more interested in and recognize more fully the value of public participation in health programmes.


The subjects covered include: mental health and international tension; home, school and community; pre-school education; primary school - aims, methods and mental health; some special problems of the primary school; growth and adolescence; school and the adolescent; some special problems of secondary education; problems of special groups.

The book deals with the psychological, social and physical development of children in relation to their education in the family, in school and in the community - covering pre-school and primary school, secondary education, the education of exceptional children, parent education and the training of teachers, and the structure and function of the services of guidance in the community necessary to aid the task of the educator. The emphasis is upon a constructive use of the entire educational process to favour a healthy mental development.


Dr. Williams examines evidence of wastage of child life; the reasons for neglect of child health; and the methods by which it can and should be overcome, with emphasis on personal help and health education.
II. HEALTH EDUCATION

PRINCIPLES OF HEALTH TEACHING; ORGANIZATION AND ADMINISTRATION OF PROGRAMMES; REPORTS OF PROJECTS


One of the major theses of this book is that school health programmes should result in an improvement of individual behaviour and have a beneficial effect on the processes of community life.


Dr. Frederick J. Stare, Director of the Department of Nutrition, Harvard School of Public Health, and his staff conducted the studies upon which this guide is based. It contains practical information on the administration of public health nutrition programmes and the evaluation of nutrition services; also material on the place, the content and method of nutrition education in a public health programme.


Deals with the physical and psychological aspects of child health supervision and includes points of view which have only recently become crystallized, and the literature on which has not yet been widely disseminated. There are chapters on parent counselling, everyday problems in normal development, health appraisal and care, less usual problems and abnormal conditions and detailed information on the child health conference, its physical arrangements, its staff and procedures. Group discussions in a conference setting are discussed as well as materials and how to use them as supplements to interviewing.


Stresses the need to arouse interest in health education in rural areas, and to win the confidence of the people. Suggested approaches are through the press, lectures, exhibitions, and co-operation with existing organizations such as youth clubs, local Red Cross committees, agricultural institutes and schools. Possible sources of funds are enumerated.


An industrial hygienist and an industrial psychologist give their views. "Health education of an employee means developing in him (a) a state of mind to work safely on his job; (b) an awareness of, and conformity to, certain physiological rules needed to retain proper physical health; and (c) mental attitudes that make him a productive member of his job environment." Some aspects of the why, when, where and how of worker health education are discussed.


Deals in particular with the importance of health education in the efforts to control venereal disease, tuberculosis and leprosy.

A study of health education from first principles, including chapters on aims, aspects, facts, methods, home, school, college and community. Appendices including a comprehensive health education directory and a selection of health statistics.


Describes the varied activities of the Health Education Section of the Birmingham City Health Department.


An illustrated account of Russian aims, organization and practice in health education. Describes the activities of the Central Institute for Scientific Research in Health Education.

See also:


Describes an experiment in health education carried out from July to September 1951 in three villages near Tanta, where WHO had established a Venereal Disease Demonstration Centre in collaboration with the Egyptian Ministry of Health. The Cairo School for Social Work for Girls took over the project of home visiting as part of their field work. The aim of the programme was to encourage individual and community action, and to demonstrate the value of direct teaching to the mothers of the villages in their homes.


The Minnesota Department of Health programme has two aspects - discussion units on health subjects for the use of organized "senior citizen" groups; and short courses on a regional and State-wide basis for personnel concerned with the aged, whether living in homes for the aged or nursing homes.


A report of a pilot project conducted during 1950 and 1951 by the Brazilian Government in Itaperuna, State of Rio de Janeiro, to determine the general direction to be followed in improving economic and living conditions in rural Brazil. The rural education mission was made up of two agronomists, one veterinary surgeon, one doctor, one nurse, one social worker, a radio operator and a driver. The work was divided into four distinct units: (a) agricultural, (b) medical and health, (c) home economics and (d) social service. The work of each unit is described and that of the team as a whole. An analysis of the work accomplished is also included.

States the problems of health services in rural areas and gives a short description of what has been accomplished in the past. Defines a rural health unit and discusses its scope, organization, programme, staff, methods of financing and co-ordination with other community ventures. There is a short bibliography.


According to the author, "The purpose of this book is to give an account of the application of medicine to the social group. It is a study of the principles and practice of epidemiology in its widest sense. It traces the evolution of public health in Britain from its beginnings ... down to the period of comprehensive health care inaugurated by the social legislation that followed the Second World War. It aims at making clear the significance to the health of the community of the vulnerable groups, and of the modern development of the social aspects of health and disease."


Outlines general considerations underlying any effort to improve the standards of parental care in tropical countries and describes different methods of approach. The possible methods of procedure discussed are: background study; pilot surveys by trained observers; study by members of the community of the needs and "deficiencies" of parents in the community ("self-survey"); spearhead study; study of the people's interests; establishment of family and community health centres; health education of children.


This review of Scandinavian experience shows the limitations of even a highly efficient school dental service, and of dental health education as generally carried out today: existing caries is controlled but its incidence is not reduced. What stands out is the need for dental health education to become a recognized part of the general health education and supervision of the expectant mother.


Sketches the origins of voluntary action and considers the present-day forms of community self-help or community development; examples are cited from various parts of the world. Also discusses briefly methods of procedure, incentives, conflicting aims, survival value, possible disadvantages, unforeseen results, alternative means.


One of a series of discussion pamphlets, Health in the village gives the results of a six months' medical survey of a small West African village in the forest belt of the Gold Coast. The authors point out how the villagers can achieve better health by better education and fuller co-operation.


A bibliography in several languages prepared as a paper for the Conference. Includes books and periodical articles.

Chiefly based on experiments in "nuclear" schools (rural consolidated primary schools) in Guatemala and at the Regional Fundamental Education Centre for Latin America (CREFAL), at Patzcuaro, Mexico, this book deals with health education aspects of fundamental education. A rural health experiment carried out in a small village of the Patzcuaro region is described in detail. Another chapter deals with the use of audio-visual equipment in health education. There is a short bibliography.


Describes how and where women social workers in France can apply the principles of health education.


The aim of health education among hospitalized persons is to consider patients as people with whom the hospital staff is co-operating. It is not sufficient to prescribe a certain treatment; one must also educate through that treatment. General principles of hygiene can be explained to patients, and particular problems investigated. Medical personnel, nurses and social workers should be made conscious of their duties as health educators. Methods and means of health education are enumerated.


"In villages and rural areas the people themselves have to perform many of the actions needed to break the chain of transmission of disease. Before any educational programme for environmental sanitation can be planned, it is necessary to find out what health problems they recognize and are interested in, how much they already know, what the usual channels of communication are, what social, cultural and other influences are operating, and what are the existing resources that could contribute to the programme. In the actual planning, the sanitarian must consider how to get the participation of the community, what decisions can be left to the people themselves, what informational materials are likely to be needed, and what the criteria of progress are to be."


Reviews some of the differences between health education procedures that have been successful in solving the problems of acute communicable diseases in the past, and also those which are available for coping with today's great health problems of chronic diseases and accidents.


"Observations of health education on an international basis indicate that important and significant activities are being developed. These activities include health education on a community-wide basis; joint planning between agencies and organizations; development of the team work concept so that every worker makes his contribution to the educational component of public health; and preparation of personnel for health education responsibilities."

Reproduces papers on: The problem of motivation in health education, by Iago Goldstein; The changing patterns of motivation, by W. W. Bauer; Myths and resistances in health education, by Lawrence S. Kubies; and Positive motivations in health education, by Margaret Mead.


Reproduces papers on: Health education, yesterday and today, by Clair E. Turner; Malnutrition: its nature, cause and significance, by Harry Dr. Kruse; Diet in pregnancy, by F. T. Tisdall; Nutrition in health education, by F. J. Stare; Backgrounds for psychiatry, by Paul V. Lemkau; Contribution from the psychiatric standpoint, by G. S. Stevenson; The psychiatric social worker's contribution, by Ethel L. Ginsburg; Gerontology and nutrition, by C. M. McCay; Orientation in gerontology, by E. J. Stieglitz; The growth and aging processes, by C. A. Schaffenburg; Epidemiology, by Alexander D. Langmuir; Strategic concepts in epidemiology, by H. A. Schneider; An epidemiological approach to chronic diseases through family studies, by Antonio Ciocco; The social philosophy of health, by E. L. Bortz.


Reproduces papers on: The motivating pattern of the normal individual, by J. C. Whitehorn; Adolescence, by Phyllis Greenacre; The parent groups, by T. A. C. Rennie; The old age group, by William Malamud; The dynamics of mass media, publicity and advertising, by D. B. Armstrong; Unions and health education, by Mark Starr; Group tensions and conflicts and their relation to motivation in health education, by Earl Lomon Koos; Social conflicts in relation to health education, by Leo Srole; Emergent and correct health education, by Paul V. Lemkau; Motivation in nutrition education, by Elizabeth Lockwood; Problems in venereal disease education, by John A. Morsell; Health education and hospital services, by E. M. Gruenberg.


The book begins by discussing the importance of background information in planning an educational programme for better nutrition so much depending on existing food patterns and the social and economic conditions of the area concerned. Successive chapters review different methods for organizing educational programmes in nutrition, the training of nutrition workers, teaching methods and materials and the evaluation of their effectiveness. A final chapter gives seven concrete examples of approaches tried in different countries.


This military manual on sanitation contains much useful information on garbage disposal, suppression of insects and rats, personal hygiene, purifying drinking water and many other topics of interest to the health educator.


The writer sees health education primarily as a process of changing traditional ways of life and of providing emotionally acceptable equivalents based on scientific knowledge for the older beliefs and practices. He comments on the diversity of programmes in health education and emphasizes the need for a more co-ordinated approach, and more effective techniques for approaching individuals and families and persuading them to alter their customary living habits.

This issue was entirely devoted to health education and included the following articles:

"Two experiments in Brazil", by Hortenzia de Hollanda, M. J. Ferreira and H. W. Lundy;


In planning this programme for Navajo Indians in northern New Mexico and Arizona a joint health education council was formed. Its membership included the director of schools, school supervisors and a classroom teacher, the medical directors for the area and for the district, a hospital physician and a public health nurse. The tasks of formulating detailed plans, preparation of materials, and suggesting methods were referred to sub-committees, which worked under the leadership of a health educator who was available in the area for a few months. The health education programme was limited to three basic problems - the control of communicable diseases, the control of infant mortality and morbidity, and first aid and safety.


Includes a valuable section on "Teaching health" in which the author discusses the relationship between the nurse and the patient, working with the individual patient, and the health education opportunities offered through "mothers' clubs", "fathers' clubs", groups served by clinics, and child health conferences.


Lays special stress upon the sociological, cultural anthropological relationships to public health. The scope of health education is defined, and its functions and organization considered.


Describes a small-scale but highly successful pilot project in the Pacific island of Moturiki, in the Fiji group, population 588. The main object of the project was not primarily the community development of Moturiki but the assessment of a particular technique - that of training and using a purely Fijian team to stimulate and direct the efforts of the islanders towards community development. The project's Advisory Group, composed of experts from various government departments, advised rather than directed. In these conditions the Fijian team was able to achieve some worth-while results: a small clinic was built on reclaimed land; through regular clinic treatment and a health education campaign, yaws almost completely disappeared from the island; a milk scheme was introduced into the schools; the diet of the people was improved by the planting of new vegetables and by demonstrations of new ways of cooking; wells were cleaned and lined; and villages cleaned and the brush cut back.

The writer observes that the most lasting results were obtained from work with the women. The team was withdrawn at the end of two years with the success of its methods assured.

A short account of the constitution, organization and programme of the Queensland Health Education Council. The Council endeavours to bring about a better understanding of personal and community hygiene, a reduction in the incidence of communicable diseases, and a recognition of the early symptoms of disease so as to reduce hospital bed occupancy through early medical treatment.


"Preventive paediatrics is fundamentally based on health education, without which nothing more than temporary improvements can be expected. Without this vital final link, knowledge at the laboratory and hospital level remains sterile and divorced from reality." It is not the type of health education, however, which depends on posters, booklets or lectures prepared without relevance to a particular community and its problems. It must be adapted to local conditions as they actually are, and deeply rooted in the understanding of the basic drives of the particular culture group, and of their "valued ends and sanctioned means"


A brief discussion of methods used in health education in East Africa; describes various techniques which have been successful in some areas but not in others. A possible programme for a "Health Week" is outlined and suggestions made as how best to carry it out.


A brief account of the health education activities in connexion with a venereal diseases project undertaken in 1952 by the Egyptian Government with the participation of WHO, at Edfa, an isolated village in Upper Egypt. Because of the isolation and primitive nature of the village, and since it was the first time in Egypt that the population of a village had been subjected to blood testing, a period of three weeks of pre-service training was given to every member of the team, from physicians to lorry drivers, with the result that all were able to help in winning the co-operation of the village people. Local leaders were enlisted. A particular effort was made by the social workers and nurses to reach the women who live in traditional seclusion. The success of the project was evidenced by the fact that about 85 per cent of the population submitted to blood tests.

69. Health educators at work. vol. 1 to date. Edited by Eunice N. Tyler and Lucy S. Morgan. Chapel Hill, North Carolina, Department of Public Health Education, School of Public Health, University of North Carolina, 1947-date. 6 volumes.

This compilation, which began as an irregular publication in 1947 and has since become an annual, brings together reports of important health education projects in the United States of America and abroad. "Each issue gives some indication of current developments, and together the volumes begin to portray a portion of the history of the health education movement."


Basing his study on wide experience gained in the Sudan, Nigeria and Jamaica, and from a three-month survey of methods of infant feeding in the Eastern Mediterranean, South East Asia and Western Pacific Regions, Dr. Jelliffe describes infant feeding practices and common nutritional diseases in those areas and suggests practical improvements. The chapter on nutrition education in the maternal and child health centre will be of special interest to those engaged in international health work. The importance of a knowledge of local food ideology is stressed, and the cultural background.

Describes Puerto Rico's ten-year plan for health education, which was evolved through the co-operation of various United States agencies and the University of Puerto Rico.


The writers discuss the scope, administration and method of the educational programmes in hospitals, covering the parts played by the board of trustees, the women's hospital auxiliary, the professional staff, the administrative staff, the service staff, the patients, their relatives and friends and the general public. Examples of successful programmes are cited.

73. Joint Committee on Health Problems in Education. School health services. A report of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association with the co-operation of contributors and consultants. Washington, D. C., National Education Association, 1953. 486 p.

This comprehensive guide, for health procedures in both small and large school systems, serves as a companion volume to Health education published by the Joint Committee. (See Part III.)


Pholela Health Centre was the pilot project in the development of the South African health centre scheme. Fifteen years of progress are reported. "The essential features include care of the sick and prevention of illness by the doctor and nurse, associated with a programme of health education carried out by specially trained health assistants acting under the direction of the doctor. The result has been a very closely integrated curative, preventive and promotive health service in which there is an ever increasing appreciation of the community's health needs and an understanding of the various families served."


An account of a school-community health scheme. Begun modestly in one school, it was later extended by Kellogg Foundation subsidies to twenty-four States and gradually became a part of the general educational system of some of them. The keynote of the programme was concentration on creating a lasting health attitude in the pupil.


The educational approach suggested by the writer recognizes the importance, in controlling his behaviour, of an individual's attitudes and those of the group to which he belongs.


A report of a community self-survey centred on health needs, conditions and facilities. Valuable for its "on-the-spot" studies of human behaviour.
Community programmes can work effectively, "only if they send the individual back to his family prepared to adjust differences that may have been engendered; to make him, in effect, a health organizer in his own small family world. If the individual is not so prepared... the cost in tensions and frustrations can outweigh any small good the programme may have accomplished".


Discusses the attitudes of farmers and farm people generally and emphasizes the importance of enlisting the co-operation of the medical profession, women's institutes, farm organizations, etc. in the promotion of health education in the rural community.


Deals with the organization, programme, finance, and administrative responsibilities of health centres serving various French regions and departments.


An English medical officer of health gives his impressions of health education activities and achievements in Rumania. Special reference is made to the results achieved in the reduction of infant and maternal mortality and to the health education campaigns to reduce the incidence of typhus and malaria.


Discusses the extent of the problem and summarizes the dental health education activities now being carried on in St. Louis, Missouri.


The story of how a team of three - a physician, a psychologist and a public health nurse from the Department of Industrial Health at the Central Institute of Hygiene in Zagreb - brought about improved health conditions in factories, and trained leaders through seminars. Dr. Maček stresses the importance of the public health nurse in this aspect of health education.


A story of the work of the Jamaica Social Welfare Commission and its "better village plan" - a co-ordinated effort using local leadership to attack the many problems of rural areas. There is a chapter on the 3F (Food for Family Fitness) Campaign as an illustration of the educational approaches used by the Commission. The campaign involved the training of leaders, house to house visits, distribution of literature, group meetings and other activities. The selection of personnel and training of leaders are described.


The responsibility for carrying out a programme for health education in this field lies with those people, who, on account of their position in the community, "have the power of
keeping the doors of education open or shut"; and with the natural community leaders - teachers, clergymen, physicians and nurses. The writer discusses the advantages of group dynamics as a technique of education about alcohol.


A brief account of the health education activities and methods of the World Health Organization in many lands.


After a brief historical introduction, the writer discusses the post-war reorganization of the rural health service, the work of the "Djuru hygiene" or village health worker, and various developments in health education in rural areas.


Describes a venereal diseases campaign, carried out by a local health committee made up of Africans who realized the need for the scheme and were prepared to help without remuneration.


The author, a sanitary engineer, stresses the importance of health education as regards housing - people often live in squalor because they do not know any better. The health educator should promote the formation of groups within the community who can take an interest in matters of health education and help to improve housing. Rural housing is a special problem in view of the depopulation of country areas.


This brochure is designed to help the teacher of health in a "Basic School" - a craft-centred primary school in India. It discusses in brief the concept of health education, a general school health programme, and the special features of the health programme in a Basic School.


"The blueprint of a planned programme is not a starting point for action but the end-result of a long series of actions. Each step has been achieved through the participation of many people. And the validity of these steps, in a large part, depends upon the kinds of participation that have taken place and the quality of participation... The planning function of our work is our major teaching function."


A comprehensive study of the subject is treated under three main heads: the foundations of school health education, curriculum and teaching, administration and activities.


The authors emphasize the importance of establishing good working relations with the members of the community and discuss the media employed, stressing the point that "only
when health workers generally recognize the tools of health education for what they are - just tools - will they approach, with a true perspective, a discussion of the place of these media in a community programme". The importance of appraisal methods and practices is also stressed. Three successful health education projects are described.


Reviews the problems of health education in Burma, and outlines the current plan sponsored by the Technical Co-operation Administration of the United States of America.


This study, intended for doctors, social workers and others concerned with school health, presents the official regulations of the Directorate of school and university hygiene in France and a description of the organization and administration of health services at the various educational levels. The body of the report is an account of the Directorate's responsibility for such activities as medical examinations, inoculations, mental health, dental health, hygiene, sanitary inspections, physical education and health education. Final chapters deal with facilities, personnel and relevant statistics.


Describes the achievements of the community schools in the field of health education. The activities included: garbage collection, toilet construction, establishment of health centres, drainage improvements, child and maternity care, and food demonstrations. There is a bibliography of 13 pages.


Describes the first two years of health education work carried out at the Regional Fundamental Education Centre for Latin America (CREFAL), Patzcuaro, Mexico, as part of the fundamental education pilot project. The area and the particular problems of the inhabitants are described. The main part of the report is devoted to an account of surveys and individual interviews carried out by the health education specialists and the students. The audio-visual programme is also described.


Describes the making of a film on the Gold Coast, called "Amenu's Child", dealing with the problem of sick children and malnutrition, and the establishment of a mass education team from Medical, Public Relations and Social Welfare Departments. Two women from each of 100 villages were chosen to take part in a week's course. Great enthusiasm was recorded and the presence of midwives at the course made it possible that the new knowledge gained would later be accepted in the villages.


Report of a seminar on rural education held in November-December 1950 at La Alameda, in Guatemala. It was prepared by the working group in charge of studying the problems related to health and sanitation in rural schools and describes techniques for organizing health campaigns, showing rural teachers how to mobilize available resources in the community - private individuals, local authorities and government services. The report also gives advice on how to teach health and hygiene in the schools.
Describes the administrative organization of health education in France, stressing the importance of the Centre Interdépartemental d'Éducation Sanitaire at Strasbourg. By making known to the greatest possible number of people the inherent dangers of important social scourges such as cancer and tuberculosis, health education can help to reduce the burden of these afflictions. Education must reach the whole population and especially the young people, who are usually more receptive than their elders. The author describes and gives examples of the principal educational methods used at Strasbourg: pamphlets, tracts, press articles, conferences, films, etc.

Discusses general principles of public and school health education, and the methods used in Uruguay.

The problems discussed refer particularly to Ceylon, where the writer is health education advisor to the government.

"The only real measure of the effectiveness of health education is the number of individuals and groups who have been stimulated to act in the interest of their own and the community's health and welfare." This approach to health education shows the nature of the work.

Throughout the volume, emphasis is placed on the social factors that influence health. The aim of health education is "that of inspiring a course of human conduct illumined by an understanding of the structure and function of the human body". After a brief introduction on healthier living, the subject matter is divided into four main parts: education for family living, mental health, personal health and community health. The references and suggestions for further reading are annotated. Questions for discussion and review are added at the end of each chapter.

Contains a number of lectures delivered at the Seminar, and minutes of the meetings of study groups which dealt with community organizations, social hygiene, village life, health education, mental health, and visual aids. The participants included representatives from the various Egyptian Ministries and Departments concerned with health and social welfare, the World Health Organization, Unesco, and voluntary workers. The Seminar explored methods of promoting health through preventive medicine. In addition, an attempt was made to strengthen relations between existing community agencies with the eventual aim of establishing an organization for co-ordinating all health and social hygiene work in the country.

The topics discussed at the Seminar are reported under the following headings: The social basis of learning; Needs and aims of health education; Methods and materials; Evaluation; Organization and promotion of health education; Recruitment and training of personnel.


A brief account of health education activities in 1952 in the Italian province of Perugia.

Sokolov, I. S. "Dostizhenija sovetskogo sanitarnogo prosveshenija za 35 let." Gigiena i sanitarija, no. 11, 1952, pp. 31-40. Moscow, Gigiena i sanitarija.

An account of Soviet health education from 1917 to 1952.


Consists of various papers by English experts in health education. Different aspects of health education are discussed, such as prevention of disease, promotion of health and the part to be played by schools and teachers. A short chapter is devoted to techniques of health education, and the book ends with useful lists of names and addresses.


Unless the two fundamental services of local village workers and well-trained technical personnel are combined, a village development programme is inadequate and in fact ineffective. Local communities cannot raise themselves solely by their own bootstraps. They can be helped by local village workers, but they must have the assistance of all technical governmental services if they are to make any agricultural, health, sanitary and educational progress.


A brief account of the organization and promotion of health education in New Zealand.


Preliminary report on the pilot community organization project being carried out in the village of Požaranje by the Institute for Health Education in Belgrade. A team consisting of a doctor, a nurse, a psychologist, a veterinarian, an agricultural expert, a teacher of domestic science and a midwife, made a survey of the needs and possibilities of the community, and initiated work which led to the introduction of a new water supply, improvement of the school area, introduction of fruit and vegetable growing on a larger scale and the construction of an out-patient clinic. The second stage will begin with an attempt to improve standards and methods of infant care. There is a five-page summary in English.


A practical handbook designed to help health educators, school health personnel and adult group leaders to plan and carry out community health education programmes. Part I outlines basic principles. Part II deals with community organization and group dynamics. Part III discusses in detail the use of various mass communications media in health education. A directory of sources in the United States of America of printed and visual materials and a selected bibliography are given in appendices.

"This book was prepared for teachers and school health personnel in training and in service. It seeks to present the educational aspects of the school health programme and the personnel relationships involved. The organization, methods and procedures in health education are described in some detail."


Deals primarily with national governmental action in social affairs and is intended to bring the policies, ideas and methods which are being applied in various parts of the world, to the attention of Governments and agencies responsible for national programmes of social development.

The chapter on health programmes includes sections on the structure of health services, health statistics, the education and training of personnel, the specifications and control of pharmaceutical preparations, environmental sanitation, preventive and social health measures, maternal and child health and prevention and control of communicable diseases.


A practical guide book for the organization of documentation services, which are to be set up within the framework of health centres now operating in fourteen Latin American Republics in connexion with the activities of the Servicio Cooperativo Interamericano de Salud Pública.

Shows how to organize a central catalogue of patients, file the necessary forms and questionnaires, prepare monthly and annual reports, etc. Sample forms for use in various services are given.


The health education project, which was "originally geared to the production of mass media and dissemination of information has become more closely related to the training of all public health personnel in the field of public health education, teaching them effective methods of group and community education, and how to make the best use of educational materials and equipment". The division's six year plan for health education is described and some achievements are mentioned.


Health education began to develop in France in 1945, when the National Centre for Health Education (Centre national de l'éducation sanitaire, démographique et sociale) was created. Regional health education centres serving several départements were rapidly established, and there are now twenty-five of them in France and several in overseas territories. The main feature of health education in France is the close contact between private agencies and public services. In 1952 a National Committee for Health Education was formed, which organizes a health education congress every two years.
Health education is seen as a fundamental factor in the prevention of disease and in the safeguarding of security and health. The health educator should possess a basic knowledge of hygiene, epidemiology, biology, physiology, pedagogy, sociology and demography. After describing the methods and action of health education, the author reviews its organization in France, and gives brief details of its role in Great Britain, the United States of America and the Union of Soviet Socialist Republics.

In addition to a comprehensive treatment of the general aims, content and methodology of health education, the handbook deals with such specialized aspects of the subject as the part played by health education in preventive medicine and in combating the more prevalent diseases, the education of parents, health education in schools and rural areas, the training of health educators, visual aids, etc. The organization of health education in France is described in some detail, and there are chapters on its legal basis and finance, on health education at the level of the département, methods used at a regional health centre and the various national sources of documentation. A section on the "tools" needed by health educators contains a list of recent books, pamphlets, filmstrips, films, photographs, posters and other teaching materials available in France. The concluding sections are devoted to health education in other countries and at international level, and a description of the aims, structure and programme of the International Union for Health Education of the Public.

Excerpts from the document include:


nevertheless, no health educator, however well trained, can provide the personal advice that should come from the doctor and the nurse, though he or she can do much to expand or reinforce that advice.


All doctors, nurses and social workers concerned with the treatment of tuberculosis should be conscious of their rôle as health educators. The members of the Sub-Committee present their views on health education, the specific advice to be given, and suitable methods.


Attention is devoted chiefly "to broad guiding principles about the way people learn, and of planning, organization and evaluation; to the factors involved in the selection, development and use of methods and media; to the training of personnel for their responsibilities in health education of the public. The committee has recognized throughout its discussions the prime necessity for enlisting the goodwill and participation of the people, since health education of the public always involves working with people whatever the circumstances may be".

III. METHODS AND TECHNIQUES


This paper, which was presented at the first session of the WHO Expert Committee on Health Education of the Public, Paris, December 1953, first discusses the educational approach to health promotion, which involves for the individual and the community three main phases - interest, persuasion and action, and then deals with the media - the spoken word, visual aids, the written word, and health weeks and exhibitions.


"Know your area, know your people" is the slogan of the Ceylon Health Unit. This manual deals with the selection of areas, obtaining public co-operation, personnel, and procedures. Throughout, emphasis is placed on the health education aspects of every type of health work.


Shows how general principles of effective communication with audiences of limited reading ability are applied in the field of health, and gives research findings, not usually available in general handbooks, on the writing of simple materials. Sample paragraphs showing different levels of reading difficulty and a selected vocabulary of simple health terms are included. The report is one of several made in connexion with the 5-year evaluation of its educational programme which the National Tuberculosis Association began in 1944.


Although health education is a relatively new concept, the idea of the practical application of science and its use among the population is an old one. Three stages in health education work are discussed: (a) recognition of the problems involved, (b) establishment of methods of work which are practical, (c) evaluation of results.


Emphasizes the need for locally-produced health films and points out the necessity for careful use and follow-up.


A brief, illustrated account of the origin, scope and activities of the Museum.

Includes the following papers: Theory of free group discussion, by M. L. Johnson.- The ABC of group discussion, by W. E. Davies and Margery Fassam. - Teaching students through discussion, by Paul E. Polani. - Discussion groups and the general public, by John Burton. - Free discussion groups in work, J. J. Gillespie. - Spontaneous group conversation, by Magda Kelber.


Shows how modern educational techniques can be applied in teaching health.


Suggests how official and private health agencies may use this mode of mass communication to advantage.


Based upon experience gained by the Bureau of Health Education of the American Medical Association. Choice of programme, format, the script, elements of production planning and rehearsal routines are discussed. A glossary of television terms is appended.


Describes and interprets American health problems, especially those which affect children, and discusses methods by which these problems may be solved in co-operation with various community groups. Emphasis is placed on how children's knowledge and attitudes can be influenced by healthy living at school. Methods of health teaching for elementary and secondary schools, for colleges and for adults are described in detail. There are also chapters on the use of audio-visual aids, and on ways of evaluating the results of programmes.


Attributes the mediocrity of much of the visual aid materials produced by health agencies to the fact that health educators "look with a bit of disdain on actual craftsmanship in communication and consider it an activity of lesser importance". The chapters on talks, pamphlets, newspaper publicity, exhibits, radio, motion pictures, bulletins, annual reports and health campaigns show how such media can be used effectively in mass communication.


The conference, which was sponsored by 46 American national educational and health organizations, took "Teamwork" as its theme. The proceedings contain the main talks given, the chief points of the panel discussion of college presidents and the reports of the various committees.


Enumerates the tools of French health education. Gives a list of institutes, schools and health centres, with the type of courses they provide and the libraries they contain. This
list is followed by a short bibliography of French books and pamphlets on health education. Films and illustrations are also mentioned and in each case the name and address of the organization which can supply them is given. Lastly, organizations concerned with health education on an international level are mentioned and described very briefly.


The Industrial Health Council of Atlanta, Georgia, sponsors a health education programme in the Cluett, Peabody and Company plant. "The purpose of this pilot study is to find effective methods and techniques for health education in industry which will not interfere with plant operation or production, and which will serve as model for other industries."


The officer-in-charge of training, Singur Health Centre, Health Education Section, All-India Institute of Hygiene and Public Health, Calcutta, discusses briefly the aims of health education, methods and tools employed, and the special needs of India.


A brief discussion of recent research on group behaviour, incentives for action and study of leader's functions. Recent studies indicate that a change in attitude and behaviour is best accomplished through groups organized on a "democratic" basis.


These papers, read in the Health Education Section at the Health Congress at Bournemouth on 29 April 1955, include the following: Pictorial propaganda, by Kenneth Bird. - Pictorial arguments, by John Burton.


IV. TRAINING


Mr. Butterworth, a WHO health educator, worked with the staff of the United Nations Relief and Works Agency for Palestine Refugees in developing plans for public health education. A statement presenting a broader educational approach to health, based upon day-by-day meetings with staff individuals and groups and the refugees themselves, was prepared as a guide for action.


The Yale Public Health Personnel Research Project, in keeping with its mission to study people, rather than operations, in public health, sought answers to the following questions: How much formal education and how much training in public health have public health workers had? In what fields have public health workers received major education? What further education do they want? Some revealing facts are made available. In the group with graduate degrees, almost half had majored in the natural sciences but none had majored in the social sciences. The most frequent criticisms of the public health curriculum were that not enough instruction was given in the practical aspects of community organization and public relations, that much more emphasis should be placed on field work, and that many teachers might benefit from current, or at least more recent, practical experience in the field.


Points out the need for health education and describes the method of selection of students, the period of training, the content of the curriculum and the progress achieved, and gives a brief evaluation of results.


Programmes of health education will best achieve their goals when they are developed on the basis of research and evaluation. Administrators should (1) explore more thoroughly the factors that should enter into their judgements, and collect as much objective data as possible on these factors before arriving at programme decisions; (2) where possible, try out their decisions before they are put into operation; and (3) continuously appraise the programme in operation.


"The findings in this study indicate that, in general, Minnesota health teachers are not well qualified. More schools are adding direct health courses to their curricula each year; consequently there is an ever-increasing need for more qualified health teachers ... The situation demonstrates the need for more intensive in-service training programs for health teachers now on the job, a challenge which should be considered by local school systems, teacher-training institutions, the State departments of health and education and other agencies concerned with improving the school health education program."

A discussion of innovations made in the administration of a community sanitation service and associated training problems.


Health education in adult education centres is discussed. Physicians wage a continuous battle against imperfect knowledge and their participation in health education work raises problems. Nevertheless, it is they who are best equipped for this task. Subjects for lectures to adult students are enumerated in some detail. They include preventive inoculations, child health, sex hygiene, dietetics and the prevention of tuberculosis. Problems of health education should occupy a larger part in the adult education curriculum.


An analysis of certification requirements, this study had three purposes: (1) to determine the extent of health education as a requirement in general education, professional education and in special fields for certification of secondary school teachers throughout the United States of America; (2) to discover and analyse the differences in health education requirements; and (3) to discover and analyse the differences in health education requirements for certification from one State to another.


Editorial comment on the diploma course in content and methods of health education, Institute of Education, University of London, and on the qualifications of the health education officer.


The training of health educators should include laboratory experience and field experience. Discusses the kinds of laboratory experiences used in health education and the results obtained. A bibliography is included.


Describes a series of Educational Round Tables conducted by the American Cancer Society, showing how a voluntary health agency availed itself of modern adult education techniques and methods "in an effort to increase the motivation and stability of staff and volunteer personnel, and the effectiveness of its division and county leaders as they endeavour to reach and influence people".


A brief description of UNRWA programme development and planning in effective health education.


Offers practical suggestions on the kind of information about mental health, required by professional workers in the "related professions". The following methods are suggested for making their book-learning more significant and increasing their understanding of people:
visits to a wide range of institutions and agencies, especially to mental hospitals and schools for the mentally retarded; attendance at staff meetings in appropriate agencies; actual work in agencies; mental health orientation on their own jobs provided by leaders who are both familiar with mental health and with the job in question; providing significant experiences on the job which give workers the feeling of getting help with their problems and improving their competence in their own eyes; stimulating research by staff members.


The general theme of the 1954 Year Book is the rôle of education in social and economic development, with special reference to those areas in Asia, Africa and parts of Latin America which are undergoing rapid technological development. Section 1 deals with aims, objectives and implications of technological development; Section 2, with cultural change; Section 3, with planning and education; Section 4, with techniques and methods; Section 5, with agencies of administration; Section 6, with the impact of western culture.
V. EVALUATION OF PROGRAMMES AND MATERIALS


A discussion of the principles of sampling, some of its advantages and disadvantages, the determination of the sample size necessary to ensure a given degree of accuracy and the variety of sampling designs that are possible. An excellent list of references is included.


The typhoid fever epidemic in Slavonski Brod, Croatia, in the summer of 1947, provided an opportunity for evaluation. The then head of the Health Education Department, Zagreb, describes the health education campaign and evaluates its results.


In an experiment designed to test the effectiveness of the workshop method of teaching mental health, for children, four techniques of presentation and four types of procedure were investigated. A 30-item test covering factual information, and generalizations of this information, was used as a pre- and a post-workshop measuring instrument. A control group, not exposed to the workshop, was also measured by the test. The results indicate that the workshop was an effective method, and that of four techniques - lecture, records, panel discussion, film - lecture-type presentations are the most effective means of imparting mental health information. It was found that the leaderless group gained most on the test results.


Gives several interesting examples of lay evaluation, participation and action in solving some environmental health needs. The author observes "We will not succeed by telling people what to do but by helping them become the kind of people who will know what to do."


The techniques used before publication in evaluating the Minnesota Department of Health easy-to-read pamphlet "The public health nurse serves the family." These techniques included tests for readability, preparation of an 11-point questionnaire, selection of the sample of the community to which the questionnaire was sent, and evaluation on basis of replies received.


The outstanding findings of this public opinion poll on tuberculosis undertaken in Tottenham and throughout the Administrative County of London point to a need for education in tuberculosis not only for the general public but especially for adult contacts of known cases.
The purpose of this investigation was to measure the effectiveness of a series of mental health pamphlets entitled Pierre the Pelican, designed for parents of first-born children in the State of North Carolina. Evaluation showed that in order to affect attitudes and practices, more must be known about how to utilize the complex psychological factors which stimulate persons to action. Also the alteration of established patterns of behaviour may be too much to expect from a single instrument.

Defines evaluation as "the process of determining the worth or value of something relative to a given purpose. In this sense programme evaluation is a continuous process beginning even before programme plans are formulated. Its purpose is to provide valid estimates of effectiveness in achieving specific objectives and to provide guidance in carrying out programme activities. To achieve both purposes, two types of evaluation are needed: Measurement of programme achievement and programme progress". Both may be applied concurrently, as is shown by the writer's reference to the effectiveness of television as used by the American Red Cross in teaching home nursing. The findings of this study suggest that the teaching of home nursing by television was, in general, as effective as classroom teaching.

Discusses four main problems of pre-testing: Will the materials reach the persons for whom they are intended? Are the words, concepts or illustrations used fully understood? Do people really understand the point of the message? Do they clearly understand what they are expected to do and why?

"Pre-tests can be helpful while the programme is being developed or materials are in the process of preparation. The techniques are simple, yet they yield data that supplement both the exploratory studies and the critical view of the educator. They help to identify barriers to effectiveness and in this way increase the likelihood of success."

The review is concerned primarily with the assessment of accomplishment in the field of mental health. A discussion of theoretical and methodological considerations, with comments relating to mental health activity areas, is followed by the annotated list of almost 1000 references which forms the main section of this book.

A general survey of pre-testing in health education, followed by articles on pre-testing a filmstrip on nutrition and evaluating a nutrition education, and note on exhibits as a health education medium.

An attempt is made to demonstrate the adequacy and advantages of small, carefully selected samples in evaluating health education materials. A distinction is drawn between
two types of evaluation: "(1) evaluating progress or pretesting, which attempts to identify potential barriers to effective communication in the material and (2) evaluating the effectiveness of material in terms of the degree to which it has produced the particular intended changes in the population towards which it was directed. Pretesting is applied during the process of developing the material, while effectiveness is evaluated after the material has been developed and used." 


"Content analysis has been defined as a research technique for the objective, systematic and quantitative description of the manifest content of communication." Describes the application of content analysis to an in-service training programme for dental hygienists conducted by the New York City Department of Health Bureau of Public Health Education.
VI. SOME PERIODICALS OF INTEREST TO HEALTH EDUCATORS


Audio Visual News. Published quarterly by the Audio Visual Committee of the Christian Council of India, Pakistan and Burma, 37 Cantonment Road, Lucknow, U.P., India. Annual subscription 1 rupee.

Arquivos de Higiene e de Saude Publica. Published quarterly by the Departamento Nacional de Saude, Rio de Janeiro, Brazil. No price given.


Boletin de la Oficina Sanitaria Panamericana. Published monthly by the Pan American Sanitary Bureau, 1501 New Hampshire Avenue, N.W., Washington 6, D.C. Annual subscription $5.00.

Bulletin of Hygiene. Published monthly by the Bureau of Hygiene and Tropical Diseases, Keppel Street, Gower Street, London, W.C.1. Annual subscription 50 s.

Bulletin of the International Union for Health Education of the Public. Published quarterly by the International Union for Health Education of the Public, 92, rue St. Denis, Paris, 1er. Annual subscription 400 Fr. frs. Also published in French and Spanish.

Bulletin of the National Tuberculosis Association. Published monthly by the National Tuberculosis Association, 1790 Broadway, New York 19. Gratis.

Bulletin of the World Health Organization. Published monthly by the World Health Organization, Palais des Nations, Geneva. Annual subscription £5 - 10s.; $20.00; 65.00 Sw. frs. Also published in French.

Canada's Health and Welfare. Published monthly by the Department of National Health and Welfare, Ottawa. Free. Published also in French.

Canadian Journal of Public Health. Published monthly by the Canadian Public Health Association, 150 College Street, Toronto 5, Ontario. Annual subscription $3.00.

Channels. Published twice monthly by the National Publicity Council for Health and Welfare Services, 257 Fourth Avenue, New York 10. Annual subscription $6.50.

Chronicle of the World Health Organization. Published monthly by the World Health Organization, Palais des Nations, Geneva. Annual subscription 17s. 6d.; $3.00; 10.00 Sw. frs. Also published in Chinese, French and Spanish.

Community Development Bulletin. Published quarterly by the Community Development Clearing House, University of London Institute of Education, Malet Street, London, W.C.1. Annual subscription 3s. 6d.


Fundamental and Adult Education. Published quarterly by Unesco, 19 Avenue Kléber, Paris 16e. Annual subscription 5s.; $1.00; 250 Fr. frs. Published also in French and Spanish.

Good Health. Published monthly by the Good Health Publishing Co. for the Race Betterment Foundation, Battle Creek, Michigan. Annual subscription $1.75.

Health for You and Your Family. Published bi-monthly by the Health League of Canada, 111 Avenue Road, Toronto 5, Ontario. Annual subscription $1.00.

Health Horizon. Published quarterly by the National Association for the Prevention of Tuberculosis, Tavistock House, Tavistock Square, London, W. C. 1. Annual subscription 10s.

Health Information Digest. Published semi-annually by the Central Council for Health Education, Tavistock House, Tavistock Square, London, W. C. 1. Annual subscription 5s.

Health Magazine/Iphepha Lempilo. Published quarterly by the South African Health Society, Lovedale, Union of South Africa. Annual subscription 2s. Text in Afrikaans and English.

Health News. Published quarterly by the Department of Health, Colombo, Ceylon. Price not given.

Igiene Moderna. Published monthly by the Istituto d'Igiene, Viale Benedetto 15, Genoa. Annual subscription 750 Lire.

Journal of Health, Physical Education and Recreation. Published ten times a year by the American Association for Health, Physical Education and Recreation, 1201 Sixteenth Street N. W., Washington 6, D. C. Annual subscription $2.00.

Journal of School Health. Published ten times a year by the American School Health Association, Room 617, 228 North LaSalle Street, Chicago, Illinois. Annual subscription $3.00.


Oversea Education. Published quarterly by H. M. S.O., York House, Kingsway, London, W. C. 2. Annual subscription 6s. 6d.

Philippine Health Journal. Published quarterly by the Health Education Association of the Philippines, Philippine Normal College, Manila. Price not given.

Public Health. Published monthly by the Society of Medical Officers of Health, Tavistock House South, Tavistock Square, London, W. C. 1. Annual subscription 31s. 6d.

Revista Chilena de Higiene y Medicina Preventiva. Published quarterly by the Servicio Nacional de Salubridad de Chile, Castilla 41-D, Santiago, Chile. Price not given.

Revista de Sanidad y Asistencia Social. Published bi-monthly by the Division de Educación Sanitaria, Ministerio de Sanidad y Asistencia Social, Caracas, Venezuela. Gratis. Summaries in several languages.

La Santé de l'Homme. Published bi-monthly by the Centre Interdépartemental d'Education Sanitaire, Démographique et Sociale, 56 Passage de l'Hôtel Dieu, Lyon, France. Gratis.

Techniques Hospitalières, Sanitaires et Sociales. Published monthly at 6 Square Desaix, Paris 15e. Annual subscription 2,500 Fr. frs.

Today's Health. Published monthly by the American Medical Association, 535 North Dearborn Street, Chicago, Illinois. Annual subscription $2.50.


Your Health. Published monthly by the Indian Medical Association, 23 Samavaya Mansions, Corporation Place, Calcutta 13, West Bengal. Annual subscription 8 rupees.
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WORLD HEALTH ORGANIZATION

Headquarters
Palais des Nations, Geneva, Switzerland

Liaison Office with the United Nations
United Nations, New York, United States of America

Regional Offices

Regional Office for Africa, P. O. Box 6, Brazzaville,
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