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Towards Understanding and Improving Rural Communities

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going to God. This way that she calls "little" is no other than the way of the Gospels proclaimed by Him Who said, "I am the Way, the Truth, and the Life."

The book, however, does not attempt to make an exhaustive study of The Little Way but to show how Therese's method is applicable to all—active or contemplative religious, lay men or women in the world, for no one is exempted from practising the virtues of spiritual childhood, from imitating the virtues of Christ Himself." As Pope Pius XII declared in a letter to the Carmel of Lisieux, August 7, 1947: "There are many who imagine that this is a special way, reserved for the innocent souls... but that is not suited to people of mature years who need prudence on account of their greater responsibilities. Such people forget that it was Our Lord Himself who recommended this way to all God's children, even to those, who, like the apostles whom He was training, hold the highest responsibilties: that of the care of souls. It is also too often forgotten that in order to see clearly amid the complex questions that torture humanity today, one requires, together with prudence, that outstanding simplicity which wisdom brings and which St. Therese manifest in so irresistible a manner that she thereby draws all hearts to her."

An interesting chapter on the influence of St. John of the Cross on the Saint of Lisieux points out a number of their parallel teachings, and Therese's words show how deep and fundamental was her affinity to the Mystical Doctor.

All told, the book presents solid spirituality for all and will make excellent spiritual reading for religious and lay folk alike.

SISTER MARY JAMES WILSON, R. G. S.

TOWARDS UNDERSTANDING AND IMPROVING RURAL COMMUNITIES

HEALTH PRACTICES IN A RURAL COMMUNITY. By Teodora V. Tiglao. Diliman, Q.C.: Community Development Research Council, University of the Philippines, 1964. xi, 232 pp.

The purpose of this study was to determine the changes in certain health practices of the people after a ten-year period of intensive public health program; identify the factors related to the changes; and study the dynamics of these changes. Every effort was made to evaluate the impact of a public health programme—environmental

sanitation, maternal and child health, vital statistics, communicable disease control, and health and nutrition education—from 1950 to 1960 on the same population in the Novaliches health district in Quezon City. A comprehensive, intensive and longitudinal dimension permeates this work. Reliable baseline data are available for comparative evaluations. One very important built-in factor has been the sustained presence of the researcher whose active participation, interest, interpersonal relationships, and professional growth stimulated process-orientation in this dynamic project. Being a participant, student, and a witness at the same time to changes over the decade is a much needed variable to be able to understand the hidden psychological, sociological, economic, and an overlay of environmental forces that make the family of man into potential acceptors or rejectors to changes. The community setting typifies the cross sectional features of a once rural area interacting within the widening parameters of industrial and urban influences. For example, in 1950 the population was 8,183; income was around 42,000 pesos; and a summary of health problems showed a high rate of deliveries attended by unlicensed midwives, very low proportion of expectant mothers receiving prenatal care, very low proportion of infants with infant hygiene service, big proportion of infants unvaccinted against smallpox, inadequate immunization of population against cholera-typhoid-dysentery, very inadequate medical care, dietary habits of the masses needing much improvement, the majority of the inhabitants of the district requiring dental care, the high prevalence of pulmonary tuberculosis, nutritional diseases, and malaria, poor sanitary facilities as well as drinking water and environmental hygiene, low family income, and a notable low or deprived level of understanding of health and welfare matters.

The depth interview, resurveys, observations, comparison of certain health indices such as mortality and morbidity rates, environmental sanitation practices of people, maternal and child health practices, the utilization of health resources, completeness of birth registration, dental health practices, physical and environmental changes, selected special studies, and efforts to evaluate perceptions of significant changes and leadership patterns—all these highlighted the methodology.

The results of the survey showed that after ten years of intensive public health work, there were definite changes towards more desirable practices among the people. Only eight per cent did not adopt modern health practices. The rest or ninety two per cent manifested changes in health practices. The significant factors which seemed to influence acceptance of health innovations were educational attainment, occupational level, number of school children in the family, number of married children in the family, the size of the

family, proximity to the health center, civic consciousness, and membership in some reference groups. Age and the number of pre-school children did not seem to be important factors. No conclusive statements could be made about religion. It is important to note that not all of the ninety two per cent "acceptors" of modern health practices were considered as "*total*" acceptors. The adoption of modern health practices did not seem to replace indigenous health practices entirely, rather it supplemented them.

For the students of social and behavioural sciences, the most interesting segment of this study is the evaluation of the dynamics or process of change among the "acceptors". For example, the following came to the surface: improvement in social-economic status may trigger off a chain of other changes; the opening of new and improved channels of communication sets the climate in the formation of group norms and receptivity to change; memberships in a new and potent reference group influences practices for the better; the methods of approach used by the public health workers themselves prove so important in the acceptance or rejection of innovations introduced; and the style of interpersonal relationships within the mores of the community became a two-day process between the change agent and the people.

The practical and serious implications of this study point to the constellation of factors so interrelated in the process of changes in health practices. Planners and implementers of public health programmes should take a broad interdisciplinary view of health in its broadest baseline. Pre-planning, community diagnosis, and other assemments are necessary before changes or treatment are instituted to avoid traditional errors and to assure an awareness of human factors. An ecological approach is another need for planners and workers alike. Improvements in certain health practices do not seem possible unless something is done with the physical and social environments. A fairly good example that continues to plague administrators and the population at large is the one-sided approach to intestinal parasitism and malnutrition. Deworming alone and more water-sealed toilets are limited measures unless the total environmental sanitation and prevention of soil pollution, flood control, irrigation, soil conservation, improved agricultural techniques, and other factors receive priority attention.

Health Practices in a Rural Community has succeeded in spelling out relistic designs or practices for any discipline interested in understanding people before initiating changes in keeping with feltneeds and readiness. Other indicated longitudinal studies have been made easier with the completion of this work.

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