Introduction

Self-reliance and social awareness are key factors in human development. Community participation in deciding policies and plans and implementing and controlling development programmes is now a widely accepted practice. Few technicians nowadays hold on to the once widely held belief that all that is required is that villagers "be taught to change their ways". Today their aim is to enable individuals and families to become agents of their own development and change instead of being passive beneficiaries of development aid. No longer are people obliged to accept conventional solutions which are unsuitable: solutions may be found through their own initiative and improvisation.

A health care approach based entirely on the identification of the "felt needs of the people", however, overlooks the fact that the community's perception of needs does not necessarily correspond with the interpretation of the environmental steps necessary to achieve their goals. This is because of ignorance, not stupidity. Much is spoken about material poverty of developing countries; little is made of the poverty of knowledge, especially among the rural populations.

Perhaps one of the most important tasks of any individual is the responsibility of bringing up a family. Yet even in industrialised countries little is taught in schools to prepare tomorrow's parents for a job which the large majority will be called upon to perform.

Knowledge has to be acquired, skills have to be learned and some attitudes have to undergo change. The rural health worker finds himself today with two major areas of responsibility:

1 To inform, explain, guide, advise and generally assist in mutual development.
2 To provide an efficient and effective support, logistic and referral back-up service.

This publication is offered as a small contribution towards achieving the former: it is based on the belief that the health worker does not start from scratch but rather that he can "begin with what his people know and build on what they already have".