allow the study conductors to know the previous knowledge and/or status of the group, preparing practical activities, writing texts and informative letters for the parents, preparing materials and tools for the children, as well as the final evaluation tests.

Results: Results obtained in several programs developed by GENA, as well as examples of materials used are presented. Moreover, guidelines about how to prepare and carry out such educational programs will be given, taking into account the cultural and social features of the study groups and the difficulties that arise in changing dietary habits in the population.

2.06.109 Poster
VITAMIN A BROCHURE IMPROVES KNOWLEDGE OF PRIMARY HEALTH CARE (PHC) WORKERS IN SOUTH AFRICA

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A third of South African children below 6 years are estimated to have marginal vitamin A status. A national intervention programme to prevent, identify, and manage Vitamin A deficiency (VAD) is being planned by the Department of Health (DoH). A working group from the University of Cape Town was commissioned by the DoH to develop an informative brochure to educate PHC workers about VAD.

Objectives: A before-after study was undertaken to evaluate whether the brochure would be an effective tool to improve knowledge about VAD.

Methods: The baseline knowledge of Vitamin A of PHC workers in community health centres (CHC) in 4 provinces (non-urban and urban areas) was determined using a questionnaire. Translated versions of the vitamin A brochure were subsequently distributed to the participating CHCs. Two months later, the knowledge questionnaire was re-administered and differences in score determined.

Results: Ninety-three subjects completed a pre and post-questionnaire. The knowledge of subjects (n = 53) who had read the brochure significantly improved by 15%, with the highest improvement seen in KwaZulu-Natal (27%). The post-scores obtained suggest that these health workers had sufficient knowledge to effectively manage VAD. Subjects who had not read the brochure (n = 40) had no improvement in knowledge score. Most subjects found the brochure simple, informative, and attractive.

Conclusion: The locally developed vitamin A brochure was an effective didactic nutrition education tool for PHC workers. It is however evident that training and implementation strategies need to accompany distribution of the brochure.

2.06.109 Poster
SURVEY OF NUTRITION KNOWLEDGE OF CANADIAN PHYSICIANS IN NUTRITION, EXERCISE AND SMOKING

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Previous reports have indicated that physicians generally have little training in nutrition and a poor knowledge of the subject. Little is known concerning their knowledge in the areas of exercise and tobacco use. A questionnaire was mailed to primary-care physicians in Manitoba, Canada. Using multiple-choice questions we determined their knowledge in the areas of nutrition, exercise in relation to health, and smoking. Additional questions were asked to determine their level of education in these areas, sources of information, and perceived barriers to giving more counseling. Completed questionnaires were returned from 33.8% (70 of 207 eligible physicians). The average correct response was 66.1%. This consisted of 69.2% for nutrition, 59.2% for exercise, and 60.7% for smoking. As many as half of physicians do not appear to be aware of the source of fiber that lowers the blood cholesterol level (beans), the recommended number of servings of fruits and vegetables, the type of fat found in hydrogenated fats (trans fatty acids), the anti-hypertensive action of potassium, and the BMI cutoff for obesity. Combining all educational courses (both before and after receiving their MD) 37% of physicians had received over 20 hours of instruction in nutrition. For physical exercise in relation to health and for tobacco use 59% and 66% respectively, had over 10 hours of total education. Other than medical training the leading source of information in each of the three areas is medical journals. Lack of time was the major barrier identified in all 3 areas as preventing physicians from giving more counseling to patients. These results support other data that in order to be competent to give reliable advice concerning nutrition, exercise, and smoking, physicians require more education in these areas.