

A CALL FOR COURAGE AND CAUTION

For health workers to stand up for the interests of the poor and to work toward changing the social causes of poverty, hunger, and poor health clearly involves a certain risk. The degree of risk will vary from country to country, and even from village to village.

For this reason, the openness with which health workers work toward social awakening and change, and the methods they use, need to be adapted to each local situation. For example, some of the village theater productions led by the Project Piactla team in Mexico (see Ch. 27) have resulted in attempts by local authorities to close down the villager-run health program. But in certain other countries in Latin America, health workers have been tortured and killed for doing less.

Unfortunately, countries where the health needs of the poor are greatest are usually the same countries where repression and violation of rights by those in control is most severe. These are the countries where leaders of the poor and those who work for social change are in greatest danger.

We urge planners and instructors of health workers, as well as health workers themselves, to move forward with their eyes wide open. Evaluate the possible benefits and risks of any approach or activity you consider, especially if it involves confrontation or conflict of interests. The risks of taking any particular step toward change need to be weighed against the risks of not taking that step: "How many people may suffer from repression if we take a stand on this issue? How many children will continue to die of hunger-related diseases if we don't?"

Before training health workers in a people-centered approach, be sure that both you and they carefully consider the range of possible consequences.

We have had to struggle with these same questions in making the decision in this book to speak openly about social issues affecting health. We know we are taking a chance—both for ourselves and for others who care about people as we do. We hope and believe that in the long run the benefits will outweigh the costs. But each person needs to consider the balance and make his or her own informed decisions.

We urge those planners and officials who share the vision of a healthier, more self-reliant future for the poor to welcome criticism and suggestions from those working at the village and community level. If you are involved in a nationwide program to train health workers, help to defend and preserve those small, independent, community-based efforts that already exist. Learn from their strengths and weaknesses, criticize them and seek their advice and evaluation of your own program. Variety is essential for comparison and improvement.

At the same time, we urge those working at the community level, whether in government or independent programs, to look for ways to help the 'voiceless poor' be heard and take part in decision making at the central level.

If those of us who share the vision of a more fully human future join hands and work together, perhaps 'health for all' will, in fact, someday be possible.

LIST OF ADDRESSES FOR TEACHING MATERIALS

To obtain a more complete list of sources for health education materials, write to Hesperian Health Guides or visit our website, www.hesperian.org.

For other publications mentioned in this book, see pages 5-2, 11-28, 12-4, 12-15, 13-1, 13-9, 16-3, 16-13, 18-2, Part Three-8, 22-20, 25-20, 25-25, 25-29, 26-32, and 26-36.

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Community health books in English and Spanish: *Where There Is No Doctor*, *Where Women Have No Doctor*, *A Community Guide to Environmental Health*, *Disabled Village Children*, *Where There Is No Dentist*, and others. Also materials in many languages, online library of images, and other resources available on the website.

African Medical & Research Foundation

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Fax: 502 7839 1332
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www.asescaguante.org

Pamphlets, posters, and books on health subjects and teaching methods in Spanish.

Caribbean Food and Nutrition Institute

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Tel: 1 876 927 1540
Fax: 1 876 927 2657
Email: e-mail@cfni.paho.org
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Cajanus, a nutrition bulletin; other materials in English for the Caribbean.

CEMAT

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www.cemat.org

Pamphlets in Spanish on many health subjects, including latrines, medicinal herbs, and acupuncture.

Centre pour la Promotion de la Santé

BP 1800 Kangu-Mayumbe,
Democratic Republic of Congo
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Excellent materials for village use in French; also some in English and local languages.

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Calle de Las Flores no. 11, Col. Acapantzingo
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www.cidhal.org

Pamphlets in Spanish on basic nutrition, growing and cooking soybeans, women's health, sexuality, and menopause.

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Donde no hay doctor for Mexico; other books and photonovels on nutrition, midwifery, family planning, in Spanish.

ENDA – Environmental Development Action in the Third World

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Where There Is No Doctor in Haitian Kreyòl.

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Fax: 54 3482 42 9367
E-mail: incupo@incupo.org.ar
www.incupo.org.ar

Acción newsletter and various pamphlets on first aid, nutrition, and diarrhea, in Spanish.

International Women's Health Coalition

333 Seventh Avenue, 6th floor
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E-mail: info@iwhc.org
www.iwhc.org

Training courses, teaching materials in English, French, Portuguese, and Spanish.

Kahayag Foundation

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Slide shows and information about health and development problems; *Mushawarah*, a women's newsletter in local language.

Pakistan Medical Association

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Where There Is No Doctor, Helping Health Workers Learn, Where Women Have No Doctor, and other books in Urdu.

Pan American Health Organization (PAHO)

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www.paho.org

Various materials in English and Spanish.

Rotary Club of Dar Es Salaam

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www.clubrunner.ca/Portal/Home.aspx?cid=5412

Where There Is No Doctor in Swahili.

Save the Children

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Teaching materials in English and other languages.

Teaching Aids at Low Cost (TALC)

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E-mail: info@talculc.org
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Books, weight charts, and other materials in English, French, Spanish, and Portuguese.

Where There Is No Doctor in Portuguese.

Voluntary Health Association of India (VHAI)

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E-mail: vhai@vsnl.com
www.vhai.org

Books, flip charts; *Where There Is No Doctor* adapted for India, in English and local languages. Also publishes *Health for the Millions*, a journal about low-cost health care.

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Contact, a newsletter concerned with appropriate health care in English, French, Spanish, and Portuguese, and selected issues also available in Kiswahili and Arabic.

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Health information in several languages.

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Vibro newsletter, in English.

INDEX

A

- Accidents**
 - CHILD-to-child activity, 24-7 to 24-10
- Acupuncture and acupressure**, 16-11
- Advertising**, as a cause of medicine overuse, 18-1, 27-14 to 27-18
- Advisers**
 - for health workers, 10-7, 10-14, 10-17 to 10-18
 - for instructors, 2-18, 9-16
- Alcohol**
 - and cirrhosis, 5-14 to 5-16
 - in 'chain of causes' of ill health, 26-38
 - in changing traditions, 7-5
 - village theater about drinking, 27-19 to 27-26
- Anatomy** (parts of the body), 5-17
 - draw on people, not on paper, 5-13, 11-7, 12-6
 - learning to draw body parts, 12-6
 - learning to draw people, 12-9 to 12-13
 - simple language necessary, 2-16
 - teaching *why* as well as *what*, 2-16, 5-13
 - T-shirt teaching aid, 11-7
- Anemia**, checking for, 25-18
 - breathing pattern, 14-11
 - story about prevention, 13-1 to 13-3
- Annel, Mary**, 9-20
- Antibiotics**, use of, 19-1 to 19-11, 27-4
- Appropriate technology**, Chapters 15 and 16
 - bicycle-run dental drill, 16-1
 - 'cold box' for vaccines, 16-4
 - field surgery equipment, 16-10
 - guidelines for judging, 15-2
 - Rehydration Drink, 15-10 to 15-17
 - scales, 16-1 to 16-2
 - silkscreen copier, 16-12 to 16-14
 - stethoscopes, 16-6
 - timers for pulse rates, 16-7 to 16-8
- Arms**, measuring thickness of, 25-12 to 25-16
- Awareness raising**, 26-12 to 26-38
 - as used by health programs, 26-22 to 26-26
 - 'chain of causes' of ill health, 26-6 to 26-7
 - comparing 2 kinds of maize, 15-7
 - in literacy training, 26-18 to 26-21
 - levels of awareness, 26-12 to 26-14
 - process of 'conscientization', 26-16
 - use of key words, 26-17 to 26-21

B

- Baby weighing** (See Under-fives clinic)
- Back-up** (See Follow-up)
- Barbiana school boys**, criticism of schools, Front-12, 1-14, 16-16
- Beliefs**, local (See Traditions)

- Belly sounds**, 16-6
- Bilirubin**, 5-15 to 5-16
- Birth** (See Childbirth)
- Birth box**, 11-3, 22-8
- Birth control** (See Family planning)
- Bladder stones**, teaching aid, 21-17
- Bleeding during childbirth**, 21-10, 22-10
- Blindness**, CHILD-to-child activity, 24-13
- Blood pressure**, 19-13 to 19-18
- Blood worms** (schistosomiasis), 13-6
- Boiling water for drinking**, 1-2, 15-3 to 15-4
- Bones**, teaching how to set, 11-14
- Bottle feeding** (See Breast feeding)
- Bracelets** for measuring children's arms, 25-13
- Brainwashing**, 26-30 to 26-34
- Breast feeding**
 - comic strip, 13-8
 - compared to bottle feeding, 7-4, 24-17, 27-31
 - during first 4 months, 17-13
 - teaching aid, 22-16 to 22-18
 - tradition in Liberia, 7-3
 - village theater about, 27-31 to 27-34
 - (Also see Nutrition)
- Breathing problems** (See Respiratory problems)
- Breathing sounds**, 14-11 to 14-12, 16-6
- Bronchitis**, 11-31, 14-12, 16-6
- Brown, Judith and Richard**, 25-20, 25-22, 25-23, 25-24, 25-27
- Burns**, 7-6, 24-7, 24-8, 24-10

C

- Cameras**, how to use, 12-18 to 12-20
- Cartoons**, appropriate use of, 12-8
 - (Also see Comics and photonovels)
- Cassava**
 - as main food, 7-4, 25-40 to 25-43
 - timer for sterilizing, 16-10
- Census** (See Community 'analysis', Surveys)
- Charts**, how to use, Chapter 21
 - (Also see Flip charts, Flow charts, Record keeping, Road to Health chart, Thinness chart)
- Child Health chart** (See Road to Health chart)
- Child spacing** (See Family planning)
- CHILD-to-child activities**, Chapter 24
 - accidents, 24-7 to 24-10
 - care of teeth, 11-6, puppet show, 27-37 to 27-39
 - children as health inspectors, 15-9
 - children with diarrhea, 24-17 to 24-22
 - children with special problems, 24-14 to 24-16
 - do children get enough to eat? 25-13 to 25-14
 - how well children see and hear, 24-11 to 24-13
 - looking at the causes of thinness, 25-17
 - parents' response, 24-23, 24-30
 - role of health workers, 24-4

Childbirth, Chapter 22

- and blood pressure, **19-16**
- appropriate drawings of, **12-7**
- complications, **22-10**
- low-cost teaching aids, **11-3, 22-8**
- record keeping, **22-6 to 22-7**
- stories about, **13-1 to 13-4, 21-10 to 21-11, 22-6**
- traditions, **7-5, 22-6**
- village theater about harmful practices, **22-11**
- what health workers and midwives can learn from each other, **22-4**

Cigarettes, **7-5****Cirrhosis** of the liver, **5-14 to 5-16****Class planning** (See Planning a class)**Cold box and 'cold dogs'**, **16-4 to 16-5****'Cold chain'**, keeping vaccines cold, **16-3****Colds**, role play about sensible treatment, **27-3 to 27-4****Comics and photonovels**, **13-10 to 13-13****Community**, learning from. Chapter 6

- 'analysis' or 'diagnosis', **6-7 to 6-10** (Also see Surveys)
- needs, determining their relative importance, **3-13 to 3-16**
- leaders, which ones to work with, **6-15 to 6-17**
- typical problems, **1-13**

Community health committees (See Health committees)**Community health workers** (See Health workers)**Community participation**

- and 'community dynamics', **6-11 to 6-14**
- in health worker training, **6-4**
- in supporting local health workers, **10-1 to 10-5**
- problems with, **Front-2, 26-9 to 26-10**

Condoms, **23-3, 23-9** (Also see Family planning)**Conscientization** (See Awareness raising)**Consciousness raising** (See Awareness raising)**Consultations**, medical, **8-10 to 8-15**

(Also see Curative medicine. Diagnosis)

Copying drawings, **12-14 to 12-16****Copying on silkscreen copier**, **16-12 to 16-14****Corn** (See Maize)**Crutches**, story about, **1-8****Curative medicine**, **3-31 to 3-32, 4-4 to 4-5**, Ch. 8

(Also see Antibiotics, Diagnosis, Medicines)

Customs (See Traditions)**Cuts and wounds**, how to close them, **11-10, 16-11****D****Deafness** (See Hearing)**Dehydration**

- 'belly wrinkle' test, **11-9, 24-19**
 - breathing pattern, **14-11**
 - signs, **7-9, 24-18 to 24-19**
 - teaching aids, **11-12, 24-18 to 24-22**
 - treatments, **1-26 to 1-28, 7-8 to 7-9, 15-4, 15-10 to 15-17, 24-20 to 24-30**
- (Also see Rehydration Drink)

Dental care

- bicycle-power drill, **16-1**
- puppet show, **27-37 to 27-39**
- two role plays, **1-17 to 1-23**

Depo-provera, **23-1, 23-9****Diagnosis**

- comparative, **17-8, 21-1 to 21-3**
 - flow charts, **15-8**
 - games, **11-22, 14-11 to 14-12**
 - learning through clinical practice. Chapter 8
 - scientific method, Chapter 17
 - teaching aid for eye problems, **21-8**
 - teaching aid for swollen lymph nodes, **21-6**
 - testing without instruments, **11-9, 16-9, 24-12, 25-15, 25-18 to 25-19**
 - timers for checking pulse, **16-7 to 16-8**
 - using charts in **WTND, Part Three-6, 21-1 to 21-5**
 - using a homemade stethoscope, **16-6**
 - using the index of **WTND, 21-5**
- (Also see Community 'analysis', Problem solving, Role playing)

Diarrhea

- and breast feeding, village theater show, **27-31 to 27-34**
 - caused by antibiotics, **19-3**
 - CHILD-to-child activity, **24-17 to 24-22**
 - learning games, **11-22, 11-25**
 - story from Indonesia, **24-24 to 24-27**
- (Also see Dehydration, Rehydration Drink)

Disabled Persons

- as health workers, **2-5**
- CHILD-to-child activity, **24-14 to 24-16**

Doctors

- as advisers of health workers, **10-2, 10-7, 10-17**
- as trainers of health workers, **2-12, 8-3 to 8-4, 10-17**

Dosage of medicines, **18-9 to 18-14****Drawings** (See Pictures)**Drug companies**, **18-1 to 18-2, 18-7, 27-14 to 27-18****Drugs** (See Medicines)**Drummond, Therese**, **26-32 to 26-33****Drunkenness** (See Alcohol)**Duplication of written materials**, **16-12 to 16-14****E****Education** (See Teaching)**Equipment**, homemade and low cost. Chapter 16**Evaluation of a training program**, **9-11 to 9-22****Exams** (See Tests and exams)**Eye problems**, teaching aid, **21-8****Eyesight**, CHILD-to-child activity, **24-11 to 24-13****F****Family planning**, Chapter 23

- beliefs about food and diet, **23-8**
- birth control pills and blood pressure, **19-17**
- government campaigns, **23-3 to 23-4**
- local customs. **7-2, 23-8**
- old and new traditions in Liberia, **7-3**

Family planning (continued)
 religion and, 23-7
 story from Lardin Gabas, Nigeria. 13-6
 why poor people need many children, 23-2

Farmers' Theater (See Theater)

Fathers and child care. **Part Four-2**

Feces (See Diarrhea, Shit)

Feet, swollen (role play), 21-13 to 21-15

Fetoscopes, homemade, 16-6

Fever, 5-3 to 5-6, 14-9 to 14-10. 14-11, 25-38

First aid teaching materials, 11-6, 11-10, 11-13, 11-14

Flannel-boards, 11-15 to 11-19
 antibiotic learning games, 19-2 to 19-11
 'chain of causes' game, 26-6 to 26-7
 for teaching about food groups, 25-43
 for teaching about fractions. 18-12
 puzzle for learning about eye problems, 21-8
 puzzle for learning about lymph nodes, 21-6
 Road to Health chart, 11-4
 survey of community health priorities, 3-15 to 3-1

Flash cards. 11-20 to 11-22, 13-10

Flip charts, 11-23, 13-10

Flow charts for diagnosing illness, 15-8

Follow-up after a training course, Chapter 10
 (Also see Evaluation)

Food (See Nutrition)

Food supplements. 25-32 to 25-33

Fontanel (soft spot). 7-8, 24-18, 24-30

Fractions, learning about, 18-12

Freire, Paulo, 26-12 to 26-19, 26-30, 26-35

Funding a training program. 3-5, 3-11

Fungus infection, traditional cure. 7-10

G

Gallbladder disease
 and bilirubin, 5-15 to 5-16
 'detective story' about, 17-8 to 17-9

Games, 11-24 to 11-28
 '**Another one!**' to look at causes of malnutrition, 25-17
 '**But why...?'** to examine causes of illness, 26-4
 'chain of causes' of illness. 26-5 to 26-7
 for 'breaking the ice', 4-6 to 4-8
 for learning about antibiotics. 19-2 to 19-11
 for understanding children with special problems, 24-11, 24-14 to 24-16
 looking up page references in *WTND*, 20-7
 puzzles, 11-24
 'Snakes and Ladders'. 11-26 to 11-28
 to test hearing of children, 24-12
 with flashcards. 11-22
 (Also see Role playing)

Germs, teaching aid, 11-30

'Gourd baby' teaching aid, 11-12, 22-16 to 22-18. 24-18 to 24-20, 24-22. 24-29

Grains
 and refined flour. 7-4
 native and hybrid, 15-5 to 15-7
 sociodrama about maize bank, 27-27 to 27-30

storage, 11-1, 25-24, 25-27, 27-27 to 27-30

Green Revolution, 15-5 to 15-7, 25-2

H

Handicapped persons
 as health workers, 2-5
 CHILD-to-child activity, 24-14 to 24-16

Health committees, 10-1 to 10-5

Health workers
 as advisers of health workers, 10-7
 as trainers of health workers, 2-16 to 2-17, 10-14
 children as, Chapter 24
 instructors of, 1-6, 2-11 to 2-18, 8-3, 8-12 to 8-16, 9-16 to 9-17, 10-16
 providing support for each other, 10-1 to 10-2, 18-6
 role in planning training course, 3-2, 3-12 to 3-17, 4-14
 selection of, 2-1 to 2-10
 teaching role in community, 1-5, 5-18
Part Three-5 to **Part Three-7**, 22-2, 24-4

Hearing, CHILD-to-child activity, 24-11 to 24-12

Heart sounds, 16-6

Hospitals, 8-4 to 8-5, 10-1 to 10-2, 10-18

Hunger (See Nutrition)

Hypertension (high blood pressure), 19-13 to 19-18

I

Illustrations (See Pictures)

Index of *WTND*, how to use. 20-2
 as a guide to causes of illness, 21-5
 for planning classes, 20-12

Injections
 birth control, 23-1, 23-9
 misuse of, 4-4, 4-5, 18-6, 18-8
 sociodrama about, 22-11, 27-3 to 27-4

Ink, homemade, 16-13

Instructors of health workers
 continuing education for, 10-16
 evaluation of, 9-16 to 9-17
 local persons as, 2-15 to 2-17
 role, 1-6, 8-12 to 8-16
 selection of, 2-11 to 2-12
 two role plays, 1-17 to 1-23

Intravenous (I.V.) solution, 15-10, 15-13, 27-14 to 27-18

J

Jaundice, 51-4, 5-15

Junk food, 7-4, 25-25

K

King, Maurice, 9-9
Kwashiorkor, 25-8

L**Language**

difficult vocabulary used for awareness raising, 26-34 to 26-35
need to keep it simple, 5-11, 15-18, 16-16
problem of health workers using big words, 10-14
story of instructor who used difficult words, 2-16
suggestions for good writing, 16-16

Lardin Gabas Rural Health Programme (Nigeria)
story about blood worms, 13-6
story about child spacing, 13-6
story about tetanus in newborn babies, 22-6
story telling in health education, 13-5

Latrine building, example of task analysis, 5-7 to 5-9

Learning (See Teaching)

Lesson plans (See Planning a class)

Lighting for theater shows, 27-8

Literacy
as a threat to those in power, 1-15
importance for health workers, 2-7 to 2-8
instructions for using *WTND*, Part Three
medicine dosage forms for persons who cannot read, 18-11
report form for midwives who cannot read, 22-7
teaching aids for non-readers, 3-16, 12-17
training program of Paulo Freire, 26-18 to 26-19

Liver disease, role play, 5-13 to 5-16

Lungs
percussing, 11-8
teaching aid, 11-13
(Also see Respiratory problems)

Lymph nodes, swollen, 21-5 to 21-7

M

Magnet-board, 11-19

Maize (corn)
as 'main food', 25-40 to 25-43
metal 'bank' for storage, 11-1, 25-26 to 25-27, 27-27 to 27-30
native versus hybrid, 15-5 to 15-7

Malaria
and enlarged spleen, 5-13
and sickle cell anemia, 7-6
story from Nigeria, 13-9

Malnutrition (See Nutrition)

Marasmus, 25-8

Market, inspection for cleanliness, 15-9

Mathematics, learning about, 17-1, 18-12

Measles, sociodrama about, 27-2

Medicine, curative (See Curative medicine)

Medicine, preventive (See Preventive medicine)

Medicines, Chapter 18

and beliefs about diet, 23-8
as 'giveaways' in under-fives clinics, 22-12
charging too much for, 10-12
for worms and parasites, 19-12
herbal, 18-7
keeping vaccines cold, 16-3 to 16-5
learning to use, 4-5, 18-10 to 18-14, 19-1 to 19-12, 20-10 to 20-11
overuse and misuse, 7-5, 10-13, 18-1 to 18-9
village theater about misuse, 22-11, 27-3 to 27-4, 27-14 to 27-18
(Also see Antibiotics, Dosage of medicines, Injections, Vaccinations)

Midwives, 22-2 to 22-7
as health workers, 2-8 to 2-9
village theater about harmful injections during birth, 22-11
what midwives and health workers can learn from each other, 6-5, 22-4
(Also see Childbirth)

Milk (See Breast feeding)

Millet, 7-4, 25-40 to 25-41

Morley, David, 22-15, 25-9

Mouth-to-mouth breathing, 11-13, 12-22

N

Newsletters, 10-15, 16-14, 16-15, Back-3 to Back-4

Nurses, as trainers of health workers, 2-12, 2-16

Nutrition, Chapter 25
checking for anemia, 25-18
food groups, 25-39 to 25-43
nutrition education, 22-14, 25-31, 25-35 to 25-44
poor nutrition and poverty, 25-2 to 25-4
posters about children's nutrition, 12-4, 12-17, 24-18, 25-44
problems of old people and sick people, 25-19, 25-38
solving nutrition problems, 25-6, 25-16, 25-24 to 25-29, 27-19 to 27-26
story about teaching pregnant women, 13-1 to 13-4
surveys of nutrition problems, 25-7 to 25-24
two kinds of malnutrition, 25-8
under-fives programs, 22-12 to 22-19
warning about food supplements, 25-32
(Also see Breast feeding)

O

Oral rehydration (See Rehydration Drink)

P

Parables, 1-26 to 1-28, 5-7, 13-7

Pharmaceutical companies, 18-1 to 18-2, 18-7, 27-14 to 27-18

Photographs, 12-2, 12-16 to 12-20

Photonovels and comics, 13-10 to 13-13

Physiology (See Anatomy)

Piaxtla, Project (See Project Piaxtla)

Pictures, Chapter 12

- adapting pictures to the local area, 26-23
- and story telling, 13-10 to 13-13
- communicating what you want, 12-3 to 12-8
- importance of a sense of humor, 12-21 to 12-22
- learning to draw, 12-9 to 12-13
- of parts of the body, 12-6
- techniques for copying, 12-14 to 12-16
- used as posters, 11-5, 12-17, 24-9 to 24-10
- used for awareness raising, 26-18 to 26-26
- using symbols in, 12-21
- when to use cartoons, 12-8

(Also see Filmstrips, Photographs, Photonovels and comics, Slides)

Placenta, 7-6, 11-3, 22-5, 22-8

Planning a class, Chapter 5

- compare open and closed plans, 5-1 to 5-6
- on blood pressure, 19-13 to 19-18
- on eye problems, 5-2, 21-8
- on fever, 5-3 to 5-6
- on prenatal care (using record form), 21-13 to 21-15
- on use of *WTND*, Part Three, Chapters 20 and 21
- using a 'Patient Report', 21-16
- using Index and Contents of *WTND*, 20-12

(Also see Role playing)

Planning a training program, Chapter 3

- early decisions, 3-9 to 3-11
- nutrition topics to include, 25-31
- outline of things to consider, 3-5 to 3-8
- steps for planning course content, 3-12 to 3-30
- students' participation in planning, 3-2, 4-14
- weekly schedules, 3-27 to 3-30, 4-3

(Also see Planning a class)

Pneumonia

- breathing pattern, 14-11, 16-6
- role play, 20-8 to 20-9
- story about, 21-10
- teaching aid, 11-31

Poisoning, 7-12, 19-3, 24-8

Population control (See Family planning)

Posters, 11-5

- appropriate and inappropriate, 11-5, 12-17
- based on *WTND*, Part Three-3 to Part Three-4
- for teaching about food groups, 25-39
- from CHILD-to-child activities, 11-6, 24-9 to 24-10
- techniques for copying, 12-14 to 12-16, 16-12 to 16-14
- use of symbols and humor, 12-21

Poverty, as a cause of illness, Front-7 to Front-12, 18-7, 25-2 to 25-4, 26-2

Pregnancy and prenatal care, 22-1 to 22-5

- role play, 21-13 to 21-15
- story about nutrition during pregnancy, 13-1 to 13-4
- using a fetoscope, 16-6

(Also see Childbirth, Family planning)

Preventive medicine, 8-1 to 8-2, Part Three-7
(Also see Nutrition, Sanitation, Vaccinations);

Printing on silkscreen copier, 16-12 to 16-14

Problem solving, 17-1 to 17-11

- dealing with nutrition problems, 25-6 to 25-34

Project Piaxtla (Ajoya, Mexico), Back-13 to Back-14

- classes on use of *WTND*, Part Three-2
- 'detective story' for learning scientific method, 17-5 to 17-7
- educational exchange, 26-38, Back-14
- guidelines for visitors, 9-21, 10-17 to 10-18
- 'health festival', 27-12
- health worker training, 2-17, 6-2 to 6-3, 9-4, 10-15
- puppet show, 24-28 to 24-29, 27-37 to 27-39
- village theater, 22-11, Chapter 27

'Props' for role plays and village theater, 11-3, 11-15, 14-3 to 14-6, 27-9 to 27-12

Prostate gland, teaching aid, 21-17

Protein, 17-13, 25-40
(Also see Nutrition)

Pulse, artificial, 14-6

Puppet shows, 27-2

- example about care of teeth, 27-37 to 27-39
- example about 'Special Drink', 24-28 to 24-29
- how to make puppets, 27-35 to 27-36

Puzzles

- for learning about:
 - antibiotics, 19-2 to 19-11
 - diarrhea, 11-25
 - eye problems, 21-8
 - medicines for worms and parasites, 19-12
 - swollen lymph nodes, 21-6
 - vaginal infections, 11-24
 - to get people thinking in new ways, 1-11

Q

Questions

- about family planning, 23-6
- about overall course planning, 3-5 to 3-8
- during a medical consultation, 8-8
- guidelines for exam questions, 9-5 to 9-7
- for community surveys, 3-13, 6-9 to 6-10, 25-20, 25-23

R

Reading (See Literacy)

Record keeping, 10-8 to 10-11

- for a nutrition survey, 25-9 to 25-11, 25-13, 25-16, 25-20
- for midwives, 22-6 to 22-7
- in a clinical consultation, 8-11
- in under-fives clinic, 22-15 to 22-19
- learning about, 21-12 to 21-16
- monthly report forms, 10-9 to 10-11

Refresher courses for health workers, 10-15

Rehydration Drink, 15-10 to 15-18
 CHILD-to-child activity, 24-17 to 24-22
 children's puppet show, 24-28 to 24-29
 songs about, 1-27, 15-15
 spoons for measuring, 15-16, 24-20
 story from Indonesia, 24-24 to 24-27
 to boil or not to boil, 15-4
 two stories about teaching methods, 1-26 to 1-28
 (Also see Dehydration)

Religion and family planning, 23-7

Respiratory problems

chest and lung wounds, 11-13
 'diagnosis game', 14-11 to 14-12
 how germs invade the respiratory system, 11-30
 how to read *WTND* chart about cough, 21-4
 mouth-to-mouth breathing, teaching aid, 11-13
 role play about pneumonia using *WTND*, 20-8
 thumping the lungs, teaching aid, 11-8

Road to Health chart

flannel-board teaching model, 11-4, 22-15 to 22-19
 technique for copying, 12-16
 used in nutrition survey, 25-9
 (Also see Under-fives clinic)

Rohde, John, 15-12, 24-24, 25-30

Role playing, Chapter 14

about common cold, 27-3 to 27-4
 about family planning, 23-9
 about fever, 5-3 to 5-6
 about liver disease, 5-14 to 5-16
 about misuse of medicines, 18-4
 about scabies, 14-7
 about teaching methods, 1-17 to 1-23
 about typhoid fever, 14-9 to 14-10
 about working with a health committee, 10-5
 as evaluation method, 9-21
 CHILD-to-child activity on children with special problems, 24-14 to 24-16
 to learn about using record forms, 21-13 to 21-15
 to motivate community action, 14-13 to 14-14
 to practice attending the sick, 8-3
 to practice comparative diagnosis, 14-11 to 14-12, 17-8, 21-3, 21-13 to 21-15
 to practice using *WTND*, 20-8 to 20-11

S

Sand timer, homemade, 16-8

Sanitation

boiling water, 15-3 to 15-4
 how flies spread germs, 7-11
 inspection of food and market, 15-9
 latrine building (example of task analysis), 5-7 to 5-9
 role play to motivate community action, 14-13 to 14-14
 story about blood worms, 13-6

Scabies, 13-11, 14-7 to 14-8

Scales, homemade, for weighing babies, 16-1 to 16-2

Schistosomiasis, story from Nigeria, 13-6

Scientific method (See Problem solving)

Shit

and bilirubin, 5-16
 used in home remedies, 7-7, 7-10
 (Also see Diarrhea)

Shock, test for, 16-9

Sickle cell anemia, 7-6

Silkscreen copier, 16-12 to 16-14

Skits (See Role playing and Theater)

Slides, 6-5, 12-18, 13-11 to 13-13

Smoking, 7-5

Snakebite

role play, 14-14
 teaching about, 11-6

Social change, Chapter 26

A Call for Courage and Caution, Back-1
 dealing with obstacles, 25-26
 teaching that resists or encourages change, 1-12 to 1-28
 Why this Book is so Political, Front-7 to Front-12
 women's leadership in, 22-20, 26-28, 27-19 to 27-26

Sociodrama (social drama), Chapter 27

(Also see Role playing, Theater)

Soft spot, baby's, 7-8, 24-18 to 24-19, 24-30

Songs used in health work, 1-27, 13-9, 15-15, 24-12, 27-11

Special drink (See Rehydration drink)

Sterilization

method of birth control, 23-4, 23-9 to 23-10
 of instruments and bandage material, 16-10

Stethoscopes, homemade, 16-6

Stool, nutrition teaching aid, 25-42

(Also see Shit)

Storage of grains, 11-1, 25-24, 25-26 to 25-27, 27-27 to 27-30

Story telling, Chapter 13

list of stories included in this book, 13-14

String-board, 11-19

Supervision (See Advisers)

Support (See Follow-up)

Surgery, 11-10, 16-10, Back-13

Surveys, 6-6 to 6-10

appropriate and inappropriate questions, 3-13, 6-9, 25-23
 CHILD-to-child activity on diarrhea, 24-17, 24-30
 CHILD-to-child activity on seeing and hearing, 24-12 to 24-13
 of nutrition needs, 25-7 to 25-23
 on the spot, 7-13
 to determine training priorities, 3-13 to 3-17

Suturing (sewing) a wound, 11-10, 16-10

T

Task analysis, 5-7 to 5-9

Teas, herbal, 7-6, 13-2, 18-7

Teachers as advisers of health workers, 10-7

(Also see Instructors)

Teaching, Chapter 1

- about attending the sick, Chapter 8
- adapting to traditional ways of learning, 1-5
- building on local tradition, Chapter 7, 11-4, 13-1 to 13-9
- by comparison with familiar things, 7-11, 11-8, 13-1 to 13-6, 13-8, 24-19
- comparing methods, 1-1 to 1-3, 1-17 to 1-28, 2-16, 5-11
- conventional, progressive, and liberating: chart, 1-24
- 'each one teach one', 11-32
- methods and ideas for nutrition education, 25-30 to 25-31, 25-35 to 25-44
- practice teaching, 5-18
- step-by-step skills, 17-12
- self-teaching, 9-9 to 9-10

(Also see Planning a class, Role playing, Story telling)

Teaching aids, guidelines, Chapter 11

for learning about:

- antibiotics, 19-1 to 19-11
- blood pressure, 19-13 to 19-18
- causes of disease, 26-6
- chest and lung wounds, 11-13
- childbirth: 'birth box' and 'birth pants', 11-3 and 22-8; 'flexibaby', 22-9; turning a baby in the womb, 22-10
- closing a wound, 11-10
- critical awareness, 26-17 to 26-27
- dehydration, 11-9, 11-12, 24-18 to 24-22
- eye problems, 21-8
- fever, 14-4 to 14-5, 25-38
- food groups, 25-42
- fractions and milligrams, 18-12 to 18-13
- germs that are too small to see, 11-29
- how germs invade the body, 11-30
- mouth-to-mouth breathing, 11-13
- parts of the body, 2-16, 11-7
- pregnancy, 21-14
- pulse, 14-6
- Road to Health: flannel-board chart, 11-4; 'gourd baby' and cardboard 'mother', 22-16 to 22-18
- setting broken bones, 11-14
- snakebite, 11-6
- swollen lymph nodes, 21-6
- testing urine for bilirubin, 5-16
- thumping the lungs, 11-8
- tooth decay, 1-19, 27-37 to 27-39
- urinary problems, 21-17

(Also see Photographs, Flannel-boards, Flash cards, Flow charts, Games, Pictures, Posters, Puppet shows, Puzzles, Role playing, Silkscreen copier)

Teeth, care of

- bicycle-powered dental drill, 16-1
- puppet show, 27-37 to 27-39
- two role plays, 1-17 to 1-20

Technology (See Appropriate technology)**Television**, awareness raising example, 26-20**Tests and exams**, 9-1 to 9-10**Tetanus**, 7-10, 7-12, 22-6, 26-3 to 26-7**Theater**, village, Chapter 27

- about breast feeding, 27-31 to 27-34
- about drunkenness, 27-19 to 27-26
- about harmful practices in childbirth, 22-11
- about maize bank, 27-27 to 27-30
- about measles, 27-2 to 27-3
- about treatment of colds, 27-3 to 27-4
- about useless medicines, 27-14 to 27-18
- how to stage entertaining shows, 27-5 to 27-13

Thermometer, pretend, 5-3 to 5-6, 14-4 to 14-5, 14-7 to 14-10**Thinness chart** (weight-for-height chart), 25-10 to 25-12**Timers**, homemade

- for measuring pulse or breathing rate, 16-7 to 16-8
- for sterilizing, 16-10

Tortillas (maize), 25-40 to 25-42**Traditional healers** as health workers, 2-8, 17-3**Traditions**, 7-1 to 7-10

- about childbirth, 22-5, 22-6
- in care of the sick, 7-5 to 7-10, 25-38
- in family planning, 7-3, 23-5, 23-8
- in measuring for malnutrition, 25-12
- stories that build on tradition, 13-1 to 13-6, 22-6
- ways of adapting teaching to, 1-5

Trainers of health workers (See Instructors)**Training manuals**, 16-18 to 16-20**Training program** (See Planning a training program)**Treatment** (See Curative medicine)**Tubal ligations**, 23-10**Typhoid fever**, 14-9 to 14-10**U****Under-fives clinic**, 22-12 to 22-19

- and prenatal care, 22-2
- homemade scales for, 16-1 to 16-2
- measuring thickness of upper arm, 25-12 to 25-16
- weight-for-age (Road to Health) charts, 11-4, 22-15 to 22-19, 25-9
- weight-for-height (thinness) charts, 25-10 to 25-12

Urine

- and dehydration, 7-9, 24-18 to 24-19
- as a home remedy, 7-10
- bilirubin test, 5-16
- teaching aid about urinary problems, 21-17

V**Vaccinations**, 7-12, 7-13, 21-13 to 21-15, 26-3

(Also see Injections)

Vaccines, how to keep cold, 16-3 to 16-5

Vaginal infections, 11-24
 Vasectomy, 23-9
 Village (See Community)
 Village health workers (See Health workers)
 Village theater (See Theater)

W

Water, to boil or not to boil, 15-3 to 15-4
 Water systems, three stories, 6-18 to 6-20
 Water timers for measuring heart rate or breathing rate, 16-7
 Weighing babies and children (See Under-fives clinic)
 Well-baby clinics (See Under-fives clinic)
Where There Is No Doctor (WTND), Part Three, Chapters 20 and 21
 finding information on medicines (Green Pages), 18-10, 20-10
 helping others to use, Part Three-5 to Part Three-7, Chapter 20
 learning to read and use the charts, 21-1 to 21-11
 learning to use the index, 20-3, 21-5
 looking things up instead of memorizing, 9-3, Part Three-1, 21-18
 planning classes on *WTND*, 3-27, Part Three-2, Part Three-5 to Part Three-7

Where There Is No Doctor (WTND) (continued)
 practice using the record sheets, 10-8, 21-12 to 21-17
 role plays using, 5-3 to 5-6, 14-9 to 14-12, 20-8, 20-10, 21-13 to 21-16
 stories about using, 21-10, 21-18
 using the vocabulary, Part Three-6, 20-2
 ways to use, Part Three-3
 Women's health, 21-10, 22-1 to 22-5, 22-8 to 22-11, 22-20, Chapter 23

Worms, 11-15, 19-12, 20-10
 Wounds, 11-10, 11-13, 16-10, 24-8

Writing well
 rules and suggestions, 16-16
 language and writing style for training manuals, 16-18 to 16-20
 (Also see Literacy)

Y

Yams, and sickle cell anemia, 7-6

Z

Zuñiga, Maria Hamlin de, 26-22, 26-25

About Project Piaxtla and the authors:

Many of the ideas in this book came from a small community based health program in the mountains of rural Mexico called Project Piaxtla. This health program has been run and controlled by local villagers, some of whom have worked with the program since it began in 1966. The project has served over 100 small villages, some of which are 2 days by muleback from the training and referral center in the village of Ajoya. This mud-brick center has been run by a team of the more experienced local health workers, who trained and provided support for workers from the more remote villages. This book discusses details of selection, training, follow-up, and referral of the 2-month training course developed in Ajoya (see the Index).

Project Piaxtla began in an unlikely but very natural way. In 1964, David Werner, a biologist by training and a school teacher by trade, was wandering through the Sierra Madre observing birds and plants. He was impressed by the friendliness and self-reliance of the mountain people, but also by the severity of their health problems. Although he had no medical training, he felt that his scientific background and the people's resourcefulness and skills might be combined to meet health needs better. So, after apprenticing briefly in a hospital emergency room in the U.S., and painting bird pictures to raise money, he returned. David stayed for 10 years, until he was no longer needed. It seemed that the most helpful thing he and the other outsiders could do to allow the program to evolve further was to leave. So in 1976, the program changed and was run entirely by the local villagers, with no ongoing presence of outsiders or professionals.

In its focus of action, Project Piaxtla evolved through 3 stages: curative, preventive, and social. It began with curative care, which is what people wanted. In time, the central team gained a high degree of medical ability. Although most of the group had little formal schooling, they were able to effectively attend (or help the people attend) about 98% of the health problems they saw. Because of the difficulties in getting good care for persons they referred to city hospitals, the team made efforts to master a wide range of medical skills. These included minor surgery (including superficial eye surgery), delivery of babies, and treatment of serious diseases such as typhoid, TB, leprosy, and tetanus. (With the help of village mothers, who give the babies breast milk through a nose-to-stomach tube, they have been able to save 70% of the newborns with tetanus.) For severe problems beyond their capacity, the team slowly developed an effective referral system in the nearest city (see page 10-18).

The health team, having been trained by a visiting radiologist, was also able to take X-rays using an old donated unit. A basic clinical laboratory for stool, urine, and blood analysis was run by Rosa Salcido, who had never been to school. Several village 'dentists', headed by Jesus Vega, would clean teeth, extract, drill and fill cavities, and make dentures—at a fraction of what these services cost in the cities.

Even as curative needs were being met, however, the same illnesses appeared again and again. So people became more concerned with prevention. The team began programs of vaccinations, latrine building, nutrition classes, child spacing, and community gardens. But in time the people began to realize that even these measures did not solve the root causes of poor health—those relating to land ownership, high interest rates on loans, and other ways that the strong profit from the weak. So little by little, the focus of the health team became more social, even political. Examples of actions they took are discussed in the introductory section (Why This Book Is So Political) and elsewhere in this book.

The health team came to feel that its first job was to help the poor gain self-confidence, knowledge and skills to defend their just interests. But this was not easy. Among other things, the health workers had to re-evaluate their own approaches to teaching and working with people, to develop new methods that help persons value their own experience and to weigh critically for themselves what they are taught and told. Many of the learning methods and materials discussed in this book have been developed by the team and student health workers through this process.

Project Piaxtla's relationship with the government was mixed. When the village team became increasingly effective in helping people deal with illegal land holdings, high interest rates, corruption of local officials, and abuses by health professionals, local authorities made repeated attempts to weaken the program or close it down.

But Piaxtla also had its strong supporters—even within the government. Although the Health Ministry, in many ways, opposed the villager-run program, those in other ministries appreciated its value. The Ministry of Agrarian Reform contracted with the village team to train its first group of community health workers. The Ministry of Education—which has considered making 'Health' a full-time school subject—sought the advice of Martin Reyes, the Project Piaxtla coordinator. CONAFE, a government program that set up basic skills libraries in villages throughout the country, employed Pablo Chavez to help train village 'cultural promoters' in the use of *Where There Is No Doctor*. (Pablo is the health worker who helped illustrate this book.)

Also within the Ministry of Health, Project Piaxtla had its friends. For years, the malaria control and vaccination programs cooperated with the village team. At first, things were more difficult with the tuberculosis program. The district chief refused to provide the health team with medications for those living too far away to make regular trips to the city health center. So a leader of the village team, Roberto Fajardo, went to Mexico City and convinced the head of the national program to give an order to the district chief to supply the team with medicine for proven cases of TB. In this way, the Project Piaxtla team began to affect government policy, making it more responsive to the needs of the rural poor.

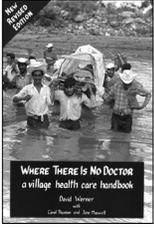
The Ajoya team valued economic self-sufficiency. The part-time health workers from outlying villages also achieved this in their work. They earned most of their living by farming, and charged a small fee for services. Self-sufficiency proved more difficult for the team of coordinators in the training and referral center. However, they experimented with a number of income-producing activities: hog raising, chicken raising, vegetable gardening, fruit orchards, and bee keeping. These activities not only brought in funds, but helped improve local nutrition and provided examples of improved small-scale production. The team also charged a modest fee for services. Persons unable to pay could send a family member to help with the farming instead.

The village team came to feel that health workers from different programs and countries have much to share and learn from each other. The team was active in a regional Committee for Promoting Community Health in Central America. The committee's third international meeting was held in Ajoya. In this meeting, the number of professionals and outsiders was strictly limited, so that the health workers themselves could lead discussions and participate more easily. The Ajoya team also conducted a series of 'educational exchanges', inviting village-level instructors from health programs in Mexico and Central America to meet together and explore educational methods and materials. These 'exchanges' were valuable for gathering and testing many of the ideas in this book.

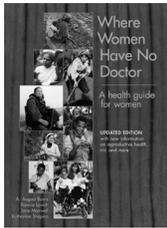
Project Piaxtla has evolved through trial and error, learning from both mistakes and successes. It struggled through many difficulties, many of which grew more severe as the team became active in defending the rights of the poor. The future of the project is as uncertain as is the future of the poor in Latin America.

Bill Bower, a North American who grew up in Venezuela, joined Project Piaxtla in 1974, just before outside volunteers were phased out from ongoing participation. Bill has a degree in human biology. He received training in community health in a special course taught by former Piaxtla volunteers, and also attended an alternative health training program in Mexico City. He helped the Ajoya team plan and organize health worker training courses and educational exchanges between programs. He played a leading part in preparing both the English version of *Where There Is No Doctor*, and the revised Spanish edition.

OTHER BOOKS FROM HESPERIAN HEALTH GUIDES

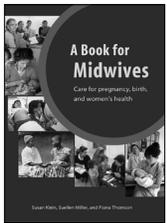


Where There Is No Doctor, by David Werner with Carol Thuman and Jane Maxwell, the most widely used health care manual in the world, provides vital, easy-to-understand information on how to diagnose, treat, and prevent common diseases. An emphasis is placed on prevention, including cleanliness, diet, vaccinations, and the importance of community mobilization. 512 pages.



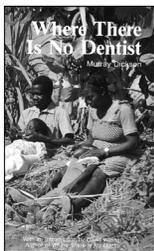
Where Women Have No Doctor, by A. August Burns, Ronnie Lovich, Jane Maxwell, and Katharine Shapiro, combines self-help medical information with an understanding of the ways poverty, discrimination, and cultural beliefs limit women's

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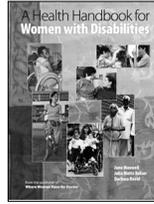
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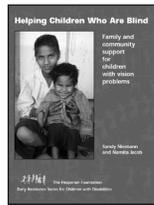
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A Health Handbook for Women with Disabilities, by Jane Maxwell, Julia Watts Belser, and Darlena David, provides women with disabilities and their caregivers suggestions on disability-friendly health care, caring for daily needs, having healthy and safe sexual relationships, family planning, pregnancy and childbirth, and defense against violence and abuse. The book also focuses on social stigma and discrimination. 406 pages.



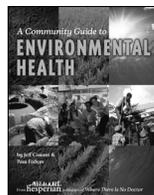
Disabled Village Children, by David Werner, covers most common disabilities of children. It gives suggestions for rehabilitation and explains how to make a variety of low-cost aids. Emphasis is placed on how to help disabled children find a role and be accepted in the community. 672 pages.



Helping Children Who Are Blind, by Sandy Niemann and Namita Jacob, aids parents and other caregivers in helping blind children from birth through age 5 develop all their capabilities. Topics include: assessing how much a child can see, preventing blindness, moving around safely, teaching common activities, and many others. 192 pages.



Helping Children Who Are Deaf, by Darlena David, Deborah Greenstein, and Sandy Niemann, aids parents, teachers, and other caregivers in helping deaf children learn basic communication skills and a full language. It includes simple methods to assess hearing loss and develop listening skills, and explores how communities can work to help deaf children. 250 pages.



A Community Guide to Environmental Health, by Jeff Conant and Pam Fadem, will help urban and rural health promoters, activists, and community leaders take charge of their environmental health. 23 chapters address topics from

toilets to toxics, watershed management to waste management, and agriculture to air pollution. Includes activities, how-to instructions to make health technologies, and dozens of stories. 600 pages.