



Education of field workers is the key to spreading integrated pest management techniques. Photos by Arthur de la Rosa.

radio course on IPM. The program aired before the project was implemented in May 1988. More than a thousand farmers enrolled. "Most often their wives would sit beside them while they listened to the program," says Dr Stuart. The regular radio program *Balitang Pambukid* (*Farm News*) over station DZLB continues to provide supportive information and motivation for IPM cooperators and other clientele.

IPM activities were documented through pictures and video tape and exhibited at every opportunity. "It made the people feel good to see themselves on screen," says Dr Stuart. Under her supervision, students of development communication designed an informative comic book, leaflets, and posters on IPM.

The staff hit upon the idea of creating IPM 'scouts' when many farmers complained that monitoring pest populations and recording it with paper and pencil took up too much of their time. (Some farmers pleaded poor eyesight!) Thus, seven young boys, aged 12 to 15, were trained to do the job for four pesos (about 22 Canadian cents) an hour.

Puppets for IPM

Dr Stuart's team also produced a puppet show on IPM entitled "The Verdict", the story of a farmer who files a court case against insect pests. A one-day puppetry workshop was subsequently conducted for the scouts to groom them for future presentations.

When it comes to making agriculture a healthier and more profitable profession, it seems clear that women and youth can be successful agents of change, permanent change. Mereng Manzanero, a mother of two, is one whose life has been so touched. "IPM has truly been a big help to us," she says. "Even if Dr Adalla and her group were to leave this place tomorrow, we would still continue to use IPM."

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INFORMATION AS ANTIDOTE

FRANCES DELANEY

The curly-haired boy in his striped pajamas slept peacefully. What misfortune could have brought him to this hospital bed in Cairo? The shocking response was that this eight-year-old Egyptian had attempted suicide by poisoning. But he would survive, as would the two-year-old who arrived in her mother's arms a few moments later, the victim of an accidental ingestion of pills.

These children were among the lucky ones. They had been brought to the Cairo Poison Control Centre where a team of qualified clinical toxicologists works with limited resources to save lives. In this busy city of 12 million people, the centre has a herculean task to perform, but it has only 14 beds at its disposal. In 1988, it treated more than 3600 people for poisoning.

Six thousand kilometres to the southeast, in the Indian Ocean island nation of Sri Lanka, physicians grapple with the same problem. More than 25 000 poisoning cases two-thirds of them from pesticides and many of them attempted suicides are admitted to the country's state hospitals every year. Now the second leading cause of death in hospitals after heart disease, poisoning takes the lives of nearly 4000 Sri Lankans annually.

On the other side of the globe, staff of the *Centro de Información y Asesoramiento Toxicológico* (CIAT) in Montevideo, Uruguay, worry about the growing problem of poisoning. The number of cases now numbers more than 6000 annually an alarming rate for a country of only three million people.

The rise in the incidence of poisoning in the developing world coincides with the increasing availability of pharmaceutical, industrial, and agricultural chemicals of both foreign and domestic origin. For countries whose economies are dominated by agriculture, poisonings are mainly the result of overuse and misuse of pesticides and fertilizers. In many instances, the daily users of such agrochemicals are illiterate or containers are labelled in a language other than their own.

Physicians treating poisoning victims need ready access to detailed information about the substance ingested. It can mean the difference between life and death for their patients. An estimated 60 000 man-made chemicals and one to two million products that are mixtures of these chemicals are in common use in the industrialized countries. It is impossible for a physician to remember all the toxicological details of even a tenth of these products. Yet in many developing countries, where information on chemicals and appropriate treatment is not so readily available, it would appear that perfect recall is expected of physicians.

Fortunately, more and more countries are recognizing the importance of ready access to information such as the names, composition, manufacturers, and management of the toxic substances in their own markets.

In Sri Lanka, the National Poisons Information Centre was set up by the government in 1986 at the General Hospital in Colombo with financial assistance from IDRC. It has already compiled several thousand "index sheets" on various poisoning agents. Recently the centre acquired a microcomputer which will streamline the compilation and provision of relevant data.

IDRC support will also enable the Cairo Poison Control Centre and CIAT to strengthen their poison information service to health professionals and communities. In turn, this will increase public awareness of the threat of poisoning.

But what about other countries that may want to establish their own poison information centres but are short of resources? To address this, IDRC is supporting the establishment of a poison information package for developing countries. The project is coordinated by the International Programme on Chemical Safety of the World Health Organization, in cooperation with the Canadian Centre for Occupational Health and Safety and the *Centre de Toxicologie du Québec*.

The package, to be produced in English, French, and Spanish, will consist of monographs on the major generic substances commonly involved in poisonings, guidelines for collecting and storing information about the local situation, and a standardized format for recording case data. Both computerized and hard copy versions will be produced.

The war against poisoning in the developing world is an arduous one. Arming doctors and communities with the right information at the right moment helps save lives. In the long run it will also make for better informed communities generally thereby preventing poisonings from happening in the first place. Then, little children will sleep peacefully at home in their own beds rather than in hospital.

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