

The Behavioral Determinants of Intestinal Schistosomiasis Transmission: Water Contact, Hygienic Practices and Risk Prevention. A Study in Northern Senegal

1. The water resources development projects in the Senegal River Basin have caused a considerable burden of intestinal schistosomiasis, but not of other water-related diseases. (This thesis)
2. The patterns of water contact in Northern Senegal were not exceptionally intensive and did not mirror the high infection levels in the *Schistosoma mansoni* outbreak. (This thesis)
3. The presence of sanitation facilities does not guarantee their use, particularly by children. (This thesis)
4. Fecal remnants in the peri-anal region of an infected individual could be the most important source of contamination of water with *Schistosoma mansoni* eggs. (This thesis)
5. The limited awareness of intestinal schistosomiasis in a focus where it is part of daily life shows the limitations of the classical health education model. (This thesis)
6. Studying defecation behavior in observational studies is difficult, as people in all cultures consider defecation as a private act.
7. “The behavior of *Homo sapiens* is the forgotten factor in the transmission of tropical disease.” – Gillet JD (1985).
8. “The day everyone in India gets a toilet to use, I shall know that our country has reached the pinnacle of progress.” – Jawaharlal Nehru.
9. A temperature of 40°C in the shade produces more reporting bias than observer boredom.
10. Senegal is the country in sub-Saharan Africa that has received the highest foreign aid per capita, still this has not been converted into better living conditions.
11. *Am tiep ak biladiosse mo gnu guenal, niak tiep, niak biladioss.* “We rather have rice and schistosomiasis than no rice and no schistosomiasis.” – the chief of the village of Diameguene, Northern Senegal.

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