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JOICFP NEWS

Chinese Endorse Integrated Approach

China to expand Integrated Project into 10 new provinces in 1993

In a landmark decision, the National Steering Committee (NSC) of the Integrated Project (IP) decided to expand the project into 10 new provinces in China from 1993. The decision, seen as an endorsement of the project's community-based approach to integrated family planning (FP), maternal and child health (MCH) and primary health care, was formally announced to a JOICFP mission in April. The IP has been implemented on a pilot basis in China since 1984 and has gained considerable support from people at the grassroots who play an active role in its promotion.

Under the current plan, the IP will be expanded from the present six provinces to cover a total of 16 provinces out of mainland China's 30 provinces. The 10 provinces selected for IP expansion are all located along or to the south of the Yangtze River. In the southern part of China, progress in such activities as FP promotion, MCH care and parasite control tends to lag behind the north.

Dr. Peng Yu, vice minister, State FP Commission, and chairperson, NSC, told the JOICFP mission that the people and local governments of the planned project areas fully support the project and that the expansion will go ahead next year regardless of whether these governments receive an increase in external funding. In making its decision to expand the project, the NSC placed emphasis on project self-reliance, Peng said. However, the NSC is seeking an increase in external funding to expand the coverage of the IP nationwide in the future, she said.

A mother of Taicang County displays the MCH Handbook she uses to record her child's health.

The innovative approach of the IP has won approval with people at the grassroots as well as senior officials. One prominent advocate of the project is Dr. Yan Renying, professor, Obstetrics and Gynecology, and honorary president, Beijing Medical University; chairperson, Society of Perinatology, Chinese Medical Association; representative, National People's Congress; and member, NSC of the IP. During a meeting with the JOICFP mission, Yan said that she was very interested in the innovative approach of the IP which utilizes parasite control activities to gain the participation of the community in FP/MCH activities. She remarked that the IP was effective for encouraging community people to take an active part in improving their living conditions and health.

Meanwhile, a national workshop was held in Taicang County, Suzhou City, Jiangsu Province, from April 16 - 20 to make preparations for baseline surveys to be carried out prior to initiating the IP in the new provinces. The meeting, attended by a total of 76 participants including 41 representatives of the 10 new provinces, included lectures and presentations by Japanese and Chinese experts and discussions. Participants also observed IP activities during a field trip in Taicang County which has been implementing the IP since 1984. Visits to a village, factory, township hospital, kindergarten, center for the elderly and homes of farmers were included in the itinerary.

To enable monitoring and evaluation of progress in the new provinces in the future, participants spent much of the workshop creating a draft format for a baseline survey to determine knowledge, attitude and practice (KAP) of FP and the status of other aspects of health and living situations covered by the IP. Once carried out in each province, the surveys will yield information on the situation of each pilot site to enable accurate assessment of the effectiveness of the project in the future. J

Dr. Yan Renying

Dr. Peng Yu

Bicycles Traveling New Roads

JOICFP's bicycle donation scheme sparks interest at home and abroad

As people around the world weigh up the environmental costs of fuel-burning automobiles, increasing attention is being paid to the cost-effectiveness and efficiency of non-motorized forms of transport. One of the most prominent of these, the bicycle, is the subject of a JOICFP scheme bringing benefits to the grassroots in developing countries. The scheme has recently been highlighted in a number of publications including the December 1991 issue of UNFPA's ***POPULI*** *magazine.*

To serve the bicycle scheme, local governments of Tokyo and surrounding areas established the Municipal Coordinating Committee for Overseas Bicycle Assistance (MCCOBA) in 1989. One of the main objectives of the committee is to supply reconditioned bicycles to personnel and volunteers promoting family planning (FP), maternal and child health (MCH) and primary health care at the community level under the Integrated Project (IP).

A community worker in West Shoa District of Ethiopia tries out a bike.

The number of bicycles sent abroad each year has continued to rise since shipments began in 1988. Also, the scope of the scheme has been broadened to support a wider range of activities in developing countries. Of the 2,850 bicycles to be shipped abroad by MCCOBA in fiscal 1992 (April 1, 1992 - March 31, 1993), the donation of some 2,000 will be coordinated by JOICFP.

Support for FP/MCH

Already this year, 150 bicycles have been sent to Vietnam and 150 have been shipped to Ethiopia through JOICFP to assist volunteers, field workers, health educators, traditional birth attendants, midwives and members of women's clubs in IP areas. A large number of this year's donation of bicycles will also be utilized to support UNFPA's FP/MCH projects in countries such as Uganda and Namibia.

In Japan, the scheme has also gained attention as an effective means of international cooperation. At MCCOBA's first meeting of the fiscal year on April 30, representatives of the 11 member municipal governments were joined by observers from the five other governments. At the last meeting, the governments of Arakawa City, Tokyo, and Ageo City, Saitama Prefecture, joined MCCOBA. The other member governments are from Bunkyo, Ota, Nerima, Setagaya, Tama and Toshima cities of Tokyo, and Kawaguchi, Omiya and Tokorozawa cities of Saitama.

One of the highlights of the meeting was an address by Katsuhide Kitatani, deputy executive director, UNFPA, who emphasized the importance of local government involvement in international cooperation. During his stay in Japan, Kitatani also visited the Mayor Saburo Iwanami of Nerima City. Iwanami heads the Nationwide Association of Bike Affairs, an organization that has been set up to tackle problems concerning bicycles in Japan. The association has a total membership of 184 local governments, including the member governments of MCCOBA. During discussions with Kitatani, the mayor expressed interest in future collaboration with international agencies and non-governmental organizations such as JOICFP.

The bicycle scheme also recently received a welcome boost from the Japan Bicycle Promotion Institute, a body supervised by the Ministry of International Trade and Industry (MITI). The institute pledged ¥20 million (US$155,000 at an exchange rate of ¥129 to US$1) to help cover the costs of shipment of the bicycles in 1992. As shipment costs pose the biggest hurdle to the scheme, the donation will do much to ensure that the bikes reach the people in developing countries.

Wheels for TBAs

The donation of reconditioned bicycles from Japan is mobilizing health agents to bring FP/ MCH and primary health care services to communities in the Integrated Project area in Kapata Peninsula, Luapula Province, Zambia. For 20 newly graduated traditional birth attendants (TBAs) and 22 community-based distributors, the bicycles offer an efficient, low-cost means of transport. Each new health agent received a bicycle along with a health kit and certificate at their graduation ceremony held in Kapata on January 31.

Kitatani's Comments

Below are highlights of Kitatani's address to MCCOBA on April 30.

The nation of Japan is both a collection of individuals and a collection of municipal governments. When these individuals and local governments express opinions toward foreign assistance they will be reflected in the nation's aid policies. Therefore, it is vitally important that individuals and local governments have a clear idea of how Japan should provide aid.

Katsuhide Kitatani

The time has come for Japan to create a more substantial aid scheme with which to meet the challenges of the 21st century. It is in Japan's own interests to extend support to developing countries because their prosperity will determine its survival.

Bicycles and sewing machines donated by Japan have an enormous positive impact on the lives of the people when they are donated to developing countries. For example, in some countries where access to cars is limited, gasoline is expensive and road conditions are very poor, people are forced to rely on foot power. When TBAs and public health nurses receive bicycles, their productivity immediately increases two- to three-fold. To me, this is an example of assistance that genuinely answers the needs of the recipients.

Building a Bridge to a New Future

JOICFP film depicts struggle of women in Vietnam to improve community health and living conditions

Despite the many years that have passed since the end of the Vietnam War, the small rural Tan Buu Commune in Long An Province still has no bridge to replace the one that was destroyed by bombs in the war. The river, which must be crossed by community people by boat, remains an obstacle to the development of the commune. For the women of Tan Buu who work as community volunteers, however, the hardship of river travel does little to dull their enthusiasm. Driven by a shared desire to improve the health and living conditions of their fellow villagers, these volunteers willingly navigate the currents of the river in small boats to promote family planning (FP), maternal and child health (MCH), primary health care and environmental sanitation among the people in nearby areas.

The determination of the women of Tan Buu is one of the main focuses of JOICFP's new documentary film *The Awaking Kowloon - Village Women in Vietnam.* Filmed on location in the commune, the movie depicts the daily struggle of the women volunteers to promote community health and welfare and documents the development of a grassroots movement to construct a new bridge and build a better future for the whole community. Two of the main characters of the film are women who work as health volunteers in the village, Cao Thi Xinh and Le Thi Ba. By featuring the activities of these women, the film highlights the role that women of Vietnam have continued to play as a driving force for change at the grassroots.

The 17th movie in a series of JOICFP documentaries filmed on location in 10 countries, the latest film carries a new message and is aimed at slightly different target groups than previous movies. The film is targeted at audiences both in Japan and Vietnam and is available in Vietnamese- and Japanese-language versions.

Income generation in Tan Buu.

The head of the women's union takes a boat with community people.

Japanese Audiences

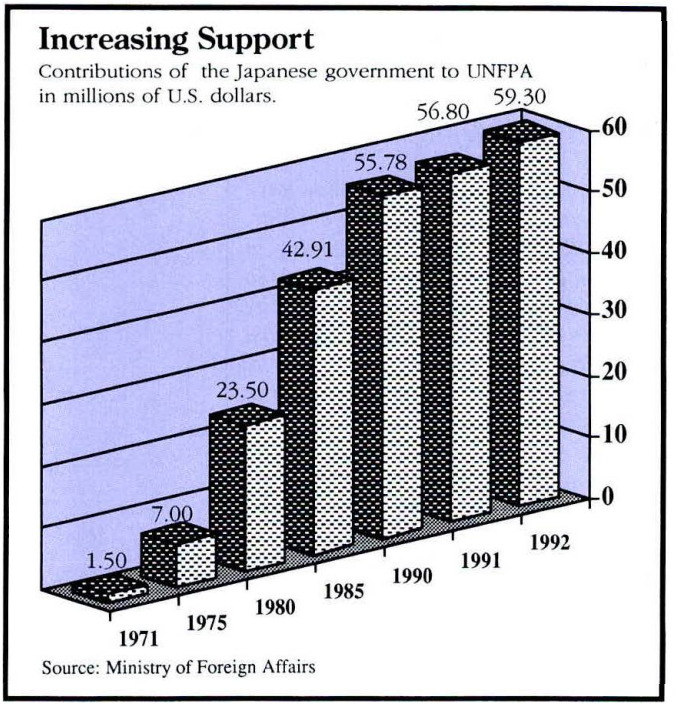
In Japan, the film will be used in JOICFP's domestic campaign to create awareness of such issues as population and development in developing countries. The process of rebuilding a community through communal efforts will be familiar to many people in Japan where grassroots movements did much to improve the health and living conditions of the people in the postwar years. Meanwhile, in Vietnam the film will be used to promote community participation in activities such as FP/MCH, primary health care and environmental sanitation. A standard 16mm film, *The Awaking Kowloon - Village Women in Vietnam* runs for 30 minutes and captures the way of life in Vietnam with extremely vivid footage of Tan Buu and its people.

Tan Buu in Long An Province is one of nine pilot communes where JOICFP's Integrated Project (IP) has been implemented at the grassroots since 1989. Based on the achievements of these communes, the project was expanded to cover a total of 70 communes. According to Dr. Pham Cong Dung, director, Long An Community Health Center, the commitment of the women volunteers has been the key to the success of the project in Tan Buu. Drawn from the well-established local women's union, the volunteers have worked as health agents to disseminate health messages and provide services throughout the community. The contribution of these women to the project was also noted by Dr. Le Dai Tri, head, Health Education Unit, Long An Community Health Center, who said that though Tan Buu is one of the poorest communes in the province, its volunteers are among the most active.

Perhaps the most important aspect of the volunteers' work captured by the film is the deep sense of community spirit shared by the women. When asked by the JOICFP production team for her reasons for being a volunteer, Xinh replied: "In Tan Buu, we all share an equal burden of poverty. That's why we work together and help each other." J

A new bridge for the commune.

Population Assistance High on the Agenda



The Japanese government further strengthened its support to international population and family planning (FP) activities by approving a contribution of US$59.30 million to UNFPA in fiscal 1992 (April 1, 1992 - March 31, 1993). The contribution, US$2.50 million or 4.4% higher than the previous year's, was approved by the Diet (parliament) in its fiscal 1992 budget. With its contribution, Japan will remain the biggest donor to UNFPA, the world's largest multilateral agency providing population assistance.

Japan has continued to increase its contribution to UNFPA since it first began providing assistance to the Fund in 1971 with a donation of US$1.5 million. Japan began assisting population and FP activities in 1969 with an initial contribution to IPPF. The IPPF still receives a portion of the funds contributed each year by Japan to UNFPA. The amount to be allocated to IPPF out of this year's contribution has not yet been decided, but it will be higher than the US$15.1 million it received in 1991.

Japan remains committed to assisting population activities around the world and views its contributions as an effective means by which to help developing countries overcome health and social welfare problems. While providing support through multilateral channels, Japan is also assisting countries to tackle their population problems through bilateral channels such as technical assistance. Japan's bilateral assistance provided through the Japan International Cooperation Agency (JICA) to population and FP activities will also increase to ¥1.164 billion (US$9.02 million at an exchange rate of ¥129 to US$1), up 5.7% from fiscal 1991.

In fiscal 1992, nine countries will be recipients of technical cooperation through JICA: Egypt, Indonesia, Kenya, Mexico, Peru, the Philippines, Sri Lanka, Thailand and Turkey. In addition, JICA is also sponsor for two international FP seminars held in Japan this year for which JOICFP is serving as the implementing agency.

Awareness of the importance of addressing international population problems continues to grow among the public and government of Japan. The further increase in Japan's multilateral and bilateral support underscores the commitment of the country to solving these issues.

Russian Women Take Action

The International Women's Center "Women's Future" was established in Russia last year as a non-governmental organization (NGO) geared to promoting the development and health of women and children. With external assistance from Planned Parenthood Federation of America (PPFA), the center launched a five-year project called the "Russia - 01 — Women's Health through Family Planning" in January this year. The center's president, Dr. Alexandra Momdjian, spoke with JOICFP officers on May 20 about issues concerning women in Russia. Below is an outline of her comments.

The present situation in Russia is unbearable. The number of induced abortions annually outnumbers live births and our abortion rate is 10 times higher than the European average. To change this situation, we must overcome such obstacles as the lack of quality contraceptives and the absence of a service network.

Dr. Alexandra Momdjian

The main aim of our program is to ensure freedom of choice in family planning (FP). Every woman must know everything about the method of contraception she uses. She must have access to qualified FP consultation services. She must also have constant access to contraceptives. The children she has must be the result of her choice and must be healthy. When it is impossible for her to avoid having an abortion, she should have the option of safe abortion services.

Through our activities we aim to contribute to the development of women and improve the health of women and their families by providing FP. The health and social problems that presently confront women in Russia are so serious that we must approach women without waiting for them to come to us for help.

The first obstacle to the promotion of maternal and child health and FP in Russia is the lack of a nationwide FP network and the social services to put our strategy into practice. Another major problem is that of production facilities. Russia has no facilities for producing high-quality contraceptives.

There is also no well-organized national system for sex education, especially for teenagers. Among the activities planned for next year is an adolescent health program that would entail counseling for school children. We share similar problems in adolescent sexuality with the U.S. and Japan. Our purpose for visiting Japan, the U.S. and Mexico is to talk with people directly involved in FP.

Concern for a Graying Nation

KAP survey finds women concerned with low birthrate; uncommitted on authorization of low-dose pill

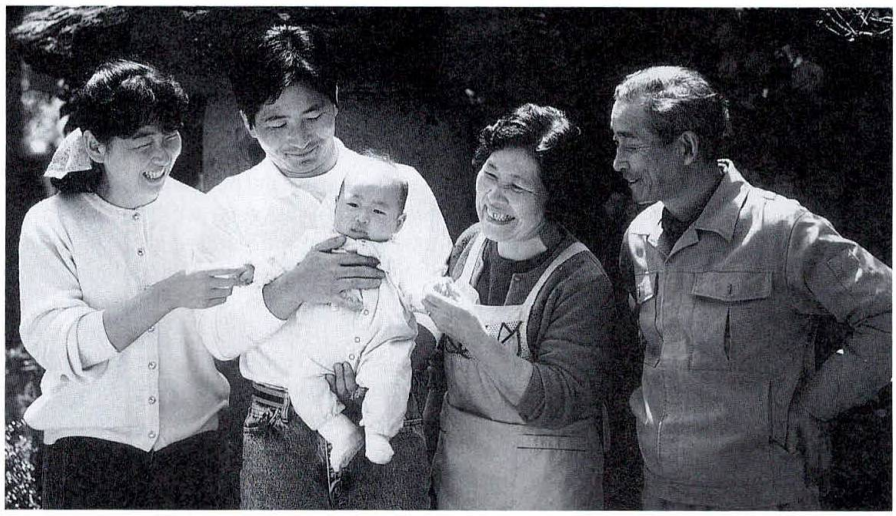
A greater proportion of women in Japan are showing concern for the continued decline in the nation's birthrate, according to the results of a knowledge, attitude and practice (KAP) survey on family planning (FP) conducted in March. The survey found 75.3% of women are concerned about the falling total fertility rate (TFR), which reached an all-time low of 1.54 in 1990. The previous such poll, conducted in June 1990 after Japan recorded a TFR of 1.57 in 1989, found 70.8% of women were concerned about the rate. Despite the continuing low TFR, the largest number of respondents (45.7%) said that they thought three was still the most ideal number of children.

Conducted by the Mainichi Shimbun Population Problems Research Council in cooperation with JOICFP, the Japan Family Planning Association and Family Planning Federation of Japan, the 21st National Survey on Family Planning was carried out from March 27 - 29 and includes the opinions of 2,389 married couples between the ages of 16 and 50. This year marks the first time that the opinions of men were sought in the survey. In principle, the survey is conducted every two years.

Increasing Pessimism

The increase in pessimism among respondents reflects the growing attention being paid by the government, media and public to the falling birthrate and increasing elderly population. According to the poll, most people cited a fear that society would lose its vitality as the first reason for concern, with higher costs of supporting the elderly population cited as the second concern. In general, men were more optimistic about the issue than women.

Despite the increase in concern, 56.8% of the male respondents and 60.9% of the female respondents replied that government intervention to increase births was undesirable. However, the proportion of women in favor of some form of government action increased significantly from 17.7% (1990) to 34.0%.



Japan's TFR was 1.54 in 1990, but most couples consider three children ideal.

The survey was carried out shortly after the Yomiuri Shimbun newspaper announced on March 11 that the government was indefinitely delaying the release of the low-dose contraceptive pill on the market in Japan as an AIDS prevention measure. In response to a question on the issue, 18.8% of those who opposed the pill agreed to its ban to halt the spread of the disease.

Oral Contraceptives

The majority of women respondents, however, were noncommittal on the question of the pill's authorization, a result that indicates a lack of availability of information on the matter. Asked for opinions on moves to approve the pill, 57.1% of the women were neither for nor against, while 22.7% gave positive replies and 20.2% were against authorization. In the 1990 survey, 49.8% were uncommitted, 28.9% were for authorization and 21.3% gave negative replies. Of those against authorization in this year's survey, 67.7% cited side effects as the reason, down slightly from the 70.3% of 1990. Only 6.9% of female respondents polled said they would take the low-dose pill if it were authorized, down from 10.5%.

The official number of induced abortions carried out in Japan in 1990 was 457,000 compared to 1.24 million live births. When asked for opinions on abortion, the great majority of female respondents were in favor with 26.2% giving full approval and 56.6% giving approval under certain conditions. As for the practice of FP, 64.0% of the wives said they practice some form of FP; 17.0% said that they do not practice FP at present, but have in the past; 15.1% replied that they had never practiced FP and 4.0% gave no reply.

For the first time since it was launched in 1950, the survey included opinions on Japan's international responsibilities, specifically in the field of international cooperation in population activities. On whether Japan's experiences, as a nation that achieved a demographic transition, should be shared with developing countries, the largest number of respondents were in favor: 45.0% of women and 47.6% of men. Respondents who replied that population issues were internal matters of each country and not the concern of Japan amounted to 20.9% for women and 25.2% for men. J

Chinese MCH Handbook

A new Chinese-language version of the Maternal and Child Health (MCH) Handbook was published by JOICFP in April. A personal health record for pregnant women and mothers, the handbook has been utilized for some years in areas in China where JOICFP's Integrated Project (IP) is being implemented. The booklet is modeled on the Japanese MCH Handbook which is credited with having done much to improve MCH in the postwar years. Carried by the mother, the booklet serves as a convenient and continuous record of the health of the pregnant woman and child for both the mother and medical staff. For the new Chinese handbook, several modifications were made to improve effectiveness.

Changing Tack on Population

Singapore encourages births ahead of dramatic increases in elderly

Dr. Paul P. L. Cheung, chief statistician, and director, Population Planning Unit, Singapore, spoke with JOICFP NEWS on May 26 about population issues in Singapore and other parts of Asia. JOICFP is conducting a four-year regional project on aging in Asia with the support of UNFPA. Below is an outline of the interview.

According to the 1990 Census, the total population of Singapore is about 3 million. The aged group — defined as 60 years and over — is about 9%, but is increasing. The test will be in 10 to 15 years' time when the baby boom cohorts hit old age. The best thing for us to do is maintain a proper age structural balance, keeping the elderly population at 20%.

In caring for the elderly, we emphasize individual and family responsibility. Under the Central Provident Fund scheme, we are all obliged to save for our own financial security in the future. Part of this fund is channeled into a special account to pay for medical care. The fund is quite well administered and is a good model for a small country such as Singapore. People are also encouraged to maintain a healthy lifestyle and generally to take responsibility for themselves in their old age.

The age pyramid is shrinking at the base because of the past population policies. Singapore was very well-known in the past for its antinatalist policy and its disincentives to control population. But the policy was too successful in the 1960s and early 1970s. By 1975 we had already dropped to below replacement fertility. Since 1987, our policy has been pronatalist, but we have found that it is not easy to encourage people to have more babies.

Rising Singles Population

The cause of Singapore's population problems is really that people are marrying late or not getting married at all — and the proportion is getting higher. We now expect 15 to 20% of all women to remain single. For university graduates, the proportion is as high as one-third.

In some newly industrializing countries of Asia, women's status has gone up tremendously. However, traditional attitudes toward marriage have not changed, or have not changed fast enough. Men still prefer to marry someone more submissive and less educated. On the other hand, well-educated women prefer to marry someone of their equal, if not more qualified.

In general, it is far easier to control births than it is to increase them. Once

Dr. Paul P. L. Cheung

people have the means to control fertility at their disposal, it is really a matter of their own preference to have another baby or not.

Despite the country's pronatalist policy, there is a need not to ignore the concept and the methods of family planning (FP). We still want people to plan their families and the government still subsidizes FP, but the contraceptive prevalence rate is dropping a little. At present, the two most popular methods are the condom and sterilization.

Singapore is nothing more than a demographic forerunner of other developing countries in Asia. We are small so the effects are felt quicker. If countries have a prolonged period of fertility below replacement level then they should start thinking about action. J

FP Goals for Mexico

Dr. Arturo Zarate Trevino, director general, Family Planning Bureau, Ministry of Health, Mexico, spoke to JOICFP officers on May 26 and 27 about the Mexican government's family planning (FP) goals. Below is an outline of his comments.

Maternal and child health (MCH) care is promoted in Mexico as part of family planning (FP). It is our belief that if programs focus on MCH rather than FP, the FP program tends to be neglected as the bulk of government and private resources get channeled into MCH care.

One of the main goals of our FP program is to reach people in rural areas. We are trying to do this in each community through a nurse and a volunteer. The volunteer is selected from among the women of the community and taught to promote FP and provide child care, prenatal care, postnatal care, vaccinations and treatment of diarrhea

Dr. Arturo Zarate Trevino

as a whole program. We integrate MCH with FP at the primary level in the promotion of health. For this program, person-to-person communication is very important.

Reaching adolescents is another goal because this group represents in 20% of the Mexican population. We are very much concerned with unplanned pregnancies and sexually transmitted diseases (STDs). So we have to approach this huge population with sex education — counseling on contraceptive methods.

Another goal is to reach women through our post-partum program. We are establishing post-partum programs at all clinics dealing with deliveries so that at least 60% of the women that have just given birth or had a natural abortion leave hospital as an acceptor of FP. The main contraceptives are tubal ligation, IUDs and the pill.

The success of FP will depend to a great degree on the participation of men in the programs. We recognize that it is very important to change traditional male attitudes *(machismo)* in Mexico and promote the norm of a small family to men. For this reason, we have placed importance on strengthening our education and motivation activities aimed at men.

Japan's MCH program is one of the best in the world. It is excellent because it is incorporated into services at the municipal level. Around 98.5% of deliveries in Japan are attended by physicians and pregnant women get very good information and follow-up services. There is also a very large service network for pre-term deliveries and low-birth-weight babies. We would like to imitate some aspects of Japan's system of organization.

Taking an Active Part

FP seminar participants learn through energetic involvement

Health volunteers of Suzaka in the aprons that have become their trademark.

Participants of this year's Seminar on Community-based Family Planning Strategy were expected to do more than listen to presentations by experts. Rather, all 11 representatives were required to take an active part by participating in four panel discussions, exchanging information and experiences and creating their own IEC materials on the community-based healthcare activities of Suzaka City, Nagano Prefecture. Held in Japan from May 18 - June 12, the seminar was sponsored by the Japan International Cooperation Agency (JICA) and organized by JOICFP. It was attended by representatives of Bangladesh, Brazil, Egypt, Indonesia, Kenya, Malaysia, Mexico, Nepal, Peru, Sri Lanka and Vietnam.

For participants, one of the most valuable aspects of the seminar was the time spent in Suzaka City learning about the extremely successful community-based healthcare system set in place in the postwar years. Inspired by a pioneering public health nurse Miyoshi Ohba, the system of health volunteers was established to supplement the activities of the public health nurses engaged in such areas as maternal and child health (MCH) care and FP.

Ohba speaks to a local woman.

Still in place today, SHPA (Suzaka Health Promoters Association) comprises volunteers drawn from the community who promote preventive healthcare under the concept of "Protecting one's health by one's own hands". One of the most important roles of these volunteers is to explain to the community about government health checkups and cooperate with public health nurses. By being in close contact with the community and public health personnel and officials of the local government, these volunteers also function as an effective information and communication pipeline between the community and the local authority.

During the field trip, participants learned much about the effectiveness of involving the community in healthcare through discussions with officials, public health personnel, volunteers and FP/MCH pioneers including Ohba, who currently serves as the standing director of the Japan Nursing Association. Based on the knowledge gained through these discussions and observations of such activities as mass children's checkups, home visits and school health activities, the participants collaborated on an IEC material to be used in their home countries. The result of their efforts was an informative text on community-based preventive healthcare in Suzaka to accompany a series of colorful slides. J

Flowers for Mothers

IPPF/WHR dramatizes 500,000 annual maternal deaths with ceremony at UN

In a unique ceremony, the IPPF/Western Hemisphere Region (IPPF/WHR) displayed 500,000 carnations on the North Lawn of the UN Headquarters in New York on May 8 in memory of the 500,000 women who die each year from pregnancy and childbirth. Endorsed by leading health and development agencies and attended by prominent individuals including legislators and diplomats, the event dramatized the sheer magnitude of maternal mortality — equivalent to a jumbo jet full of women crashing every four hours every day — and the need to prevent these deaths through such means as family planning (FP).

The ceremony, held two days before Mother's Day, was organized by IPPF/WHR to increase public awareness of maternal mortality and morbidity and women's reproductive health and FP needs. One of the activities launched by IPPF/WHR under the Safe Motherhood Initiative, the event drew attention to the effective role that FP can play in preventing maternal deaths.

Maternal Deaths

Some 99% of maternal deaths occur in developing countries. Family planning is the simplest, most cost-effective way to prevent such deaths, since most cases occur as a result of unwanted, unplanned pregnancies. Currently, over 300 million couples want, but have no access to FP services. Obstetric first aid, prenatal care and training for birth attendants and health personnel are also critical to reducing to maternal deaths.

The Safe Motherhood Initiative was launched in 1987. Under this initiative, IPPF/WHR is committed to promoting the expansion of FP services; developing FP and reproductive health education programs; calling for increased financial support for FP programs; promoting the participation of institutions in FP programs; and mobilizing communities and women themselves in the planning and implementation of policies, programs and projects.

Photo: Steven Rubin

Celebrities lay flowers at the UN.

Voice of Voices

By Chojiro Kunii

Community Participation

Without positive community participation, all project approaches and plans will result in nothing. How do we solicit such participation?

Human beings are essentially selfish creatures. Before accepting the concept of a project, they will first consider whether they will benefit or lose from it. Prior to the start of any project, consideration should be first given to this basic human characteristic.

By sheer chance, I got involved in parasite control (PC) activities just after the end of the war. My experiences taught me many things. One is that people suffering from parasite infection accept parasite control willingly and with much enthusiasm. This is simply because deworming relieves their pain and makes them feel better. Moreover, this kind of good news travels quickly among the people. I therefore built on this experience and began to use PC as an entry point for the introduction of other health-related activities for the development of communities.

What steps should follow deworming? After gaining the confidence of the community, simple steps should be taken to improve water and sanitation, to relieve children's abdominal pains, and to promote immunization and family planning (FP). The methods and technologies are simple and, naturally, our work should always begin by gaining the full and voluntary support of the people.

The preventive health activities of Japan started from humble beginnings. They were not initiated in expensive facilities and based on complicated technology. The key to their success was to first gain the determined voluntary support of the people. The commitment of the people was won by sparking concern for the health of the masses with parasite control.

In much the same way, FP was launched in Japan out of a common desire among people to reduce the number of induced abortions. It was the concern of people that began this movement, not a government decree.

This concern for women's health took the concept of a mass health movement to Taiwan and Korea in the form of the Integrated Project (IP). The IP has continued to spread around the world and is currently being implemented in 24 countries.

DIARY

JOICFP Program Officer Hiroshi Taniguchi was in Indonesia from Apr. 22 - May 8 to gather information for *Integration* magazine.

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Finlay Craig, director, Asia Training Center on Aging, Help Age International, visited JOICFP on May 8 to exchange information.

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Zhou Ke Qin, director/general manager/film director, Shanghai Yilmei Animation Co., Ltd., and **Tadahito Mochinaga**, freelance animator, visited JOICFP on May 11 to exchange information on the production of an animated film.

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Two representatives of the International Women's Center—"Women's Future", Russia, Dr. **Alexandra Momdjian**, president, and Dr. **Natalya Grigorieva**, director, Training and Education Program, visited JOICFP on May 20 to exchange information.

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From May 9 - 20, JOICFP Program Officer Sumie Ishii was in Bhutan to attend the final tripartite meeting of the IP, in Nepal to monitor IP and VDIA activities and in Thailand to coordinate the development of IEC materials.

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Dr. **Paul P. L. Cheung**, chief statistician, Department of Statistics, Singapore, visited JOICFP on May 26 to exchange information.

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Dr. **Arturo Zarate Trevino**, director general, Family Planning Bureau, Ministry of Health, Mexico, visited JOICFP on May 26 to exchange information.

Japan to Probe Surge in Singles

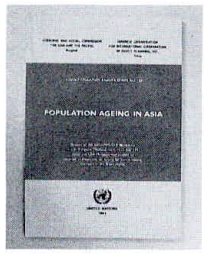
The Institute of Population Problems, Ministry of Health and Welfare, will conduct a national survey in July to determine the reasons for the dramatic increase in the number of unmarried people in Japan.

According to the 1990 National Census, the percentage of Japanese that have never married has increased significantly over the last 15 years. The survey found that 40.2% of women and 64.4% of men in their late 20s (25 - 29) were single in 1990, up from the 20.9% of women and 48.3% of men of the same age group that were not married in 1975.

The Census, carried out by the Statistics Bureau of the Management and Coordination Agency, found increases in the proportion of single men in the over-30s age groups particularly remarkable. In the 30 - 34 age group, the percentage of single men more than doubled from 14.3% in 1975 to 32.6% in 1990. Meanwhile, in the 35 - 39 age group, the proportion of single men more than tripled from 6.1% in 1975 to 19.0% in 1990.

New Publication

As part of the UNFPA-supported project, "Creation of Awareness on Aging for Policy Making Purposes in the Asian Region", a report was recently published on the workshop held in Bangkok from July 15 - 22, 1991 under the joint auspices of JOICFP and ESCAP. Titled "Population Aging in Asia", the report covers the meeting, aimed at creating greater awareness among planners and policy makers of major issues of population aging.



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