



Chapter VI

Annotated bibliography

1. Karen Glanz, Frances M. Lewis et al. (1997). Health behavior and Health Education: Theory, Research, and Practice. San Francisco: Jossey-Bass Ins. Published. pp 359-381.

This chapter offers an overview of PRECEDE – PROCEED that describes each step in the process and present examples from the literature about the process as applied to health promotion program.

2. Academy for Educational Development .(1995). A tool box for Building Health Communication Capacity. Washington DC: AED Social Development Division. Q 22.1- Q.22.17.

Discusses the steps in designing pilot materials and presenting them before the final professional production stage. Introduces the elements needed to design and carry out the training of those individuals (health worker or health volunteers) who will act as personal channel with the target audience for promoting behavior change.

3. Thomas R. Dye .(1987). Understanding Public Policy: Policy evaluation. 6th edition. New York.

This chapter described assessing the impact of public policy and recommended some policy evaluation research designs as tools for evaluating program e.g., before versus after comparisons; Projected-trend-line versus post program comparison; Comparison between jurisdictions with and without program; Comparisons between control and experimental group before and after program implementation.

4. Scrimshaw S. and Hurtado E. (1987). Rapid Assessment Procedures (RAP) for Nutrition and Primary Health Care: Anthropological Approaches to Improving Programs Effectiveness. UCLA Latin American Center Publications USA. pp.35 - 36.

The guide describes ways in which health behaviors, the prevention and treatment of illness and the utilization of health services, can be examined from the perspective of the community, households and service providers. It briefly outlines different techniques, and then concentrates on the practical issues in undertaking studies.

5. James F. McKenzie (1997). Planing, Implementing and Evaluating Health Promotion Program. Boston: Allyn & Bacon Published. pp. 129 – 156

This chapter provides a rationale for selecting an intervention strategy. Explain the advantages of using combination of several intervention activities rather than a

single intervention activity. It also list some of the documents that provide guidelines or criteria for developing health promotion program and interventions.

6. Kim Tien Nguyen Thi & Le van Tuan et al. (1998). Risk factors associated to the Prolongation of diarrhoea duration in children under five years of age in the Mekong delta: a cohort prospective study. Pasteur Institute HCMC Scientific conference. pp. 5-20.

A study indicating that one of the risk factors associated with prolonged diarrhoea is malnutrition and examine the incidence rate of acute diarrhoea among children under five years in the Mekong delta. The results of KAP survey in home care for children with diarrhoea are also included.

7. Kim Sac Pham & Le van Tuan et al .(1997). KAP survey on Home Therapy of Diarrhoea for children under five years old, in 4 district in the Mekong delta. Pasteur Institute HCMC Scientific conference. pp. 8 – 17.

A cross-sectional study on KAP of mothers on home care children under five years of age. The findings show that there is a lack of home care in 4 rules. Its emphasize the need to improve home care for children in this area.

8. WHO .(1995). Management training course. CDD/ARI Division. WHO Geneva.

A guide providing guideline on developing specific skill necessary to effectively manage national CDD/ARI programs. It introduces setting programs policy, writing objectives, planing and monitoring of program activities and the evaluation progress.

9. WHO .(1992). Planing and Organization of Cholera Prevention Education Program. Facts sheets on Environment Sanitation for Cholera control. University of Surrey, Guildford, UK. pp. 10.10 – 50.10

Provides an overall orientation on the issues to be considered in developing an effective hygiene education program. The components include action points planing and organization of an education program, setting objectives, selection of target groups, communication, mass media, and monitoring – evaluation.

10. WHO .(1990). The Rational Use of Drugs in the Management of Acute Diarrhoea in Children. WHO Geneva. pp. 3 – 69.

Describe the rational use of drugs in the treatment of acute diarrhoea in children is as follows: antibiotic should be used only for dysentery and suspected cholera. Antiparasitic drugs should be used only for amoebiasis and giardiasis. Antidiarrhoeal drugs and antiemetics should never be used. The purpose of this document is to promote the rational of drugs in the management of acute diarrhoea in infants and young children.