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JOICFP NEWS

Advocating Reproductive Health & Rights

Women parliamentarians and NGO representatives including members of Japan's Network for Women and Health with Prime Minister Tomiichi Murayama in August. During the meeting, the women urged government support for reproductive health and rights and women's empowerment.

Japanese women push for recognition of reproductive health and rights at home

Japan's unequivocal endorsement of reproductive health and rights and women's empowerment at recent major international conferences is adding momentum to a campaign by women activists to make reproductive health and rights a reality for women within Japan. One of the major issues now being pursued by these women and their supporters is the licensing of the low-dose contraceptive pill which is still illegal in Japan.

Advocates of wider contraceptive choice were given some hope that the low-dose pill would be licensed for contraceptive purposes when the *Mainichi Shimbun* (newspaper) reported on September 18 that authorization could be expected in March 1996. However, some women have begun to voice doubts that the Ministry of Health and Welfare (MOHW) will indeed give the pill the go-ahead, recalling past instances of optimism surrounding the pill.

The history of the pill issue in Japan is one of disappointment for people involved in the field of reproductive health including family planning (FP). Hopes for licensing have been dashed on several occasions since the pill became popular worldwide in the 1960s. Licensing seemed imminent in 1992 after considerable testing had silenced concern about the pill's side effects. However, authorization was suddenly delayed in February of that year by the MOHW over concern that use of the low-dose pill for contraceptive purposes would lead to the spread of HIV/AIDS.

According to the *Mainichi Shimbun*, a subcommittee of the Central Pharmaceutical Affairs Council under the MOHW determined on September 12 that the contraceptive was safe and effective. In a comparison study of the ratio of pill use and spread of HIV in other countries, the subcommittee found that the cause-and-effect relationship was negligible.

The MOHW's reluctance to license the low-dose pill in Japan remains a thorny issue for Japan abroad, especially in light of Japan's clear support of reproductive health and rights and women's empowerment at the 1994 International Conference on Population and Development (ICPD) held in Cairo, the 1995 World Summit for Social Development held in Copenhagen in March and the 4th World Conference on Women held in Beijing in September. The Ministry of Foreign Affairs (MOFA) is pursuing a very progressive course in terms of reproductive health and rights and women's empowerment in ODA, particularly with its Global Issues Initiative (GII) on Population and AIDS and its new Women in Development (WID) Initiative. MOFA has regular consultations with NGOs including women's groups and is reflecting NGO perspectives in Japan's assistance in developing countries.

In a bid to guide government support, a group of women parliamentarians and NGO representatives including members of Japan's Network for Women and Health met with Prime Minister Tomiichi Murayama in August ahead of the Beijing conference. The group requested that the government emphasize the deletion of brackets around the terms of reproductive health and rights in the conference document and that clear support for these issues and women's empowerment be expressed in the official speech by the delegation head. They also urged the government to meet with domestic and foreign NGOs at the conference.

The meeting with the prime minister followed a similar meeting in July with then Minister of Health and Welfare Shoichi Ide. Noting that the government supported reproductive health and rights in its approval of the Progam of Action of the ICPD, the group outlined various steps to be taken within Japan. Specifically, they called for a research group involving women to be set up on reproductive

health and rights; more facilities for consultation on reproductive health; promotion of education on women's health; and a widening of contraceptive choice.

For this latter request, the group pointed out that since prevention of unwanted pregnancy is a major issue for women's reproductive health, contraceptive choice should be expanded as much as possible and should include the low-dose pill. They also criticized what they see as a double standard concerning the pill; the government does not allow the low-dose pill for contraceptive purposes, yet takes no action over the current use of the higher-dose pill as a contraceptive by more than 200,000 women in Japan. Women can obtain the higher-dose pill on prescription for menstrual disorders.

The group emphasized that licensing has taken too long in Japan and that contraceptive choice is extremely limited for Japanese couples who basically have to rely on the condom. They added that the lack of availability of the low-dose pill in Japan is at odds with worldwide trends. While calling on the ministry to license the pill as soon as possible, the group stressed that the government has to go further and establish a monitoring system operated by a third party to check side effects and ensure informed choice for women.

Commenting that too much emphasis is placed on maternal and child health (MCH) in Japan, the group briefly outlined the reproductive health concept and explained that child-bearing is only one part of a woman's life cycle. The present policy focus on MCH and administrative structure does not adequately answer the needs of women, they added. They called for new bureau to be established to specifically deal with reproductive health.

The efforts made by activists after the ICPD to meet and convince government officials and politicians on reproductive health and rights may have contributed to a favorable environment for the low-dose pill's authorization, according to Yuriko Ashino, deputy executive director, Family Planning Federation of Japan (FPFJ). Media attention on the pill issue has also helped, she added.

While expressing her hope for pill licensing, Ashino emphasized, "Women need to continue to put pressure on the government. We need to pay attention to the pill issue so that licensing won't be canceled again."

As part of its on-going efforts to draw attention to reproductive health issues including the pill, Japan's Network for Women and Health is holding a symposium with the theme of "Reproductive Health and the Pill" on November 11 in Tokyo.

Japan's Population Growth Slows

Japan's population grew at the slowest pace on record during the three-year period of 1993 - 1995, according to a recent report of the Ministry of Home Affairs. As of the end of March this year, the total population of Japan was 124,655,498 based on family registration data at local governments throughout Japan. The figure shows an increase of 332,697 people, or 0.27%, from the 1994 figure. Men make up a total of 49.12% and women account for 50.88% of the population.

Teenagers underwent fewer induced abortions in 1994, but adolescent health remains a pressing issue.

Out of the 47 prefectures of Japan, 40 saw an increase in population figures and seven saw a decrease. The population of Hyogo Prefecture marked a decrease of 26,619 people over the year before as the result of the Great Hanshin Earthquake which hit Kobe and surrounding areas in January this year. The ministry also noted that 50.86% of Japan's population lives in the nine prefectures of Tokyo, Osaka, Kanagawa, Aichi, Saitama, Chiba, Hokkaido, Hyogo and Fukuoka.

Japan heads toward a grayer future

People aged 65 years or older now account for a record 14.5% of the population, according to a report released on September 14 by the Management and Coordination Agency. The report was timed ahead of the nation's Respect for the Aged Day on September 15.

In terms of numbers, Japan has 18.21 million aged people of which 7.49 million are men and 10.73 million are women. Overall, elderly women outnumber men three to two. However, women outnumber men two to one in the 85 years and older age group in which 480,000 are men and 1.10 million are women. The figures indicate that aging has unique significance for women in Japan.

Japan's aged are particularly active with 24.8% of the total engaged in work. This is significantly higher that the proportion of working elderly in the U.S. (12.4% in 1994) and in Canada (6.5% in 1993).

Induced Abortions Drop

The official number of induced abortions dropped dramatically in 1994 to hit 364,350, a decrease of 22,000 from 1993, according to the Ministry of Health and Welfare (MOHW).

Women in the 20 - 24 age group received the largest number of abortions at 83,309, with the 30 - 34 and 35 - 39 age groups in second and third place.

A drop in the number of abortions was also noted among teenagers who underwent 20,783 abortions, or 5.7% of the total of abortions performed, in 1994. In 1993, 29,776 abortions (6.6% of the total) were performed on teenagers. Experts welcomed the drop in numbers of abortions, but noted that teenagers were making up a larger proportion of abortion recipients. This tendency indicates the need for greater attention to sex education for adolescents, they said.

The largest number of abortions was performed in Hokkaido followed by Tokyo, Aichi and Fukuoka prefectures. The decreasing abortion rate is one of the achievements of Japan's family planning movement launched after WWII. The movement was driven forward in 1955 when the number of abortions reached a peak of 1.17 million.

Japan has 18.21 million people aged 65 or older of which 10.73 million are women.

Committed Leadership

Two consultants conducting an evaluation in May this year found a high level of motivation among the community people, particularly women, involved in the regional UNFPA-supported Sustainable Community-based Family Planning/Maternal and Child Health (FP/MCH) Project with Special Focus on Women being promoted in the Philippines. The evaluators highly appraised the commitment of leaders including the mayors of the municipalities of Malvar and Balayan where the project is implemented in 63 barangays (villages). They also found that women had already begun some income-generation activities to create funds and contribute to project sustainability. They noted that maintaining this enthusiasm is one of the challenges of the project.

The evaluation was conducted by Dr. Emma Porio, coordinator for Southeast Asian Global Urban Research Initiative (GURI), Department of Sociology & Anthropology, Ateneo de Manila University, and Dr. Juliet de la Cruz, Family Planning Clinic, Philippines General Hospital. The mid-term evaluation involved interviews with concerned persons and inspections of health facilities.

A report session of the results held on September 7 in Balayan was attended by 80 people involved in the project including provincial officials, a mayor, barangay captains, health personnel, volunteers and representatives of UNFPA and the Department of Health.

In the report, the evaluators noted that one of the strengths of the project is the commitment and understanding of objectives shown at all levels. They found that barangay task forces and women's groups have been set up in all barangays to support and implement the project. Education, an important component of the project, has also been promoted through such activities as mothers' classes of which 66 have been held for 1,634 mothers, they noted.

The evaluators appraised the intensive education activities including training which has motivated health staff to promote the project and volunteers to assist midwives. This and the improvement of health facilities with provision of equipment and supplies had contributed to raising the contraceptive prevalence rate from 12% to 41% in Malvar and 19% to 44% in Balayan in one and a half years. The wider choice of contraceptives was also noted as a contributing factor.

Community health volunteer workers assist with growth monitoring of infants.

While noting that the commitment of leadership could serve as a model for other local governments, the evaluators stressed that maintaining this commitment is a major challenge to ensure sustainability of the project. The team also urged continued efforts to improve data collection and monitoring systems as a means to create awareness of the actual health needs among those involved in the project as well as the community people.

Towards Full & Equal Participation

Satish Mehra, country director-UNFPA, ilippines, provided JOICFP NEWS with his views on the country situation in the Philippines. Below are his insights.

The Platform for Action of the recently concluded Fourth World Conference on Women in Beijing and the Program of Action of the 1994 International Conference on Population and Development (ICPD) in Cairo both focused on the centrality of the issue of women in development. Some specific recommendations focused on education and empowerment with emphasis on reproductive rights.

In the Philippines, the post-Cairo agenda recognizes that the full and equal participation of men and women in all fields of human endeavor and decision-making is fundamental to attaining the goals of Philippines 2000 — the country's bid to achieve a newly industrialized country (NIC) status by the turn of the century. The inadequate level of education, health, nutrition, skills and social development of human resources, particularly women, has been cited as one of the barriers that impede development in the Philippines.

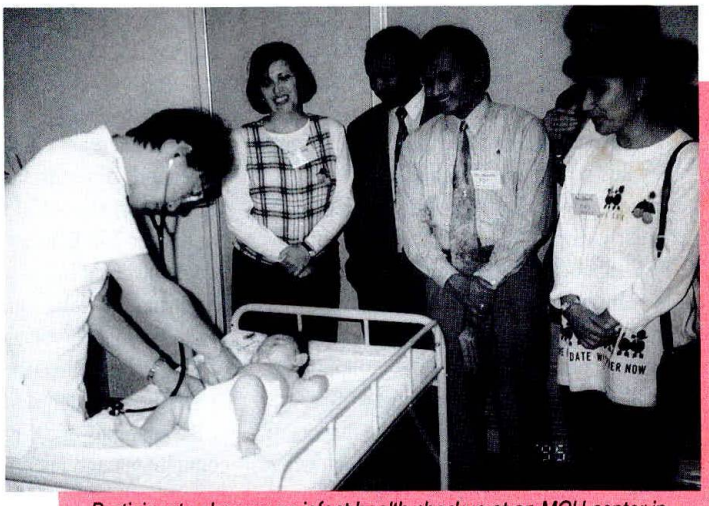
For instance, in the area of health, many women continue to be unserved or underserved. Maternal mortality is high at 209 deaths per 100,000 live births. Around 3 million women want to either space the next birth or do not want to have any more children and have no access to any reliable method of family planning (FP). Because of lack of information and access to services, around 150,000 women with unwanted pregnancies resort to illegal abortions annually. Moreover, significant numbers of women suffer from various illnesses such as anemia and hypertension.

The ICPD's focus on reproductive health is a welcome response to the many health concerns of women. The reproductive health orientation views women's health from a life cycle perspective and enables the convergence of a wide constellation of services beyond FP to address these various needs. As a proponent of the ICPD Program of Action, the Philippine government has adopted the reproductive health paradigm with FP as the core component.

UNFPA is currently supporting a US$22.6 million "Strengthening the Management and Field Implementation of the Family Planning/ Reproductive Health Program" of the Department of Health. The program essentially aims to expand, improve and strengthen FP and reproductive health information and services in targeted government and non-government service delivery outlets to improve women and children's health and welfare. With the adoption of a reproductive health orientation, the program's areas of emphasis include: integration of STD/HIV/AIDS and reproductive tract infections into FP information and services; greater involvement of men as important and equal partners of women in reproductive matters; and improvement of the quality of services to address the large unmet demand for FP and to reduce the need for abortion.

Mehra

Strengthening NGO-GO Cooperation



Participants observe an infant health checkup at an MCH center in Yamagata Prefecture.

Women participants outnumbered men by 11 to six at the Seminar on Family Planning (FP) Administration for Senior Officers II 1995 held in Japan from August 22 - September 14. The greater participation of women was appropriate for the seminar, which coincided with the 4th World Conference on Women held in Beijing and reflected much of the reproductive health and rights and women's empowerment focus of the conference in its course content. The seminar was the first since the FP seminars were first organized by JOICFP in 1967 that women outnumbered men. The event was entrusted to JOICFP by the Japan International Cooperation Agency (JICA).

The seminar was attended by high-ranking FP administrators and managers from the 17 countries of Bangladesh, Brazil, Cameroon, Dominican Republic, Ecuador, Ethiopia, Ghana, Guatemala, Indonesia, Laos, Malaysia, Mexico, Nepal, Peru, Philippines, Tanzania and Thailand. It included a Tokyo session and field observation in Yamagata Prefecture. Japan's experience in FP and maternal and child health (MCH) care and its demographic transition since WWII was utilized as a case study for the seminar.

Children of Hongo-Higashi Elementary School listen to their teacher as the visitors look on.

The Program of Action of the 1994 International Conference on Population and Development (ICPD) of Cairo also served as a major reference point for the seminar. Specifically, the seminar focused on strengthening and utilizing NGOs for effective promotion of reproductive health including FP at the community level. The experience of Japan Family Planning Association (JFPA) was used in the seminar to highlight the benefits of cooperation between governmental organizations (GOs) and NGOs and the effectiveness of providing a variety of fee-charged services to promote self-reliance. Participants were introduced to strategies that have enabled JFPA to achieve self-reliance, joint GO-NGO training and JFPA's progressive adolescent health education activities.

During the field trip, participants observed many of the activities they had learned about in the Tokyo session. The visitors were introduced to various advantages of GO-NGO collaboration and the effective utilization of volunteers drawn from the community to promote health. Among the activities observed was the work of the *Aiiku-Kai* MCH volunteers and the Health Promoters' Association of community health. The field trip also included a visit to the Yamagata Prefectural Government Office, Murayama Public Health Center and observation of activities in Higashine City, Hongo-Higashi Primary School and Yamagata Saiseikan Hospital.

For Dr. Elisabeth Meloni Vieira, senior program officer, Family Health Association, São Paulo, Brazil, the seminar was useful for showing that all countries, regardless of cultural settings, have problems with reproductive health and women's status. "Reproductive health is a new concept and it is difficult to convince health officials about reproductive rights," she said. "It is very useful and stimulating to see other people's experiences and problems."

Vieira was particularly impressed with the strong collaboration between GOs and NGOs and the way that NGOs work with the private sector. "We have a very strong private sector and have a financial crisis with the public sector, particularly health. I think the idea of NGO-private sector cooperation and new strategies for self-reliance are very important," she said. "The idea of involving the private sector in public health like the work of JFPA is very interesting." Vieira added that an AIDS patient costs the country a lot of money, but lives and money could be saved if companies had to conduct AIDS-prevention programs.

The seminar was enlightening for Dr. Docia Afiriyie Saka, district director of health services, Ministry of Health of Ghana, who noted that the integrated system of health care and community involvement are two major issues of health-care provision in Ghana. "Before the seminar, I thought integration was about integrating various vertical programs within the health sector," she said. "But by the end, I realized that we must integrate the systems of the country, because each has a part to play in improving the health of the people."

Vieira

"We've been fighting to try to improve community involvement, but more often than not, we get community participation in which the health provider has to initiate the activity and drag people along," she commented. "Community involvement is different. It is where people initiate action on their own and when this happens, the community is so devoted and involved."

"If Ghana can get these two concepts well

The visitors taste food created during a nutrition guidance class for mothers.

sorted out as I found in Japan's experience, then we will surely find ourselves on the path to a better health-care system," she added.

The work of the community volunteers in [redacted]an and the linkages between GOs and NGOs were the most impressive aspects of the Japanese situation for Dr. Wan Mansor Bin Hamzah, medical officer of health, Tumpat District Health Office, Kelantan, Malaysia. "Even without the support of the government, the Japanese people could promote their own health," he said. "In my country, everyone thinks that education and health problems are the government's problem and that services have to be delivered by the government." If the community and volunteers were to be involved in health promotion as they are in Japan, the programs could be more energetic, he added.

Saka

On return to Tokyo, participants were given a presentation on the issues of reproductive health and rights in Japan by Yuriko Ashino, deputy executive director, Family Planning Federation of Japan (FPFJ). At a working session held at the conclusion of the seminar, participants spoke on obstacles to promoting reproductive health in each of their countries. The session was particularly rewarding for participants who noted the similar problems faced in each country.

Hamzah

Effective at the Regional Level

UNFPA recently evaluated the regional project entitled Family Planning and IEC for Adolescents (RLA/92/P01) in Latin America, which is funded by UNFPA and implemented by JOICFP. Finding the project effective and extremely necessary in the region, the evaluators noted the effectiveness of JOICFP's strategy of a regional network through the American Conferences on Integrated Programs (CAPRI), as well as the methodology for training in IEC in regional workshops on adolescents and IEC materials. They recommended that a new regional project be approved to offer continuity in these activities and to strengthen training methodology and IEC material production in the region.

The evaluation was conducted around San Lucas Tolimán, Sololá, Guatemala from August 14 - 23. The evaluation team comprised Isabel Hernández, advisor on sociocultural research, Country Support Team for Latin America and the Caribbean, UNFPA; Surama Lima de Juárez, national consultant on reproductive health, Nursery School of Quetzaltenango, Guatemala; Mirtha Carrera Halim, country director-UNFPA, Honduras and Guatemala; and Sergio de Leon, program officer-UNFPA, Guatemala.

At the local level in Guatemala, the evaluators found that the Integrated Project has responded in part to the multiple requirements expressed by the population in the area. However, they found that the project is still not fully answering the needs of health attention, reproductive health, IEC in general and particularly for adolescents, nutrition, sanitation and micro-management. One of the reasons noted by the mission is that inter-ethnic relations in the IP area are based on indigenous prejudice which represents an obstacle to project promotion, particularly with regard to achieving community participation. The lower status of women in the area was also noted by the evaluators who pointed out empowerment of women is absolutely essential.

The team recommended to continue the IP. However, the evaluators stated that it should be promoted slowly and in a very careful manner that reflects the recommendations of the evaluation mission, and suggested that a mid-term evaluation be conducted in the next cycle. They also recommended that timely studies be conducted of ethnic consciousness in the indigenous population of Sololá to define more effective strategies and called for a campaign against ethnic prejudice. To produce a true break in behavior dictating subordination of women, the evaluators recommended that mechanisms of community intervention be defined based on the findings of their research.

A health worker talks to traditional birth attendants and a local woman in Guatemala.

Panama's First Lady Visits

The first lady of Panama, Dora Maria Boyd de Perez Balladares, gained insights into the international cooperation activities of JOICFP and the work of the Japan Family Planning Association during a visit on September 12. The wife of the Panamanian president, who was accompanied by four wives of cabinet ministers, was on her return from Beijing where she led her country's official delegation to the 4th World Conference on Women. In discussions with JOICFP Executive Director Yasuo Kon and JOICFP staff members, the first lady expressed interest in JOICFP's adolescent health program in Latin America and the Integrated Project, which integrates primary health-care with reproductive health including family planning. She also spoke with Dr. Seiichi Matsumoto, chairman, JFPA, and Dr. Kunio Kitamura, director, Ichigaya Clinic, JFPA, about the organization's activities, particularly those concerning adolescents.

Boyd de Perez Balladares

Vietnam Project Tailored to Community Needs

Dr. Tran Thi Trun Chien, vice minister of health of Vietnam, speaks at the national workshop.

The UNFPA-supported Sustainable Community-based Reproductive Health Project (VIE/95/P03) is important for Vietnam according to Dr. Tran Thi Trun Chien, vice minister of health of Vietnam. Speaking at a workshop organized on August 21 - 22 to launch the second 2-year phase of the project for 1995 - 1996, the vice minister commented that a key element of the project is community participation. "It is only when people are committed to something, that it can work and that it will be sustainable," she said. "This project aims at mobilizing the local communities in improving their own environment and their own health. Such involvement from the community should ensure that services are more relevant and appropriate to respond to local needs."

Chien also appraised the project's focus on women in development and promotion of MCH. She said the project would also help the government try an integrated approach to health services and streamline the work of grass-roots health providers.

The workshop brought together project managers and personnel from the four provinces and seven districts where the project is promoted. Participants included deputy chairpersons of the people's committees and directors and deputy directors of health at the provincial and district levels. Directors of the maternal and child health/ family planning (MCH/FP) centers of each province also attended along with central level officials of the MCH/FP Department of the Ministry of Health (MOH) and a UNFPA representative.

Project managers and personnel attending the event were expected to develop their own implementation plans for the next cycle of the project following the workshop. This was a change from the first phase, where details of the implementation plan were developed jointly by JOICFP and the MOH and handed to staff for implementation. The change reflected the skills and experience that have been fostered among project staff and management.

To assist in plan development, the participants were provided with a basic project document covering budget and implementation aims which was developed prior to the workshop in consultation with project personnel and management. Based on this document, each province and district was required to tailor the plan to reflect needs at the local level for submission to the MOH. The document had two focuses, training and upgrading of the commune health centers.

The concept of tailoring implementation to suit local needs and making local managers and personnel more responsible for the projects works in well with Vietnam's recent push to decentralize administration.

Women Honor Kato

Some of Japan's most prominent women offered their congratulations to Shidzue Kato, 98, at a party in Tokyo on September 21 for receiving the president's Citation of Brown University. Kato, acting president of JOICFP and president of the Family Planning Federation of Japan (FPFJ), received the special award from the Rhode Island institution on July 18 in honor of her efforts to promote family planning and the empowerment of women.

Speaker of the House of Representatives Takako Doi, well-known expert on women's empowerment Keiko Higuchi, popular writer Tomoko Yamazaki and prominent activist Yukika Soma were among the 60 people at the event. Prominent critic Chieko Akiyama, who served as moderator for the luncheon, commented that people have much to learn from Kato whose life embodies the true meaning of democracy. She added that throughout her life, Kato's actions have been guided by strong principles.

Addressing the gathering, Kato commented that since the time of Margaret Sanger, her mission has been to help women obtain the means to protect their own health. Noting that there is still a need to further empower women in Japan, Kato expressed her desire to see equal participation of women in Japanese politics.

Fukuda Memorial Service

Some 5,200 people from 115 countries paid their last respects to the late Takeo Fukuda, former prime minister of Japan and president of JOICFP, at a memorial service held in Tokyo on September 6. The official ceremony was jointly organized by the cabinet of Prime Minister Tomiichi Murayama and the Liberal Democratic Party (LDP), chaired by Foreign Minister Yohei Kono, in memory of Fukuda who died on July 5. The service was attended by members of the imperial family of Japan and prominent politicians including Takako Doi, speaker, House of Representatives, and Juro Saito, speaker, House of Councilors. Former chancellor of Germany, Helmut Schmidt was among the many foreign dignitaries who attended the service to bid farewell to Fukuda.

A Project for Women, by Women

The Integrated Family Development Project (IFDP) is succeeding as a project for women by women and is contributing to women's empowerment and the promotion of reproductive health in Bangladesh where it is implemented by the Family Planning Association of Bangladesh (FPAB) with the support of JOICFP. The project falls under the UNFPA-supported regional Sustainable Community-based Family Planning/Maternal and Child Health (FP/MCH) Project with Special Focus on Women. The three main focuses of the project are women's empowerment, promotion of reproductive health including FP and promotion of education and economic activities for women.

One of the effective ways in which the project is contributing to women's literacy and education is through mini-libraries which have been set up recently for women in project areas in Panchdona Union of Narsingdi District and Dhalia Union of Feni District. The libraries, which are located in the project centers, contain books that provide women with practical information on such issues as children's nutrition, health and lifestyles.

Income generation is another area of the project that is helping women to improve their situations. Loans provided under the project have stimulated women to form work teams for such income-generation activities as mat making, goat raising, pottery making, weaving and sewing, which are contributing to improved livelihoods and skill development for women.

Women with children make mats which will be sold to generate income for improving the quality of life.

To enhance reproductive health in villages, 24 women have been trained as family development volunteers (FDVs) in each of the two unions and serve as enthusiastic health and education agents at the community level. Recruited from their villages, the volunteers deliver services including FP to women and promote health care in their communities.

A JOICFP mission in Bangladesh from September 5 - 14 learned that according to a recent evaluation, the project is producing effective strategies for empowering women in rural communities in the two years since it was initiated in 1993. The success of the project has encouraged people of surrounding villages to begin similar activities.

Funds allocated under the Postal Savings for International Voluntary Aid (POSIVA) scheme have bolstered community efforts to improve the way of life. With the funds supplied under the scheme, which is administered by the Japanese Ministry of Posts and Telecommunications, the project has received medical equipment, IEC supplies and equipment and transportation equipment, which are being effectively utilized at the community level for the empowerment of women.

Enter-Education

Dr. Sung-Hee Yun, associate director, Population Communications Services/ Population Information Program (PCS/ PIP), and chief, Asia Region, Center for Communication Programs, Johns Hopkins University School of Public Health, exchanged information about IEC with JOICFP staff during his visit on August 22. Yun was in Japan to serve as a speaker at the 15th World Conference of the International Union for Health Promotion and Education, held in Makuhari near Tokyo from August 20 - 25. Yun spoke about the unique "Enter-Educate Program" promoted by Johns Hopkins University.

Focus on Disarmament

"Disarmament and security toward the next century" was the theme of the Economists Allied for Arms Reduction (ECAAR) Symposium 1995, held on August 28 at the UN University in Tokyo. The event, attended by 200 people, was organized by ECAAR in cooperation with JOICFP. First keynote speaker was Robert McNamara, former president, World Bank, and former U.S. secretary of defense, who spoke on "A vision of global security in the 21st century." Lawrence Klein, professor emeritus, University of Pennsylvania, and Nobel laureate, spoke on "Peace keepings and some related economic aspects."

An international NGO, ECAAR supports economists who work to find ways to reduce global military spending; redirect economic resources to meet human needs and protect the environment; provide research that empowers grass-roots activists; influence public policy in favor of deeper military spending cuts; end the international arms trade; stop nuclear proliferation; and encourage greater reliance on the UN.

VOICE OF VOICES
By Chojiro Kunii

Care and Respect

Twenty-seven years have now passed since JOICFP was founded in 1968. Looking back, the time seems to have passed so quickly. These 27 years have brought me in contact with people from all over the world who have become our counterparts and colleagues in the promotion of the Integrated Project (IP), an approach that I have advocated since the early days of our organization.

I can see that the concept of humanistic family planning (FP) has now taken root throughout the world thanks to the efforts of committed individuals to promote projects at the community level. I am confident that humanistic FP is now accepted internationally as a valid approach.

I pursued humanistic FP because it was something I believed in. Naturally, I had doubts sometimes as to whether the approach was acceptable to people of different historical, cultural and religious backgrounds with their unique customs and ways of thinking. At such times, I would feel uneasy and worried. I had to convince myself that since FP stems from care and respect for people and their wishes, it would one day be understood and accepted all over the world.

The 1960s and 1970s saw governments force population control programs on the people of many countries. I found myself getting extremely angry about this inhumane approach that considered people as mere numbers. It was totally unacceptable from my viewpoint of FP since it took no account of the lives of individuals or the rights of people to determine their own destinies.

In response, I began persuading people of different countries to follow a more humanistic approach to promoting FP — one that embodies the belief that couples should be able to decide the number of children they want to have and the spacing of births. Despite my poor English, I desperately tried to convince people of the importance of this philosophy. Fortunately, I was heard by many people and this approach has now become accepted worldwide.

History shows us that human beings repeat mistakes. We must therefore bear in mind that the promotion of FP based on care and respect for others cannot be promoted successfully without genuine commitment and conviction.

DIARY

– JOICFP Senior Program Officer Sumie Ishii was in Vietnam from Aug. 20 - 27 to attend the national IP workshop for creation of implementation plans for the second phase of the project.

– **Ingar Brueggeman**, secretary general, IPPF, was in Japan from Aug. 30 - Sept. 2 to attend the IMPGPD. She was accompanied by IPPF assistant secretary general, **Mark Laskin**.

– **Ella Bargai**, executive director, Israel Family Planning Association, visited JOICFP on Sept. 11 to exchange information.

– First lady of Panama **Dora Maria Boyd de Perez Balladares** visited JOICFP and JFPA to exchange information on Sept. 12.

– **Mo Im Kim**, vice president, Planned Parenthood Federation of Korea, visited JOICFP on Sept. 13 to learn aspects of JOICFP's domestic campaign.

– **Hugo Hoogenboom**, president, Population Action International, visited JOICFP on Sept. 14 for information exchange.

– JOICFP senior program officers Aiko Iijima, Sumie Ishii, Kiyoko Ikegami and Yukio Honma and Program Officer Maho Ishikawa and Councilor Michio Ozaki were in China to attend the NGO Forum and 4th World Conference on Women, held Aug. 30 - Sept. 8 and Sept. 4 - 15, respectively.

– JOICFP Senior Program Officer Ryoichi Suzuki was in Bangladesh from Sept. 4 - 15 for project monitoring.

ANNOUNCEMENT

Evaluation Workshop on IEC Project "The Development Production and Distribution of IEC Materials Aiming at the Improvement of Women's Health and Status" (RAS/92/P12)

Objectives: With reference to the ICPD's Program for Action and 4th World Conference on Women Platform of Action, to review the UNPFA-supported IEC project (RAS/92/P12) of the last 4 years; review the relevance and usefulness of regional/national IEC materials produced in the last 4 years and actual utilization at the country level; and exchange experiences. identify areas for improvement and IEC needs the 4-year, 1996 - 1999 period.

Date: December 13 - 15, 1995

Venue: Tokyo, Japan

Participants: One participant involved in health education for women, IEC material production for women's health or JOICFP's IEC program from each of the 11 countries of Bangladesh, Bhutan, China, India, Indonesia, Laos, Malaysia, Nepal, Philippines, Thailand and Vietnam; and three UNFPA CST members.

Organizers: UNFPA, IPPF and JOICFP

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