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JOICFP NEWS

Towards Self-reliant FP Programs

CAPRI highlights importance of seeking program self-reliance to promote sustainability

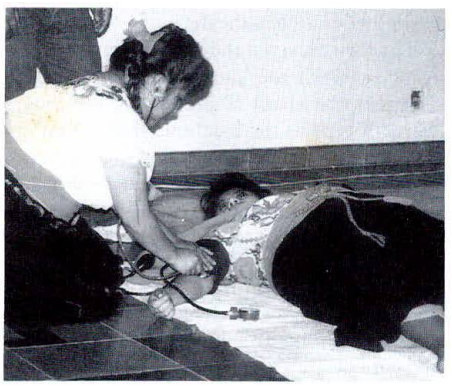
A community doctor explains FP services to CAPRI participants.

The theme of self-reliance for family planning (FP) programs proved very appropriate for representatives of Latin American countries attending the 13th American Conference on the Integrated Family Planning Program (CAPRI), held in San Cristóbal de las Casas, Chiapas, Mexico, from August 30 - September 1. As awareness grows that donors may trim assistance budgets and that funds for health projects may shrink in the future, self-reliance is gaining importance as a key factor in determining the survival of FP programs in the region.

The conference was attended by 65 representatives of government agencies and non-governmental organizations (NGOs) of the 11 countries of Bolivia, Brazil, Colombia, Ecuador, Guatemala, Japan, Mexico, Paraguay, Peru, U.S. and the Dominican Republic. Representatives of UNFPA, IPPF, UNICEF and PAHO joined other self-funded observers at the gathering. The meeting was organized by the Mexican Family Planning Foundation (MEXFAM) in cooperation with UNFPA, IPPF and JOICFP.

The conference was an effective forum for clarifying the concept of self-reliance for participants and for developing practical strategies for promoting the sustainability of FP programs. During the conference, participants were introduced to the successful approach taken by the Japan Family Planning Association (JFPA) to achieve sustainability. By developing a range of education materials and offering training in such subjects as adolescent health and FP, JFPA has been able to generate income while promoting human resource development in Japan.

To highlight the challenges of FP program self-reliance, the conference included visits to the field where participants observed activities being promoted by MEXFAM. In the first area, the participants were introduced to the community service network being set up by MEXFAM under its community doctor scheme. Doctors working within the system are provided initial support for two years to set up a community-based practice and are then expected to attain self-reliance through charging fees. However, participants were made aware that MEXFAM still faces the challenge of coming up with the initial assistance and providing some additional support in the form of IEC materials and training once the two-year period is finished.



Traditional birth attendants demonstrate delivery procedures for participants.

Expanding Service Coverage

The second part of the field observation activities offered participants a different strategy adopted by MEXFAM to promote self-reliance. MEXFAM recently joined hands with Servicios Integrales de Educación y Salud (SIES), a private healthcare network that was seeking a partner to promote family health services including FP at the community level. Prior to linking up with MEXFAM, the activities of SIES were limited to clinic-based services. By collaborating, however, the two organizations have been able to utilize the facilities of SIES and the know-how and mobile service network of MEXFAM to expand the coverage of services on an outreach basis. Still in its initial stage, the new system is expected to generate a profit in the near future which can be used to improve and further expand the services.

Insights gained during the field observations helped participants to develop a set of recommendations. Prominent among these was a call to promote awareness among NGOs that the fight for self-reliance does not mean abandoning their mission of providing services to the poorest. The participants also stressed that self-reliance of non-profit institutions can be achieved with less difficulty if there is adequate coordination among government institutions, the academic sector and NGOs.

A Winning Approach to the People

Community-based concept of IP wins hearts in Guatemala

A landmark decision was made for the people of Santiago Atitlán at the National Seminar on the Integrated Project, held in September in Sololá State in Guatemala. Impressed with the community-based approach of the project and the effectiveness of integrating a range of primary healthcare activities with family planning (FP), the representative from Santiago Atitlán agreed to start the project in his area from this year. The IP will be the first such community health and development project to be promoted to the area's 25,000 inhabitants who have refused outside assistance as they have struggled with civil war for the last 30 years.

Women and children of Santa Lucia Utatlán.

Expanding the coverage of the project was one of the aims of the seminar which was attended by 65 representatives from Sololá State including volunteers, community health agents and traditional birth attendants and community leaders from both IP and non-IP areas. With the addition of Santiago Atitlán, the project will cover a total of 11 areas with a total population of 113,000.

Despite a very tight schedule, the seminar provided participants with a deep understanding of the progress that has been made in the IP areas during the four years of implementation. The third of its kind, the seminar also included a showing of the JOICFP documentary film *Maria*, which was filmed in the IP area of San Lucas Tolimán.

Technical Assistance

Following the seminar, a JOICFP mission including two Japanese experts visited five project areas where they monitored progress and provided technical assistance to improve the effectiveness of the IP. The opportunity to visit the IP areas was welcomed by Dr. Shigeo Hayashi, former director, National Institute of Health of Japan, and Takaaki Hara, director, Department of Research and Study, Japan Association of Parasite Control, who noted that project activities had been improved since technical training was provided in 1991. The dispatch of the two Japanese experts was funded under the Voluntary Deposit for International Aid (VDIA) scheme, administered by the Japanese Ministry of Posts and Telecommunications.

While in Guatemala from September 5 - 16, the JOICFP mission also paid courtesy calls to government officials and representatives of concerned organizations such as UNFPA and APROFAM to discuss further collaboration in the field of family planning and maternal and child health.

Raising the Curtain on Women

(Photo on left) The audience in San Lucas Tolimán. (Photo on right) In Guatemala City, (from left) UNFPA Country Director Mirtha Carrera-Halim, APROFAM Vice Chairperson Blanca de Nicol and Vice Minister of Labor Hilda Morales Trujillo.

JOICFP's new award-winning documentary film received a warm welcome when it was shown to audiences in Guatemala during the JOICFP mission's stay in the country. *Maria* focuses on the activities of two women in a small Guatemalan village who overcome rivalries and join hands to improve the standard of health and raise living conditions in their community, particularly for women. A moving documentary designed to be used as an IEC material to raise awareness of women's issues, *Maria* is available in Spanish, Japanese and English.

At a premier showing in Guatemala City on September 7, *Maria* was highly appraised by the audience of 550 guests which included government officials and representatives of non-governmental organizations. Among the officials who joined the showing were Vice Minister of Labor Hilda Morales Trujillo, Japanese Ambassador to Guatemala Hirosuke Oshima, and UNFPA Country Director for Honduras and Guatemala Mirtha Carrera-Halim. In comments made after the showing, audience members said that they were impressed with the film's clear message of family planning promotion and women's participation in healthcare.

The film received the most heartwarming response from the audience in San Lucas Tolimán, the small IP area in Sololá State which served as the location for the filming on September 8. Welcomed with a burst of applause, *Maria* stunned the audience of IP personnel, volunteers, traditional birth attendants and community people with its scenes of local areas and familiar faces.

Following the film show, a total of 150 reconditioned bicycles donated from the local governments of Toshima, Arakawa, Tama and Omiya cities of Japan were distributed by Katsumasa Harada, counselor, Embassy of Japan, to IP volunteers in a ceremony.

New Horizons for Mexico's Women

Ramona Pando de Cosío, president of the Board, Mexican Family Planning Foundation (MEXFAM), spoke with JOICFP NEWS on September 27 about the challenges facing women in Mexico. Below are highlights of her interview.

In Mexico, there is a very big difference between the situation of women in urban and rural areas. The big cities in Mexico are receiving people in their thousands from rural areas. These people come with their rural ideas that children are necessary for survival. Once they move to the cities, they realize that too many children is a problem. It takes about five to six years for these people to gain this awareness and start using family planning (FP), but by this time they already have too many children.

In the rural areas, the problems of women are terrible. For example, one of our staff members noticed in many towns that a great deal of women did not have teeth. She initially thought it was lack of calcium, but found out that it was really caused by the physical abuse of men. Rural women are very abused, and unfortunately, this abuse goes from generation to generation.

Ramona Pando de Cosío

One of the obstacles to promoting FP in the rural areas is the ideas held in communities about women. It is believed in rural areas that it is the obligation of the woman to have children — that is her mission. Therefore, there is this idea that a woman who uses FP is a bad woman, and that for a woman to enjoy sex is bad. It also reflects badly on the man if a woman cannot have a child. He loses face.

It is essential that we start to change this situation by educating the young girls. Our priority with the young girls is to build up their self-esteem. This is essential, because what can you offer a poor rural woman if you want to encourage her not to have children and she replies, "What else is here for me to do?" Actually, there is very little we can say in reply, because for most of these impoverished women, there is no chance for them to study. The only thing to do is teach them to have more self-esteem so they can take better care of themselves and the children that they already have.

It takes a very long time to build confidence in such women because they tend to distrust outsiders. But once you have their trust, then you can start to talk about FP, which can give such women control over their own lives. With this control, a woman can also have control over her relationship with a man. She can say "no" to more children, even if the man threatens to leave. And if a woman can say a final "no" to such an important part of her life, then she can be in control of so many things.

Increasing FP Access in Brazil

Dr. Milton Nakamura, president, Centro Materno-Infantil/Planejamento Familiar (CMI/PF) spoke to JOICFP NEWS on September 22 about the family planning situation in Brazil and the activities of the Integrated Project (IP) conducted in São Paulo. Below are highlights of the interview.

In 1979, we carried out a survey in São Paulo State on the use of contraception. That survey was the first official document to demonstrate the impact of FP. Despite the absence of an official FP program, the survey showed that an FP program had already been established and that women had been using FP effectively.

FP a Key to Development

Of those women polled, 23% between the ages of 15-45 years were using the pill and 16% were sterilized. Very few were using diaphragms, condoms or IUDs. São Paulo State is the most developed of all the 23 states and we know that FP is one of the keys to the success of development in the state.

Today, Brazil has an official FP program. But in reality, it is the people in the middle to higher classes of society who have access to the most sophisticated forms of contraceptives. Women in the lower classes have only one chance in FP, and that is to have a tubal ligation at the time of delivery of a child. The reason behind the extremely high rate of cesarean sections at many hospitals is that many poor women have tubal ligations at the time of delivery, but want to hide the fact. Because of this demand, the cesarean section rate at some hospitals is as high as 90% of all deliveries.

Dr. Milton Nakamura

So there is a big demand for FP, but good FP is really very difficult to get in Brazil for poor people. Of course, if you have money, you can get the best. That is our reality.

We introduced the IP in 1983 in two pilot areas with the approval of the state government. This was the first official FP program in Brazil. The IP has increased in coverage ever since and from our main center we now have 12 branches in the southern part of São Paulo City.

In each of the 12 branches, there is a manager who is chosen by the community as a representative. Once a month, this person calls a meeting to discuss any problems that the community might have with the project. All branches also give classes for the community people on FP methods. The nurse in charge of the project in each of these branches coordinates the work schedules of volunteers.

Due to limitations of budget, we have developed some very innovative approaches to expand coverage and increase the effectiveness of the project. We started our work in the slum areas. But these are very dangerous and difficult to enter, so we worked out a strategy. The key we found was to use the nursery where working women leave their children, and to utilize the nurse working there. By training this person in our FP program, we were able to enter this area.

A more recent strategy of ours to expand coverage of our project is to link up with other non-governmental organizations working in different social areas. We integrate an FP program with their activities and introduce to their activities a new IP strategy. In this way, we can utilize their facilities and expand services. If possible, we also try to link up with the government at different levels such as municipal and state governments.

Calling Japanese Women to Action

Mahler urges Japanese women to set a an example for Asian women in reproductive and sexual rights

Dr. Halfdan Mahler, secretary-general, IPPF, was in Japan from October 5 - 9 to attend the General Meeting of the Japan Parliamentarians Federation for Population (JPFP) on October 7 and to provide a series of lectures. He spoke with JOICFP NEWS on October 7 about population and family planning (FP), focusing on issues related to women. Below is an outline of his interview.

When you speak about the population problem, you are almost invariably getting into conflict with many women's groups which feel that starting at the macro-level of population, you really are not addressing the true problem — which is that of the individual woman who is, after all, the uterus owner. These women's groups have very great difficulties in digesting the old-fashioned notions of too many people and, by virtue of saying too many people, you tend to blame the woman for having produced something.

This is not only a European problem. I feel from discussions I have had with women in Japan that they have the same concern that the micro-level of the individual woman and her decision, her right to reproductive decisions, is easily sacrificed on the altar of the "population explosion."

I believe IPPF was a marvelous organization when brave and angry women without money ruled it in the 1950s and 1960s and into the beginning of the 1970s. Then the money started coming in and with the money, the men came running in after the money and whatever kind of prestige always comes with money. It is only in the last few years that the men in IPPF have recognized that they had better watch out, otherwise they might — hopefully — become endangered species.

When I look at the challenges facing Japanese women, I can see that when they truly start to liberate themselves, the Asian world will tremble. Once there is a total acceptance of women in the genuine spirit of equality in Japan, you will see in the Asian space that politicians will no longer dare to ignore women. That is why in Japan we need to get that message to all women that they have a historical mission in Asia.

I also believe very sincerely that if we want to have a world where we can live together, then women are infinitely better at networking on a horizontal level than men. We very badly need women's perspectives in the field of population and FP as we move towards the International Conference on Population and Development (ICPD) in Cairo — not only from Europe and North America, but also from this part of Asia. We need badly to care that women care about what happens to them and their reproductive rights, their sexual rights, their rights to be a very decisive force, as we look at how to provide sensitive, high-quality FP services.

Dr. Halfdan Mahler

Hormone Controversy

Looking at the controversy that still exists in Japan as to whether women like hormones for contraception or not; it is clear to me at least, that it is mainly a male debate and that women have not been empowered to make what is their decision. I do not care whether women want hormones or not, but what I am upset about is that Japanese women have not been properly informed. So you get emotional kinds of attitudes. I do not mind these, but at the same time, you should have a rational attitude based on information. Then you can say, "I feel I don't like to have hormones in my body," and if that is your decision as a woman, then that is fine.

This is one area where Japanese women could set an example. It would be a very important political stand for women in Japan to take and would help women in other parts of Asia if they say, "We insist that we have quality information that we can understand. We want to have access to the higher powers and we do not just want somebody sitting in the Ministry of Health and Welfare making decisions for us based on something called 'medical wisdom.'"

I would also like to plead with Japanese women about another matter. In Japan at present there is a great deal of concern about the very low birthrate. In this situation, male politicians start wondering how to make women produce children. First of all, this has never worked in any country in Europe, no matter how big the financial incentives have been to produce more children. I think it is marvelous that it did not work. I hope that Japanese women will decide for themselves in the light of the way that society treats them, how many children they have.

Ahead of the conference in Cairo and the women's conference in Beijing in 1995, I plead with Japanese women to be aware of their responsibility, to themselves, and then to Asian women at large. When they draw the battle lines in favor of women's equality and develop their own kinds of strategies of how to fight, that will send a message to other Asian women.

Let me add, that there is this idea that contraception is only a matter of getting pregnant or not getting pregnant. But I think in the discussion on contraception, you must take into account whether it allows a woman's sexuality to be realized in a way that the woman would like to realize her sexuality. Her choice will clearly be influenced by that.

You cannot separate sexual and reproductive health. It is very important that we have an enlightened discussion about the relationship between sexual and reproductive health, and I hope that Japanese women will not shy away from that. I am not trying to set off a time bomb, but I think it is very important, especially for the younger generations, that women are able to realize their sexuality on their own terms and in the spirit of total equality between the two sexes.

UN Honors Efforts in Population

Sai and Mainichi Shimbun awarded for spreading awareness of population

The UN Population Award was presented this year to Dr. Fred Sai, president, IPPF, in the individual category, and to the Population Problems Research Council of the Mainichi Shimbun, in the institution category. Below are highlights of acceptance speeches made by Sai and council president, Tadao Koike, on the occasion of the awards presentation by UN Secretary-general Boutros Boutros-Ghali in New York on September 16.

(From left) Fred Sai, Julia Henderson and Tadao Koike.

Fred Sai

In too many parts of Africa today the proportion of young girls who are exposed to even three to five years of education is quite small. Even today there are countries where only 20% of the girls are in school.

Let us empower our girls through education, and transform their lives through insight, giving them the tools to embark on the path of life on a firm footing, in equal stride with their male peers.

In addition to their education, there is a need to look at the kinds of practices which are now interfering with the lives and livelihoods of our girls and women in Africa and making life such a drudgery to them. Far too often we are allowed to hide behind anachronistic traditions and cultural practices, some of which are really morally indefensible, and do things to our women which should not be permitted. Female circumcision is one such example. There is no reason at the present time for any child to be coerced into marriage and to be forced to start having children, deprived of time to enjoy her childhood before she becomes a woman and a mother. This we do in the name of tradition and culture.

Since 1987, we have been calling for more attention to the issues of safer motherhood. This is a field in which we must really see the violence we are committing against our own people, our own kin, and address the needs as quickly as possible.

Finally, on the issue of safe motherhood, let me say once more that nothing has been found to be as effective as the ability for women to control their own fertility. Let us make it possible for all women the world over to have full control of their reproductive rights by providing them with the quality information and services to achieve that. And we must remember that the methods to control fertility, imperfect though they may be, are available.

Tadao Koike

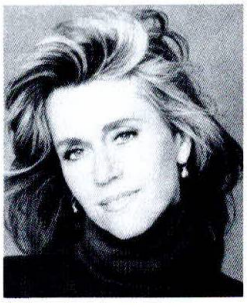
The Population Problems Research Council was established in 1949. From the beginning, the council has been engaged in various activities. It has carried out population and FP surveys, conducted study groups and seminars and published what it regarded as useful materials.

The most ambitious activity of the council is the National Opinion Survey on FP. It was first conducted in 1950, and was carried out every other year thereafter. It has documented the demographic transition in Japan from high fertility and mortality rates of the period after the war to low fertility and mortality rates of today. It also provides insight into how Japan was able to emerge from the difficult conditions just after the war and overcome its population problems by formulating and implementing a national policy on population growth—enabling it to attain the economic status it enjoys today.

The council is now striving to go beyond Japan's own problems, to address population and environment on a global scale.

Jane Fonda on Population

Actress Jane Fonda and her husband, CNN President Ted Turner, were made goodwill ambassadors of UNFPA on September 21. In a speech at the UN on September 20, Fonda provided her views on population and related issues. Below are highlights of her address.



Jane Fonda

It is true that there is no absolute consensus on whether population growth is a root cause of poverty, hunger, crime, environmental destruction, the immigration crisis, and internal political conflict. But the one thing most of us can surely agree on is that unchecked population growth exacerbates all of these problems and that it will be extremely difficult if not impossible to solve any of them if we don't stabilize population growth.

To improve people's quality of life, reduce conflicts and stop environmental destruction, we need sustained economic growth carried out in a manner that is environmentally sustainable and we absolutely cannot have such development over the long term unless and until population growth is brought into balance with available resources.

But, I'm also a woman, and I share the concern that a crisis mentality, which is justified and necessary, might cause us to resort to coercive, insensitive fertility control measures. Women must not be blamed because we bear children. Our health and our bodies must not become the sacrificial altars on which demographic targets are callously arrived at. If we have learned one lesson over the last 30 years, it is that the ways that work best to reduce fertility are the ways that are respectful of women.

From a policy standpoint, what is to be done? We must first ensure universal access to family planning by the end of this decade. We must alter the conditions that have led historically to high fertility. Giving women legal status as full citizens, access to credit, the right to own and inherit property, education and job opportunities ar important in and of themselves. They are also important to lowering fertility.

Photo courtesy of ICPD Secretariat, UNFPA.

Banking on Women's Spirit

Professor Muhammad Yunus, managing director, Grameen Bank, spoke to JOICFP NEWS on September 3 about the activities of Grameen Bank, an institution he founded to provide loans to poor women in Bangladesh. Below are excerpts from his interview.

Grameen Bank started in a small way in one village as a kind of challenge to the conventional banking practice which disallows poor people from borrowing money from banks. Banking procedure requests that somebody must have something to offer as collateral before the bank will even consider accepting an application. Since this principle is adopted by the banking system all over the world it divides the world population into two sections: the lucky ones who can offer collateral can borrow from the bank, and the unlucky ones who the bank will not touch.

Muhammad Yunus

Lending to the Poor

I could not accept this. So I tried to find out whether what the banks were saying was right. I took money from the bank, offering myself as a guarantor, and lent the money to a few people in a village in 1976. It worked very well, and people paid back the money. I was trying to demonstrate to the bank that you can lend to poor people and it is a good business. I expanded this experiment, but nothing changed the bankers' minds. So in 1983 we became a bank.

By now in 1993, we operate in almost half of Bangladesh — in 33,000 villages out of a total of 68,000. We have 1,030 branches with a staff of 12,000 and we offer loans to 1.6 million borrowers — 94% of whom are women, all very poor. This bank lends money only to the poorest and gives money to those who have never had any experience whatsoever of running any business, or using money for any income-generating purpose.

If I have to summarize, I would say that women are much better managers of resources, and are much more serious entrepreneurs than men. More than that, any benefits a woman receives through her work, the first beneficiaries are the children and the next is the household.

A woman in Bangladesh has lots of skill, which initially she is not aware of because society has been telling her she is no good because she is a woman. Since she was born she has been told that she has brought bad luck to the family. And since she has always been put on the negative side of life, she has started accepting that position. She is very apologetic for being the way she is. So to get her to believe that she is something and can do something takes time and preparation.

Grameen operates with the philosophy that all human beings are individually a treasure of potential possibilities. Given an opportunity, a woman can peel off the crust that society has put around her — and we have found out that money works in a magical way in peeling off this crust.

In Grameen, to receive a loan a woman has to be a member of a group of five. When she gets to hold an elected position in that group, it is a tremendous success for her. The first time she earns money she cannot believe it — she's somebody. Each time she makes weekly installments, it is self-confidence building.

In the beginning the husbands did not like the idea that Grameen should give loans to their wives and not to them. But they gradually got used to the idea. Also, in the corner of each husband's mind there is that knowledge that no matter what, money is coming to the family.

The basic principle we tell the woman is: "You must prepare yourself to protect the money and at the same time make sure you protect the marriage. Do not give up one for the other."

We have also done a tricky thing with our housing loans. We only give them out if the woman owns the land on which the house will be built. If the husband agrees to transfer the land to the woman's name, then they can receive a loan. So she builds a house and the husband is then living in the wife's house. Over 200,000 housing loans have now been provided, and this has happened in each case. In a situation where she owns the house and land, the woman feels very secure. J

Changing the Agenda

Juliet Richters, lecturer, Department of Public Health, University of Sydney, visited JOICFP on August 27 to exchange information on women's health. Below are some of her views on the issue.

To argue why I don't think women's health is just gynecology, I need to make a conceptual distinction between sex and gender. Sex is the biologically based distinction between males and females. Gender is the social construction of male/female identity. It is both a set of ideas — a way of thinking about relations, of influencing behavior, a set of symbols — and a principle of social organization — allocation to roles, division of labor. Although many characteristics associated with masculinity and femininity give the impression of being "natural" or biologically founded, they are in fact culturally constructed and vary from society to society.

The point of having women's health as a separate subject is not just to look at the health of a population subgroup — women — from the same point of view as has been used all along for looking at "normal" people, i.e. men. It is so that we can change the rules of what we regard as important, in other words to change the agenda. The insistent emphasis on the countable, the objectively ascertainable, has been described as a recurrent problem in the "male" scientific tradition. It has meant that we count deaths, or pregnancies, or hospital separations, or numbers of couples discontinuing a contraceptive method, rather than finding out about ill health, or reasons for pregnancies, or what happens to wives when their elderly husbands are discharged from hospital, or what women feel when they stop using a contraceptive they objectively need.

Juliet Richters

I do not belong to the mystical feminist tradition: I do not think we should give up statistics and counting and conducting well-designed studies that give us unambiguous answers to clearly stated questions. But we have to extend the terms of the debate, we have to be prepared to apply our scientific logic to personal experience as well as to "hard events."

This goes further than what I call "warm-speculum gynecology," which is what is often taught to doctors in the name of women's health. It means querying the basis of the "facts" that we learn from courses and from medical journals and drug advertisements and asking "How do they know?" and "Do I accept the assumptions on which this research is based?" and "How can I help change it?"

Extending a Helping Hand

Japanese paramedics learn ways to assist in international cooperation activities

"The Japanese experience in family planning and maternal and child health (FP/MCH) can be utilized to raise the quality of life in developing countries, but a person working in the field should realize that above all else it is essential to be flexible," said Atsuko Yoshida, a 33-year-old midwife. "I think we tend to put too much emphasis on high-level techniques in international cooperation activities, and these are not what are always needed in the field. It is true that we should use our Japanese experience effectively to assist people, but at the same time we must consider the culture within which we are working," she said.

Yoshida provided her comments during the 24th Seminar on International Cooperation in Maternal and Child Health and Family Planning, held September 13 - 24 in Tokyo. An annual event, the seminar is aimed at preparing participants for overseas service by deepening their understanding of issues related to international cooperation and to broadening technical cooperation channels in Japan for assistance to developing countries.

The course included presentations by experts on topics such as population issues, volunteer work, reproductive health, adolescent health, international assistance and communication techniques. The schedule incorporated an overnight brain-storming session at Kanagawa Women's Center where participants engaged in active discussions.

The seminar was subsidized by the Ministry of Foreign Affairs and implemented by JOICFP. A total of 21 trainees attended this year's event including nurses, public health nurses, midwives and instructors of paramedical students. Course leader for the seminar was Dr. Minoru Muramatsu, former chairman, Population Association of Japan. Launched in 1972, the course has now been attended by a total of 546 health professionals.

Yoshida, who served as a member of the Japan Overseas Cooperation Volunteers (JOCV) in a hospital in Malawi, was among several participants well-acquainted with the international cooperation field. Indicating a desire to share her experiences to further promote international assistance, she commented on the importance of making people aware of their own health. "JOICFP's Integrated Project (IP) is very useful for getting people to take action to protect their health," she said.

Participants take notes during the seminar.

Range of Services

Masami Nakazawa, a 25-year-old midwife, also had positive comments to make about the community-based approach of the IP, but cautioned that a mix of clinic- and community-based care is probably the best approach to serving all healthcare needs. "Educated people tend to use services provided by clinics, but for those people less aware of health issues it is very important that there are people to go out and speak to them," she said. "The only way to meet all the healthcare needs of the people is to combine the two in a well-coordinated manner so that they reinforce each other."

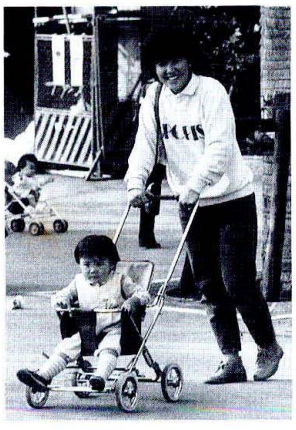
Nakazawa who joined the course to learn about how she can assist people in developing countries, said that she gained many insights into promotion of FP/MCH from a variety of viewpoints. "The conventional approach to international cooperation may have a tendency of overlooking the needs of the individual on the receiving end of assistance," she said. "The type of international cooperation activities I would like to be involved in would be tailored to the needs of the individual. That is why I think the approach of the IP, which uses parasite control to raise health conditions and trigger awareness of health within the community, is effective."

A Preference for Baby Girls

For the majority of women in Japan, a girl baby is preferable to a boy baby, according to recent findings of a fertility survey conducted by the Institute of Population Problems of the Ministry of Health and Welfare (MOHW). The nationwide survey, carried out in July 1992, found that 75.7% of women would prefer to have a girl baby if they were to have only one child—a marked change from 10 years ago when only 48.5% of women said that they would prefer a girl child.

Conducted every five years, the survey gained responses from 8,844 married women under 50 years of age. In giving reasons for wanting a girl child, many women commented that a daughter is more likely to remain closer to parents than a son.

The findings of the survey reflect the changes that have taken place in Japanese society in recent years including the emergence of the nuclear family, later marriage, fewer children and population aging.



A mother and daughter stroll in a Tokyo park.

The survey also found that only 15.2% of marriages currently follow the practice of *omiai* (arranged marriages), a sharp decrease from the 23.6% of five years ago.

Meanwhile, couples are waiting longer after their first encounter before getting married. According to the survey, couples married during the 1987 - 1992 period waited an average of 2.97 years after their first encounter, a sharp contrast from the average waiting period of 1.97 years for couples married between 1972 - 1977.

The survey also found that while the total fertility rate has fallen in Japan to 1.50 in 1992 from 1.75 of 1980, fertility for married couples has remained virtually unchanged since 1972 at 2.21.

Voice of Voices

By Chojiro Kunii

Scenes from Guatemala

In September, a JOICFP mission consisting of six members including Dr. Shigeo Hayashi, former director, National Institute of Health of Japan, traveled to Guatemala. Their visit came just after the 13th American Conference on the Integrated Family Planning Program (CAPRI), held in Mexico.

The Integrated Project (IP) has met with considerable success since it was launched in Guatemala on a pilot basis five years ago. Dr. Hayashi, a renowned expert in parasite control and public health, has been involved the project and has established a great deal of trust with the Guatemalan people through his contributions.

JOICFP recently produced the documentary film *Maria,* which captures the commitment of those involved in the IP and contains breathtaking footage of the scenery around Guatemala's Lake Atitlán. The movie begins by introducing the use of parasite control to get the community people involved in the mass examination and treatment exercise. We learn that by participating in these activities, the people have gradually overcome their distrust of IP workers.

Women's Independence

The film also shows how local women involved in a cooperative project aimed at promoting women's economic independence have been using reconditioned sewing machines donated by Japanese people. One of the people featured in the film is Dr. Jorge Solórzano, who is in charge of the IP and is a great enthusiast of the project.

This film and other activities undertaken by JOICFP have done much to introduce the local conditions of Guatemala to Japanese people and motivate them into action. The Voluntary Deposit for International Aid (VDIA) and MCCOBA activities are two such examples of support. The Japan Bicycle Promotion Institute has also provided some funds to ship donated reconditioned bicycles to IP areas in developing countries where they serve as the main means of transport for the health volunteers. The Japanese Embassy in Guatemala, meanwhile, has also been keen to assist us. Thanks to this support, the Ministry of Foreign Affairs has been very cooperative. With all of these activities, there have been efforts to make sure that they meet the needs of the communities.

These small movements in Japan have had a strong impact on the Guatemalan people. Historically, the people of this country with deep Catholic roots have resisted family planning. However, the Japanese IP has been enjoying a good reputation in Guatemala and has even sparked the interest of Catholic priests and the military. Perhaps, this has to do with a realization that the IP has nothing to do with religion or politics. J

JOICFP Film Awarded

JOICFP's moving documentary film *Maria* was honored as "Best Short Film" at the prestigious Asia-Pacific Film Festival, held in Fukuoka, Japan, from September 7 - 10. A rare honor for a documentary film, the award was presented by the Federation of Motion Picture Producers in Asia-Pacific at the federation's 38th film festival. The educational film, shot on location in Guatemala, documents the struggle of two women — a young laboratory technician and an older indigenous traditional birth attendant — who overcome rivalries and work together to improve the level of health in the community. Created in the International Year of the World's Indigenous People, *Maria* presents a powerful message about improving health, particularly for women, in indigenous communities. The film, a joint Japanese-Guatemalan effort, is 33 minutes long and available in English, Spanish and Japanese languages.

DIARY

Sixteen participants and one observer from 15 countries attended the Seminar on FP Administration for Senior Officers held Aug. 23 - Sept. 10. The seminar was entrusted to JOICFP by JICA.

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JOICFP Deputy Executive Director Yasuo Kon and Program Officer Kiyoko Ikegami were in Mexico from Aug. 26 - Sept. 4 to take part in CAPRI. They traveled to Guatemala on Sept. 4 where they were joined by Dr. **Shigeo Hayashi**, former director, National Institute of Health of Japan; **Takaaki Hara**, director, Department of Research and Study, JAPC; and JOICFP staff member Mariko Honma. The team took part in the National Seminar on the IP, technical support activities, the premier showing of JOICFP's documentary film *Maria*, and VDIA ceremonies. Kon and Ikegami were later in New York from Sept. 12 - 14 to hold discussions at UNFPA Headquarters. Ikegami exchanged information with officials of the Centers for Disease Control in Atlanta on Sept. 14 and stayed in New York until Sept. 17 to hold discussions with officials of IPPF Western Hemisphere Region. The rest of the JOICFP team remained in Guatemala until Sept. 16.

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JOICFP Program Officer Atsushi Yoshino was in Indonesia from Sept. 6 - 21 to produce a series of educational slides on the activities of YKB's FP/MCH clinic.

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JOICFP Program Officer Sumie Ishii and staff member Sono Aibe were in Vietnam from Sept. 10 - 22 on a project monitoring and formulation mission.

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Dr. **Milton Nakamura**, president, CMI/PF, Brazil, was in Tokyo from Sept. 21 - 22, to exchange information with JOICFP officers, pay courtesy calls to officials of MCCOBA and VDIA and visit Morimura Gakuen High School.

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Twenty-one paramedics attended the 24th Seminar on International Cooperation in MCH/FP, held at JOICFP from Sept. 13 - 24.

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