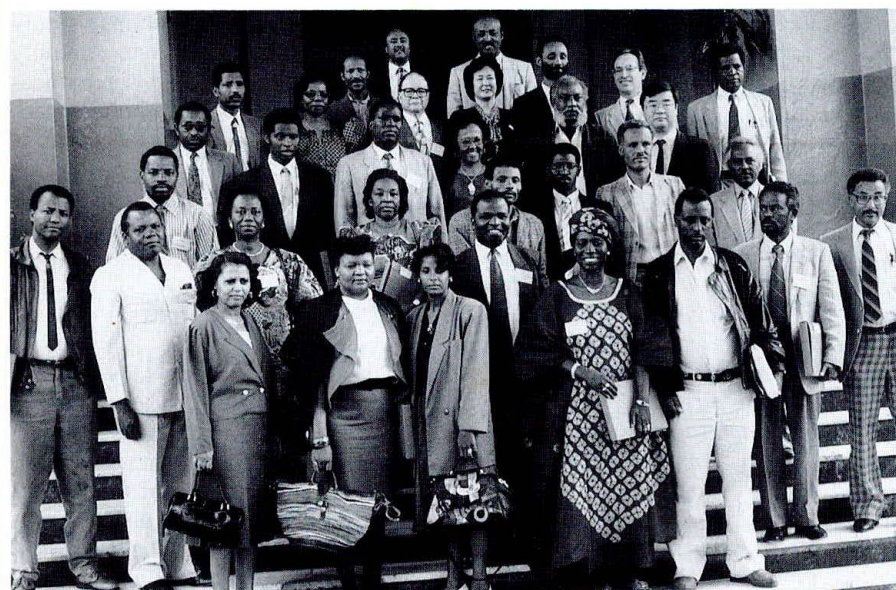


JOICFP NEWS

Putting Community Needs First

African workshop calls for more effective project management to answer grassroots needs



Participants of the African regional workshop on the IP in Addis Ababa.

"The concept of merging family planning (FP) and other health service components is a widely accepted strategy for improving the effectiveness of FP programs," said Dr. Abdi Aden Mohamed, vice minister of health, Ethiopia. "Integrated projects provide a system to maximize the use of resources and to meet the needs of the community flexibly through the horizontal integration of institutions, organizations and groups involved in the same field." Officially opening the First African Regional Workshop on Integrated FP, Health Education and Parasite Control Project Management and Evaluation for Strategy Development, Abdi commented that promoting FP in an integrated package with maternal and child health (MCH) care and primary health care (PHC) overcomes obstacles to FP.

Held in Ethiopia from November 23 - 27, the workshop provided participants with a forum for reviewing project management and monitoring/evaluation mechanisms of the Integrated Project (IP), discussing appropriate monitoring and evaluation methodology for the IP and developing strategies and guidelines

for future IP development. The first two days of the workshop were taken up with opening remarks and presentations by officials of the Ethiopian government and representatives of international organizations and non-governmental organizations (NGOs) such as UNFPA, WHO, UNICEF, IPPF and JOICFP as well as country presentations by participants. Field trips to three areas implementing the IP were also included in the schedule.

Japanese Ambassador

In a show of support for the IP, Japanese ambassador to Ethiopia, Hisakazu Takase said that simplistic efforts to promote birth control are doomed to failure, while the IP arouses interest within communities and encourages people to recognize the importance of limiting childbirth. "The government of Japan has been closely involved with JOICFP's efforts at implementing the IP and has constantly supported its associated activities," he said. "My government will continue with this cooperation in order to ensure the continued success and expansion of the project."

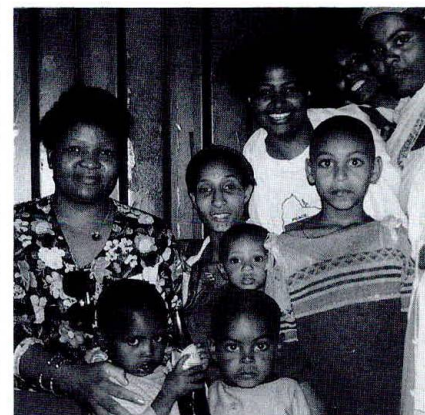
"I believe most of us fully see the cost-

effectiveness of integrating MCH/FP efforts from the point of view of the health sector as well as the convenience of the user," said Dr. Miriam K. Were, representative, WHO. "I wish to pay tribute to the promotion of the approach of IP formulation and implementation that JOICFP has undertaken across the world in linking parasite control (PC) to other practices that promote health and well-being," she said. "We are optimistic of the results this can have on health development in the countries where this approach is supported."

IP Guidelines for Africa

The workshop was organized by the government of Ethiopia, IP National Steering Committee, IPPF and JOICFP and was sponsored by UNFPA. Representatives of eight countries were among the 30 participants of the workshop and some 100 people were present for the opening ceremony.

During the meeting, participants compiled a set of resolutions concerning project management and evaluation for strategy development. It was recommended that the objectives and development strategy of the IP be incorporated into population policies and national FP programs and that implementation of



A Namibian participant (left) is welcomed by members of a family planning club in Addis Ababa.

the IP should take into account the needs felt by the community people. To make this a reality, participants urged that the "The Brief Guidelines for Designing an Integrated FP, Nutrition and PC Project" be revised and used as a tool for monitoring and evaluation. It was also agreed that project evaluators should be carefully selected based on their knowledge of such projects and/or an understanding of the country situation. Participants also recommended that the cost-effectiveness of the IP should not be calculated merely in terms of FP acceptance, but should take into account other benefits for the community.

Sharing Experiences

The field trips took in one urban project area in Addis Ababa and two rural project areas in West Shoa District. In both rural project areas, the head of the farmers' association, a powerful decision-making body, is also the head of the local IP steering committee. In Denbella Keffa, West Shoa, participants noted that a new bridge had enhanced transport and communications, while construction of safe water sources close to the village had eased much of the work of local women. The visitors also commented that the establishment of revolving funds for the purchase of medicines had also enhanced the quality of services and stimulated support for the project within communities. Not only were the community health agent and trained traditional birth attendant in the village health post working on a volunteer basis, but the people in the communities were willing to pay nominal fees for services.

Based on the field observation, participants offered practical advice and recommendations to support the Ethiopian IP, underscoring the success of the workshop as a forum for exchange of experience and information. The workshop closed on November 27 with remarks by Dr. Rogelio Fernandez, country director, UNFPA. 



Participants observe a woman getting water from a spring in Denbella Keffa.

Chinese Study Teams

Promoting FP for Health



A midwife in Niigata explains contraceptives and IEC materials to the team.

The head of a Chinese study team said that he was impressed with the promotion of family planning (FP) in Japan in the postwar years as a means to improve maternal and child health (MCH), adding that this approach was more effective than using FP as a means to control population. Dr. Guo Deming, director, FP Commission of Hubei Province, said that more emphasis should be placed on the MCH benefits of FP in China to make it more appealing to the people. The 10-member team headed by Guo was in Japan from October 12 - 25 to study FP and MCH activities. The study tour was followed by a visit from a second 10-member Chinese study team that was in Japan from November 5 - 18.

New Project Areas

The October team comprised representatives of the State FPC, China FP Association and provincial FP commissions and associations. Most were drawn from provinces that have just initiated the Integrated Project (IP) in January.

The first part of the tour was spent in Tokyo where the visitors were given a broad outline of the concept and strategies of the IP through lectures and discussions and observed the activities of the Tokyo Health Service Association and Japan Family Planning Association (JFPA). The team then moved on to Niigata Prefecture where they observed the FP/MCH activities of local governments and non-governmental organizations (NGOs). The field trip took in visits to the Prefectural Government Office, Niigata Health Service Association, Niigata Midwives'/Nurses' Association, Health Center of Shirone City, a farmer's house in Shirone, Yahiko Village Primary School and the Public Health Center of Shibata.

Commenting on what he had learned,

Dr. Lu Jingxing, deputy director, Family Planning Commission (FPC) of Fujian Province, said, "Private organizations played a major role in the promotion of high-quality health services on a fee-charged basis, successfully gained the participation of the people and achieved self-reliance."

Meanwhile, the November team, headed by Dr. Zhang Youming, deputy director, FPC of Hunan Province, mainly comprised representatives of provinces where the IP is being implemented. Aimed at deepening understanding of the FP/MCH approach of the IP, the study tour included lectures and discussions in Tokyo followed by a field trip to Fukushima Prefecture.

Many Insights

The main focus of the study tour was the field trip which included observations of government and NGO activities. During time spent in Hobara Town, the team observed activities of the Prefectural Health Center in Hobara Town, preparation of primary school lunches, health checkups for infants conducted by the Hobara Town Health Center, and the activities of a private clinic and the Fukushima Health Service Association.

"After observing health and IEC activities in Japan, I can see that there is still much to be done to improve promotion of the IP at the grassroots in my township," said Bai Mingjun, honorary president, FPA, Donganshan, Township, Jiupu District, Anshan City, Liaoning Province. Overall, the team members were impressed with the efficiency of FP/MCH and preventive health promotion in Japan and said that they had gained many insights into ways to smooth IP promotion in China. 



The Chinese visitors observe infant health checkups in Fukushima.

Financial Security for the Aged

Seminar participants compile lessons learned in population aging

Under the theme of "Financial Security for Old Age," nine representatives of nine countries gathered in Japan to consider ways of supporting the elderly, promoting their self-reliance and enabling them to contribute to society. Participants focused on Japan's experiences and observed activities for the aged during a field trip to Hiroshima Prefecture. The seminar also served as an effective forum for the exchange of information, experiences and strategies on aging issues among participants to further strengthen the collaborative network of policy planners, program managers and experts in the region.

The seminar, held from November 18 - December 2, was the first program of JOICFP's second regional population aging project, "Promotion of Awareness and Policy Formulation on Aging (RAS/

Indonesia Prepares

Dr. Fahmi Saifuddin, assistant to the coordinating minister for people's welfare, Indonesia, was a participant of the aging seminar. Below is an outline of a December 1 interview with JOICFP NEWS.

In Indonesia, the family plays a central role in the care of the elderly since the aged are cared for primarily through non-institutional means. In 1992, several laws were enacted to give more attention to the elderly. The government also gives significant support to non-governmental organizations which assist elderly people.

Japan has been thorough in anticipating problems concerning the aged. It was interesting to note that despite Japan's advancement as a developed nation with sophisticated technology, the family still plays a central role in care for the elderly. I was also impressed that the central government had created "Guidelines on Policy for a Society of Longevity." The government of Indonesia is at present finalizing its policy "Guidelines for the Welfare of the Elderly." What I have learned during the seminar might provide some input into this process.



Participants observe elderly women making miso in Takamiya Town.

92/P13). The project was launched in 1992 and is being conducted in the Asian region with UNFPA support through 1995.

Participants were introduced to policy and programs for the aged in Japan by officials of the Japanese government and experts of population aging. Presentations focused on the impact of population aging on Japanese society and issues related to economic security for the aged. The highlight of the seminar was the field trip to Hiroshima Prefecture which included firsthand observation of some programs for the elderly. The visitors were also introduced to the prefecture's policy and programs for the aged during a visit to the Hiroshima Prefectural Government Office. The visitors showed keen interest in the Caretaker Training Center and the Silver Human Resources Center, which offers work opportunities for the elderly.

Activities for the Aged

The field trip included a visit to Takamiya Town where 31% of the population is over the age of 65, which is the same proportion of aged forecast for the entire Japanese population in 30 years' time. Participants visited a production activity center, where the elderly are engaged in various production activities such as miso (soy bean paste), cookie and dance mask production utilizing locally available materials, and visited farm houses in the area where the elderly are taken care of within an extended family situation. Through discussions with the families, participants were made aware of the important role that the family plays in supporting the elderly and the impact that urban drift of younger generations is having on the rural extended family in Japan.

At the conclusion of the seminar,

participants emphasized the importance of providing work opportunities for the elderly to enable them to remain productive for as long as possible. Another point highlighted was the need for an institutional system to support the elderly, particularly for rural populations of developing countries not covered by government programs. The need to look into the impact of changing socioeconomic conditions on family structure and how governments can provide support to families was also emphasized. J

China's Challenge

Caiwei Xiao, program officer, Foreign Affairs Office, China National Committee on Aging (CNCA), took part in the aging seminar. Below is an outline of a December 1 interview with JOICFP NEWS.

We estimate that by the year 2000, there will be 130 million people over the age of 60 in China, about 10% of the population. However, by 2020 the elderly will increase to 280 million to make up about 19% of the total population. The government has established five principles or guidelines concerning the elderly: they should be properly supported; they should be cared for medically; they should contribute to society; they should be engaged in life-long learning; and they should have a happy life. We are now trying to establish and improve social security systems for the elderly. The government stresses the role of the family in the support of the elderly, but has realized that changes in extended family will be important in the future.

The topic of financial security is particularly relevant for China. I was deeply impressed with the activities of the Silver Human Resources Center and the way that the elderly are viewed as a rich resource rather than as a burden.

A Message for Rural Women

New animated film in "Women's Health & Status" series encourages women to take initiative

The second film in JOICFP's animated "Women's Health & Status" series was welcomed as a new, interactive educational material by audiences attending preliminary showings in Beijing and Shanghai, China, between December 7 and 10. Commenting on the impact of "Twin Lotus," Dr. Peng Yu, vice minister, State Family Planning Commission, said she was impressed that the film drew responses from viewers rather than pressured them to accept ideas. The film was also praised by the audience for presenting complicated concepts in a simple and appealing manner.

Targeted at the East Asian region, *Twin Lotus* is aimed at motivating women to take initiative to protect their own health and play an active role in family planning (FP) decisions. Scheduled for release in January, *Twin Lotus* is a joint Chinese-Japanese production and is 13 minutes in length.

As in previous JOICFP animations,



The main character, a newly married woman, experiences cramps in *Twin Lotus*.

Twin Lotus has no narration and is designed to be used by instructors to support women's health and development activities in the region. A Chinese-language manual is being produced for instructors. *Twin Lotus* follows the release of *My Way*, the first film in the series and a joint Thai-Japanese production aimed at the Southeast Asian region. The third film in the series is under production in India and will target audiences in South Asia.

Visually Appealing

A visually appealing film created with the innovative paper-cutting technique of animation, *Twin Lotus* features beautiful images cut and painted by hand by artists working for the Shanghai Animation Film Studio. To create the striking images and settings, the artists used a combination of Indian ink and watercolor, a traditional style of Chinese artwork.

Twin Lotus is set in a typical rural river district in the southern part of China. For the people of such areas, the river forms a focal point of life and is a source of water for drinking, cooking and bathing. The problems encountered by the main character reflect problems relating to environmental sanitation, hygiene and health that face village women in daily life. In *Twin Lotus*, a newly married woman is confronted with the threat of serious illness and seeks advice from a clinic on how to overcome her illness and avoid future problems. The film also introduces the issue of FP as both members of the couple make a joint decision to delay the

birth of their first child and use modern contraceptives to make this a reality.

The film was co-produced by the Shanghai studio and a team of technical experts from Japan. It was co-directed by Hu Jinqing, who pioneered the paper-cutting animation technique in China, and Tadahito Mochinaga from Japan. A former resident of Shanghai, Mochinaga helped establish the Shanghai Animation Film Studio after the Second World War before returning to Japan where he later introduced puppet animation.

Despite its Chinese setting and East Asian orientation, much of the content of *Twin Lotus* will be familiar to women living in rural communities in developing countries around the world. Without the aid of narration, the film clearly expresses universal themes concerning women's health. The film is being distributed by Sakura Motion Picture Co., Ltd. [J]



(From left) Tadahito Mochinaga with animation director Ge Guiyun and co-director Hu Jinqing.

JOICFP Women's Health and Status Series
A New Animated Film

Twin Lotus

13 min., Color/English, Chinese

A newly-wed couple is just beginning to live together in a beautiful riverside district in southern China. One day the wife collapses from illness while at work.

Women today must learn about their bodies and be intent upon maintaining their health so they can lead more self-reliant lives.

This film, from the Women's Health and Status Series, is a Japan-China joint production that uses an animation technique based on a traditional paper-cutting method.

Distributed by
Sakura Motion Picture Co., Ltd.
Yoyogi Center Bldg., 57-1 Yoyogi 1-chome
Shibuya-ku, Tokyo 151, Japan
Tel: 81-3-3320-6311/Fax: 81-3-3320-7666
Telex: J34799 ITCINBH

16mm VTR (Beta, VHS/NTSC, PAL, SECAM)

Counseling: a Quality of Care Issue

Piotrow says mass media communication and counseling are two sides of same coin

Dr. Phyllis Piotrow, director, Center for Communication Programs, The Johns Hopkins University, and secretary, Population Crisis Committee, was interviewed by JOICFP NEWS on November 18. During the interview, she spoke about Johns Hopkins' Enter-Educate Program, which aims to entertain and educate target audiences mainly through the mass media, and the role of counseling in improving quality of care in family planning (FP) services. Below is an outline of the interview.

Interpersonal communication and the mass media are not competitive with one another — they reinforce each other. In fact, a lot of what is talked about in interpersonal communication has to do with what people have seen or heard through the mass media. Through enter-educate, we would like to see the mass media working to legitimate a subject for discussion, to create agendas for discussion, to introduce new ideas into the discussion, to reinforce ideas and to create role models for behavior.

Counseling is really a quality of care issue. Good interpersonal communication is where the provider helps the client to make his/her own decision. In a lot of

countries we found that one reason why people were not accepting FP was because the providers were disagreeable. You always know whether a doctor has treated you nicely and cared about you. That is what you judge. Therefore, the client judges the quality of care very much by the quality of the communication. According to a study conducted worldwide by the Population Council, 20% of the clinics provide 80% of the services.

One of the big reasons they found why people chose certain clinics over others was a choice of methods. Another reason was word of mouth from satisfied clients who think they have been treated well.

As for our enter-educate programs, we have carried out some sort of program in about 30 countries. Some of these are small activities such as the production of comic books. To date, we have done eight major songs of which six were very

successful. We have also done about a dozen radio soap operas and another 12 or so are under way. As for television serial dramas, we have probably done a total of six.

We have found that different things appeal in different countries. To be effective, you have to tailor your program to suit the local situation. It is important to remember is that no communication, sex education or any kind of marketing is going



Phyllis Piotrow

to get 100% of the people to do what you want. It is like marketing a product. Commercial marketers think they have succeeded if they get 2-3% more of the market. Also, some people have the idea that you do a communication activity once then go on to something else. But training, supervision, monitoring and providing commodities are continuous processes. So communication has to be continuous. [7]

U.S. Population Assistance Directions

Dr. Phyllis Piotrow made courtesy calls to officials of government and non-governmental organizations (NGOs) involved in the population field and was guest speaker at a number of events held in Tokyo during her stay from November 13 - 19. On November 18, she gave a presentation to members of the Council on Population Education on the outlook of U.S. population assistance. Below are highlights of the presentation.

As an informed observer, I predict that apart from foreign policy crises, foreign assistance policy will not be the prime concern on the president's mind. But I would not be surprised to see the first moves for an increase in population assistance coming from Congress. There are 27 more members in the new Congress who support FP and are pro-choice on abortion. These people will probably also be supportive of international FP programs. There are more than 20 new women members and every one of them is pro-choice and in favor of FP. There are also six women senators now.

I also predict additional funding for

population activities and see fewer arbitrary restrictions placed on population assistance by the executive branch of government. That means the Mexico City Policy prohibiting U.S. FP assistance to foreign NGOs which provide abortion information or services will probably be repealed soon and restrictions on funding to UNFPA will be repealed. I predict more support for programs of NGOs and special emphasis on profit, social marketing and commercial organizations that can develop sustainable programs. I see a greater emphasis placed on communication, since people are recognizing that communication leads the way to FP and that the mass media bring new ideas and role models into community norms.

We will also see more attention paid to improving the quality of services and at the same time there will be heated debates among medical professionals about what constitutes quality services and what constitutes medical barriers to FP.

I also expect to see closer integration of FP programs with activities related to women's health, child survival, AIDS and sexually transmitted diseases.



Dr. Phyllis Piotrow (left) met with Deputy Prime Minister and Foreign Minister Michio Watanabe on November 18. Noting the significant level of Japan's official development assistance (ODA), Piotrow explained to Watanabe that Japan still lags behind the U.S. in its assistance to population activities. She said that the new Democratic administration of the U.S. will most likely show increased concern for global population issues and would probably welcome the understanding and collaboration of the Japanese government on these issues. In reply, the foreign minister expressed a desire to see further cooperation between Japan and the U.S. in the field of population and said he would also welcome closer ties among parliamentarians concerned with population and development. [7]

Starting at the Grassroots

Technical assistance team pinpoints problems, provides answers to service provision

A Japanese technical assistance team took to the mountains of Panchkhal in Nepal for three days where they visited six villages implementing the Integrated Project (IP). A practical troubleshooting team, the team observed the family planning (FP), maternal and child health (MCH) and primary health care (PHC) activities being conducted through the community-based PHC units (CBPHCUs) to determine strengths and weaknesses of services. Funded by the Voluntary Deposit for International Aid (VDIA) scheme, the team followed up its observations with a two-day special seminar, held at the IP Panchkhal Field Office from November 6 - 7.

Grassroots Needs

The time spent in the villages provided the team with insights into service delivery problems and gave them a broader understanding of needs at the grassroots which was reflected in the contents of the special training. Attended by health workers from 12 CBPHCUs in the IP area of Panchkhal, the course included training on use of equipment, provision of first aid and how to recognize



Community health workers enjoy a first aid lesson from Fumiko Mukaigawara.

serious health problems and avoid incorrect practices. The training involved innovative teaching techniques and required the active participation of all in attendance.

Accompanied by a JOICFP officer, the technical assistance team comprised Takaaki Hara, director, Research and Study Department, JAPC, and Fumiko Mukaigawara, a Japanese nurse who spent over five years in Nepal involved in health promotion. The team was assisted by Sabitri Basnet, chief matron, Teaching Hospital, Tribhuvan University of Katmandu, whose vast experience as a community health nurse and knowledge of community healthcare and FP/MCH provided valuable input into the training.

The funds extended for the technical assistance team mark the second year for the Nepal IP to receive VDIA funding. The first allocation of funds was used to

construct three new CBPHCUs to effectively establish one such unit in each of the 15 IP villages. The funds were also used to purchase basic medical equipment which is currently being utilized in the 15 units. The equipment, mainly provided for MCH care, also included education material such as the Magnel Kit for teaching reproductive health and FP. One of the reasons for the dispatch of the technical assistance team was to train community health workers to utilize medical equipment effectively. The initial allocation of VDIA funds has also been utilized to develop an MCH Handbook and health record cards for mothers and children to support MCH care activities. The handbook, a colorful, visually appealing publication with many photos, has been particularly well-received by the community people. [J]



Community health workers observe a stethoscope demonstration.

Women Focus of New Project

Much of the groundwork was laid for the implementation of the new four-year plan for the IP during the recent JOICFP mission to Nepal. Titled "Sustainable Community-based FP/MCH Project with Special Focus on Women," the project is one of four with the same theme being implemented in Bangladesh, Nepal, Laos and the Philippines on a regional basis by JOICFP. The project is being executed by IPPF with UNFPA support.

In preparation for the new project, the JOICFP mission held discussions on the selection of the new project areas, objectives of the project and utilization of locally available resources with government officials and representatives of related organizations such as UNFPA, UNICEF, WHO and local FP associations. Among those consulted on

the project were senior officials of the Ministry of Local Development governing women's development programs in Nepal and the chief of the FP/MCH Division. A meeting was also held with members of the National IP Steering Committee of Nepal on the new project and the JOICFP mission consulted local experts on the FP/MCH aspects of the project.

Coinciding with the JOICFP mission, a two-member team made an evaluation of the achievements of the IP in Nepal from November 1 - 15. The evaluation team comprised Jeev Krishna Shrestha, former senior official, FP/MCH Division, Nepal, and Dr. Ramesh Adhikari, associate professor, Child Health, and deputy director, HLM Center, Institute of Medicine, Nepal.

Taking It to the Street

AIDS prevention campaigners mark World AIDS Day

Supporters of AIDS-prevention activities literally took their message to the streets in Japan in events held nationwide to mark World AIDS Day on December 1. Joined by celebrities, government officials, members of AIDS-prevention groups and the public, the activities mainly focused on creating awareness and gaining new supporters for HIV/AIDS-prevention activities.

Awareness Creation

In Tokyo, the day was marked by a number of awareness-creation activities including a symposium organized by the Education Ministry for education officials and a street campaign organized by the Health and Welfare Ministry (MOHW).

The rousing show of support marked a dramatic change from previous years and demonstrated the recent increase of awareness of the AIDS issue in Japan. In particular, the latter half of 1992 saw the launch of massive AIDS awareness campaigns by the central and local governments. The campaigns have done much to reinforce the on-going AIDS-

awareness activities of non-governmental organizations and community groups.

According to Teishiro Minami, executive director, AIDS Action, the change in the government's attitude toward HIV/AIDS has coincided with the release of official figures at the end of 1991 indicating heterosexual HIV infection exceeding the HIV-infection rate among homosexuals. "The magnitude of the problem was not recognized prior to the release of the statistics because it affected the homosexual community which does not officially exist for the government," said Minami.

Established in 1989, AIDS Action is the biggest and most active voluntary AIDS-prevention group in Japan. To mark World AIDS Day, AIDS Action organized a number of activities including a colorful march through Tokyo on November 29 and performances with African dancing. The group has been instrumental in gaining support for the Red Ribbon International movement in Japan, which aims to break down prejudice, create awareness and



The AIDS Action street march in Tokyo.

stimulate action on HIV/AIDS.

In its September-October survey, the MOHW identified 98 new HIV/AIDS cases to raise the 1992 total of new cases to 424. Fifty-six of the 98 new cases contracted the disease through heterosexual intercourse. The new figures bring the total number of people in Japan suffering from AIDS to 977.

According to estimates of WHO/Global Program on AIDS, 10-12 million people are infected with HIV worldwide, a number that will more than triple by 2000. Responding to this issue, UNFPA has been strengthening HIV/AIDS-prevention activities, particularly through education and communication programs, counseling, training and research. [J]

Adolescents & Abortion in the U.S.

Jeannie Rosoff, president, Alan Guttmacher Institute, spoke with JOICFP NEWS on November 16 about the issue of abortion in the U.S., particularly concerning the legal situation of teenagers. Below is an outline of her interview.

Contraception and abortion for minors has been a very controversial issue for 20 years. The first reason is basically a religious or moral one — even though most married women in the U.S. have had intercourse before they got married and usually long before they got married — there is still an underlying perception among people that sexual activity before marriage, particularly for girls, is wrong and should not happen. This has become more important in recent years because of the general move toward more conservative attitudes. The other reason is more neutral. It is simply the concern of parents, either about their daughter not getting into trouble or about the question of parental control.

The debate about teenagers and abortion is really part of the bigger debate about abortion in general in the U.S. This is a very violent debate to the point of physical violence. When abortion was legalized in

1973, the Supreme Court ruling essentially overturned state laws. At that point, some states had already liberalized their abortion laws. But those states that had not liberalized their laws rebelled and began to pass all sorts of impossible laws to try to resist the Supreme Court decision. The Supreme Court overturned these laws one by one — but it took 20 years.

Hot Political Issue

The issue of minors having abortions is obviously wonderfully emotional and if you talk about 12-year-old girls having abortions, you can get the public very excited. In particular, the debate on the issue of girls having abortions without their parents' knowledge has been a very hot political one because it has everything — sex outside of marriage, sex by young girls and abortion as a crime or murder.

At present, the Supreme Court rules that a state may not give parents an absolute veto over their minor daughter's decision to terminate her pregnancy. It has also held, however, that a state may require a teenager to obtain the consent of one or both parents if it provides her with an alternative of obtaining authorization from a judge, or in some states, a teacher,



Jeannie Rosoff

minister, or a doctor.

The current rules regarding minors' decision-making powers are very unusual. For example, if a pregnant 14-year-old girl decides to have the baby, her parents do not have to agree. If she decides to give the baby away, she does not even have to tell her parents. Her parents can keep her from having an abortion, but they cannot keep her from giving the baby away. The same 14-year-old girl cannot OK the doctor to take her appendix out, but if she is a mother, she can give permission for her baby to undergo brain surgery. It is a very peculiar arrangement that once you become a mother you have some of the decision-making powers of an adult — even if you are 12 years old.

Voice of Voices

By Chojiro Kunii

Experiences to Share

Guided by the UN, preparations are now under way for the International Conference on Population and Development to be held in Egypt in 1994. What can Japan contribute to this conference?

20-year Struggle

Following its defeat in the Second World War, Japan struggled for 20 years to slow its rapid population growth and overcome related problems such as poverty, unemployment and lack of resources. Despite the hardships, the Japanese people persevered and built solid foundations for development. As a result of their efforts, the birthrate was cut in half and the economic growth rate doubled, while the quality of life of the citizens was significantly enhanced. It is these achievements that have earned Japan a reputation as a miracle nation.

When I consider the international situation, I can see that the biggest problem facing the human race today is population. It is an issue that confounds many of the world's greatest minds. Many of these people feel at a loss when faced with the magnitude of this problem.

Population Solutions

But Japan managed to solve its population problems. The solution was not found by the government enforcing top-down measures, but rather it was the result of initiatives taken by the people themselves who wished to develop and expand their lives. It was a movement of the people at the grassroots and was based on the desires of the communities in the villages, towns and cities. Within this movement were initiatives to promote maternal and child healthcare (including family planning) and expand preventive health with health education. Upon such foundations and in the spirit of self-reliance, the Japanese people established innovative systems of work and made great strides in development under the leadership of the heads of municipalities and agricultural cooperatives.

Businesses, meanwhile, incorporated the large population into their work forces by absorbing inhabitants into their industrial zones. The Japanese industries were hence able to develop and expand in a short period of time and the rural lifestyle of Japan was dramatically transformed into one of an industrialized

nation. The impact of the Western education system introduced in the Meiji period also contributed to Japan's industrialization by creating a pool of people with scientific knowledge.

The experiences of Japan have not only attracted attention in Asia, but Latin American and African countries are also taking a closer look at Japan's past. [J]

DIARY

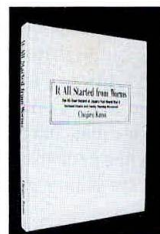
Perdita Huston, director, The Global Family Project, visited JOICFP on Oct. 26 to exchange information.

* * *

JOICFP Program Officer Hiroshi Taniguchi was in the Philippines and Thailand from Oct.

New Publication

The 45-year history of the Hoken Kaikan Group is reviewed by JOICFP Chairman Chojiro Kunii in the English-language version of "It All Started from Worms—the 45-Year Record of Japan's Post-World War II National Health and Family Planning Movement," published by the Hoken Kaikan in December 1992. Featuring essays, articles, poems and photos, this volume spans the years since World War II and takes in the cooperative movement as well as the parasite control, preventive health and family planning activities that shaped the organizations of the Hoken Kaikan since the group's establishment. The book concludes with a section on new challenges in the field of population, world peace and international cooperation. A total of 2,000 copies have been published and are available from JOICFP.



ANNOUNCEMENT

IEC Workshop for the Production of Printed Educational Materials for Preadolescent Women's Health

Date: February 6 - 11, 1993

Venue: Kuala Lumpur, Malaysia

Organizers: JOICFP and Federation of Family Planning Associations of Malaysia (FFPAM), supported by UNFPA and IPPF

Objectives: 1) To produce regional prototype printed educational materials for the promotion of reproductive health among preadolescent women
2) To share the rich experiences of FFPAM in its promotion of family life education activities
3) To provide an opportunity for the exchange of experiences with other Asian experts and organizations

Participating Countries: Bangladesh, Bhutan, China, India, Indonesia, Laos, Malaysia, Nepal, the Philippines, Sri Lanka, Thailand, Vietnam

Note: Self-funded participants are welcome to attend the seminar. For more information, please contact JOICFP.

14 - 28 to gather information for JOICFP's quarterly magazine *Integration*.

* * *

JOICFP Program Officer Atsushi Yoshino was in Guatemala in preparation for the production of a documentary film on community development from Oct. 16 - 28.

* * *

Dr. **Hirofumi Ando**, director, Information and External Relations Division, UNFPA, visited JOICFP on Oct. 27 and 28 to exchange information.

* * *

JOICFP Program Officer Sumie Ishii joined the study mission of the Japan Parliamentarians Federation for Population (JPFP) on population and development in India from Oct. 18 - 25.

* * *

JOICFP Deputy Executive Director Yasuo Kon and Program Officer Ishii were in India to attend the Expert Group Meeting of Family Planning, Health and Family Well-being, held in Bangalore, India, from Oct. 26 - 30.

* * *

Shunichi Inoue, director, Population Division, Department of International Economic and Social Affairs, UN, visited JOICFP on Nov. 4 to exchange information.

* * *

Program officers Ishii and Yoshino were in India from Nov. 1 - 11 in preparation for the production of the third animated film in the *Women's Health & Status* series. The film is targeted at countries of South Asia.

JOICFP NEWS is a monthly newsletter published by the Japanese Organization for International Cooperation in Family Planning, Inc. (JOICFP). JOICFP NEWS welcomes your comments, suggestions and contributions. Please mail to:

JOICFP NEWS

Hoken Kaikan Bekkan
1-1, Sadohara-cho, Ichigaya
Shinjuku-ku, Tokyo 162 Japan

Phone: 81-3-3268-5875
Telex: 2324584 JOICFP J
Cable Address: JOICFP Tokyo
Facsimile: 81-3-3235-7090