

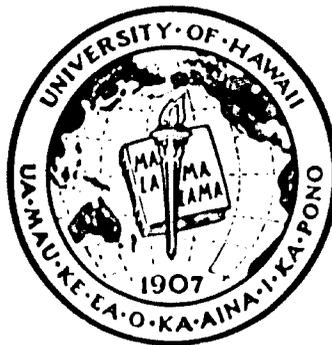
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# A THREE-YEAR REPORT OF USAID GRANT No. csd-3310

Prepared for:

The United States Agency for  
International Development



School of Public Health  
International Health Program  
University of Hawaii  
Honolulu, Hawaii

September 30, 1974

UNIVERSITY OF HAWAII

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FINAL REPORT ON ACTIVITIES UNDER GRANT NO. AID/csd-3310

Period: July 1, 1971 - June 30, 1974

INTRODUCTION

Three years of intensive research, training, outreach, and institutional development have been supported by the Agency for International Development through their Grant csd-3310. The purpose of this report is to summarize and present the activities designed and implemented by the International Health Program of the University of Hawaii School of Public Health during the third and final year of the grant period (July 1, 1973 - June 30, 1974). These activities are numerous, complex, and highly interrelated; they do not easily lend themselves to year-by-year description. Therefore, this report has been designed to present the activities under the grant primarily through the "eyes" of the final year but with adequate reference to the process of the previous two years.

Results alone are often an incomplete description toward understanding past efforts of social betterment and change; therefore, this report will, in addition, present recommendations obtained through this work with implications for the future.\*

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\*Two annual reports covering the activities of July 1, 1971 - June 30, 1972 and July 1, 1972 - June 30, 1973 were previously submitted. This final report covers the activities of the third and final year, July 1, 1973 - June 30, 1974, of AID/csd-3310.

Additional grants totaling \$543,636 were awarded by AID during the three-year grant period (\$443,631 - May 31, 1973 and \$100,000 - December 6, 1973). The cumulative grant ending June 30, 1974 totaled \$1,318,050. A final fiscal report will be submitted.

## Purpose of the Grant AID/csd-3310

As noted in the program description of the grant:

The purpose of this grant is to develop the School of Public Health into a comprehensive academic center for family planning training, research, consultant, and advisory services, functioning as a major component of the population/family planning complex of the University of Hawaii campus.

## Objectives of the Grant

As noted in the introduction, additional grants were awarded. The objectives of the original grant and additional grants are:

### Original Grant

1. Modify and restructure basic family planning courses to further specialize MS/MPH degrees. LDC needs will be emphasized with five options in training areas: Administration/Management in Family Planning Programs; Health Education/Communication in FP Programs; Biometrics (Biostatistics and Demography) in FP Programs; Social Work in FP Programs; Public Health Nursing in FP Programs.
2. During 1971-72, or as soon as University capability permits, establish a doctoral program in public health, initially emphasizing administration and management and health education in family planning programs; and inaugurate a doctor of philosophy program in biometrics (epidemiology-biostatistics) with emphasis in family planning by the '72-73 academic year.
3. Strengthen and expand collaborative relationship with LDC Institutions and agencies to allow for a more direct perceptorship function by University of Hawaii faculty or affiliate faculty from less developed countries. Such institutional ties provide field observations and training for M.P.H. degree, fellowship awards, and allow development of short-term, non-degree family planning courses.
4. Coordinate and cooperate with East-West Center in family planning activities, including training, research, and consultation services.
5. Expand capability for consultant and advisory services to AID and host country governments and their sponsored institutions involving planning, evaluation, and training for family planning programs without detriment to the ongoing programs at the School.

### Additional Grant:

1. Expand the family planning services of the Kapiolani Health Services (through the Department of OB/GYN, School of Medicine, situated at Kapiolani Hospital) to provide:
  - 1.1 Short-term, on-site observation or training for LDC physicians, nurses, hospital administrators, and paraprofessionals, who require practical experience and/or skills training in family planning, clinic management and fertility management skills.
2. Conduct a four-day International Conference on Menstrual Aspiration in December, 1973, to be attended by approximately 300 physicians. The Conference site will be Honolulu, Hawaii.
3. Regional consultant for Polynesia to assist Polynesian government and family planning officials to:
  - 3.1 Introduce fertility management techniques to key Polynesian health professionals; provide information and assistance to ongoing family planning activities; and initiate continuing education opportunities in advanced fertility management including clinic management and reporting system.

### ACADEMICS

#### The University of Hawaii - International Perspective

The University of Hawaii provides a unique multi-cultural setting and resources for efforts with an international emphasis. The all-University Advisory Council on International Relations of the UH provides for information exchange, cooperation and coordination among the units of the University. Within this Advisory Council, the Population Programs Committee coordinates University-wide efforts in the area of population.

Currently, more than 200 of the University's activities have an international dimension. The UH ranks fourth nationally in number of foreign scholars and eleventh in foreign student enrollment. It is also unique in that it houses the top centers of excellence in Korean, Japanese, and Pacific Island studies. The South East Asia study program is ranked among the top five in the nation.

The University also provides an academic house for the only nationally funded Center for Cultural and Technical Interchange between East and West: the East-West Center, with institutes devoted to the study of communication, culture learning, food, population, and technology and development.

### School of Public Health

The School of Public Health, University of Hawaii, was established in 1962 and received accreditation for graduate training in public health by the American Public Health Association in 1965. The School is part of the College of Health Sciences and Social Welfare, which is made up of the Schools of Public Health, Medicine, Nursing, and Social Work.

The School has undergone a major reorganization which has resulted in the creation of three departmental areas. The new departments are: the Department of Public Health Sciences, the Department of Community Health Development, and the International Health Program. Each of these areas in turn, is divided into several concentrated special program areas. The Department of Public Health Sciences encompasses the areas of biostatistics, epidemiology, nutrition, environmental health (including environmental management, environmental sanitation and public health engineering), community medicine (in cooperation with School of Medicine) and public health laboratory. The Department of Community Health Development includes: comprehensive health planning, health services administration, health education, maternal and child health and mental retardation, gerontology, and mental health. The International Health Program includes studies in international health, family planning, and population studies.\* Objectives of International Health Program (Population Studies/Family Planning [PS/FP]) are:

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\*See Appendix A for examples of School of Public Health faculty publications related to population studies/family planning.

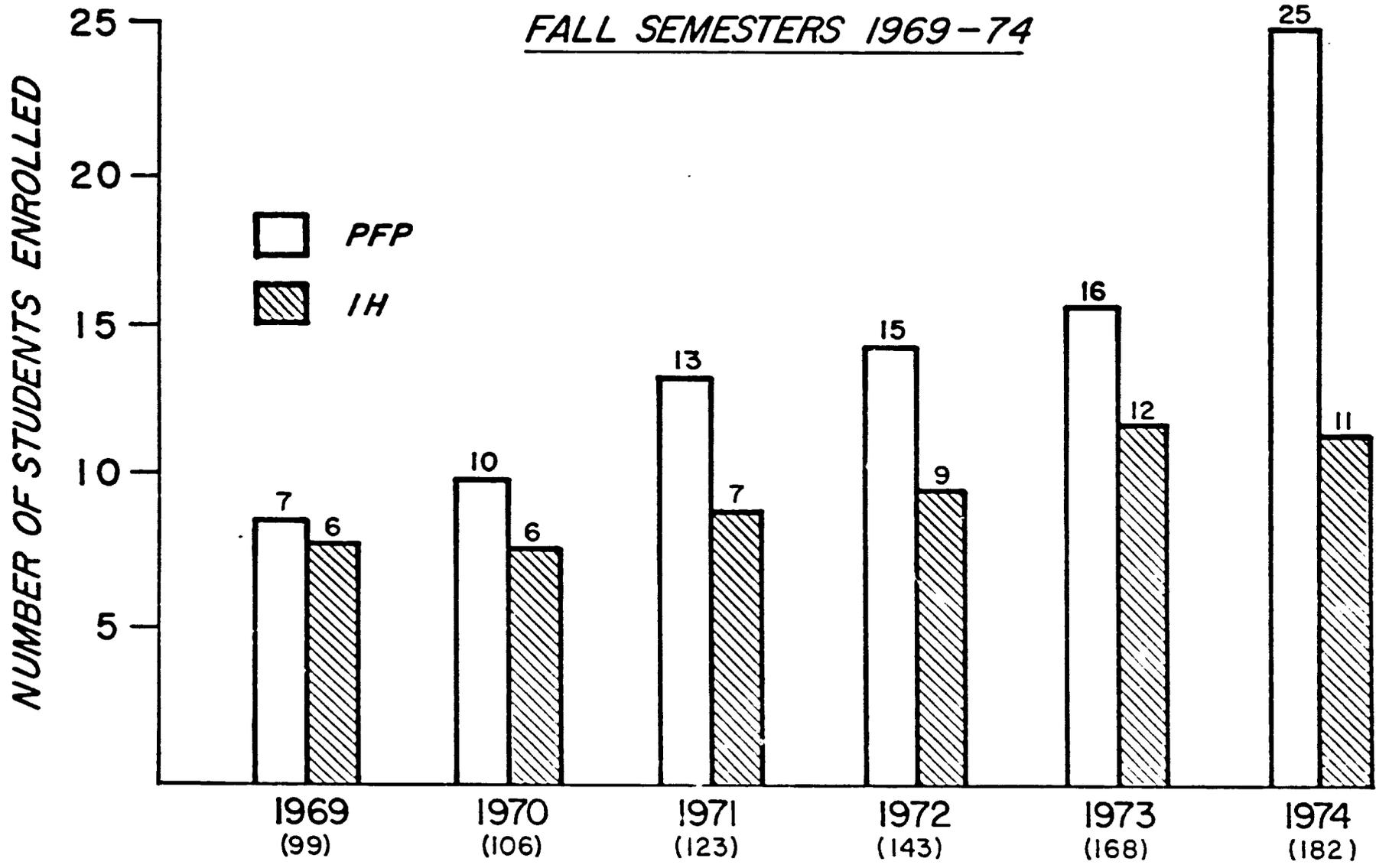
1. To serve as an academic center for training, research, and service related to the health and population problems of underprivileged communities in the U.S., Pacific, and Asian communities;
2. To serve as an agency for the diagnosis, planning, implementation, evaluation, and consultation to various health and population programs in the U.S., Pacific, and Asian countries;
3. To provide a cadre of professionals who are professionally and technically skilled while possessing the sensitivity and cultural awareness to effectively confront health and population/family planning problems and attitudes in the ethnic groups of the U.S., Pacific, and Asian countries;
4. To provide opportunities to faculty and students in developing new models for training and communication in the applied health sciences as they relate to the transcultural setting;
5. To provide opportunities to develop operational and applied research capabilities with projects especially relating to illuminating problems of economic and social development in relation to health.

#### Developing a Comprehensive Academic Center for Family Planning

Developing a comprehensive academic center for family planning training, research, consultant, and advisory services is an ongoing activity which required the SPH to cooperate and coordinate with many academic components of the University.

The School of Public Health provides graduate training in family planning and population studies. Since the award of csd-3310 to the School of Public Health and school-wide reorganization, student enrollment of the school has grown considerably from 123 full-time students in 1971 to 182 in fall 1974. During the same period, the number of students in family planning has grown from 13 students in 1971 to 25 in fall 1974. Along with this increase in students majoring in family planning, there has been a large increase in the number of students from departments outside the School of Public health, i.e., geography, social work and sociology.

STUDENT ENROLLMENT IN  
INTERNATIONAL HEALTH PROGRAM  
SCHOOL OF PUBLIC HEALTH  
UNIVERSITY OF HAWAII  
FALL SEMESTERS 1969-74



YEAR AND SCHOOL-WIDE STUDENT ENROLLMENT

Between July 1, 1971 and June 30, 1974, 31 students completed their M.P.H. requirements with emphasis in population studies/family planning (of the 31, seven were foreign students from Indonesia, Hong Kong, Philippines, Thailand, Taiwan, and Micronesia). Additionally, three students from Indonesia received M.P.H. degrees in Health Education, with primary emphasis on Family Planning Education. Non-degree, short-term training in population studies/family planning was provided (details of these activities are included in the appropriate section of this report).

#### Modification and Restructuring of Family Planning Courses

In the first annual report, July 1, 1971 - June 30, 1972, we noted that certain courses were modified and restructured; new courses and some planned courses were offered to meet the special needs of LDC health professionals interested in family planning. The courses were:

##### 1.1 Modified and Restructured Courses

- 1.1.1 PH 649 Family Planning Theory and Practice (an overview of Population and Family Planning).
- 1.1.2 PH 741-742 Population and Family Planning Program Administration. (Formerly Organization and Management of Family Planning Program.) Two semester course.
- 1.1.3 PH 676 Communication Process in Public Health. Section II - Family Planning.
- 1.1.4 PH 679 Educational Approaches to Public Health. Section I - Family Planning.

##### 1.2 New Courses

- 1.2.1 SW 755 (PH 792 (60)) Family Planning and Its Impact on Family Life. (A joint course with School of Social Work.)
- 1.2.2 PH 792 (102) Socio-Cultural Aspects of Family Planning.

##### 1.3 Planned Courses

- 1.3.1 Evaluation of Family Planning Program.

1.4 Population & Family Planning Studies and related courses currently offered are noted in Appendix B. Students majoring in Family Planning also take elective courses in International Health, i.e., PH 616, PH 617, and PH 618.

Some inherent problems in meeting the needs of graduate students from LDC included: the differences in education, training, and experience in family planning activities; level of development--programs, services, facilities, human resources; socio-economic and cultural differences. The problems were, in part, resolved by providing considerable individualized attention requiring much effort from both students and faculty.

By June 30, 1974: (Examples)

PH 649 "Family Planning Theory and Practice" was revised to meet the needs of students--U.S. and foreign--from the nursing, social work, geography, education and other departments. Enrollment increased for example from 12 students in Spring '72 to 20 students in Spring '73.

PH 792 "Seminar in Population and Family Planning Administration" was reviewed and developed into a new course PH 741 and PH 742-- Population and Family Planning Programs. Course was offered in two semesters (6 credits) and provided an understanding and working knowledge of the management and operational aspects of population and family planning programs.

PH 792 (10) "Seminar in Public Health" with a focus on Social and Behavioral Aspects of Family Planning is a new experimental 3-credit course dealing with personal factors affecting use or nonuse of contraceptives; social factors affecting use or nonuse of contraceptives; psychological aspects of planning (one's own family); consequences, rewards, reinforcements;

psychological meaning of growth, progress, future orientation vs. present orientation; interaction between personal goals and societal expectations or pressures. This course is meant for family planning majors who will have direct contact with people--e.g., educators, motivators, and outreach workers.

Offered in Spring 1974.

Figures on enrollment of students in Population Studies/Family Planning and related courses suggest considerable development and growth of offerings, revisions and modifications where necessary. Course offerings and enrollment in Administration and Management of Family Planning Programs; Health Education/Communication in Family Planning Program; Biometrics (Biostatistics and Demography) in Family Planning Programs; Social Work in Family Planning Programs; Public Health Nursing (Maternal and Child Health) in Family Planning are also noted in Appendix B.

Goals for Graduate Degrees

"M.S. and M.P.H. ....	10 to 20
M.S./M.P.H. Options .....	10 to 15
Dr. P.H. ....	1 to 5
Ph.D. ....	1 to 5"

In page A-2 of the program description of AID/csd-3310, the above were noted as goals for graduate degrees (Appendix C). The inference is that a maximum of 35 M.P.H. and 5 doctoral degrees in family planning or related disciplines should have been granted by the end of the third year of the Grant, June 30, 1974. Also, the AID/csd-3310 Grant authorized the support of a maximum of eight M.P.H. students. By December 1974, six students will have completed their M.P.H. degrees with the support of the Grant (Appendix D.)

Table I

SCHOOL-WIDE ENROLLMENT

<u>Semester</u>	<u>Foreign</u>	<u>U.S.</u>	<u>Total</u>
Fall 1971	22	101	123
Fall 1972	24	122	146
Fall 1973	<u>26</u>	<u>145</u>	<u>171</u>
TOTAL	<u>72</u>	<u>368</u>	<u>440</u>

(Foreign students are from Indonesia, Korea, Thailand, Vietnam, Philippines, India, Taiwan, Malaysia, Laos, Ethiopia, and Hong Kong. Nearly all foreign and many U.S. students take one or more courses in population studies/family planning [PS/FP] or related courses.)

Of the 72 foreign students, 67 graduates either majored in family planning or related programs and are working in family planning agencies, institutions of higher learning and government agencies with family planning responsibilities. Seven American students who have majored in family planning are employed in LDC. Examples of countries are Thailand, Turkey and the Philippines.

Table II

NUMBER OF FOREIGN AND U.S. STUDENTS ENROLLED BY SEMESTERS  
IN FAMILY PLANNING/POPULATION STUDIES AND RELATED COURSES

School Year	1971-72				1972-73				1973-74			
	Fall		Spring		Fall		Spring		Fall		Spring	
Semester	F	US	F	US	F	US	F	US	F	US	F	US
TOTAL	50	185	27	162	58	215	46	167	52	170	31	107

A considerable number of research papers were prepared by students enrolled in the FP/PS courses (Appendix E). Several have been of sufficient quality and were published. Classroom and research activities have provided students with an understanding of the complex administrative and management issues involved in family planning and population program.

#### Development of Doctoral Program

The Doctor of Philosophy (Ph.D.) in biometrics (epidemiology-biostatistics) program has cleared all academic procedural requirements. Unfortunately, with present financial constraints in the State of Hawaii, the Board of Regents has recommended that this doctoral program be combined with a multifaceted biomedical science doctoral program currently being written. There is reason to believe that the doctoral program may be offered in Fall '75. These financial constraints have also delayed the progress of the Doctor of Public Health (Dr. P.H.) program in Health Education/Administration-Management, which is in the planning stage.

#### Student Fieldwork

One of the academic requirements for students in the M.P.H. program is a summer field study. M.P.H. degree candidates in the area of Population/Family Planning have done their summer field study in the U.S. mainland, Nepal, Micronesia, Thailand, Taiwan, Mexico, Alaska, Malaysia, Indonesia, Philippines, and Puerto Rico.

As a rule, M.P.H. candidates from developing countries conduct their summer fieldwork on the U.S. mainland and visit family planning programs in other Asian countries on their return home. American students visit family planning and other population related programs in LDC's during their field research projects.

Examples of student activities in LDC are: conducting a KAP Survey in the Trust Territory of the Pacific Islands; development of audio-visual training material for nurse midwives, Thailand; experimenting in the use of audio-cassettes in family planning education, Nepal; studying management techniques of Family Planning Clinic, Mexico.

Joint Program with the School of Medicine and Kapiolani Health Services\*

A major objective of the combined program is to stimulate the acceptance of the Menstrual Aspiration (M.A.) as an integral part of any family planning program. Since Hawaii is a major transit point for people going to the Orient, we have endeavored to have appropriate professionals who are passing through Hawaii call at Kapiolani Hospital. Many of the visitors are referred to us by the USAID Contract Office at the University of Hawaii and the East-West Center. The visitors are usually health professionals from LDC's who are returning home after completing training on the mainland. A total of 42 visitors from 11 countries have been to Kapiolani Hospital. All but one, a Columbian, were from Asia (Appendix G). These drop-in visitors are not usually given clinical training. However, they all see a videotape especially prepared by Kapiolani Hospital on the clinical aspects of the M.A. procedure. They also receive information on the use and development of audio visuals for patient education. An area which attracted special interest of the visitors has been in Human Sexuality and its relationship to family planning.

The School of Public Health has provided travel and tuition for 12 individuals from LDC's to attend short-term programs at the School of Public Health and Kapiolani Hospital (Appendix H). The individuals were selected

\*Appendix F - The Memorandum of Agreement between the School of Public Health and the School of Medicine, University of Hawaii, and the report as required in the memorandum agreement)

because of the potential multiplier effect. All the physicians were involved in some aspect of medical education. The hospital administrator of Mary Johnston Hospital, Manila, Philippines, was given a program designed to impress upon him the importance of Family Planning as a function of a hospital. In his training, special emphasis was placed on patient education, the role of a community hospital in community education and preventive medicine.

The head nurse for the Mary Johnston Sterility Clinic was given extensive clinical experience in M.A. and an opportunity to produce a sound-slide presentation for use in her clinic. She was provided with a Singer Caramate Projector on which she produced a 20-minute presentation in Tagalog describing the need for family planning and the methods available in Mary Johnston Hospital which is now being used both in clinic and in the community.

In cooperation with the Advanced Fertility Training Centers (AFTC), the University of Hawaii provides the trainee with an opportunity to observe the family planning activities of Kapiolani Hospital. Twelve participants from seven countries were referred to us by the advanced fertility training centers at Johns Hopkins University, University of Pittsburgh and Washington University. Again, the major area of emphasis is Menstrual Aspiration. All trainees are given clinical experience in M.A. We have found that most of the trainees from AFTC are already skilled in the procedure; therefore, the management aspects of the program are stressed. These include the use of audio-cassettes to explain the procedure to the patient, the one-to-one counseling of the patient; and the need to educate the patient in contraceptive methods and in general health care. The importance of patient follow-up is stressed.

Trainees are encouraged to develop an instructional material in their native language for use with their own patients. If the trainee is interested in producing this instructional aid, staff of the International Health

Program assists in the development; materials and the facilities of the Health Instructional Resources Unit are made available.

Visitors are impressed in that a nurse practitioner performs all of the M.A. at the Kapiolani Clinic. This effectively promotes the idea that nurses or paraprofessionals can safely perform M.A. under the supervision of the physician.

In the past year, Kapiolani Hospital has performed 206 menstrual aspirations. The data concerning these procedures is forwarded to the University of North Carolina's International Fertility Program. Trainees at Kapiolani are shown how to feed data from their respective family planning facilities in the North Carolina program (Appendix I - physicians trained at Kapiolani Hospital following AFTC).

Kapiolani Hospital, where approximately one half of all the babies born in Honolulu are delivered and an even greater percentage of the abortions are performed, is well suited to serve the patients and their families with educational and outreach activities and provide prototypes for LDC visitors. In 1973, Kapiolani admitted 11,341 adult patients. A variety of instructional techniques are currently used to provide information to both in- and out-patients. Among them are written material, closed circuit television and Family Planning technicians. These technicians were chosen from the various ethnic groups in Hawaii and from different socio-economic backgrounds. They were carefully picked and trained to provide the people needed to augment the sophisticated technology. They visited with both obstetric and gynecologic patients each day at the bedside.

Kapiolani Hospital, with the assistance of students and faculty from the IH Program, School of Public Health, has developed a series of educational materials aimed at specific groups of people usually forgotten in Family Planning programs. A videotape directed at the deaf clients was produced.

The program is done in sign language but with a voice-over so that people without this handicap may better appreciate the problems of the deaf. A booklet with basic material in Braille was produced and funded privately and is made available free to the blind. Another booklet with simplified language and pictures is available specifically for the mentally retarded.

#### Residency Training Program in Family Planning

The School of Public Health, International Health Program, has developed a residency program to prepare physicians for Board certification in family planning, obstetrics, and gynecology in connection with the existing residency program in OB/GYN. Certification could be either singly or by both the American Board of Preventive Medicine and the American Board of OB/GYN. This program will be offered at Kapiolani Hospital and the Queen's Medical Center as soon as plans are completed.

#### Cooperation and Coordination with the East-West Center

A unique feature of the University of Hawaii is the close cooperative relationship with the East-West Center, an institution established by the Congress of the United States and supported by the State Department, located on the University of Hawaii Campus. Established within the Center are institutes; among these are the East-West Population Institute and the East-West Communication Institute, which have a geographic focus on Asia and the Pacific. The Institutes emphasize the demographic, social, and economic aspects of population trends and examine the rationale and the ways by which societies attempt to modify these trends as well as the role of communication in this process. Since 1967, the East-West Center has provided grants for 15 students from the U.S. mainland and LDC's for studies in population and family planning.

Drs. Maggie Lim and Y. Scott Matsumoto of the International Health Program and Dr. Chai Bin Park of the Department of Public Health Sciences have dual appointments with the East-West Center. Dr. Lim has an appointment with the East-West Communication Institute and Drs. Matsumoto and Park are with the East-West Population Institute.

#### RESEARCH

Staff members of the International Health Program are currently conducting research in the medical, socio-cultural, demographic, and behavioral aspects of health. In addition, research is now being conducted in the emerging discipline of "social marketing" in relation to family planning and other health applications. These research activities provide unique opportunities for students and visitors to observe, participate, and learn about forefront activities in the field of international health, population, and family planning.

Research is currently being conducted in the following areas:

- the effectiveness of a new IUD which delivers minute amounts of progesterone directly to the endometrium, the ALZA-T progestasert (started 1973-ongoing).
- the use of prostaglandins to induce labor and abortion; menstrual aspiration (started 1971-ongoing).
- parent education materials (an 11-part TV series entitled, "Hand in Hand," has recently been completed by Dr. Ronald Pion and will be aired in October 1974).
- a study of the social and health effects of hyperdensity on the population residing in the Tokyo megalopolitan area (with the East-West Population Institute and the Department of Human Ecology, University of Tokyo) (started September 1972-ongoing).
- the socio-demographic characteristics of the Japanese population in Hawaii focusing on the fertility transition from a socio-historical perspective (started 1972-ongoing).
- male involvement in family planning programs in Asian countries, describing the measures and approaches taken in various programs for males aimed to elicit their cooperation, acceptance and participation in family planning and fertility control programs (started 1973-ongoing).

- the analysis of the Hawaii pregnancy and abortion study data in terms of such things as: medical complications, effect of abortion on ethnic fertility rates, conception planning as a means of evaluating family planning programs, characteristics of repeat abortion patients in terms of their use of birth control and their attitudes toward themselves, the effect of abortion on adoptions (1970-ongoing).
- continuing the evaluation of the Guam family planning program using innovative and highly useful techniques (1968-ongoing).
- developing a project in the area of Social Marketing for Family planning programs that will include international training and research into the managerial and behavioral aspects of using commercial resources in Family Planning programs.

For further examples of research activities of the International Health Program, see Appendix J.

## SERVICE

### Joint Relationship with Indonesia

In June of 1971, using the resources of a grant from the China Medical Board, a senior faculty member of the School of Public Health was assigned at the request of the Indonesian Government to work with the Community Health Program of the Faculty of Medicine, University of Udayana in Bali, Indonesia. Dr. Emmanuel Voulgaropoulos took his sabbatical year to become involved in that effort.

At the same time, another senior faculty member, Dr. Elizabeth Clark, using funds from the Agency for International Development, joined the faculty group at the University of Indonesia's School of Public Health in Djakarta to help develop curriculum with initial stress on health education. A more detailed description of Dr. Clark's efforts are noted separately in this report, page 20.

The China Medical Board and AID also supported the appointment during this period of a new University of Hawaii faculty member, Dr. Brooks Ryder, specifically for assignment at the University of Indonesia's School of Public Health in Djakarta to provide professional and technical service and assistance to the program. In the period 1971-72 the China Medical Board Grant provided for the assignment of Dr. Brata Ranuh, Health Officer from Bali, who joined the University of Hawaii faculty as a visiting colleague.

The AID projects continued support for development of the Indonesian schools, and both they and the Government of Indonesia wish to continue looking for collegial support from the University of Hawaii.

Dr. Clark has returned to the School of Public Health faculty; and Dr. Voulgaropoulos, after spending a second year in Indonesia under China Medical Board's sponsorship and funding, returned to the University of Hawaii during the summer of 1973.

Since Fall 1967, 13 Indonesian students have enrolled at the School of Public Health, University of Hawaii. All have successfully completed their M.P.H. degree and returned to Indonesia. Financial support for the 13 students have been from AID (8), East-West Center (2), World Health Organization (2), and Fulbright (1).

The majority of the Indonesian students are physicians returning to highly responsible positions in their country. The current positions of the alumni include the following positions: Associate Dean of Academic Affairs, Faculty of Public Health, University of Indonesia; Head, Department of Public Health, School of Medicine, Udayana State University; Chief, Smallpox Eradication Program, Provincial Health Department, Makassar, South Sudawesi; and Deputy Secretary General, Indonesian Planned Parenthood Association.

The purposes of the agreement with Indonesia is to 1) provide a more formal statement of the academic and research relationships between the schools, without which it is becoming increasingly difficult to continue mutual activities; 2) facilitate government clearance for visas, various permits and transport of personal effects of visiting University of Hawaii faculty and students; and 3) disseminate on a wider basis the information regarding mutual benefits to all schools.

The following are the benefits to the Universities involved, resulting from the formal cooperative relationships:

1. Faculty exchange have and will continue to enrich the teaching capacities of the faculties with particular reference to cross-cultural and trans-national concerns in the broad field of health.
2. The ongoing students from the University of Hawaii will be able to be placed for field assignments in Indonesia to pick up useful experience in rural medicine and public health.
3. Students from Indonesia have and will add a useful dimension to the student-to-student and student-to-faculty learning process.

4. Extramural resources flowing to the Universities enhance the broad academic, research, and service programs.
5. Relationship between the two countries are enhanced by the mutually productive cultural and scientific interchange.
6. Additional accreditations similar to the AMA's Board of Preventive Medicine for international health training will accrue to the University of Hawaii.

The formal Agreement of Cooperation with the University of Indonesia and the University of Udayana, is in Appendices K and L.  
Health Education Manpower Development Project, Indonesia

Initiated in June 1971, this project, funded by a USAID contract to the American Public Health Association, the Government of Indonesia, and the World Health Organization, established three major goals:

- The training of approximately 60 health education specialists within six years at the M.P.H. level;
- The integration of these specialists in the national, provincial health services, particularly in maternal and child health and family planning programs;
- The assistance in the establishment of a viable post-graduate training program in health education within the School of Public Health in Indonesia.

Dr. Jerome Grossman, a senior faculty member of our School of Public Health, has served since 1971 as a member of the U.S. Advisory Committee to this project. Under contract from APHA, Dr. Elizabeth Clark, another senior faculty member, served as the co-director (August 1971-March 1972) of the first six-month basic orientation course provided as part of the project's in-country preparation for 15 initial candidates selected for M.P.H. training abroad. The problem-centered approach, utilizing field experiences as focal points for class exercises, was jointly developed with her counterpart, Dr. Iwan Soetjaha, now Dean of the School of Public Health. This approach was adapted by him in the development of the graduate health education curriculum of the School of Public Health.

Two of these trainees from this first course, plus two nominated by the Indonesian Government, supported by USAID traineeship, completed their M.P.H. training at the University of Hawaii and are now involved in further development of health education in family planning. The School of Public Health had anticipated accepting four of the Indonesian Project applicants for the 1974 school year but administrative difficulties prevented their acceptance.

Before returning, Dr. Clark assisted Dr. Iwan as one of the advisors, on the study design and mechanisms for implementation of an "Exploratory Descriptive Study of Health Related Life Styles of People," printed by the Faculty of Public Health, Ministry of Health, and W.H.O.

Dr. Grossman, at the request of APHA, spent February 25-March 8, 1974 in Indonesia with Ms. Mary Jo Kraft, evaluating the project. Project changes are emerging based on the evaluative material presented to APHA.

#### Joint Relationship with the Philippines

Dean Benjamin Cabrera of the Institute of Public Health, University of the Philippines, visited the Dean and faculty of the School of Public Health, University of Hawaii, in March 1974, to discuss the feasibility of a similar agreement of cooperation previously described. It is hoped that an agreement can be consummated between the University of the Philippines through the Institute of Public Health and the University of Hawaii through the School of Public Health by November 1974

(Appendix M).

The affiliation with the Institute of Maternal and Child Health (IMCH), Quezon City, Philippines, provides a vehicle to have LDC family planning

workers to observe, visit, and receive short-term training. The IMCH, now called Institute of Community Health and Family Welfare, continues to provide a setting for field placement of M.P.H. candidates and graduates, and also, offer their staff and facility for short-term training.

Relationships with Department of Social Welfare and Department of Health, Republic of Philippines, have been strengthened and as a result of continued dialogue, a short-term training program for social workers and public health nurses in family planning was jointly planned.

#### Conferences \*

The School of Public Health sponsored two major conferences in 1973-74 to disseminate information on selected topic in family planning. The conferences were held in Honolulu, with the assistance of the School of Medicine, the East-West Communication Institute, the East-West Population Institute, and other departments of the University. The two conferences were:

Asia Pacific Conference on Population and Family Planning Teaching in Schools of Health Professions: Clinic and Field Training Programs, Oct. 22-25, 1973.

The conference was co-sponsored by the School of Medicine and the School of Public Health, chaired by Dr. Ronald Pion, and funded by a grant from the Rockefeller Foundation. The purpose of the conference was to review and assess the methods and scope of various instructional programs which professional schools have recently developed for presentation of population related

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\*Refer to Appendix N for partial list of conferences and/or workshops conducted prior to fiscal year 1973-74 in which School of Public Health Faculty/Staff and students made major inputs.

materials. Particular emphasis was placed on the evolving trend toward providing students with meaningful experiences in Family Planning activities in a community setting. The conference was informal and provided a forum for the frank exchange of ideas and experience. There were 17 foreign participants, all of them directly involved in teaching at medical schools or Schools of Public Health (Appendix O). As a follow-up to the conference, Drs. Hossain A. Ronaghy and R. Soeprono were invited to return to Honolulu for further discussions. Dr. A.P.R. Aluwihare was also invited, but was unable to accept our invitation and sent Dr. C. Barr Kumarakulasinghe in his stead. A further benefit of the conference was the contact made with Dr. Julia Tsuei, an American of Chinese ethnical background. Dr. Tsuei joined the Department of OB/GYN after completing her assignment as Director, Maternity and Child Center, Veterans General Hospital, Taipei, Taiwan. She brings to the faculty the knowledge and awareness necessary to develop further affiliations with the schools of the health professions in the Pacific.

Two-hundred eighty-two (282) persons attended the Menstrual Regulation Conference, December 16-19, 1973, which was supported by AID and sponsored by the School of Public Health and the School of Medicine (Appendix P). This was an international conference which examined menstrual regulation procedures for application to family planning programs and to diagnostic medicine. The conference reviewed the state-of-the-art of menstrual regulation techniques and offered comprehensive discussion of program implementation. As a follow-up on the Menstrual Regulation Conference, the School of Public Health distributed M.A. kits to participants who requested them. The kits were supplied by the Technical Services and Commodities Branch, Office of

Population, AID. A total of 2,363 kits were distributed to 96 people in 24 countries. Priority was given to those participants living in countries on the Pacific rim. No kits were available to send to participants living in Europe, Africa or the Middle East. Under the terms of the grant, fertility regulation kits were to be distributed to physicians visiting Kapiolani for demonstration of M.A. Sufficient kits are not available for this purpose, and we have been highly selective in disbursing the remaining kits.

#### Short-Term Family Planning Training Activities

A workshop, Changing Patterns in Family Life, dealing with sexuality in family planning, was held in Hawaii June 18 to July 6 and followed in the Philippines July 9 to July 20, 1973. It was sponsored by the School of Public Health in cooperation with the School of Social Work, University of Hawaii; Institute of Maternal and Child Health, Philippines; Department of Health and the Department of Social Work of the Republic of the Philippines. The objective of the training project was to develop a cadre of social and health workers who can provide short-term training in human sexuality, especially as it relates to family planning in the Philippines. Such training would better equip social workers and family planners to more adequately provide information and counseling to all families and persons in need of family planning services. Twelve participants attended the Hawaii workshop and they, with the assistance of the University of Hawaii staff, conducted the Manila workshop for 68 participants.

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CENTO conference, Public Health Education with special attention to Family Planning and Population Programs, January 15-19, 1974, Lahore,

Pakistan. Dr. Elizabeth Clark and Dr. William Golden served as APHA consultants to this conference. Dr. Clark presented the keynote address.

(Appendix Q--Report of activities at the CENTO Conference).

Dr. Jerome Grossman, Professor of Public Health, served as a WHO consultant to the Regional Office for South East Asia from February-April 1974. He developed and conducted the WHO working group meeting in the Development of Family Health Education Teaching and Training Resource Materials Suitable to the Countries of the Region, Bangkok, April 22-27, 1974. This required preparatory meetings in the five countries of the region and follow-up recommendation to WHO. Dr. Grossman's background paper for the working group, "Teaching Materials and Instructional Resources in Preparation of Family and Community Health Workers for Educational Responsibility," is attached (Appendix R).

A workshop, Family Planning - Family Life, May 28-30, 1974, for social workers of the Public Welfare Division, Department of Social Services and Housing-- The program was designed to provide participants with an understanding of the philosophy and goals of Family Planning as well as specific information and skills. The workshop presented a variety of referral sources available in the community and discussed techniques of counseling and referring persons in need of health services. Two health professionals from the Philippines participated in this workshop.

Seminar on Social Issues in Development Planning at the University of the South Pacific, Suva, Fiji, November 29-December 3, 1973. Text of speech delivered to seminar available in Dr. Felix Emberson's Report (Appendix S).

Dr. Jerome Grossman has been asked to serve as a consultant at the WHO and PAHO interregional meeting on Health Education Manpower for Family Health Aspects of Human Reproduction to be held September 19-26, 1974, Berkeley, California.

## CONSULTANT AND ADVISORY SERVICES

The "new" consultation no longer means trips by Americans to Asian countries but rather the development of long-term counterpart relationships. In this respect, the International Health Program by virtue of its multi-culturally experienced staff and strategic location, has done a great deal of consultation with family planning personnel with the aim of developing strong personal and institutional ties.

Dr. Voulgaropoulos, Associate Dean, School of Public Health, has maintained his close relationship with Indonesia since his return after a two-year stay there during 1971-1973. In order to further develop the projects mentioned earlier, he made the following three return visits to Indonesia: August 29 to September 11, 1973; January 2 to 20, 1974; and July 8 to 31, 1974.

Dean Jerrold Michael and Mr. Richard Y. Suehiro, Interim Chairman, International Health Program, School of Public Health, discussed formal institutional relationship with Dean Benjamin Cabrera of the Institute of Public Health, University of Philippines, during March 1 to 14, 1974 visit. Purpose of relationship is to strengthen the institution's capacities to provide improved family planning/population studies; health and medical care delivery system, community medicine.

Dr. Ralph Hale attended the UNDP meeting in Fiji related to family planning activities in the Pacific areas, discussed the facilities available at the School of Public Health through Kapiolani Hospital and conferred with Dr. Felix Emberson on family planning activities as related to Fiji and neighboring islands, March 5 to 11, 1974 (Appendix T).

Dr. Voulgaropoulos visited Fiji (May 26 to 30, 1974) to provide consultation and review with Dr. Emberson the development of the family planning programs for the Pacific Island community (Appendix U).

Dr. Robert Wolff provided consultation on family planning training for family planning workers, Department of Social Welfare, Republic of Philippines; Department of Health and Social Welfare, Government of Guam, January 5 to 14, 1974 (Appendix V).

Dr. Roy Smith, Professor of Public Health, provided consultation to the staff of South Pacific Commission on Family Planning/Maternal and Child Health during Directors of Territorial Health Services (Pacific Island Countries) meeting in Papua, New Guinea; February 12 to 17, 1974.

Mr. Ned Wiederholt, Specialist in Public Health, consulted and conferred with Pacific Island health officials on family planning/population problems and training needs for family planning workers. Also attended the Directors of Territorial Health Services (Pacific Island Countries) meeting in Papua, New Guinea; February 3 to 18, 1974.

Examples of Consultant and Advisory Services performed by International Health Staff, 1971-73. (Appendix W).

## RECOMMENDATIONS

- Continue current institutional collaborative and cooperative efforts and activities which would identify family planning and population problems, issues, and challenges, e.g., family planning manpower planning, training, program and service utilization and evaluation.
- Continue to identify faculty/staff of LDC educational institutions who has the responsibility of identifying and training family planning and population program manpower, e.g., Agreement of Cooperation between University of Hawaii, School of Public Health and University of Indonesia, School of Public Health; University of Udayana, Udayana Community Health Program (Bali).
- Continue to explore the need for integrating family planning program and activities into the total fabric of LDC health and welfare programs, e.g., collaborative efforts in training health, welfare, agriculture, and educational professionals in the Philippines through specific short-term training activities, such as family welfare planning.
- Explore the possibility of planning, designing, implementing and evaluating family planning education technology and program for the physically and mentally handicapped, e.g., blind and retarded.

**APPEND IX**

EXAMPLES OF SCHOOL OF PUBLIC HEALTH FACULTY PUBLICATIONS  
RELATED TO POPULATION STUDIES/FAMILY PLANNING

Matsumoto, Y. Scott

- Matsumoto, Y. Scott, Koizumi, Akira, and Nohara, Tadahiro. "Condom Uses in Japan," Studies in Family Planning, 3(10):251-255, October, 1972.
- Matsumoto, Y. Scott. Demographic Research in Japan, 1955-70: A Survey and Selected Bibliography. Papers of the East-West Population Institute, No. 30. Honolulu: East-West Center, 1974.
- Matsumoto, Y. Scott, Park, Chai Bin, and Bell, Bella Z. Fertility Differentials of Japanese Women in Japan, Hawaii and California. Working paper of the East-West Population Institute, no. 14, Honolulu: East-West Center, 1971.
- Matsumoto, Y. Scott. "Social Dimensions of Population Density." Paper presentation at the International Colloquium on Social Psychiatric Implications of Population Control. International Association for Social Psychiatry, East-West Center, May 12, 1973.
- Matsumoto, Y. Scott. "Social Stress and Coronary Heart Disease in Japan: A Hypothesis," Ch. 6 in: Hans P. Dreitzel, ed. The Social Organization of Health. New York: MacMillan, 1971.
- Matsumoto, Y. Scott. "Stress-Reducing Strategies in Japanese Society," Pacific Health, V:14-17, 1972.
- Park, Chai Bin and Matsumoto, Y. Scott. "Hawaii Life Table Values by Causes of Death: 1959-61," Hawaii Medical Journal, 30(3):184-190, May-June, 1971.

Park, C.B.

- Park, C.B., and Matsumoto, Y.S.: "Hawaii Life Table Values by Causes of Death: 1959-61," Hawaii Med. Jour. V. 1. 30, (1971) also in East-West Population Institute Reprint Series, No. 8, (1971).
- Park, C.B.: Multivariate Analysis of Areal Fertility in Honolulu, East-West Population Institute Paper No. 21, March 1972, 39 pp.
- Palmore, J.A. & Park, C.B.: Existing population policies and action programs in Asia. Background papers, Conferences on Asian Univ. and Population Policy. pp. 32-67 April 1972.
- Tsuchiya, K., Sugita, M. and Park, C.B. Biological Responses to the Exposure of Atmospheric Lead Among Tokyo Inhabitants, (in Japanese with English Summary) Bureau of Health, Tokyo Metropolitan Government, Nov. 1972, 73 pp.

- Park, C.B.: Population Statistics of American Samoa: A Report to the Government of American Samoa, East West Center, December, 1972, 107 pp.
- Rashad, M.N., Park, C.B. and Mi, M.P. Cancer Mortality in Hawaii, 1950-1970: Racial Differences in Mortality Rates, Cancer Center, University of Hawaii Research Corporation, August 1973, 50 pp.
- Park, C.B. "Differentials in Family Building of Korean Women: 1966" paper presented before the ILCORK (International Liaison Committee for Research on Korea) Conference on Population Growth and its Social Impacts, February, 1974, Pusan, Korea. (to be included in the Proceedings of the Conference)
- Park, C.B. Eventual Birth Probabilities by Age and Parity for American Women, 1935-68: A New Measurement of Period Fertility. (To be submitted for publication in Demography)
- Tsuchiya, K., Sugita, M., Kobayashi, K. and Park, C.B.: Studies on Atmospheric and Biologic Lead Levels in Japan. To appear in a forthcoming issue of Environmental Quality and Safety. (Publication pending by the International Lead and Zinc Research Organization as a monograph)
- Park, C.B. The Population of American Samoa (In preparation for a monography under a contract with the South Pacific Commission)
- Tsuchiya, K. and Park, C.B. Introduction to Epidemiological Methods (Ekigaku Nyumon) 2nd ed. (Under preparation in Japanese to be published by Igaku-shoin, Tokyo in 1974)
- Pion, Ronald J.
- Alfaro, C. and Pion, R.J. "Motivation and Education in Voluntary Sterilization Programs," chapter in Schima, M.E.; Lubell, Ira; Davis, Joseph, E.; and Connell, Elizabeth, Advances in Voluntary Sterilization, New Jersey: Excerpta Medica, 1974, pp 314-321.
- Berman, R., Hale, R.W., Reich, L.A., and Pion, R.J. "The Use of Intraamniotic Prostaglandins and the Laminaria Tent in Mid-Trimester Abortions," Contraception, 1974.
- Bullard, P.D., Herrick, C.N., Hindle, W.H., Hale, R.W. and Pion, R.J. "Histopathologic Changes Associated with Prostaglandin Induced Abortion," Contraception. (To be published.)
- Fujita, B. Pion, R.J. and McRoberts, J.W. "A Survey of Elective Vasectomies Performed by Washington State Urologists," Northwest Medicine, 70:755-758, 1971.
- Fujita, B., Wagner, N.N. and Pion, R.J. "Contraceptive Use Among Single College Students," American Journal of Obstetrics and Gynecology, 109:787, 1971.

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- Hale, R.W. and Pion, R.J. "Laminaria: An Underutilized Clinical Adjunct," Clinical Obstetrics and Gynecology, Harper and Row. (To be published.)
- Pion, R.J. "Are Abortions Really Necessary?" Annals of Internal Medicine, 75:961, 1971.
- Pion, R.J. and Wagner, N.N. "The Diagnosis and Treatment of Inadequate Sexual Responses," Davis' Gynecology and Obstetrics. Edited by J. Rovinsky. Chapter 52, Volume II, Harper and Row, Maryland, 1971.
- Pion, R.J. "Family Planning Education," chapter in Clinical Obstetrics and Gynecology, Human Reproduction Problems of the Adolescent, 14:409-419, 1971. Edited by Helen M. Wallace, Harper and Row, New York.
- Pion, R.J., Wabreck, A.J. and Wilson, W.B. "Innovative Methods in the Prevention of the Need for Abortion," chapter in Clinical Obstetrics and Gynecology, 14:1313-1316, 1971. Edited by G. Holtzman.
- Pion, R.J. and Hale, R.W. "New Techniques for Extension of Abortion Services." (Submitted for publication.)
- Pion, R.J. "Preventing Unwanted Pregnancies - The Role of a Hospital," Postgraduate Medicine, 51:172, 1972.
- Pion, R.J., Hale, R.W. and Reich, L.A. "Vaginal Administration of Prostaglandins and Early Abortion," Journal of Reproductive Medicine. (To be published.)
- Rumel, M.J., Reich, L., Stringfellow, L.C. and Pion, R.J. "The Pharmacist's Neglected Role," Family Planning Perspectives, Volume 3, No. 4, pp. 80-82, October 1971.
- Wabreck, A.J., Millard P.R., Wilson, W.B. and Pion, R.J. "Creation of a Neovagina by the Frank Nonoperative Method," Obstetrics and Gynecology, 37:408, 1971.
- Wagner, N., Fujita, B. and Pion, R.J. "Sexual Behavior in High School: Data on a Small Sample," Journal of Sex Research. (To be published.)
- Smith, Roy G.
- Diamond, Milton, Palmore, James A., Smith, Roy G., and Steinhoff, Patricia G. "Abortion in Hawaii," Family Planning Perspectives, V(1): 54-60, Winter, 1973.
- Diamond, Milton, Steinhoff, Patricia G., Palmore, James A., and Smith, Roy G. "Sexuality, Birth Control and Abortion: A Decision-Making Sequence," Journal of Biosocial Science, 1973 (In press).

- Felton, G. and Smith, R.G. "Administrative Guidelines for an Abortion Service," American Journal of Nursing, 72(1), January, 1972.
- Hooper, Tomoko I., Smith, Roy G., and Pion, Ronald J. "Saline Abortion: A Review of the Experience at Kapiolani Hospital," Hawaii Medical Journal, 32(4), July-August, 1973.
- Pion, Ronald J., Smith, Roy G., and Hale, Ralph W. "The Hawaii Experience," Chapter in H.J. Osofsky and J.D. Osofsky, eds., Abortion Experience in the United States, Harper and Row, 1973.
- Smith, Roy G. "Abortion: Four Areas of Concern." Paper presented to International Colloquium on Social Psychiatric Implications of Population Control, East-West Center, University of Hawaii, May, 1973.
- Smith, Roy G., Diamond, Milton, Steinhoff, Patricia, and Palmore, James A. "Abortion in Hawaii: 1970-1971," Hawaii Medical Journal, 32(4), July-August, 1973.
- Smith, Roy G., Steinhoff, Patricia G., Diamond, Milton, and Brown, Norma. "Abortion in Hawaii: The First 124 Days," American Journal of Public Health, 61:3, March 1971.
- Smith, Roy G. "Abortion: Risk and Decision-Making," Pacific Health, IV:1971, 13-15.
- Smith, Roy G. "Ethnic and Cultural Variations in Response to Pain." Paper presented at the Impact of Culture on Childrearing and Childbearing Meeting, School of Nursing, University of Hawaii, June, 1973.
- Smith, Roy G., Diamond, Milton, Palmore, James A., and Steinhoff, Patricia G. "Report to the Legislature, State of Hawaii: Abortion in Hawaii--The First Year," No. 2, January, 1972.
- Smith, Roy G., Diamond, Milton, and Steinhoff, Patricia G. "Report to the Legislature, State of Hawaii: Hawaii's Abortion Law," No. 1, April 1971.
- Steinhoff, Patricia and Smith, Roy G. "Abortion Law Ideology and Reality." Paper presented at Pacific Sociological Meetings, Portland, Oregon, April, 1972. Submitted to Journal of Health and Social Behavior.
- Steinhoff, Patricia G., Smith, Roy G., and Diamond, Milton. "The Characteristics and Motivations of Women Receiving Abortions," Sociological Symposium, Spring, 1972.
- Steinhoff, Patricia G., Palmore, James A., Smith, Roy G., and Diamond, Milton. "Ethnic Variations in the Use of Abortion Which Affect Live Birth Distributions in Hawaii." Paper presented at the Population Association of America meeting in April, 1973, New Orleans.
- Steinhoff, Patricia G., Smith, Roy G., and Diamond, Milton. "The Hawaii Pregnancy, Birth Control and Abortion Study: Social-Psychological Aspects," Conference Proceedings: Psychological Measurement in the Study of Population Problems, Institute of Personality Assessment and Research, University of California, Berkeley, 1972, pp 33-40.

Wolff, Robert J.

Wolff, Robert J., De Sanna, Rosemary, Chaine, Jean-Paul. KAP Survey, Trust Territory of the Pacific Islands, School of Public Health, University of Hawaii, August, 1971.

Wolff, Robert J. "Population Dynamics and Family Planning in the Pacific," The South Pacific Bulletin, Vol. 22, No. 1, First Quarter, 1972.

Wolff, Robert J. "Who Eats for Health," Journal of Clinical Nutrition, March, 1973.  
Reprinted in the Congressional Record; used as Working Paper by the Select Committee on Human Needs of the U.S. Senate for the National Nutrition Policy Conference, June, 1974.

NUMBER OF FOREIGN AND U.S. STUDENTS ENROLLED BY SEMESTERS  
IN POPULATION & FAMILY PLANNING STUDIES AND RELATED COURSES

Credit Hours	Course No.	Course Title	1971		1972		1972		1973		1973		1974	
			Fall		Spring		Fall		Spring		Fall		Spring	
			F	US	F	US	F	US	F	US	F	US	F	US
3	625	Mental Health Aspects of Population and Its Control	-	3	1	3	-	-	Not Offered		-	-	-	-
2	642	Maternal and Child Health	-	5	-	-	3	14	-	-	4	11	-	-
2	643	Maternal and Child Health	-	-	3	4	-	-	4	14	-	-	-	-
2	645	Principles of Comprehensive Maternity Care	-	1	-	-	1	5	-	-	2	5	-	-
3	649	Family Planning in Theory and Practice	9	14	4	8	4	12	5	15	Not Offered		3	7
3	650	Demography and World Population Problems	4	5	-	-	4	5	-	-	8	8	-	-
2	651	Fertility and Reproduction	-	-	2	5	-	5	-	3	Not Offered		-	-
2	652	Components of Population Control	-	-	1	5	-	-	3	6	-	-	5	7
3	654	Vital and Health Statistics	1	13	-	-	5	18	-	-	Not Offered		-	-
3	655	Biostatistics	2	19	-	-	6	36	-	-	5	38	-	-
3	656	Biostatistics	-	-	2	9	-	-	-	17	-	-	-	-
3	659	Techniques in Demographic Analysis	-	-	-	8	-	-	Not Offered		-	-	-	-

Note: F = Foreign Students; US = U.S. Students; \* = Variable

NUMBER OF FOREIGN AND U.S. STUDENTS ENROLLED BY SEMESTERS  
IN POPULATION & FAMILY PLANNING STUDIES AND RELATED COURSES

Credit Hours	Course No.	Course Title	1971		1972		1972		1973		1973		1974	
			Fall		Spring		Fall		Spring		Fall		Spring	
			F	US	F	US	F	US	F	US	F	US	F	US
3	676	Communication Processes in Public Health/Family Planning	-	-	-	16	-	-	6	20	-	-	1	13
3	741	Family Planning Programs	-	-	-	-	-	-	-	-	2	6	-	-
3	742	Family Planning Programs	-	-	-	-	-	-	-	-	-	-	5	5
V*	792 (Sec. 10)	Seminar in Public Health (Population & Family Planning Studies)	5	7	4	11	3	6	2	3	-	1	-	5
V*	(Sec. 100)	(Population Studies)	1	10	Not Offered		-	-	-	-	-	-	-	-
V*	799 (Sec. 6)	Directed Reading/Research (International Health	-	2	-	-	2	4	1	1	-	-	-	1
V*	(Sec. 10)	(Population & Family Planning Studies)	2	7	2	3	-	12	1	7	-	-	-	-
		<u>P&amp;FPS Related Courses</u>												
2	604	Principles of Organization of Health Services	2	15	-	-	3	17	-	-	5	15	-	-
3	614	Political Aspects of Policy Planning	-	12	-	-	1	17	-	-	-	25	-	-
3	616	Basic Concepts of International Health	4	13	-	-	7	11	-	-	13	19	-	-
3	617	Comparative Public Health Systems	-	-	5	9	-	-	6	12	-	-	9	16
2	618	Seminar in International Health	-	-	1	6	-	-	4	6	-	-	3	3
3	670	Socio-Cultural Aspects of Health & Illness	5	10	-	22	4	20	2	14	3	10	1	17

Note: F = Foreign Students; US = U.S. Students; \* = Variable

NUMBER OF FOREIGN AND U.S. STUDENTS ENROLLED BY SEMESTERS  
IN POPULATION & FAMILY PLANNING STUDIES AND RELATED COURSES

Credit Hours	Course No.	Course Title	1971		1972		1972		1973		1973		1974	
			Fall		Spring		Fall		Spring		Fall		Spring	
			F	US	F	US	F	US	F	US	F	US	F	US
2	678	In-Service Training of Public Health Workers	6	16	-	13	3	18	9	21	4	11	2	6
3	679	Educational Approaches to Public Health Problems	-	-	-	-	5	11	-	-	-	-	-	-
3	703	Planning and Evaluation of Health Services	3	28	-	39	-	-	1	25	2	7	2	27
V*	792 (Sec. 6)	Seminar in Public Health (International Health)	3	2	-	-	4	2	-	1	4	5	-	-
V*	(Sec. 7)	(Maternal and Child Health)	3	3	2	1	3	2	2	2	-	9	-	-
TOTALS.....			50	185	27	162	58	215	46	167	52	170	31	107

Note: F = Foreign Students; US = U.S. Students; \* = Variable

PROGRAM DESCRIPTION

The purpose of this Grant is to develop the School of Public Health into a comprehensive academic center for family planning training, research, consultant and advisory services functioning as a major component of the population/family planning complex of the University of Hawaii campus.

The University of Hawaii, thru the School of Public Health will:

(1) Beginning with the 1971-72 academic year, modify and restructure the basic core courses for family planning studies to permit further specialization within the Master of Science (MS) and Master of Public Health (MPH) programs. This specialization, emphasizing less developed countries situations will offer five options for training in the following areas: a. Administration/Management of Family Planning Programs; b. Health Education/Communication in Family Planning Programs; c. Biometrics (Biostatistics-Demography) in Family Planning Programs; d. Social Work in Family Planning Programs; and e. Public Health Nursing in Family Planning Programs. Modifications and alterations in the sequence of these courses will be made as required to meet the specific needs of less developed country students. Depending on the students' needs and experience the degree work will range from 12 to 18 months.

(2) Also in the 1971-72 academic year, or as soon as university capability permits, establish a doctoral program in public health initially emphasizing administration and management of family planning programs, and health education.

(3) Inaugurate a doctor of philosophy program in biometrics (epidemiology - biostatistics) with emphasis in family planning expected to begin in the 72-73 academic year.

(4) Strengthen and expand the training program for A.I.D.-sponsored participants in family planning/population studies which provides for a 6 to 8 week period of field observation and training prior to completion of MPH degree work. This activity will take advantage of collaborative relationships that exist between the School of Public Health and various agencies and educational institutions in less developed countries to allow for a more direct preceptorship function by University of Hawaii faculty or affiliate less developed country faculty. It will diffuse population/family planning knowledge by means of supervised field activities including research, seminars, and lectures and will be designed to offer comparative insights into family planning programs as they relate to problems in specific less developed countries.

(5) By the above means, seek to achieve a full-time graduate enrollment in the third year of the following:

MS and MPH	-	10 to 20
MS/PH Options	-	10 to 15
Dr. P.H.	-	1 to 5
Ph.D	-	1 to 5

(6) Provide fellowships for degree candidates. It is expected that from five to eight of the above graduate enrollment will be provided fellowships with funds provided by this grant. The Grantee will also provide travel and subsistence for short term trainees.

## STUDENTS SUPPORTED BY AID GRANT CSD-3310 FOR MPH DEGREE PROGRAM

January 1972 - December 1974

<u>Student</u>	<u>State/ Country</u>	<u>Profession</u>	<u>Period of Support</u>
Huang, Soo Lee	Malaysia	Home Economist	8/73 - 12/74
Phillips, James	Michigan	Demographer	1/72 - 8/72
Sударsono, Sumedi	Indonesia	Physician, Faculty of Medical School	8/73 - 12/74
Tjitarsa, Ida B.	Indonesia	Physician, Faculty of Medical School	5/72 - 9/73
Valencia, Ernesto B.	Philippines	Physician	8/73 - 12/74
Wiadnjana, Igusti P.	Indonesia	Physician	5/72 - 9/73

EXAMPLES OF STUDENT RESEARCH PAPERS  
SUBMITTED TO THE INTERNATIONAL HEALTH PROGRAM  
SCHOOL OF PUBLIC HEALTH  
UNIVERSITY OF HAWAII

Family Planning In Ethiopia, Zewde Tamrat, 1971.

Family Planning in Mexico - La Asociacion Pizo-Salud Maternal,  
Bruce Lagareta, 1971.

Proposed In-Service Training Program in Family Planning for Community  
Development and Extension Workers in the Philippines, Elisa  
Villanueva, 1971.

Proposed Training Project for Traditional Midwives in Truk District,  
Ngas Kansou, 1971.

Internal Migration in Japan 1920-1972, Joseph Leese.

A Demographic Profile of the Cook Islands, James Phillips, Sept. 1972.

An Experimental Design for Evaluating Family Planning Population  
Research Reports, Robert Bertera, 1972.

Organizational Structure of Denver Family Planning Program, Lee Dameron,  
1972.

The Population Problem in Bali, Tjitarsa, 1972.

The Populace of Thailand and Their Relationship to the Rice Economy,  
Lee G. Dameron, 1972.

Alaska - A Demographic Profile, E. Ann Ota, 1973.

The Demographic Characteristics of Canada, Wanda Miyamoto, 1973.

The Epidemiology of Unplanned Conception in Hawaii, Donald Morisky, 1973.

Report of Interim Session Health Delivery Field Study in Kauai and  
Hawaii, 1973.

Thailand: With Emphasis on Bangkok as a Primate City, Julie Ann  
Marshall, 1973.

Demographic Profile: Philippines, Floresita Quarto & Ernesto Valencia,  
1974.

Some Traditional Ideas Relating to Health and Illness in Thailand,  
Barry Rost, 1974.

Most of the papers are cataloged and available in the I.H. Reading Room.

## MEMORANDUM OF AGREEMENT BETWEEN

## THE

SCHOOL OF PUBLIC HEALTH AND THE

SCHOOL OF MEDICINE

UNIVERSITY OF HAWAII

To help achieve the objectives of AID Grant csd-3310 to the School of Public Health, University of Hawaii, the following agreement has been reached between Jerrold M. Michael, Acting Dean of the School of Public Health, and Terence A. Rogers, Dean of the School of Medicine.

Services Offered

1. The School of Medicine, will, through the appointment of personnel in the following positions, perform the services related hereto:
  - a. Project Coordinator--Dr. Ronald J. Pion
    - 1) Administer the on-site training program at Kapiolani Hospital, with responsibility for fiscal and personnel management over all service and training activities.
    - 2) Conduct on-going research activities in family planning and fertility control methods.
    - 3) Coordinate activities between Kapiolani Hospital and the University of Hawaii Schools of Public Health and Medicine.
    - 4) Respond to training of American and foreign professionals and paraprofessionals in family planning techniques.
    - 5) Supervise development of audio-visual supportive materials in fertility control methods.
  - b. Regional Consultant--Dr. Felix Emberson.

- 1) Development of an appropriate strategy and IE&C technique for improving indigenous family planning programs.
- 2) Introduce menstrual aspiration, laparoscopic sterilization, and other fertility management techniques to key Polynesian professionals and clinicians.
- 3) Identify and select potential Kapiolani trainees and initiate post-training follow-up programs for regularizing feedback to Kapiolani Hospital and the University of North Carolina's International Fertility Research Program.
- 4) Demonstrate the applicability of items 1-3 above to other islands throughout Fiji and 44 health sister stations that operate family planning clinics.
- 5) Evaluate indigenous family planning programs and provide feedback for adjusting Kapiolani Hospital training curricula programs.
- 6) Develop audio-visual supportive material to enhance learning of new techniques that are suitable for Fiji and other Pacific communities.

c. Audio-Visual Specialist (to be named)

- 1) Work under the direct supervision of the audio-visual consultant in the continuing program of maintenance and servicing of project equipment.
  - a) Maintain and make major and minor repairs of all TV receivers, film chain, TV color camera (and/or B/W), and other associated studio equipment.
  - b) Installation, servicing, and checking of master antenna systems and closed-circuit systems.

- 2) Instruct designated hospital and university personnel in the proper care and maintenance of receivers and associated equipment, such as cassette, cartridge or other video tape recorders.
- 3) Assist in studio and/or film set up, lighting, and production as necessary.
- 4) Assist in equipment evaluation and purchase.
- 5) Figure out job costs of all repair and maintenance in both receivers and antenna installations for the purpose of fiscal evaluation of the facilities program.
- 6) Order supplies and equipment and anticipate supply needs necessary in the repair and maintenance of all aforementioned equipment.
- 7) Maintain office records of all equipment and service history.
- 8) Perform other duties as are deemed necessary for the successful attainment of program/production objectives.

d. Nurse Trainer (to be named)

- 1) Set up and supervise all patient services including clinics, pregnancy counseling services, morning-after-pill service, in-hospital education programs.
- 2) Assist in setting up training programs for allied personnel in the community.
- 3) Prepare clinic activities for family planning clinic and contraception and abortion counseling services.
- 4) Possess ability, to perform:
  - a) breast examination
  - b) pregnancy test
  - c) pelvic examination
  - d) Pap smear
  - e) menstrual aspiration

- 5) Assist in collecting and organizing research data.
- 6) Possess a thorough knowledge of all contraception methods and the physical and psychological implication of these methods.
- 7) Possess ability and training to counsel women in pre-conception and post-conception methods of fertility control.
- 8) Be able to relate well with team members of professionals and paraprofessionals.

Financing

2. a. A sum of \$92,400.00 will be made available to the School of Medicine during the period July 1, 1973 - June 29, 1974 to be used for the purposes stated above. This sum, primarily for salary and fringe benefits, for the above personnel shall not exceed the sums below:

	<u>Amount</u>
Salaries and Wages	
(1) Project Coordinator	\$30,000.00
(2) Audio-Visual Specialist	12,252.00
(3) Nurse Trainer	13,128.00
Fringe Benefits	9,620.00
Consultant Service	23,400.00
Travel--Consultant*	<u>4,000.00</u>
TOTAL COST	<u>\$92,400.00</u>

\*Note: Includes air fare of \$2,650.00 for Regional Consultant, per diem of \$1,200.00 and other travel expenses of \$150.00.

- b. All conditions set forth by AID Grant csd-3310 will be applicable to the funds made available to the School of Medicine. This agreement may be extended by mutual consent beyond June 29, 1974, provided the grant is renewed.

Reports

- 3. At the end of the period but not later than July 31, 1974, the Dean of the School of Medicine will submit a narrative and financial report to the Dean of the School of Public Health informing him of the expenditure of the sum named above and provide documentation as may be requested by AID/Washington or the Dean of the School of Public Health. Any unused portion of the funds provided will revert to the School of Public Health at the end of the period.

Amendments

- 4. It is recognized that a program of this nature may require some changes in concepts, policies, and procedure as the planning progresses. It is, therefore, agreed that when such changes appear necessary, they be mutually agreed upon, attested to, and made a part of this basic agreement.

*Ragland* 8-6-73  
 Dean, School of Medicine Date

*Julius M. Michael* 8/2/73  
 Dean, School of Public Health Date

Signed for the Chancellor,  
Manoa Campus

by *Charles J. Young*

Signed for the University of Hawaii:

by *W B Chapman* WILLIAM B. CHAPMAN



# University of Hawaii at Manoa

School of Medicine  
 Department of Obstetrics and Gynecology  
 Kapiolani Hospital  
 1319 Punahou Street • Honolulu, Hawaii 96814

TO: Dean Michaels  
 School of Public Health

FROM: Ralph W. Hale, M.D. *RWH*  
 Chairman, Dept. of OB-GYN

VIA: Terence A. Rogers, Ph.D.  
 Dean School of Medicine

RE: Report as required in the memorandum agreement between the  
 School of Public Health and the School of Medicine, University  
 of Hawaii dated 8/2/73

## Introduction

In July of 1973, the School of Medicine and the School of Public Health entered into a memorandum of agreement as part of the AID grant, CSD-3310 to the School of Public Health in order to deliver certain services and experiences to eligible trainees of the School of Public Health. In keeping with this grant the following personnel were appointed with the following job descriptions.

Project Coordinator - Dr. Ronald J. Pion, Professor of Obstetrics and Gynecology. Dr. Pion administered the project for on-site training, evaluation and educational exposure in the area of menstrual aspiration and fertility control.

Nurse Trainer - Mrs. Laurie Walser was identified. The services of Mrs. Walser were contracted by the School of Medicine through Kapiolani Hospital where she was working. Mrs. Walser is a Nurse Practitioner who has assumed the responsibility of setting up and supervising a demonstration project for patient services related to pregnancy counseling in regards to menstrual aspiration services and hospital educational programs. She has set up training programs for allied personnel coming through the School of Public Health. She has prepared clinic activities for family planning and menstrual aspiration counseling services. She has served as the liaison between the Kapiolani Hospital and the School of Public Health for visiting persons.

Audio-visual specialist - Because of the extensive involvement in the use of video and audio-visual materials, a graduate engineer with special training in development of media was contracted. Mr. Roy Kikuta came on service in December of 1973 and has been involved in the maintenance of all the equipment involved in our training program, assistance in the planning and programming, and has also been involved with trainees in instruction in problems with media equipment, its repair, maintenance and upkeep in order to give trainees an in-depth evaluation of problems they may face.

Regional Consultant - Dr. Felix Emberson. Dr. Felix Emberson of Suva, Fiji was contracted to perform the services of family planning outreach in the development of family planning programs in the South Pacific island area. Dr. Emberson has submitted reports on a regular basis, a copy of his final report for the year will be submitted separately. Dr. Emberson has spent his time in introducing menstrual aspiration, laparoscopic sterilization and other fertility management techniques to key Polynesian professional commissions. In addition, he has worked strenuously to develop internal programs for family planning within this area. This first year of Dr. Emberson's contract was designed primarily as exploratory and developmental and it is anticipated that with additional funding it will become more of a service delivery system.

### Summary

These projects with the above mentioned personnel and with additional assistance from the Department of OB-GYN and other personnel at Kapiolani Hospital have allowed extensive distribution of techniques and information and materials in the areas of advanced fertility training. Shortly after the onset of the program at Kapiolani Hospital, all visitors under the AID contract to the School of Public Health were programmed to visit the family planning clinic and view the fertility programs at Kapiolani Hospital. These included menstrual aspiration, in-hospital education, outpatient education, outreach and recruitment programs, newer techniques in sterilization and other related medical programs. As each visitor came through Kapiolani Hospital a specific program was designed for the individual. Names of all such individuals are available in the records of the School of Public Health. In December of this year the School of Medicine assisted the School of Public Health in the International Conference on Menstrual Aspiration. Since January of this year, the program has had extensive visitation by visiting professionals and has continued the intensive education and information services as mentioned previously.

In the last quarter of the year, the School of Medicine was able to identify key medical school personnel in the Pacific area and several members of these schools in key positions, for example, chairman of departments, or Deans were invited to the School of Medicine for intensive training programs in curriculum development as related to the training of physicians in family planning, both at the medical student and post-M.D. program areas. In addition to these programs, the members of the School of Medicine have actively participated in planning sessions directed by the School of Public Health regarding the development of future programs in the area of fertility and training techniques and educational exposure and techniques.

LDC PERSONNEL PROVIDED WITH ORIENTATION AND OBSERVATION TRAINING  
AT KAPIOLANI HEALTH SERVICES

Country	1971	1972	1973	1974	Total
Colombia			1	-	1
Fiji			2	1	3
India			2	2	4
Indonesia			5	3	8
Iran			2	2	4
Korea			1	-	1
Pakistan			-	2	2
Philippines			5	7	12
Sri Lanka			1	2	3
Taiwan			1	1	2
Thailand			1	1	2
TOTAL			21	21	42

LIST OF PARTICIPANTS WHO HAVE VISITED KAPIOLANI HOSPITAL  
FOR TWO WEEKS UNDER SPONSORSHIP OF SCHOOL OF PUBLIC HEALTH

1. Mr. Benjamin Capili  
Hospital Administrator  
Mary Johnston Hospital  
Manila, Philippines
2. Dr. Felix Emberson  
Consultant  
Suva, Fiji
3. Dr. Ricardo Fernando  
Medical Director  
Mary Johnston Hospital  
Manila, Philippines
4. Dr. Carmencita Gotauco  
Head, Family Planning Services and  
Consultant in OB/GYN  
Chinese General Hospital  
Manila, Philippines
5. Sister Elizabeth Qumivutia  
Nurse  
Emberson Clinic  
Suva, Fiji
6. Dr. C. Barr Kumarakulasinghe  
Department of Surgery  
University of Sri Lanka  
Peradeniya, Sri Lanka
7. Dr. Gunawan Nugroho  
Director  
Community Health and Family Planning  
J. L. Brig Jen Soediarti 484  
Solo, Indonesia
8. Dr. Virgilio Oblepias  
Head, Family Planning Department  
Mary Johnston Hospital  
Manila, Philippines
9. Mrs. Germelina Reyes  
Nurse in Charge of Sterility Clinic  
Mary Johnston Hospital  
Manila, Philippines
10. Dr. Hossain Ronaghy  
Chairman, Department of Comm. Med.  
School of Medicine  
Pahlavi University  
Shiraz, Iran
11. Dr. R. Soeprono  
Department of OB/GYN  
Faculty of Medicine  
Gadjah Mada University  
Yogyakarta, Indonesia
12. Dr. Iwan Soetjaha  
School of Public Health  
University of Indonesia  
DJL Proklamasi 16  
Djakarta, Indonesia

PHYSICIANS WHO HAVE RECEIVED TRAINING  
AT KAPIOLANI HOSPITAL FOLLOWING AFTC

1. Dr. Flora Bayan  
Director  
National Family Planning Office  
Department of Health  
Manila, Philippines (Johns Hopkins)
2. Dr. Consolacion C. DeGuzman  
Senior Consultant  
Department of OB/GYN  
Dr. Jose Fabella Memorial Hospital  
Manila, Philippines (Washington University)
3. Dr. Alicia De La Paz  
Associate Professor  
Manila Doctors' Hospital  
Manila, Philippines (Johns Hopkins)
4. Dr. Wellege Fernando  
Consultant, OB/GYN  
DeSoysa Hospital for Women  
Columbó, Sri Lanka (University of Pittsburgh)
5. Dr. Estella Funtila  
Acting Chief of Clinical Services  
Veterans Memorial Hospital  
Quezon City, Philippines (Washington University)
6. Dr. T. Y. Lee  
Professor of OB/GYN  
National Taiwan University  
Taipei, Taiwan (Washington University)
7. Dr. N. A. Seyal  
Medical Superintendent  
Lady Willingdon Hospital  
Lahore, Pakistan (Johns Hopkins)

EXAMPLES OF RESEARCH ACTIVITIES OF INTERNATIONAL HEALTH PROGRAM

<u>TITLE</u>	<u>PERIOD</u>	
	<u>From</u>	<u>To</u>
1. Abortion Data Analysis Drs. Roy Smith, Pion, Diamond, et. al. See Appendix "S" for 16 publications	1970	Ongoing
2. Demographic Research in Japan, 1955-1970 Dr. Y. Scott Matsumoto	June 1972	- April 1974
3. Fertility Differential of Japanese Women in Japan, Hawaii and California Dr. Y. Scott Matsumoto	Jan. 1970	- April 1971
4. Hawaii Life Table Values by Causes of Death Dr. C. B. Park, Dr. Y. Scott Matsumoto	Nov. 1969	- June 1974
5. Condom Uses in Japan Dr. Y. Scott Matsumoto	June 1972	- April 1974
6. Male Involvement in Family Planning Dr. Y. Scott Matsumoto and Dr. Maggie Lim	Jan. 1973	- Ongoing
7. Population Density in Tokyo Dr. Y. Scott Matsumoto	Sept. 1972	- Ongoing
8. Stress Reducing Strategies in Japan Dr. Y. Scott Matsumoto	1970 Published 1972	- Ongoing
9. Influences of A Folk Superstition on Fertility. Japanese in California and Hawaii Dr. Y. Scott Matsumoto	Sept. 1970	- Ongoing Reported to APHA, 1972
10. Role of Pharmacist in Family Planning Dr. R. Pion	Sept. 1970	- Ongoing Published 1971
11. Prostaglandin and Abortions Dr. R. Pion	1970	- Ongoing Published 1972, 1974
12. Alza-T Study Drs. R. Pion and R. Hale	1973	- Ongoing
13. Menstrual Regulation Research Dr. R. Pion	1973	- Ongoing
14. Socio-Demographic Characteristics of the Japanese Population in Hawaii Dr. Y. Scott Matsumoto	1972	- Ongoing Published 1974

<u>TITLE</u>	<u>From</u>	<u>PERIOD</u>	<u>To</u>
15. KAP Survey on Trust Territory of the Pacific Islands Dr. R. J. Wolff	June 1970	-	June 1971
16. Population Dynamics and Family Planning in the Pacific Dr. R. J. Wolff	Since 1968	-	Ongoing Published 1972
17. In-Migration in Hawaii Dean David Hood and Dr. R. Pion	June 1972	-	March 1973
18. Research being developed:			
1) Study of Health and Social Welfare of the Older Population in California, Hawaii, Japan.	Sept. 1974		
2) Demography of the Aged in Asia	Sept. 1974		
Dr. Y. Scott Matsumoto			

## AGREEMENT OF COOPERATION

between

UNIVERSITY OF HAWAII and UNIVERSITY OF INDONESIA

The University of Hawaii through its School of Public Health and the University of Indonesia through its Faculty of Public Health have held a series of discussions pertaining to an institutional relationship.

The purpose of the relationship is to assist in the overall development of the Faculty of Public Health, University of Indonesia, and the School of Public Health, University of Hawaii. This may be accomplished through future exchange of faculty, joint research activities, and service activities which will be mutually beneficial.

The University of Indonesia Faculty of Public Health and the University of Hawaii School of Public Health agree as follows:

Article I

The University of Hawaii, subject to availability of funds, shall contribute in the development through such means as, but not limited to, the following:

1. The provision of professors in public health as advisors.
2. The purchase and supply of books.
3. The purchase and supply of teaching equipment and educational supplies.
4. To provide motor vehicles for official purposes.
5. To provide awards for scholarships.

Article II

Decisions on programme funding assistance to support this agreement will be mutually discussed and shall be approved by both parties.

Article III

The University of Indonesia, in the implementation of the assistance, will:

1. Provide facilities for office space, office equipment, expendable office supplies and clerical services for the assignment of the professors of the University of Hawaii.
2. Request within the limits of law in force from proper Indonesian authorities for the following facilities:
  - a. Exemption for books, teaching equipment, educational supplies and motor vehicles supplied by or on behalf of the University of Hawaii from harbour dues, import duties and other public charge.
  - b. Exemption for the personal and household effects of the professors from harbour dues, import and export duties, other public charge and taxes on their income.
  - c. The issue of entry and exit permits, working permits, residence permits and identity cards for the professors, free of charge.
3. Provide Rupiah funds required for handling charge, general administration cost and the like.

Article IV

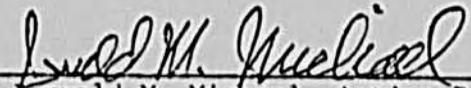
1. It is the intention that this agreement will be in force for a period of five years subject to the availability of funds and any amendment and/or modification of this agreement shall be agreed upon by the two contracting parties.

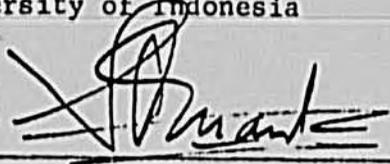
- 2. Either party reserves the right to terminate this agreement upon six (6) months notice in writing.
- 3. The agreement shall enter into force after having the approval of the Indonesian Ministry of Education and Culture, and the University of Hawaii.

Jakarta, September 7, 1973

University of Hawaii

University of Indonesia

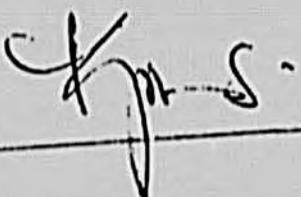
By   
 Ferrol M. Michael, Acting Dean  
 School of Public Health

By   
 Prof. Dr. Ir. Soemantri Brodjonegoro

By   
 Harlan Cleveland  
 President

SEP 13 1973

Cleared by  
 Ministry of Education and Culture  
 Director of Higher Education,



Koesnadi Hardjasoemantri

SEKRETARIAT NEGARA  
SEKRETARIAT KABINET RI.

Jakarta, 6 September 1973.-

No. : 2783 /Set.Kab/LN/9/1973.-  
Sifat : Biasa.  
Lampiran : (3/3/2)  
Perihal : Draft agreement kerjasama  
antara Universitas Hawaii  
dengan Universitas Indonesia  
& Universitas Udayana.-  
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K e p a d a  
Yth. Sekretaris Jenderal  
Departemen Pendidikan  
dan Kebudayaan  
di -  
J A K A R T A .-

Sehubungan dengan surat Departemen P & K, No.19264/G-  
/3/73 tanggal 23 Mei 1973 perihal tersebut diatas, bersama  
ini diberitahukan dengan hormat bahwa Pemerintah dapat me-  
nyetujui draft agreement termaksud untuk segera ditandata-  
ngani oleh pihak2 ybs. dan dijadikan dasar formil dimulai-  
nya realisasi kerjasama antara Universitas Hawaii dengan  
Universitas Indonesia & Universitas Udayana dibidang Public  
Health Education.

Selanjutnya diminta agar supaya didalam penyelenggara-  
an realisasi kerjasama itu ~~diadakan~~ diindahkan surat kami  
No.2626/Set.Kab/LN/10/1972 tanggal 1 Nopember 1972.

*[Signature]*  
SEKRETARIS KABINET R.I.  
u.b.  
Kepala Biro Kerjasama Teknik L.N.

*[Signature]*  
R.H.B. Moctan, S.H.-

Tembusan kepada :

1. Wakil Ketua Bappenas.
2. Dit. Jen. HLN, Deplu.
3. Dit. Hub. Keuangan Internasional, Dep. Keuangan.
4. Biro HLN, Dep. P & K.
5. Biro KTLN, Sek. Kab. RI, Bagian Swabud.

## AGREEMENT OF COOPERATION

between

UNIVERSITY OF HAWAII and UNIVERSITY OF UDAYANA

The University of Hawaii through its School of Public Health and the University of Udayana through its Faculty of Medicine have held a series of discussions pertaining to an institutional relationship.

The purpose of the relationship is to assist in the overall development of the Faculty of Medicine, University of Udayana, and the School of Public Health, University of Hawaii. This may be accomplished through future exchange of faculty, joint research activities, and service activities which will be mutually beneficial.

The University of Udayana Faculty of Medicine and the University of Hawaii School of Public Health agree as follows:

Article I

The University of Hawaii, subject to availability of funds, shall contribute in the development through such means as, but not limited to, the following:

1. The provision of professors in public health as advisors.
2. The purchase and supply of books.
3. The purchase and supply of teaching equipment and educational supplies.
4. To provide motor vehicles for official purposes.
5. To provide awards for scholarships.

## Article II

Decisions on programme funding assistance to support this agreement will be mutually discussed and shall be approved by both parties.

## Article III

The University of Udayana, in the implementation of the assistance, will:

1. Provide facilities for office space, office equipment, expendable office supplies and clerical services for the assignment of the professors of the University of Hawaii.
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3. Provide Rupiah funds required for handling charge, general administration cost and the like.

## Article IV

1. It is the intention that this agreement will be in force for a period of five years subject to the availability of funds and any amendment and/or modification of this agreement shall be agreed upon by the two contracting parties.

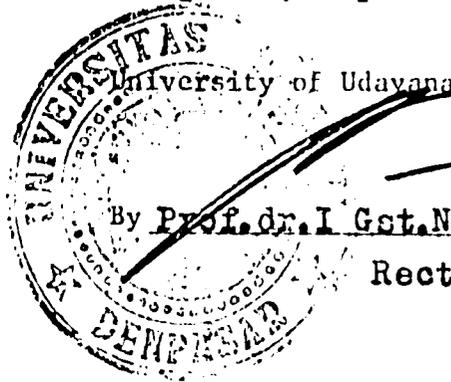
- 2. Either party reserves the right to terminate this agreement upon six (6) months notice in writing.
- 3. The agreement shall enter into force after having the approval of the Indonesian Ministry of Education and Culture, and the University of Hawaii.

Denpasar, September 8, 1973.

University of Hawaii

By *Gerrold M. Michael*  
 Gerrold M. Michael, Acting Dean  
 School of Public Health

By *Harlan Cleveland*  
 Harlan Cleveland  
 President



By *Prof. dr. I Gst. Ngoerch Gde Ngoerah*  
 Rector.

Cleared by  
 Ministry of Education and Culture  
 Director of Higher Education

*Koesnadi Hardjasoemantri*

Koesnadi Hardjasoemantri

Jakarta, September 7, 1973

SEKRETARIAT NEGARA  
SEKRETARIAT KABINET RI.

Jakarta, 6 September 1973.-

No. : 27<sup>1973</sup> /Set.Kab/LN/9/1973.-  
Sifat : Biasa.  
Lampiran : (1/1973)  
Perihal : Draft agreement kerjasama  
antara Universitas Hawaii  
dengan Universitas Indonesia  
& Universitas Udayana.-  
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K e p a d a  
Yth. Sekretaris Jenderal  
Departemen Pendidikan  
dan Kebudayaan  
di -  
J A K A R T A .-

Schubungan dengan surat Departemen P & K. No.19264/G-  
/3/73 tanggal 23 Mei 1973 perihal tersebut diatas, bersama  
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Health Education.

Selanjutnya diminta agar supaya didalam penyelenggara-  
an realisasi kerjasama itu ~~diadakan~~ diindahkan surat kami  
No.2626/Set.Kab/LN/10/1972 tanggal 1 Nopember 1972.

*R.H.B. Mocthan*  
SEKRETARIS KABINET R.I.  
u.b.  
Kepala Biro Kerjasama Tehnik L.N.

*R.H.B. Mocthan*  
R.H.B. Mocthan, S.H.-

- Tembusan kepada :
- 1. Wakil Ketua Bappenas.
  - 2. Dir. Jen. HELN, Deplu.
  - 3. Dir. Hub. Keuangan. Internasional, Dep. Keuangan.
  - 4. Biro HELN, Dep. P & K.
  - 5. Biro NTLN, Sek. Kab. RI, Bagian Swabud.

Background Information on Proposed Agreement for a Cooperative Relationship between the School of Public Health, University of Hawaii (SPH/UH) and the Institute of Public Health, University of the Philippines System (IPH/UPS)

1. In early September, 1970, the School of Public Health, University of Hawaii, through the financial assistance of USAID and with the cooperation of the School of Social Work, University of Hawaii, agreed to train 12 Social Work Administrators from the Philippines in family planning training and administration. Twelve social work administrators and trainers participated in that training program between January 4 - April 4, 1971.
2. In addition to the short-term training noted above, 20 family planning physicians and other health professionals matriculated at the SPH/UH and completed their Masters in Public Health (MPH) degree between September 1967 - June, 1974. The graduates are now on the staff of the Department of Health, Department of Social Welfare and Institute of Family and Community Health (formerly Institute of Maternal and Child Health) in the Philippines.

More recently, the School of Public Health has been involved in training clinical public health nurses, health educators, social workers, physicians and family planning administrators. One physician is expected to complete his MPH degree requirements in December, 1974, and beginning in the Fall of 1974, 2 physicians and 2 social work administrators have entered the MPH degree program. The school's working relationships with the faculty and staff of the IPH/UPS and other governmental/agencies have increased and improved. The result of the improved relationship is the attached proposed agreement of cooperation.

3. In March, 1974, Dean Michael and Richard Suehiro, Chairman of the International Health Program, visited the Philippines and initiated the notion of a formal cooperative agreement.
4. In April, 1974, Dean Benjamin Cabrera visited the University of Hawaii, where he met with University officials and faculty of the School of Public Health to further refine the draft agreement.
5. In July, 1974, Mr. Suehiro spent a number of weeks in Manila refining the content of the agreement.
6. The purpose of the cooperative agreement is to:
  - 6.1 Provide a formal statement of the academic and research relationship between the SPH/UH and IPH/UPS.
  - 6.2 Facilitate government clearance for visas, books and equipment, personal and household effects for exchange faculty and students.

- 6.3 Exchange and disseminate information between and among educational institutions for the benefit and enhancement of population studies/family planning education and training.
7. Resources for the cooperative program is to be provided by AID/Philippines and AID/Washington. An existing grant will be used to develop the initial phases of the activity. The University of Hawaii will not be obligated to implement the projected programs using new state resources.
8. In a similar agreement with the University of Indonesia, Faculty of Public Health in Jakarta and the University of Udayana, Faculty of Medicine, in Bali, many benefits to the University of Hawaii have resulted. We feel that these will also be available through this contact:
  - 8.1 Enrichment for faculty through exchange of teaching opportunities. Such opportunities enhance and enrich the teaching and research capacities in the cultural and transcultural concerns in the field of health and social services.
  - 8.2 Students from the University of Hawaii will benefit from field placements in the Philippines.
  - 8.3 Students from the Philippines will add a unique and useful learning/teaching process - student/student and student/faculty relationships.
  - 8.4 Extramural resources flowing to the University broadens the academic research and service activities in international cultural and scientific interchange.
9. The projected agreement is attached.

AGREEMENT FOR A COOPERATIVE RELATIONSHIP BETWEEN THE  
SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF HAWAII AND THE  
INSTITUTE OF PUBLIC HEALTH, UNIVERSITY OF THE PHILIPPINES SYSTEM

The University of Hawaii through the School of Public Health, hereinafter referred to as "the School", and the University of the Philippines System through the Institute of Public Health, hereinafter referred to as "the Institute",

Being desirous of obtaining mutual agreement concerning the rendition of assistance to each other, particularly with references to the area and methods of assistance and their respective responsibilities thereof,

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation,

HAVE AGREED AS FOLLOWS:

PART I

Basis of Relationships

The Dean and faculty members of the School and the Dean and faculty members of the Institute have held a series of discussions pertaining to a cooperative relationship. The basis of the relationship is to enrich the offerings and the overall development of the School and the Institute.

PART II

Area

The area of cooperation will include the various disciplines of public health and programs of the Institute and the School as mutually agreed upon and felt desirable. This may include but not limited to:

1. Public Health Nutrition
2. Population Studies and Family Planning

3. Epidemiology and Biostatistics
4. Public Health Administration
5. Public Health Engineering
6. Public Health Education and Communications

The assistance to be provided by each of the contracting parties will be in teaching, research, exchange of faculty and students, and staff development in order that the respective institutions may respond adequately to the demands of current and future situations.

### PART III

#### Methods

Assistance may be carried out, subject to availability of funds, through:

1. Exchange of faculty members
2. Exchange of students
3. Joint research activities
4. Participation in seminars and conferences
5. Consultations and exchange of information

The details of such assistance and appropriate budgets shall be mutually discussed and annually agreed upon in writing by both parties and such agreements shall be attached to and become a part of this agreement.

### PART IV

#### Commitments of Each of Contracting Parties

1. To make known to each other, on an annual basis, a written plan noting their specific needs that may fall within the area of this agreement.
2. To meet on arrival exchange professors and students, and assist in finding suitable accommodations.

3. To provide exchange professors the necessary office and secretarial facility.
4. To grant the exchange professors the rights and privileges enjoyed by faculty members of the receiving institution as required by its regulations.
5. To send exchange professors/students.
6. To render such other assistance that may be requested by each other and that is covered by the area of agreement, subject to the rules and regulations of both institutions.
7. To provide for travel and accommodations for exchange faculty and students, participants in seminars/conferences and for joint research activities, subject to the rules and regulations of each institution.
8. To request, within the limits of law in force, from the proper authorities of the Philippines and United States of America governments for the following:
  - a. Exemption for books, teaching equipment, educational supplies supplied by or on behalf of the School from harbour dues, import duties and other public charge.
  - b. Exemption for the personal and household effects of the professors from harbour dues, import and export duties, other public charge and taxes on their income.
  - c. The issue of entry and exit permits, working permits, residence permits and identity cards for the professors, free of charge.

#### PART V

##### Length of Agreement

It is the intention that this agreement will be in force for a period of five years subject to the availability of funds and any amendment and/or modification of this agreement shall be agreed upon by the two contracting parties.

Either parties reserves the right to terminate this agreement at any time, with or without cause, upon six (6) months' notice in writing.

IN WITNESS WHEREOF the undersigned, being duly authorized, have signed this agreement.

University of Philippines System

at \_\_\_\_\_ on \_\_\_\_\_ 1974

\_\_\_\_\_  
Dean Benjamin D. Cabrera  
Institute of Public Health

\_\_\_\_\_  
Dr. Salvador P. Lopez  
President

University of Hawaii

at \_\_\_\_\_ on \_\_\_\_\_ 1974

\_\_\_\_\_  
Dean Jerrold M. Michael  
School of Public Health

\_\_\_\_\_  
Dr. Fujio Matsuda  
President

PARTIAL LIST OF CONFERENCES AND/OR WORKSHOPS  
CONDUCTED PRIOR TO FY 73-74  
IN WHICH SCHOOL OF PUBLIC HEALTH  
FACULTY/STAFF AND STUDENTS  
MADE MAJOR INPUTS

Forum on Reproduction, Sexuality, and Intimacy was conducted for the general public at the University of Hawaii in Spring of 1972. A capacity audience attended four nights of discussion, films, and question and answers on all aspects of human sexuality.

Responsible Parenthood Conferences. Several Responsible Parenthood Conferences were conducted on Guam during the last three years. (Spring 1972, Fall 1972, Summer 1973 and again in January 1974; 100+ participants).

The conferences were conducted at the invitation of the Department of Health and Social Welfare, Government of Guam, and were attended by doctors, public health nurses, hospital staff nurses, social workers, school counselors, and village commissioners. The seminars attempted to give the professional worker greater expertness and readiness to deal with family planning problems. Other activities on Guam conducted by the International Health Program include:

Six-week Workshop for Outreach Workers of the Guam Family Planning Program, May to June, 1972.

Four-week Workshop for Mental Health Personnel of Guam on Sexuality and Culture in Family Planning, June, 1972.

Exploratory Descriptive Study of Health Related Life Styles of People. A report of a study conducted March to June, 1972, prepared and distributed by the Faculty of Public Health, University of Indonesia, Ministry of Health, University of Indonesia, and the World Health Organization. Dr. Elizabeth Clark participated as one of the advisors in the design, planning and implementation of the study.

Seminar in Family Planning Communication for country leaders was designed for a select group of population communication administrators from Asian countries. The last two courses were sponsored by the East-West Center Communication Institute with assistance from the staff of the International Health Program (PS/FP), April 10 to June 24, 1972.

Health and Social Planning Seminar co-sponsored by the Technical Development Institute of EWC and the School of Public Health. The three-month seminar, during the summer of 1972, discussed National Strategy determinations including population and family planning.

A Workshop on Human Sexuality conducted for the Child and Family Services, a private health and social agency in Hawaii to increase the case worker's capacity to deal with relational problems associated with sex and reproductive conflicts; Summer, 1972.

Population Education Workshop for Program Development Specialist in Asia. The primary goal of the workshop was to systematically plan, implement and evaluate school and non-school population education programs. July 31 to September 1, 1972.

UNESCO Experts Meeting, Training for Communication in Family Planning, Dr. Jerome Grossman and Dr. Elizabeth Clark served as consultants to the World Health Organization to this UNESCO Experts Meeting, October 9-13, 1972.

Workshop leader at Second International Conference on Voluntary Sterilization held in Geneva, Switzerland. February 25 to March 1, 1973.

Nursing Leadership in Family Planning Program. The short-term program for six nurse and midwife leaders from Bali, Indonesia, held March 5-23, 1973 (Hawaii) and March 26 to April 1, 1973 (Philippines), was coordinated with Dr. Brata Ranuh, Inspector of Health, Bali, during his appointment as a visiting professor of public health, School of Public Health, University of Hawaii, August 1972 to January 1973.

Course content included family planning programs relating to organization administration and supervision; clinical management; communication process; and on-site observation of family planning.

Dr. Ida Bagus Tjitarsa, Head of the Provincial Training Center, Bali, and Dr. Igusti Wiadnjana, graduate students at our School during the period of program planning also were of valuable assistance to this program. They were awarded their M.P.H. degree in December 1973 and have since returned to Bali.

Panel leader at the Conference on Condom-increase utilization in the U.S. held in Seattle, Washington. March 25 to April 1, 1973.

Impact of Culture in Childbearing and Childrearing sponsored by the School of Nursing, June 4-8, 1973, with cooperation from School of Public Health.

Dr. Roy Smith, Professor of Public Health, served as consultant on Phase I of the DEIDS project in Philippines and Thailand, April and July, 1973.

Total LDC Personnel Participation in SPH/SM/EWC Family Planning Conferences

<u>Conference Title</u>	<u>Date</u>	<u>No. of Participants</u>
Asia/Pacific Conference on Population and Family Planning Teaching in Schools of the Health Professions: Clinic and Field Training Programs	Oct. 22-25, 1973	17

(Participants' Names and Countries, Appendix O)

Menstrual Regulation Conference (MRC)	Dec. 17-19, 1973	282*
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\*Total No. Registered - 282

Conference Sponsored	143
Other AID Sponsored	26
Un-sponsored	113

(MRC Conference Report, Appendix P)

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Social Work Administrators Family Planning Training Program	Jan. 4-April 14, 1971	12
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## PARTICIPANTS

Asia/Pacific Conference on Population and  
Family Planning Teaching in Schools of the  
Health Professions: Clinic and Field Training Programs

1. Dr. Soewasono Adisewojo  
Dean, Faculty of Medicine  
Gadjah Mada University  
Yogyakarta, Indonesia
2. Dr. I. Gusti Adnjana  
Dean, Faculty of Medicine  
University of Udayana  
Bali, Indonesia
3. Dr. A.P.R. Aluwihare  
Dept. of Surgery  
University of Ceylon  
Peradeniya, Ceylon
4. Dr. Paulo C. Campos  
Chairman, Department of Medicine  
College of Medicine  
University of the Philippines  
547 Herran Street  
Manila, Philippines
5. Dr. Fe del Mundo  
Director  
The Children's Medical  
Center Philippines  
11 Banawe Street  
Quezon City, Rizal, Philippines
6. Dr. T. G. Hawley  
Dean, Fiji School of Medicine  
Suva, Fiji
7. Dr. Padma Kashyap  
Professor, All India Institute  
of Medical Sciences  
Ansari Nagar  
New Delhi-16, India
8. Dr. Youn Choul Koo  
Dean, College of Medicine  
Ewha Women's University  
Seoul, Korea
9. Dr. Bahram Mohit  
Head of Obstetrics/Gynecology  
Reza Pahlavi Medical Center  
Tehran, Iran
10. Vitoon Osathanondh, M.D., Ph.D.  
Faculty of Medicine  
Ramathibodi Hospital  
Department of Obstetrics/Gynecology  
Rama VI Road  
Bangkok 4, Thailand
11. Dr. D. N. Pai  
Director, Family Planning,  
Maternal & Child Health  
Professor, Preventive and  
Social Medicine  
Family Planning Hospital  
F (South) Ward, Municipal Bldg.  
Bombay 12, India
12. Dr. Hossain A. Ronaghy  
Chairman, Department of Community Medicine  
Saadi Hospital  
School of Medicine  
Pahlavi University  
Shiraz, Iran
13. Dr. Rahadi M. Santo  
Faculty of Medicine  
University of Indonesia  
6 Salemba Raya  
P. O. Box 432  
Jakarta, Indonesia
14. Professor R. Soeprono  
Head, Department of Obstetrics/Gynecology  
Faculty of Medicine  
Gadjah Mada University  
Yogyakarta, Indonesia
15. Dr. Iwan Soetjaha  
Dean, Faculty of Public Health  
Jakarta, Indonesia
16. Dr. Julia J. Tsuei  
Director, Maternity and Child Health  
Demonstration Project  
National Defense Medical Center  
25 Lane 24, Roosevelt Rd., Sec. 4  
Taipei, Taiwan, Republic of China
17. Dr. Jorge Villarreal  
Federacion Panamericana de Asociaciones  
Facultades De Medicina  
Carrera 7a, No. 29-34  
Bogota, D.E., Colombia

## MENSTRUAL REGULATION CONFERENCE REPORT

The following report is a summary of plans and actions which culminated in the Menstrual Regulation Conference. It is not a diary of events but it may be helpful as a checklist to others in organizing conferences of this type.

Conference Dates:	December 17 - 19, 1973
Location:	Princess Kaiulani Hotel Honolulu, Hawaii
Sponsors:	The University of Hawaii Schools of Public Health and Medicine
Chairman:	Ronald J. Pion, M.D. University of Hawaii School of Medicine
Coordinator:	Jacqueline S. Gardner Battelle Population Study Center
Total Number of Registered Participants:	282
Conference Sponsored:	143
Other AID Sponsored:	26
Un-sponsored:	113
Total Number of Countries Represented:	53 Attended 71 Invited
Total Cost of Conference	\$211,153
Conference Objectives	To examine menstrual regulation procedures for their application to family planning programs and to diagnostic medicine. To review the state-of-the-art of menstrual regulation techniques and offer comprehensive discussions of program implementation. To direct attention to specific problems of introduction of menstrual regulation techniques into family planning programs.

ORGANIZATION

The Organizing Committee was chosen by Drs. Pion, Duncan, and Winfield from among their colleagues conversant with international fertility regulation efforts. Committee members were:

Elizabeth B. Connell  
The Rockefeller Foundation

Gordon W. Duncan  
Battelle Population Study Center

Ralph Hale  
University of Hawaii Medical School

Elton Kessel  
International Fertility Research Program

Ronald J. Pion  
University of Hawaii School of Medicine

Phyllis Piotrow  
Population Information Program

Malcolm Potts  
International Planned Parenthood Federation

Richard Suehiro  
University of Hawaii School of Public Health

Theresa Van der Vlugt  
Population Information Program

Gerald F. Winfield  
Agency for International Development

The Organizing Committee was responsible for compiling lists of suggested invitees (cleared with Dr. Winfield's office prior to invitation), suggesting program topics and plenary speakers, and assisting in communication with program participants. The Committee also agreed to spend two additional meeting days to evaluate the Conference and to plan follow-up activities, including publications, for the introduction of menstrual regulation.

This was the only functioning committee for the Conference and it was extremely helpful. Most work was accomplished by telephone

and mail, with the group coming together only after the Conference convened. Several other people supplied lists of suggested invitees, among them Dr. R. T. Ravenholt of AID and Dr. Federico Arthes of Johns Hopkins Hospital, who was extremely helpful in identifying Latin American participants.

#### ARRANGEMENTS

Conference arrangements were handled by the Battelle Population Study Center, which was under a sub-grant with the University of Hawaii School of Public Health.

Pre-conference staff included a full-time coordinator and one part-time secretary in Seattle and one part-time coordinator in Hawaii. During the Conference, additional part-time student help was recruited for registration, typing, and audio-visual assistance. All other staff needs were performed by the Organizing Committee, particularly Drs. Duncan, Pion, and Winfield, and Mr. Suehiro. For a Conference of this size, we would recommend additional secretarial time (probably twice again what was available).

Travel and hotel arrangements for the majority of the participants were handled by Ms. Ruth Royce of Holiday House Travel Service in Seattle. Ms. Lisa Buss Schultz of the International Fertility Research Program in North Carolina made arrangements for those people sponsored by her program. Additionally, travel for participants from several countries with which the U.S. has excess currency agreements was organized through Elizabeth Weh of the U.S. AID Travel Office in Washington, D. C. As a general recommendation we can't say enough about the advisability of delegating such arrangements to a qualified travel agent, in close communication with the organizer.

While hotel reservations were arranged through Holiday House Travel Service, all other hotel arrangements (meeting rooms, services, special events, exhibit space, etc.) were handled by the staff of the Princess Kaiulani Hotel, under the supervision of Mr. Ed Remington. Much of the success of the Conference can be laid directly to the efficiency and cooperation of the Princess Kaiulani Hotel staff. We would recommend this hotel without qualification for any future meetings of this type.

Publicity for the Conference was subcontracted to Ms. Dorothy Millstone of Planned Parenthood/World Population. Ms. Millstone was restricted in widespread dissemination of press releases because of the sensitive nature of the topic in international politics. However, she was successful in circulating press releases to major international science and medical journals pre- and post-Conference, and arranging local press conferences during the meeting. Announcements of the Conference dates and information source were mailed to 13 medical periodicals several months in advance, and appeared in many of them.

Menstrual Regulation kits for participants were distributed by the University of Hawaii School of Public Health. Records were kept of people accepting kits and the number of kits taken by each, so that long-term follow-up of use and effectiveness can be undertaken.

#### PROGRAM

Suggested topics for inclusion in the program were listed by Drs. Pion and Duncan in the early stages of discussion. The original plans were for a technical, biomedical, state-of-the-art review of

menstrual regulation. Other members of the Organizing Committee were asked to suggest additional topics and program participants in those areas identified for presentation. In this process, the scope of the program moved away from an exclusively biomedical review to one which encompassed psycho-social and program elements of menstrual regulation. Speakers and workshop leaders were invited to participate after consultation with and on recommendations of the Organizing Committee.

Scheduling and ordering of the program was based upon Dr. Pion's desire to avoid exhausting participants with scheduled sessions and upon space limitations.

Confirmation of speakers and paper presentations went very slowly and was the least satisfactory of all arrangements. Due to these delays, the final program was not available for participant review until the meeting convened, which was considered to be unsatisfactory by many. In the future, we recommend that program considerations be given first priority in Conference planning.

#### COSTS

An itemized statement of Conference costs is attached. The greatest expense was for participant travel and per diem, as anticipated. The only expenditure not anticipated in the proportions in which it occurred was for telephone and telegraph costs, which accrued due to:

1. The brief planning period (5-1/2 months) available for a Conference of this size,
2. The distance of the organizers from the site,
3. Unanticipated fuel shortages and strikes which severely altered air travel arrangements for many participants, and

4. The sudden availability of travel funds in late November, enabling invitation of 100 additional sponsored participants.

Most other costs were in fact less than anticipated in the budget. We recommend that Conference budgets build in flexibility in the communications and personnel categories to allow for last-minute crises.

#### PUBLICATION

A publication of Conference proceedings was planned and budgeted. However, during the post-conference session (see attached minutes) the Organizing Committee decided instead to publish a summary of major findings and recommendations through George Washington University's Population Information Program (Population Report). Additionally, a monograph on menstrual regulation to be edited by Dr. Malcolm Potts of IPPF was suggested for later publication.

In addition to written publications, a film of Conference highlights was made and is currently in production under the auspices of Airlie Productions, the George Washington University Medical Center Department of Medical and Public Affairs.

#### EVALUATION

An evaluation questionnaire (copy attached) was designed by Dr. A. R. Davidson of the Battelle Population Center to test changes in knowledge attitudes, intended and actual behavior of participants with regard to menstrual regulation procedures. The questionnaire was administered during registration as a pretest and again during the final plenary session as a post-test. A second post-test, following the Conference by six to eight months, has been considered

as well. The results of the evaluation questionnaire are currently being analyzed and will be forwarded when available.

### CONCLUSIONS

In summary, the Organizing Committee seemed generally to feel that the Menstrual Regulation Conference was a success in that it brought together those individuals who could have the greatest multiplier effect in wide dissemination of the procedure. The Conference, also pointed up the need for more clinical data to evaluate the procedures and IFRP took steps to establish a broader base for collection of such data. Recommendations for follow-up activities to introduce MR are contained in the minutes of the post-conference meeting, but the most immediate seemed to be the establishment of a monitoring system to determine how kits are used when they reach the field.

Recommendations in the area of conference organization have been included throughout the report. Probably most crucial of these involves sufficient lead time for notification of and response from international participants who must have ample time to make travel and visa arrangements. The second major recommendation concerns the finalizing of the program early in the planning process to allow coordination of plenary presentations and preparation of papers.

## CHECKLIST

Stationery with Logo:	Helpful to include Conference dates in Logo
Invitations:	Printed
Program:	Preliminary, if necessary, time schedules and topic outline, exact location  Final (allow six weeks for printing)
Equipment:	Audio-visual during sessions Audio-visual outside of sessions Typewriters including headliner for badges Telephones in meeting area Duplicating equipment Timers for podium Microphones and amplifiers Taping, if desired Message board in Conference area Blackboards in seminar rooms Signs
Supplies:	Stationery (including note pads and mailing labels) Folders or envelopes for registration packets Badges and badge holders Pencils, pens Staplers, paper clips, scotch tape, thumb tacks. Scissors
Finances:	Per diem checks (if applicable) Arrangements for Cash cash box change receipt book security safe deposit in hotel or nearby Banking and check cashing for participants Consider travel time in per diem formula Plan to have cash on hand for contingencies

**Transportation:**

Ground transportation  
 If not arranged by Conference, try to give information re bus, limo-sine, taxi options  
 Air transportation  
 Get a travel agent  
 If US Federal funding is involved, check with sponsor re excess currency countries which require special handling

**Arrangements:**

Hotel or Conference area  
 Sleeping rooms  
 Meeting rooms including set up  
 Press rooms  
 Meals, press rooms, banquets, parties, etc.  
 Coffee service for breaks  
 Social events, tours, etc.

**Accounting:**

Master account with hotel or conference facility  
 Purchase order agreements in advance  
 Staff time charges Conference planning

**Registration:**

Packets  
 Staff (including trouble shooter)

**Publicity:**

Press room  
 Coordination of Releases  
 Photographers, interviewers  
 Releases by participants  
 (permission to use materials)

**Evaluation:**

Questionnaire  
 Analysis

**Acknowledgements**

Thank You Notes

## PARTICIPANT ORGANIZATION

1. Participant card file should include all possible information:
  - a. Name and address
  - b. Date and type of invitation sent and materials sent
  - c. Source of invitation
  - d. Date and type of response
  - e. Special arrangements: hotel, travel, length of stay
  - f. Note any advance deposits made on participants behalf
2. Maintain chronological master invitation list in addition to cards.
3. Maintain running tally of responses.

## MRC CONFERENCE

Costs Booked As Of April 30, 1974

Staff Time	\$ 16,488.51
Clerical Services (Local)	464.04
Clerical Services (At Conference)	362.15
Printing, Duplicating, etc.	1,118.02
Communications	6,959.70
Programs	657.72
Conference Supplies	4.96
Conference Signs	245.44
Conference Services (Hotel)	48.50
Conference Services (Coffee)	1,771.12
A/V	299.00
Conference Publications	237.94
Consulting	6,461.91
Miscellaneous	265.09
Travel*	<u>156,300.18</u>

Total Direct	\$191,684.28
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OH	11,633.79
OMC	<u>5,770.97</u>

Total Indirect	<u>17,404.76</u>
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TOTAL COSTS April 30, 1974	<u><u>\$209,089.04</u></u>
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\*Includes \$23,810.66 paid directly by AID

**UNIVERSITY OF HAWAII**

School of Public Health

**MEMORANDUM**

February 22, 1974

**TO:** Mr. Howard Hough WPH

**FROM:** Dr. Elizabeth W. Clark & Dr. William P. Golden, Jr. EW

**RE:** Report of activities at the CENTO Conference on Public Health Education with Special Attention to Family Planning and Population Programs, held on January 15-19, 1974, Lahore, Pakistan

**MAJOR ACTIVITIES**

Major activities of the USA consultants were developed around four areas:

1. Pre-conference Planning. Two days were spent in refining the conference design. It became apparent that the conference would be more fruitful in sharing problems and issues in public health education if there were sufficient conference time available for small work-discussion groups. Accordingly, several aspects of the conference had to be arranged to allow for such. Rearrangement of the conference design was the result of informal feedback which we received from the CENTO country delegates prior to the start of the conference. However, it was critically important also not to create major changes in the expectations of conferees who came primarily prepared to read a paper. A good deal of time was thus spent with various country coordinators in re-shaping parts of the conference agenda.
2. Participation in Conference Leadership and Management. The keynote address was given by Dr. Elizabeth W. Clark of the School of Public Health, University of Hawaii. Dr. William P. Golden, Jr. assumed responsibility for developing a "group discussion leadership team" to handle the hours devoted to small group discussion, and for developing a brief position paper to serve as a beginning point for small group discussion.

Memorandum to Mr. Howard Hough  
Page 2  
February 22, 1974

Both Drs. Clark and Golden served as members of the discussion leadership team. The major themes for small group discussion were:

- a) "Health Education for What? Setting Goals and Purposes"
- b) "Learning for Change - Diagnostic Analysis in Health Education"
- c) "Problems and Issues in Training Health Workers"
- d) "Programme Development and Evaluation in Health Education"

The appendix contains a copy of Dr. Clark's address and the discussion group outlines prepared by Dr. Golden.

Both of us served on various panels with other members of the leadership team, or chaired general sessions during the conference.

3. Consultation with CENTO Country Teams. During the conference itself, and informally, we met with the delegations from CENTO countries and endeavored specifically to offer consultation regarding many problems and issues they raised about public health education. There was ample opportunity for rather comprehensive consultation because the conference was a "live-in" experience. Once the country delegation became aware of the opportunity, they took full advantage of the consultation time. During these discussions the need for pilot action research on priority educational problems was explored. Readiness for pursuing further exploration was most evident among the Pakistan and Iran delegation.
4. Preparation of Conference Report. Drs. Clark and Golden, with with members of the leadership team, participated in the preparation of the Conference Report. Recommendations developed from the work groups were directed toward next steps for CENTO action. The report was reacted to by the entire delegate body and modifications incorporated. The CENTO staff indicated they would prepare the preliminary report for distribution within 30 to 60 days.

EWC/gch  
Enclosures

WORLD HEALTH  
ORGANIZATION

REGIONAL OFFICE FOR  
SOUTH EAST ASIA

WHO Working Group Meeting on the Development  
of Family Health Education Teaching and  
Training Resource Materials Suitable to the  
Countries of the Region,  
Bangkok, 22-27 April 1974 - SEARO-0213.02

SEA/HE/WS.7/4

8 April 1974

TEACHING MATERIALS AND INSTRUCTIONAL  
RESOURCES IN THE PREPARATION OF FAMILY  
AND COMMUNITY HEALTH WORKERS FOR  
EDUCATIONAL RESPONSIBILITY

A Background Paper  
for the  
Working Group\*

SEARO : 1974

\*Prepared by Dr J. Crossman

WORLD HEALTH  
ORGANIZATION

REGIONAL OFFICE FOR  
SOUTH EAST ASIA

WHO Working Group Meeting on the Development  
of Family Health Education Teaching and  
Training Resource Materials Suitable to the  
Countries of the Region, 22-27 April 1974 -  
SEARO-0213.02

SEA/HE/WS.7/4

8 April 1974

### Introduction

Throughout the past few months I have had the rare privilege of visiting with colleagues in most of the countries of the region. I have learned much more than can be shared. Most of all I have strengthened the faith which brought me here in the first place, the conviction that the little steps which each of us can take can together form the growing edge of a better quality of life for all of us.

My task in these weeks in which I have wandered among you has been to prepare some preliminary information on the state of the art of training and the utilization of materials\* in that process. I have had available to me the country reports, many opinions and my own observations. I have used as a guide for my own review a number of questions which seemed pertinent. This list has grown and changed as I have proceeded. Because I firmly believe that the kind of answers you get are always a function of the questions you ask, I feel it important to review some of those questions with you here at the start. In general, this is the way they want:

1. Has the training material arisen in response to a perceived purpose -- or has purpose been created for available material?
2. Is the learning purpose clear? Is the material suitable to the learning purposes for which it is being utilized?
3. When the material is being utilized, what are the learners doing? Does the material support the learning process?
4. Does the material allow for flexibility and adaptation in the light of different needs and changing perceptions of those who will use it?
5. Is the form and nature of the material consistent with the socio-cultural environment in which it is to be used?
6. Does the material deal with the reality of those utilizing it? Is it relevant to the needs and purposes of the learners? Does it use situations and illustrations meaningful to the learner?

...2/-

\*Teaching materials in this paper are resources utilized in a planned way to facilitate the teaching-learning process.

SEA/HE/WS.7/4

Page 2

7. Is the teacher comfortable with the material - does he or she understand it and feel competent to deal with questions, problems which arise in its use?
8. Has the material been revised in the light of experience with it?
9. Is the material easy to use? Is it understandable to the learner?
10. Is the use of material related to some clear notion of learning held by the teacher? Is the material oriented to learning -- or to examination?
11. Does the material lend itself to appropriate follow-up activities?
12. Does the material complement other necessary teaching-learning activities? Is there sufficient scope and variety?
13. Is there any relationship between and among different teaching materials?
14. Is the form such as to establish the material as important and valuable?
15. What difference would not having this material make?

The remarks which follow are one result of my inquiry. They are not those of a systematic analysis but rather observations and thoughts set forth to provide some kind of starting point for our work together. The important thing is, after all, not what I happen to think -- but what you think and feel and do as you deal with this material.

What this paper and the work of the Meeting is intended to contribute, it seems to me, is most of all a chance to look at our problems in ways which may help us gain new insights about them. The most significant task we can set for ourselves is precisely that of helping each other use whatever new insights we gain to ask new questions; to see new distinctions which need to be made in our analysis; to re-examine some of the assumptions on which we have been operating; and to respond more fully to the things we already understand. And last but not least -- to help us imagine new possibilities.

#### "State of the Art" : 1974

A wide and varied menu of training for the educational aspects of public health work is currently available in the Region. Diploma and degree courses, orientation courses, pre-service preparation, continuing education programmes for nurses, family health workers, sanitary workers, medical students, administrators exist at all levels from local to national. And everywhere the need for more and better training of more and more qualified personnel is acknowledged among the highest priorities.

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The country reports which were prepared as the first phase of our Working Conference will give us, perhaps for the first time, the beginnings of a census of our training community.

In the midst of so large and demanding an undertaking as that with which we are involved, it is inevitable that many problems will arise. The resolution of these will require the pooling of the wisdom and energy of all who share the commitment to the health of people everywhere.

The outcomes of training are the result of a complex and continuing relationship among a broad spectrum of variables. The whole transaction takes place within a system in which learner, teacher, materials and environment interact with and affect each other.

It is the purpose of this Working Group to pay concerted attention to one of these variables -- the teaching resources or materials which are developed to facilitate the learning and teaching process.\*

Although many training materials and instrument resources are in use, there is dissatisfaction throughout the Region with the amount, quality, scope, relevance, variety, accessibility and applicability of the materials which are now at hand.

Certainly not all places have the same problems -- no one place has all the problems -- yet there is a common need for more adequate teaching resources - and with this a unanimous hope that we might be able to help each other do something about it.

...4/-

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\*A note of caution: As in any system, the "whole" of the training process is greater than the sum of its parts. Yet because our human powers of analysis and concentration are only finite, it is necessary at times to focus attention on single aspects. The risk involved is that we may become so taken up with the subject of our analysis that we forget where it came from -- or why we chose to examine it in the first place. Our obligation, then, is to continually be aware that the subject of "teaching materials" is not an isolated matter, but a part of a complex relationship with other variables in a training experience.

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### Scope and Nature of Materials

Much of the material available is of a descriptive type. This material is generally limited in scope or breadth and most often focussed on analysis or interpretation of conceptual material. Relatively little is available to help place the concepts in a wider context or deal with their applicability in practice.

Descriptive and conceptual material is often easier to come by -- they are the stuff from which textbooks are made. Because such materials are more readily available, they form the bulk of the resources. In some cases, decisions about what to teach are made on the basis of the availability of descriptive articles and references. This emphasis on written teaching material of a descriptive type correspondingly skews the curricula in directions which such material handles best -- Theory description, giving knowledge about something.

Materials which provide problem solving experiences are fewer and less familiar to teachers.

Although case studies and class activities which call for active involvement of the students are utilized, the pattern of their use is not quite clear -- a point which the conference can help to resolve. In many cases the case studies are of a standardized nature from textbook or other sources. Some case studies are primarily research examples and do not involve the student in discussions of implementation. The subject of the extent to which the case study and similar approaches can be strengthened in health education teaching needs considerably greater exploration and experimentation.

### Relevance and Applicability

By far the most critical question which must be asked of teaching material is the extent to which it has significance, meaning relevance to teacher and student. Aside from the obvious questions of language comprehension and validity, the more important issue is relevance to the environment in which the learning takes place and in which it will be applied.

In many cases, the material used is predominantly from out of the country or region where the teaching or application will take place. One suspects that a great deal of this is material the teacher has brought home as part of the booty of his own period of foreign study.

There is certainly a universality about many aspects of health education which makes the availability of an international literature a good and valuable thing. And certainly basic descriptive material need not be changed from the place to place. What does seem important, however, is that illustrations of applications, interpretations of significance, particular approaches to practice, aspects which vary with cultural, political, and economic differences should be as close to the student's reality as we can make it.

A most important need is one of relating teaching methods - and the materials used to support them - to the learning purpose and the needs, interests and perceived purposes of the students. It may very well be that a strictly localized example may in some cases provide too narrow a perspective while a case drawn from another context enables a student to later see his own situation more broadly. The main point, however, is that relevance and transferability need to be taken into account as judgments about the material are made. The problem to be noted is the lack of systematic examination of imported material for its local relevance and its utilization without clear purpose or design in situations for which it was not developed.

A number of exciting developments in new teaching methodologies and adaptation of teaching materials are taking place within the Region. The Faculty of Public Health, Djakarta, is basing much of its teaching on a community related problem solving experience in which a wholly different type of teaching material is to be developed. The three Diploma Programmes in India have a history of long experimentation with intensive field related teaching.

#### Quality and Variety

Limited quantities of materials, of whatever type, are a problem throughout the Region. Limitations apply both to externally and internally developed materials.

The limitations on material from external sources is to some extent budgetary. But in addition, there is the lack of any system for organized inter-change or the provision of information about what kind of materials are available through what sources. When lists of available materials are distributed they appear at times rather overwhelming. A cooperative screening process would seem desirable.

Internal limitations on materials are also to some extent budgetary and relate to the expense of duplication and stockpiling. Exchange within countries is also a problem, with methods for screening and interchange not developed.

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It is probable that a few materials which are considered suitable are used repeatedly. Each country report has called for establishment of interchange procedures although the question of the steps which would facilitate such a process needs further discussion.

### Sources of Problems

The sources of problems are not easy to locate. There are, of course, the obvious barriers which plague everyone -- insufficient resources in manpower, in money, in time to do all that we know must be done. There are the organizational deficiencies which hinder communication, allow inadequate planning and insist on fragmented approaches.

Yet to some extent the problem is perhaps within each of us. If we are bold enough, we may profitably help each other to explore our own values and commitments. How diligently have one tested the limited we assume to be present? How in truth have one made decisions about that which we will attempt? Are we willing to take the risks which may be necessary to bring change or do we give priority to fulfil security needs which so dominate life in a bureaucracy?

These are troublesome questions to post. Perhaps this working meeting can provide an environment for their discussion in which we can feel free to deal with them.

### Teaching Materials and Related Training Issues

The problems involving the effective use of training materials cannot easily be separated from the larger questions of the teaching role, philosophies of education, learning theory, and curriculum organization. To encourage the further examination of these relationships, a discussion of each is included as part of this background paper.

### Teaching materials and the "Good Teacher"

Teaching material is plastic. It takes form and shape, gains meaning and significance only as a good teacher understands it and knows how to make it a living part of the relationship he shares with learners.

The subject of "The good teacher" is an ageless one. Perhaps the essence of it can not be explained -- only experienced. The American Psychologist Asthan W. Combs\*, not long ago, summarized his thoughts on the subject. They seem particularly pertinent to the field of health education and are presented here (in abstract form) as a stimulus for further discussion.

\*Combs, Arthur. The Professional Education of Teachers, Boston: Allyn & Bacon, 1965.

1. The good teacher is well informed

The good teacher has a rich, a extensive and available field of perceptions about the subject matter for which he is responsible.

2. Accurate Perception about people and their behaviour

Because teaching is a human relationship, good teacher must possess the most accurate understandings about people and their behaviour, What a teacher believes about the nature of his students will have a most important effect on how he behaves towards them. False beliefs about the nature of people can only result in the selection of inadequate ways of dealing with them.

3. Perception about self

Teachers, like everyone else, behave in ways which are related to their concept of self. Teachers who believe, they are able will try. Teachers who do not think, they are able will avoid responsibility. Teachers who feel they are acceptable to the administration behave differently from those who have severe doubts about their acceptability.

4. Perceptions about the purposes and processes of learning

What teachers believe about the purpose of education and how people learn will affect how they perceive their teacher's role. Teachers, as those they teach, work in the midst of purposes: the country's, the organization's, the state's, the student's, their own. Whether any of these achieve fulfilment will depend upon the particular resolution the teacher makes of his own personal purpose with respect to the others.

5. Appropriate methods of teaching

Methods and the materials which relate to them, must fit the kind of people they are used with. An effective teacher must have a stock of methods and materials he may call upon as needed to carry out his teaching duties. These may vary widely from teacher to teacher and moment to moment -- but they must fit the situation and purposes of the teacher and be appropriate for the students with whom they are used.

The search for methods and materials which are "good" or "right" in themselves may be fruitless one. Methods are but ways of achieving purposes - they are vehicles. Whether they

are "good" or "bad" depends on who is running the vehicle, what he is trying to do and how this is processed by those he is doing it to. Skill in teaching a creative act --- as well as preparing community and family health education workers - may not be a question of "how" - but a matter of helping each to discover his own best ways.

### Relationship of teaching methods to Philosophers of Education and Theories of learning

The utilization of any teaching material is the application of our notions of purpose - - - the kinds of outcome which are intended to result from our efforts, and the assumptions we hold about the learning process itself.

The consideration of neither of these topics assures us an easy road. Indeed, their complexity is such as to guarantee that it will take more time, effort and resources than is available to us here to do more than sort out some of the major issues. At least we may, however, be able to explore the implications which our own level of understanding, or our own feelings about them have for our own roles as teachers and, more importantly, for the roles of those who come to us as students.

Perhaps the most important use we can make of our study of teaching materials is to examine and test the inferences which we might make about the concepts of educational purpose and learning process which underline them.

Whether education is the process of providing to the student a set body of information, or whether it has to do with the growth of the learner in his ability to deal with the utilization of knowledge in creative ways remains the central issue in educational philosophy. Theories of learning can be - and are - developed with either assumption as the starting point.

For our purposes, it seems reasonable to agree that the purposes involved in producing a professional practitioner are different from those of producing a scholar. Where intentions are different, there must also be differing goals, techniques, procedures and materials for their realization.

Just as there is a difference between knowing and acting, there is a difference between scholar (knower) and practitioner (behavior) and although the preparation of scholars may be justifiably directed to content, the goal of the practitioner is use -- application.

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This fact presents complex task to the planners of public health training. One of the major reasons is that, for understandable reasons, most policy making in health training is dominated by the scientists - scholar (or at least by those who perceive this as a status to which they aspire). Thus teaching, and planning for teaching, places emphasis on the traditional scholarly approach -- even when the outcome intended for the learning is clearly different.

The irony here is that these issues are themselves crucial to the practice of health education for which people are being prepared. The countries of the Region, as has the WHO itself, have for some time accepted notions of health education which make it -- at its highest level of expression -- a process aimed at evoking human potential, of helping people learn to make choices, of encouraging active involvement and participation in policy and planning. Such a view shifts concern away from exclusive attention to the transmission or imparting of static knowledge to more or less passive people.

Yet this message of the open process in which human initiative and growth are the key elements is still presented with methods and materials adapted from closed systems where concern is mainly with acquiring knowledge and where the student has only to learn what has already been discovered or agreed upon. Which speaks louder to the student: What the teacher is saying - or what the student is experiencing?

It is perplexing to find so much emphasis here - in this part of the world - on teaching based on such heavily content-weighted emotionless, information giving in the training experience.

Long before there was any systematic knowledge of what we call science, the cultures of this region developed with a focus on art, poetry, drama which were characterized by their active relationship to the world. The lasting impact of these forms has not been purely cognitive or intellectual but one of feeling and emotion -- factors that made expression of them a vivid and meaningful experience and formed the basis for much that was important to learn.

How strange that the classroom so often chooses to neglect this aspect of the culture.

#### Relationship of Teaching Materials to Curriculum Organization

The preparation of a professional worker requires a curriculum design which must be conceived of as a whole -- not merely in terms of separate courses or fragmented offerings.

Organization implies planned efforts to provide -- in the total experience of the students - sequence and integration in learning.

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Sequence is the process through which each learning experience is related to and builds upon that which has gone before. Effective sequencing is more than repetition -- it includes the kind of variety in the learning experience which allows the learner to see similar problems and issues from many different points of view, adding further with each re-emphasis to the scope and depth of his perception.

The student is, in this process helped to understand the relationships between things taught in different places at different times, helping him to see the differences as well as similarities in the concepts, principles, attitudes and skills utilized in the various courses and sub sections of the total programme. This is, of course, what we mean by integration.

Sequence and integration are perhaps the two most widely lacking elements of present training methodologies. The "checker board" approach is still common. These are approaches in which curriculum is organized by hourly bits and visualized as a grid. Who fits into what slot on the board is frequently a function of who is available at that time. The management of the grid or checker board becomes the main task of the harassed training coordinator.

In professional education the essential links - and the integrating forces - are activities which attempt to relate theory and practice. Organizational patterns which promote professional learning require forms and materials quite different from those normally found in traditional schooling. Active problem solving in class and community, student initiative in setting the conditions for his own learning, are some of the elements needed. These forms however require curriculum organization and teaching resources far different from the checker-board. They may require large blocks of time for field work, times for individual study and analysis and opportunities for spontaneous interaction between student and teacher.

\* Parker's model of the way a student may be helped to progress through various stages of a process - centered curriculum gives some idea of the kinds of alternatives in curriculum organization and supporting teaching materials which need to be experimental with.

Inevitably curriculum organization is a function of the learning purpose intended. In a most creative approach to the problem, Heenberg\*\* has suggested at least nine different types of outcomes as illustrated in the attached chart.

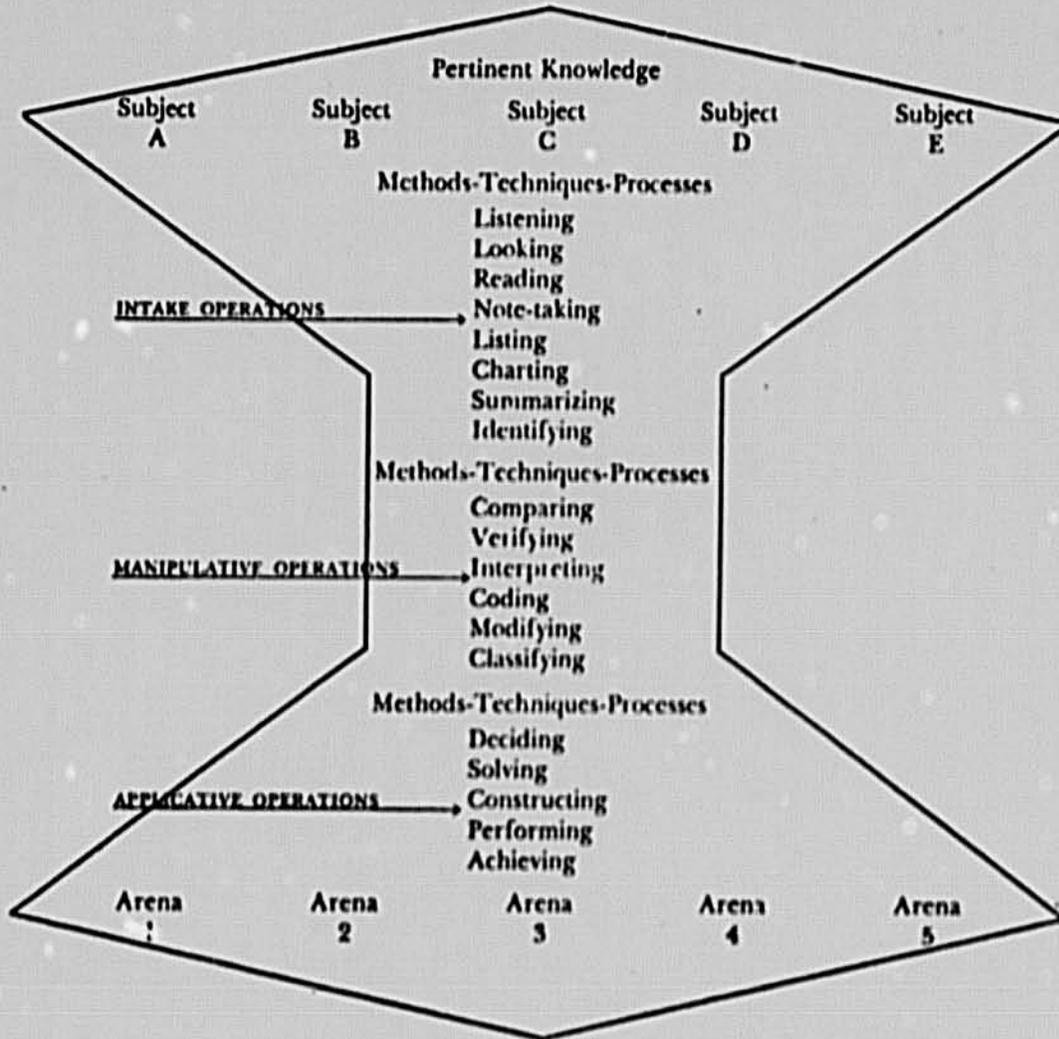
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\* Parker, J.C. Process as Content. Chicago: Rand-McNally, 1966.

\*\* Heenberg, Paul. Creative Games. Unpublished manuscript.  
+ chart \_\_\_\_.

**OPERATIONS IN INTERDISCIPLINARY LEARNING IN A  
PROCESS-CENTERED CURRICULUM**



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In discussing this approach, the author comments:

"Unfortunately, most of conventional education is based on two absurd formulae. Learner competence plus our hope equals learner skill.... We teach competence in language and hope for the ability to communicate, a performance. We teach pure math and hope for the ability to assign and manipulate numbers that refer to things, a skill..... It is not true that, when performance exists, competence exists. One can do without knowing how or why. In fact, competence may actually impede the acquisition of performance. And it is also not true that when skill exists, either competence or performance exists. The ability to cope in new situations does not indicate the ability to cope reliably in a customary situation. In fact, improved reliability of performance may actually impede the acquisition of skill..... The 9-cell matrix indeed contains nine different cells -- if the goal is any one of them, the route must be directly to that cell and not through any other"

And so we end this paper where most our problems start -- with the question of purpose, and once more the unavoidable point that materials, methods, organization, -- all are expressions of purpose. Without clarity of purpose, without the articulation of the assumptions relating our acts to purpose -- then perhaps training might just as well be carried on by teachers addressing the walls of empty rooms.

...

Areas of Learning Outcomes  
(Heinbera)

	COMPETENCE	PERFORMANCE	SKILL
COGNITIVE	ability for storing symbolic information	ability for accessing stored symbolic information	ability to apply cognitions in new situations
BEHAVIORAL	ability to explain how an activity is performed	ability to engage in a particular type of behavior based on observations of performance	ability to operate in new environments to reduce aversive stimuli
AFFECTIVE	extent to which person reports that he generally seeks or avoids a particular person, thing, event, activity, etc.	extent to which a person seeks or avoids a particular person, thing, event, activity, etc., based on his participation or non-participation when appropriate alternatives are provided	extent to which a person seeks or avoids new experiences or new environments

R E P O R T

From

DR. FELIX EMBERSON

CONSULTANT SERVICES CONTRACT NO. HC0906

AUGUST 1973 - JUNE 30, 1974

Dr. Felix Emberson  
Tamavua Heights  
Suva, FIJI

The professional services performed during the foregoing fiscal year, ending on the 30th of June 1974, relating to the Consultant Services Contract, are as follows :-

**I. THE DEVELOPMENT OF APPROPRIATE STRATEGY AND INFORMATION, EDUCATION, AND COMMUNICATION FOR IMPROVING INDIGENOUS FAMILY PLANNING PROGRAMMES**

- (a) The appointment of a Senate Committee on Population in the Parliament of Fiji with the writer as Chairman, viz. :-  
'TO STUDY POPULATION TRENDS AND THE POSSIBLE EFFECTS ON THE FUTURE OF FIJI';
- (b) The invitation to all Ministers of Government to make written submissions to the Senate Committee on the incorporation of Population Control to the development plans of Fiji, thereby applying political pressure;
- (c) The encouragement of the University of the South Pacific to participate with the Senate Committee in its work;
- (d) The urging of the public to make written and oral submissions to the Senate Committee on recommendations on how the Fiji Family Programme could be improved, and asking specifically for public opinion on the need to
  - (i) introduce SEX EDUCATION into school curricula;
  - (ii) legalise ABORTION;
- (e) To participate in Seminars, Radio, and Newspaper interviews of Family Planning issues of importance; (See Appendix 'A')
- (f) To instigate a co-ordination meeting of International Agencies interested in population activities in the Southwest Pacific; active participation in the

meeting which will now, in all probability, become an annual convocation; (See Appendix 'B')

- (g) Senate Committee visits to major urban and village centres to meet people in the marketplaces and streets to solicit population opinions;
- (h) To visit Regional Hospitals and Health Centres to interview personally Doctors and Nurses as to their opinions on the Family Planning Programme, and what they would like us to implement.

## II. THE INTRODUCTION OF MENSTRUAL ASPIRATION, LAPAROSCOPIC STERILIZATION AND OTHER MANAGEMENT TECHNIQUES TO KEY POLYNESIAN PROFESSIONALS AND CLINICIANS

- (a) Menstrual Aspiration is now available at the Emerson Clinic, but is being used with discretion in view of the prevailing legal climate on its status in the country. By the 30th June, 1974, approximately 113 MA's had been performed;
- (b) MA Kits (100) were received in April, 1974 and are now being distributed; to date key Professionals in New Hebrides, Cook Islands, and Tonga have been issued with same;
- (c) Laparoscopic Sterilization has yet to be introduced into the region, mainly because of equipment delivery problems. Two groups of Professionals are clearly identifiable, even at this stage - one in favour, and the other unimpressed by L.S. However, the establishment of an L.S. facility at the Clinic should resolve all the issues raised about its appropriateness in the Pacific setting;

- (d) **Second Trimester Terminations** are being performed on an outpatient basis at the Clinic using MIBAPHIL (80 Gas.). To date 34 have been performed successfully without untoward effect. Both physical space and legal restrictions seriously limit this procedure. However, it will become a most useful and frequent method of termination because of the delays in requesting termination from misinformation or other traditional options. Most patients requesting termination present from 10 - 14 weeks pregnancy.

III. TO IDENTIFY AND SELECT POTENTIAL KAPIOLANI TRAINEES AND INITIATE POST-TRAINING FOLLOW-UP PROGRAMMES FOR REGULAR FEED-BACK TO KAPIOLANI HOSPITAL AND THE UNIVERSITY OF NORTH CAROLINA INTERNATIONAL FERTILITY RESEARCH PROGRAMME

- (a) Key Polynesian Professionals interested in participating in a training programme at Kapiolani Hospital have been identified in the following centres :-
- |                         |  |
|-------------------------|--|
| (1) <u>Tonga</u>        | - Dr. 'Aniui Tatola  |
| (2) <u>New Hebrides</u> | - Dr. Frank Spooner  |
| (3) <u>Cook Islands</u> | - Dr. Koikoi Makotupu  |
| (4) <u>Fiji</u>         | - Dr. Dharam Singh<br>Dr. Sefanaia Tabua<br>Dr. Timoci Bavadra |
- (b) Gilbert and Ellice Islands  
Because of very irregular and uncertain travel schedules, a visit to this group has had to be deferred;
- (c) Western Samoa  
The internal political tensions and cultural complications of Samoa make it difficult to select a suitable professional from this area. However, a list of four is being scrutinised, i.e., Dr. Lomitusi, Dr. Semo, Dr. Amosa, and Dr. Baletose, and the most suitable person will be recommended in the near future;

(d) It is felt that if an Association could be established, made up of a network of interested Island Professionals, future family planning activities will become more dynamic and liberal. The INITIATION of these professionals as a group into the Kapiolani System could do much to cement the foundation of such an organization, one of whose primary objectives would be to promote the introduction of sex education into school curricula and to liberalize abortion laws.

IV. DEMONSTRATE APPLICABILITY OF ITEMS I - III ABOVE TO THE OTHER ISLANDS THROUGHOUT FIJI AND THE 44 HEALTH SISTER STATIONS THAT OPERATE FAMILY PLANNING CLINICS

The family planning activities throughout Fiji are serviced by the Ministry of Health. In order to perform the above service it would be necessary to obtain the permission and co-operation of the Permanent Secretary for Health. This appeared most unlikely. To overcome this type of obstacle it was decided that the Senate Committee on Population undertake visits to the major centres throughout the country to interview the personnel involved. The itinerary for these visits is as follows :-

<u>Dates</u>	<u>Area</u>	<u>Attendance</u>
*April 18 - 19	Labasa	Cancelled
April 24 - 25	Savusavu-Taveuni	Cancelled
*May 13 - 16	Yasawas	Cancelled
June 19 - 21	Nadi-Lautoka-Ba	Completed
July 10 - 11	Sigatoka-Navua	Completed

\*To be rescheduled for visits

While this manoeuvre overcomes any Ministerial reluctance, it has the disadvantage of involving a number of people, all with commitments in various fields. However, trips are now being

made with two or three members of the Committee rather than all the members (seven), and in this way all future visits should be undertaken on schedule.

V. EVALUATE INDIGENOUS FAMILY PLANNING PROGRAMMES AND PROVIDE FEED-BACK FOR ADJUSTING KAITOLANI HOSPITAL TRAINING CURRICULA PROGRAMMES

Evaluation of the Fiji Family Planning Programme has been undertaken from time to time by itinerant experts with the concurrence of the Minister for Health. To date the Emberson Clinic is moving towards being the permanent institute which will be performing this task.

VI. DEVELOP AUDIO-VISUAL SUPPORTIVE MATERIAL TO ENHANCE LEARNING OF NEW TECHNIQUES THAT ARE SUITABLE FOR FIJI AND OTHER PACIFIC COMMUNITIES

An audio-visual Consultant, Mrs. Gilda Benstead, was assigned to me for three months to assist in the evaluation of media resources for audio-visual materials in Fiji and Tonga. Her report is appended for reference purposes. (See Appendix 'C'). She is also mainly responsible for the single pilot audio-visual project which we produced during this time and which was exhibited at the Menstrual Regulation Conference in Honolulu in December, 1973. Because of budget restrictions, further development of audio-visual materials has not been possible during this period.

## CONCLUSION

While it has been possible to hit some of the targets listed in the Contract, one has only been able to approach others.

One of the main achievements during the first phase of this programme has been the establishment of a leadership image in Family Planning in Fiji and the neighbouring Pacific Islands.

Another success has been the raising of issues which were considered too delicate, or even perhaps tabu, in the Pacific context and make them issues for public debate. This has led to a current nation-wide discussion and action on the introduction of sex education and the liberalization of abortion.

The acquisition of Dr. Dharam Singh, the former Permanent Secretary for Health, as a Consultant to the Clinic will give it added stature, and will ensure that all the loose ends will be tidied up. The change of attitude by Dr. Singh towards the aspirations of the Clinic is strong testimony towards the effectiveness of the programme in its first year.

The training of a Nurse Counsellor, Mrs. Elizabeth Quivutia, in Family Planning at Kapiolani Hospital for work at the Clinic is also a significant gain.

It is felt the Clinic now has sufficient manpower and expertise to move strongly into the next phase and towards achieving one of its major objectives, namely :-

'At the completion of this proposed programme... there will be a unique team of physicians involved in the delivery of family planning services and family planning counselling throughout the South Pacific Islands. These physicians will be the centre of a core group of physicians which will begin to offer services not now available in these areas. In addition, the concept of educational learning centres for patients

in family planning will be introduced and operational in this area... (and) future medical practitioners will now have a resource in which to draw upon for additional expertise in family planning and family planning technology in their local area.'

(Ralph Hale, M.D.)

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A P P E N D I X 'A'

THE ROLE OF FAMILY PLANNING IN DEVELOPMENT

OR

MAKE LOVE NOT BABIES

By  
Senator Dr. Felix Emberson

THE ROLE OF FAMILY PLANNING IN DEVELOPMENT

OR

MAKE LOVE NOT BABIES

BY

SENATOR DR. FELIX EMBERSON\*

I realised in preparing this talk the underlying purpose of the 10-minute time limit. However restrictive it may be, especially to Parliamentarians, it is my intention to be concise, factual, provocative and, perhaps, challenging - and so fulfill the intentions of the limitation.

It is true that birth control is an essential part of public health and preventive medicine. It is a statement of fact that, without emigration, the countries of the South West Pacific will double their population in 30 years' time. For example, Fiji - which has a population of over half a million today - will have a population of over one million, and an estimated 25,000 unemployed in 30 years' time. Furthermore, the female population of Fiji will aggravate the employment situation because it constitutes a large potential labour force which is increasing its degree of participation each year. It is anticipated that the world population, which is 3.8 billion today, will be more than 7 billion in 30 years' time. Think of the pollution. It is a fact that in the global context, human numbers have overtaken the capacity of the environment to provide food and resources. There are already worrying shortages of oil and water in the world today.

It is a fact that no development programme can be achieved without population control. It is a statement of fact that birth control is of benefit to the individual, the family, the nation, and the world.

Development, ladies and gentlemen, is the continuous search for improvement. It is something dynamic and alive. It is an inherent human quality which drives man in his search for perfection, be it social, physical, or spiritual. Social development includes improving medical services, child care, the removal of malnutrition and the control of infectious diseases. This is an inevitable human trait.

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\*The views in this paper are those of the author and do not necessarily represent the views of the Senate Standing Committee on Population.

However, in developing along the medical parameter, we created a bio-social problem. In an earlier phase of development, we evolved a biological system which was geared to social conditions of bygone days when populations were determined by plagues and pestilence, rather than by a high potential of human fertility. Of necessity, our fertility potentials were highly geared to ensure survival - for in nature every species combats a low survival rate with a high reproductive rate. However, in modern times, medical science has raised the former without altering the latter - leading to a serious bio-social repercussion. The result, as we all know, is an increase in world population which simple arithmetic shows cannot be sustained indefinitely.

What are we going to do about this? Talk, argue, debate? No! May I suggest that perhaps we should make love and not babies. To do this, we must re-discover woman's role in society. There is an urgent need for the celebration of woman in our time, not by putting her on a pedestal - for this isolates her - but by bonding her as an equal in the human community.

There is a lot of evidence to indicate that woman's status in our societies is a diminished one. It is certainly unequal to that of her male partner. In some Pacific countries she can lose her citizenship rights if she marries an expatriate. Furthermore, she does not have full control over the functions and destiny of her reproductive system. I contend that Governments should not interfere with the sacrament of marriage, that they should not assume the ancient and abandoned responsibility of arranging the marriages of our daughters, and that Governments should not trespass into the limbo of love and reproduction. The forces of love and its currents, ladies and gentlemen, are private and personal ones and should not be placed under the control of the Minister for Labour nor the Minister for Health. I contend that Governments should unfetter the affairs of a woman's heart and allow her love to be a state of grace, rather than a source of sorrow and bitterness which could fracture her connection with society forever.

There is no place today for sexual ignorance, nor should a decision with regard to the appropriateness of sexual intercourse be influenced by fear of conception or 'hellfire.' Removal of such fears enable a decision to be made in accordance with the demands of love - and this

may well require sexual restraint in some circumstances.

Whatever your culture or religion may be, education in sexuality must include not merely skilled communication of information concerning sexual life and conception control, but also assistance in full personal development, despite inevitable and continual cultural change.

So you see, perhaps there is also a need for the rediscovery of sexuality as a celebration of life. D.H. Lawrence wrote significantly: - 'If only our civilisation had taught us how to keep the fire of sex clear and alive, flickering or glowing or blazing in all its varying degrees of strength and communication, we might, all of us, have lived our lives in love...'

How, then, can we make love and not babies? Contraceptive technology is not an entirely new science. Since ancient times, sea sponges have been used as a cervical barrier for contraceptive purposes. I believe Cleopatra used a sponge moistened with vinegar for protection against pregnancy.

More recently we have witnessed a revolution in contraceptive technology of a highly scientific nature so that we have available a large variety of aids to help us help ourselves. Without contraceptive precautions it will take an average of six cycles (or six months) to conceive. It is interesting to note that coital frequency does not appear to be a major determinant to the time taken to conceive.

Contraceptive methods available to us today range from the 'Pill,' intra-uterine devices, condoms, sterilisation, to ovulation methods and abortion. The variety of methods implies an important message that we do not have a single method which will suit everybody - nor, in my opinion, will we ever have one - man being so fascinatingly similar, yet intriguingly different.

The selection of an appropriate contraceptive method must take into account a broad range of medical and personal factors. Consideration must be given to the requirements of the patient carefully, rather than be prescribed on demand or by professional preference.

The championing of a single method, to the extent of rubbishing other forms of contraception, is to be discouraged. It is not only bad counselling, it is wrong. While it is true that a great variety of contraceptive techniques (including ovulation method and

withdrawal) have proven useful in a significant, motivated clientele, for the majority of couples, option of interest involve barrier methods, systemic contraceptions and intra-uterine devices. For in any community not only do different couples use different methods, but the same couple is likely to use a sequence of methods during a fertile lifetime.

Now, what about abortion? Some countries use it to back up their contraceptive failures. Others make it freely available, and yet others do not include it in their family planning programmes.

Now, I am aware of the antipathy of certain organisations to abort on as a legitimate and legal method of population control. However, I am also aware of a lot of people who feel that abortion should be freely available.

My background as a person of mixed racial descent, living in a multiracial and multireligious society and trained in a variety of disciplines, creates a fascinating attitude to abortion and its availability to the general public as a legitimate and legal method of fertility control.

As a doctor I have been trained to preserve human life, but after some 15 years of private practice, I can only be sympathetic towards liberalising our abortion laws. For, in spite of what anti-abortionists say, the amount of human suffering that is being endured by thousands of women every day, every month, and every year, in my opinion, is not only incalculable but intolerable. Under the circumstances, it becomes a matter of obligation and conscience for the physician to restrain excessive fertility. We doctors have to live with and share this Cross which the unfortunate women have to bear because of our legislative decisions. Many of these women who have died from unskilled abortions and excessive childbirth have been sentenced to death by us for refusing to help them when we have the skill and technology to do so, and I assure you, Sir, so easily and so safely. And ultimately, surely, the responsibility must be Government's because it is Government which has made it impossible for us to help them by tying our hands with restrictive legislation.

As a politician, we must always remember that career politicians depend on votes for their survival and livelihood. So a typical political response would be 'no comment until one can assess public opinion' - I am obviously not a career politician.

As a scientist, I must be cognisant of the fact that the tissue in a woman's womb up to the period of 6½ to 7 months' pregnancy is completely and entirely dependent on the physiological and perhaps psychological acceptance by the woman. Although this embryo or foetus does have the potential for life, it cannot survive outside the woman's womb. This is one of the basic reasons for allowing a pregnant woman to decide for herself, in the early months of pregnancy, the destiny of her condition. It is felt in countries with liberalised abortion laws that the woman does have some say - perhaps a basic human right - to decide for herself the course of her condition, rather than be a pawn or prisoner of the State which can decide that she must have a pregnancy which she rejects, whether she likes it or not. Now from 7 months to term (that is, 9 months) the foetus is capable of living independently of the womb. However, its chances of survival increase with age; that is, the closer to term, the better the prospects. So any interference at this stage is deemed as deliberately jeopardising the life of a viable child, and so in countries with liberalised abortion laws, interference after 7 months is prohibited.

As a Catholic, I am aware of the Catholic attitude to the more scientific contraceptive methods and abortion. In brief, it is murder. However, it would be most unbecoming for Government to impose Catholic views on others in a multireligious society with different opinions and beliefs.

As a public citizen - that is, one devoted to the common good and not to profit or political gain - I am aware that every child should be a wanted child, that each child should not only have food, clothing, housing, and education, but also love. To achieve this, however, couples cannot have more children than they can care for.

I am also conscious of the fact that the biases and antipathies to the more sophisticated methods of fertility control are more relevant to an age of bygone days, when infant mortality was high and when plagues and pestilence periodically kept the population within bounds.

I also firmly contend that a woman is not a baby factory; she is not a machine or an animal which must have a child whenever she chooses to enjoy her sexuality. In my opinion she is a dignified human being with every right to decide for herself the course or destiny of the reproductive functions of her own body.

I believe there can only be one answer to the problem of contraceptive options - a prescription which is a multi-purpose one; that is, one of individual choice. This will enable us, in my opinion, to continue to live in a spirit of tolerance and goodwill in a multireligious as well as a multiracial society. And perhaps, after all, we should extend the enlightened philosophy of open Government which we are now enjoying in Fiji, to family planning throughout the Pacific, so that all methods of fertility control, including abortion, are available to all women of child-bearing age so that they can enjoy their fertility without fear, without shame, and without recrimination and, in so doing, free them from the ball and chain of compulsory conception.

Senator Dr. F.A.S. Emberson\*

\*Regional Consultant in Family Planning, University of Hawaii

\*Chairman, Senate Select Committee on Population, Fiji

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Presented at the Seminar on 'Social Issues in Development Planning' at the University of the South Pacific, Suva, Fiji.

November 29 - December 3, 1973

A P P E N D I X 'B'

CO-ORDINATION OF POPULATION PROJECTS

IN THE

SOUTH-WESTERN PACIFIC

By  
Dr. Felix Emberson

CO-ORDINATION OF POPULATION PROJECTS  
IN THE  
SOUTH-WESTERN PACIFIC

Although the National Family Planning Programme in Fiji began some 12 years ago, it is only 16 months ago that I became actively involved in the study of reproductive technology and population trends.

It was only 8 months ago that the Fiji Senate approved a motion to establish a Standing Committee to study population trends and the possible effects on the future of Fiji.

It is, therefore, with special satisfaction that I welcome this meeting of international agents and agencies interested in population dynamics, not only as a person who is academically involved in the study of Human Reproduction and Reproductive Technology in Population Programmes, but also in the national perspective as Chairman of the Senate Standing Committee on Population.

It is abundantly clear to me and my Committee that there is a real urgency, not only in the general problem of overpopulation, but also in the mastering of our resources, the co-ordinating of our efforts, and the concentration of our energies in an orderly and effective manner to enable us to achieve a common need, a common hope, and a common right: THE CELEBRATION OF LIFE in the context of contemporary living.

I feel you will agree that, while my emphasis may tend to be Fiji-orientated, there is a need to acknowledge that the requirements and aspirations of the region of the South-West Pacific will vary in degree and complexity. While one area may need an activity orientated approach, another may require a motivational bias, and yet another a research emphasis.

This being so, I can't help but register some degree of surprise at the slowness with which international agencies have moved towards localising their organisations in the Pacific. I understand that only two agencies have on their payrolls local consultants whose recommendations carry considerable influence in population policy and assistance in their designated region (IPPP and USAID). It is my considered opinion that to avoid the mantle of intrusion, to respond to the sensitivities

of cultural and traditional attitudes, local participation at executive level is not only desirable but, perhaps, imperative.

The United States Agency for International Development supports my appointment as Consultant in Family Planning, School of Medicine, University of Hawaii. My professional services include :-

1. The development of an appropriate strategy and Information, Education and Communication (I.E. & C.) technique for improving indigenous family planning programmes;
2. The introduction of laparoscopic sterilisation and other fertility management techniques to key Polynesian professionals and clinicians;
3. To identify and select potential trainees and initiate post-training follow-up programmes for regularising feed-back to Kapiolani Hospital (Hawaii) and the University of North Carolina's International Fertility Research Programme;
4. To demonstrate the applicability of Items 1 - 3 above to other islands throughout Fiji;
5. To evaluate indigenous family planning programmes and provide feed-back for adjusting Kapiolani training curricula programmes;
6. To develop audio-visual supportive material to enhance learning of new techniques that are suitable for Fiji and other Pacific communities.

Because of its position, size, and economic importance Fiji has become a South Pacific communication centre. Regular communication links are maintained with neighbouring islands within the Dominion, as well as with other island nations.

In keeping with its unique geographical location Fiji is favoured by a special cultural position. It is looked to as a source of information by the varied island groups, and a converging point for current ideas. In keeping with this expanding leadership role, because of its own needs as well as a concern for the Pacific area, Fiji is moving ahead in the full implementation of family planning.

Presently, three concepts are being developed within the country :-

1. MOTIVATION - under the guidance of IPPF;
2. SERVICING - supervised by the Ministry of Health;
3. RESEARCH and EVALUATION - being undertaken by the Emberson Clinic and sponsored by USAID.

The Emberson Clinic is collaborating with the University of North Carolina's International Fertility Research Programme. It has also made strong and ambitious proposals for the increased usage of audio-visual technology in promoting population control and family planning at all levels of consumerism in the hope that the centre will develop a resource laboratory and library for political leadership, individuals and groups, clergy, parent-teacher groups, medical staff, etc.

It is perhaps timely on an occasion such as this to re-examine the philosophy of AID.

A point to remember is that it is difficult, especially for people of the Pacific, to receive AID without being embarrassed by it - especially if the aid is a unilateral arrangement. The Pacific way of life is, by tradition, a two-way or bilateral process, a give-and-take or barter transaction.

Another sensitive area worthy of notice is the newly acquired sovereignty of many of the island nations in the region. It is a new luxury after decades of subservience, and many an agency has been turned away because it has adopted a 'Big Brother' attitude, which newly independent nations resent.

To highlight such dangers I recall the visit to Fiji in September 1973 of a certain Professor who advocated the use of a family planning task force in an action programme to stabilise population in the Pacific. My reaction was instant :- Surely his concept of a family planning task force operating in the South Pacific is misconceived if he intends using aliens or expatriates to man it! Such a move would be tantamount to aggression. One just cannot introduce an ALIEN TASK FORCE into a country to control fertility. Each community must use its own citizens to champion the objectives of family planning and to implement its own population policy. Moreover, it is absolutely essential that the apostles of family planning or population control do not thrust

their enthusiasms and theologies upon indigenes. It is vital that each country formulate and service its own Family Planning Programme, using its own citizens.

Furthermore, it is very likely that the developing nation is more sensitive to its special needs than a prospective donor. In fact, many Governments have Development Plans into which a lot of work, study, and local expertise have gone to provide an actual blueprint of the national aspirations over a period of time. And most Governments prefer to see these objectives accomplished rather than embark on projects outside them. Governments may fall if the major parts of their Development Plans are not achieved, and perhaps prospective assisting agencies would be well advised to closely study the Development Plans of developing countries before offering assistance.

It is also felt that, whenever possible, assisting agencies should try to avoid establishing themselves in the recipient's country - a large administration needing good accommodation tends to have an inflationary effect on local rentals. It is also important to avoid the impression of moving in an international civil service to breathe down a young Government's neck; and furthermore, it is a matter of great importance to encourage the development of local leadership by promoting the indigenisation of responsibility in developing nations.

After this catalogue of 'don'ts', it is perhaps necessary for me to say that developing countries desperately need and welcome aid. But in providing aid, there must be mutual trust and respect. I believe it is man's heritage to help each other, that it is his or her Christian responsibility to do so in a world that can no longer isolate itself. But in doing so we should discharge our duties with dignity and respect for each others' cultures, traditions, beliefs, and hopes.

I believe all agencies should identify the nature of their activities in the South-West Pacific to avoid duplication of effort and inter-agency competition to the detriment of both the donors and the recipients. Co-ordination of activities is vital if we are to achieve our desired goals and promote goodwill amongst all peoples working in the Pacific and sharing the same aspirations.

Senator Dr. F.A.S. Imberson\*

- \*Regional Consultant in Family Planning, University of Hawaii
- \*Chairman, Senate Select Committee on Population Fiji

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Presented by the Author at the Southern Cross Hotel on 6 - 7 March, 1974.

APPENDIX 'C'

MEDIA SUPPORT PROPOSAL FOR FAMILY PLANNING --

RESEARCH AND EVALUATION

By  
Mrs. Gilda Benstead,  
Administrator  
Educational Television  
Hawaii State Department  
of Education

MEDIA SUPPORT PROPOSAL FOR FAMILY PLANNING --RESEARCH AND EVALUATION

By

Mrs. Gilda Benstead

Background

Because of its position, size, and economic importance, Fiji has become a South Pacific communications centre. Regular communication links are maintained with neighboring islands within the Dominion as well as with other island nations. Also, Fiji enjoys a unique position as a staging point for New Zealand, Australia, and North America.

In keeping with its unique geographical location, Fiji is favored by a special cultural position. It is looked to as a source of information by the varied island groups, and a converging point for current ideas. In keeping with this expanding leadership role, because of its own needs as well as a concern for the Pacific area, Fiji is moving ahead in the full implementation of family planning. Presently, three concepts are being developed within the country:

- 1) Motivation -- under the guidance of the International Planned Parenthood Federation
- 2) Servicing -- supervised by the Ministry of Health
- 3) Research and Evaluation -- sponsored by the United States Administration for International Development, with local leadership supplied by Dr. Felix Emberson

In keeping with the relevancy of these concerns, as well as difficulties in reaching women of varied language and racial backgrounds, a multi-media approach is considered essential for the investigation and implementation of a Research and Evaluation study.

Therefore, based upon the premise that a multi-media approach is basic to the implementation of a local and regional Research and Evaluation study, a survey was made regarding existing and planned media growth and use.

Media Study as Related to Fiji Centred Family Planning Project

During August and September, 1973, potential media use and current media use was reviewed in Fiji and

Tonga as related to Family Planning needs. Media hardware and software were discussed with local media equipment dealers, education administrators, University of the South Pacific personnel, South Pacific Commission, United Nations Development Project staff, and the Tonga Family Planning Representative.

Three categories of media concern were discussed as being relevant: 1) Present use of media, 2) Long range plans for media use, and 3) Special considerations for media use in a developing South Pacific area.

1. Present Use of Media -- the following information was recorded:

- a. Audiotape recorders -- both reel to reel and cassette are in general use in educational centres. The South Pacific Commission makes audiotapes available to agencies throughout the Pacific area. They have a duplicating service. Also, the University of the South Pacific has capability for audiotape production. Tapes are used for on-campus and off-campus courses. Audiotape recorders are in use in Tonga.
- b. Slide projectors -- 35mm are in general use and available, although some models must be specially ordered.
- c. Film Projectors -- 16mm sound are in use and available, although some models must be specially ordered.

Tonga, at this point, has standardized on 16mm sound projectors and film as a means of presenting information to village and town areas about Family Planning. Also, they have purchased portable generators for use in rural areas.

- d. Videotape recorders -- 1 in. helicon scan, limited to five, black and white, portable units, battery/electrically powered have been purchased by governmental agencies such as the University of the South Pacific, United Nations Development Project, South Pacific Commission, etc. Of note, however, is that all local purchases are compatible with machines in use within the United States (EIAJ), and therefore, software is also compatible between the two areas. Units are record/playback with monitor and camera.

Tonga is moving ahead rapidly in all aspects of television. Full system, colour, should be in use within 2 years.

2. Long Range Media Plans -- Summary Statement

Generally, there is an increased use of media, with present emphasis on audio equipment and slides. The video capability is expanding, and all agencies are moving into full-range media use.

3. Special Media Considerations -- the following information was recorded

- a. Although 16mm film stock (black and white and color) is available in Fiji, processing and final production work are done in New Zealand or Australia, i.e., editing, splicing, sound, etc. This mainland developing-production technique means the 'give and take' of producer-technician is not possible. Regular (still) camera film is developed locally.
- b. Generally, 16mm projectors are repaired locally. Stocks for routine maintenance are readily available, i.e., cords, bulbs, etc.
- c. Maintenance on some brands of audiotape recorders is a problem in that dealers are not always geared for repair. Sony equipment was found to be repaired and maintained locally.
- d. Videotape recorders, camera, and monitors at present are limited to Sony. Major repairs are accomplished by sending the equipment to Japan and repairs require a minimum of three weeks time. The local Sony dealer anticipates being able to repair locally -- depending on the growth of the industry in Fiji. Present Sony policy is to accommodate the VTR owner by loaning equipment during off-island repair periods. The portable units indicate a high standard of reliability from local users; repairs have been simple, to a minimum, and handled in Suva.
- e. Any budget preparation is hampered, because customs duties are due to change in January, 1974. Also, local dealers are not familiar with the more sophisticated types of CCTV equipment such as 2 camera systems, consoles, etc.
- f. With the exception of VTR take-up-reels, software stock is readily available in Suva -- film, audiotape and videotape.
- g. Electricity is generally available in all areas for running equipment.
- h. There is a first-rate media facility available for immediate use (approximately 1500 square feet). The facility would need to be re-conditioned for optimum use with equipment.

Building upon the findings noted above, and the direction and target dates for Research and Evaluation plans, it is recommended that the media and personnel support be introduced in three phases:

- I. Introductory Phase -- July 1 to December 31, 1974
- II. Media Introduction to Support Specific Objectives -- January 1 to June 30, 1975
- III. Full Range Media Support for Fiji and Neighboring Countries -- July 1, 1975 to June 30, 1976

Phase I. Introduction -- July 1 to December 31, 1974

During the introductory phase, media purchases are recommended for immediate use in informing and gaining support for the Family Planning Project. The media purchases will enable local personnel to 1) document the work on the Select Senate Committee for Population Study, 2) record interviews, meetings, seminars, 3) exchange materials on a limited basis for both information and research, 4) pilot limited exchanges with other island countries, and 5) begin formation of a centre library.

Media Recommended:Non-Expendable

- 1 - reel to reel audiotape recorder and playback unit, electric/battery powered
- 2 - casset record/playback audiotape recorders, battery powered
- 1 - 35mm camera with built-in light meter (pentax variety)
- 1 - 35mm camera flash attachment
- 1 - 35mm slide projector
- 1 - 16mm sound film projector
- 1 - slide synchronizer
- 1 - VTR portapak unit with camera, monitor, electric and battery powered
- 2 - Singer Caranate tape cassette recorders
- 2 - Singer Caranate tape cassette players

Expendable

Miscellaneous software for media work

Phase II. Media Introduction to Support Spec for Objectives -- January 1 to June 30, 1975

Although re-evaluation will be an integral part of this phase, it is anticipated that media emphasis will be enlarged to provide Family Planning for interested and supportive individuals and groups. Present plans are to develop the centre's facilities as a resource laboratory and library for political leadership, individuals and groups, clergy, parent-teacher groups, medical staff, etc. As a result, the centre will need to provide a range of locally-produced software, as well as share materials produced in other areas and having relevance

to Fiji. The phase provides for the establishment of a library, including study corrals, with software materials ranging from general family planning materials to specific techniques and information on Laparoscopy, information on Pregnancy Termination, Menstrual Regulation, and other relevant areas. It is anticipated that a need will develop for an exchange of audiotapes and therefore the centre will require audiotape duplication resources. In addition the use of VTR capacity for software exchange and production will be increased and will require the purchase of a standard colour VTR. The use of 35mm colour slides will be continued, as well as the recording of materials on 16mm or videotape, depending upon the emphasis.

Media Recommended:

Non-Expendable

- 1 - reel to reel audiotape recorder, quality microphone, broadcast quality
- 2 - reel to reel audiotape recorder, electric powered
- 5 - audiotape record and playback cassette units, battery powered
- 1 - cassette recorder
- 1 - VTR, reel to reel standard, colour
- 3 - fully equipped study centres (audio, slide-tape)

Expendable

- Miscellaneous cables, tapes, etc.
- Miscellaneous office supplies

Phase III. Full Range Media Support for Fiji and Neighboring Countries -- July 1, 1975 to June 30, 1975

During this year the media components will be expanded into a full range of support for the centre's laboratory and library facilities. Relevant family planning software will be developed and produced and the media centre will be geared to meet requirements for specific audiences -- thus requiring one or more approaches in some cases (slides, audiotapes, individual cassette units, etc.). Also, as a part of this phase, the programme and accompanying equipment will undergo evaluation to assure that planned media purchases are compatible with existing equipment as well as allowing for a review of new materials available for use in meeting the Family Planning needs. Since sophisticated

wiring is a part of this phase, personnel costs include an engineer able to make recommendations about equipment as well as oversee the required wiring. During this stage, the audience will be expanded to include patients with materials designed for their specific use.

Media Recommended:

1 - print reproduction machine (stenc 1, AB Dick, etc.)

CCV system - 2 colour camera system  
 video recorders, as applicable  
 control room-console, standard  
 switcher fader device  
 master monitors  
 turntable (audio-mixing)  
 portable audio and lighting  
 equipment

7 - colour VTRs and monitors -- cassette

4 - black and white portable units and monitors

film support unit and equipment

van - sliding doors for easy access

station wagon

production room, soundproofing, etc.

## FIJI TRIP REPORT

APPENDIX T

Ralph W. Hale, M.D.

After a one(1) day delay, I arrived in Fiji to Attend the UNDP Meeting in Fiji related to Family Planning Activities in the Pacific Island areas. I immediately went to the conference upon arriving.

During the process of the conference, which was chaired by UNDP, a number of concepts were presented on family planning ideas and family planning needs in the South Pacific Island areas. The big emphasis that I was able to bring to the group was the training aspects and the resources at the University of Hawaii. I represented both the University of Hawaii School of Public Health and the East-West Communication Institute. I proceeded to give out a number of pamphlets and materials available from the East-West Communication Institute. I also obtained a follow-up adress list for the Communication Institute to include on their mailing list.

During the breaks and discussions, I was able to discuss with a variety of people the facilities which we had available at the School of Public Health and through Kapiolani Hospital as well as some of the programs and some of the concepts we are developing.

Following the meeting, I then spent the next two days in conferences with Dr. Felix Emberson discussing his work over the past year, reviewing the status of family planning in the Fiji Islands and the associated island areas. At the conclusion of this in depth evaluation we began to work on a proposal for next years funding and for outreach work. This proposal will be submitted to AID for funding.

All in all, I would say that the conference was a success and the ability to work with Dr. Emberson in his local setting, to understand the ideas, and to help him in setting up his new Patient Learning Center, and to develop his program for the next year were highly successful.

EVALUATION REPORT

Subject: Consultant Services Contract No. HC0906  
with Dr. Felix Emberson  
Tamavua Heights, Suva, Fiji

Dates: August 10, 1973 - May 31, 1974

By: E. Voulgaropoulos, May 31, 1974

May 31, 1974

During the period of May 26-31, 1974, I was in Fiji to discuss and review the activities of Dr. Felix Emberson as they relate to carrying out the Scope of Services outlined in contract No. HC0906 and which areas follow:

- 1) Development of an appropriate strategy and information, education, and communication (IE & C) technique for improving indigenous family planning programs.
- 2) Introduce menstrual aspiration, laparoscopic sterilization and other fertility management techniques to key Polynesian professionals and clinicians.
- 3) Identify and select potential Kapiolani trainees and initiate post-training follow-up programs for regularizing feedback to Kapiolani Hospital and the University of North Carolina's International Fertility Research Program.
- 4) Demonstrate the applicability of items 1-3 above to other islands throughout Fiji and 44 health sister stations that operate family planning clinics.
- 5) Evaluate indigenous family planning programs and provide feedback for adjusting Kapiolani Hospital training curricula programs.
- 6) Develop audiovisual supportive material to enhance learning of new techniques that are suitable for Fiji and other Pacific communities.

During this time I met and discussed Dr. Emberson's activities with the following:

Dr. Dharam Singh  
Permanent Secretary for Health  
Ministry of Health, Suva

Hon. Senator R. L. Munro  
President, FPA of Fiji

Dr. R. DeWilde  
WHO Medical Officer  
Team Leader, Public Health Advisory  
Services for Fiji and South Pacific

Dr. T. Guy Hawley  
Principal, Fiji School of Medicine

In addition to the above, I spoke with several other medical and health personnel and at length with Dr. Emberson.

The following remarks will relate to the specific items outlined in the Scope of Services:

- 1) Development of an appropriate strategy and information, education, and communication (IE & C) technique for improving indigenous family planning programs.

Dr. Emberson was able to begin the first phase of formulating a strategy. The following are specific steps in that direction:

- (a) A Senate Committee on Population was established in Parliament with the following composition:

Dr. Felix Emberson, Chairman

R. I. Kapadia

A. Quionibaroui

K. B. Singh

M. Tuisowaya

V. Sharma

The Committee will systematically review existing policies and explore the formulation of new policies as required to help optimize effects of governments family planning programs. This could include recommendations for liberalization of abortion laws.

(b) Participation at the UNDP Co-ordination Meeting on  
Population Activities in Western Pacific, March 6-7.

Dr. Emberson identified USAID's interests in supporting certain activities in the area which corresponded to the items in Scope of Services of the Consultant Contract and also expressed "strong support of liberalization of abortion laws in order to bring induced abortions under clinical treatment and, thereby minimize health hazards following induced abortions."

Periodic regional meetings of this kind are planned for the future.

2) Introduce menstrual aspiration laparoscopic sterilization and other fertility management techniques to key Polynesian professionals and clinicians.

(a) According to Dr. Emberson, he has performed 101 MA's and 30 ureas since June 1973 at the Emberson Clinic.

(b) Two hundred MA kits were received in May 1974, hence no distribution has as yet been made.

(c) The laparoscope is expected in July 1974.

The program of introduction of the above techniques including the instructional component has been handicapped because of the absence of the kits, and instructional materials and equipment. These have just begun to arrive. The "fit" or appropriateness at this time of a laparoscope(s) in Fiji and other South Pacific areas is questionable by all professionals. I queried for obvious reasons. Other more simple sterilization techniques are being used widely in Fiji.

3) Identify and select potential Kapiolani trainees and initiate post-training follow-up programs for regularizing feedback to Kapiolani Hospital and the University of North Carolina's International Fertility Research Program.

(a) The first phase of identification of Key Polynesian professional as potential trainees and participants of a communications and implementation network for the propagation of contraceptive technology has been accomplished. The following initial contracts have been made:

Tonga - Dr. Mumui Tatola

Cooks - Dr. Joe Williams  
- Dr. Koikoi Mokotupu

New Hebrides - Dr. Makau Kalsakau

Western Samoa - Dr. Asi Faleteesi

Fiji - Dr. Sefanaia Tambua  
- Dr. Timoci Bavadra

Although the consultant has been able to visit Tonga, Western Samoa, New Hebrides, and the Cook Islands and make the above initial contacts, more follow-up is required before definite decisions regarding trainees for Kapiolani and commitments to participate in a network of interested professionals can be made for participation in future family planning activities including the International Fertility Research Program.

4) Demonstrate applicability of items 1-3 above to other islands throughout Fiji and 44 health sister stations that operate family planning clinics.

Family planning activities throughout Fiji are the responsibility of government and government affiliated agencies, i.e. FFPA.

Dr. Emberson has not as yet developed the organization which would include staff, and materials permitting him ready access to government clinics at this time. He has, however, initiated numerous contacts on a personal basis with colleagues and also through his capacity as chairman of the Senate Population Committee. Discussions have been initiated with Ministry of Health officials to facilitate Dr. Emberson's entry and participation in government programs. The Permanent Secretary of Health has resigned as of July 1974. Specifics regarding Dr. Emberson's approaches are pending the new appointment.

- 5) Evaluate indigenous family planning programs and provide feedback for adjusting Kapiolani Hospital training curricula programs.

All family planning programs in the region are government sponsored. Serious evaluations by non-governmental bodies require concurrence of government. Dr. Emberson has not had time yet to develop relationships with government programs which would permit him this access. Feedback for "adjusting" Kapiolani Hospital training curricula programs, however, can be achieved in other ways once training programs are on hand to evaluate. As yet, Dr. Emberson has not had any programs.

- 6) Develop audiovisual supportive material to enhance learning of new techniques that are suitable for Fiji and other Pacific communities.

One A-V program has been developed by Dr. Emberson targeting political and community leadership consisting of a set of slides and corresponding voice-over used with Singer Carramatic.

OtherFinances

A delay of 3 to 4 months on reimbursables from Hawaii has caused Dr. Emberson difficulties, but has not hampered seriously the development of activities.

Local Perceptivity

The fact that a private individual is receiving support from USAID and/or the University of Hawaii has created considerable curiosity amongst government and private workers in family planning programs. Much attention is, therefore, focussed on Dr. Emberson and numerous queries were made of me regarding his compensation, allowance for private practice, and accountability of his services and possibilities for conflict of interests since he is a senator.

Dr. Emberson represents the young local professional impatient with the slowness in which old established expatriates and local pioneers in family planning are willing to relinquish their responsibilities to younger local professionals. There is no question that he represents the future and obvious political trends and is rocking the status quo.

Conclusion and Recommendation

My impression is that Dr. Emberson is a high gain/high risk item. With some guidance in structuring his activities to reduce chances of personal liability for him, i.e. minimizing USAID (foreign government contacts) profile, developing an organization with a board of appropriate regional community leaders for policy formulation and guidance, etc., he could play a significant role in influencing attitudinal modification leading to liberalization of abortion laws as well as introduction of more simple and effective fertility management techniques. I would recommend continued support for another year on the basis of the work plan mutually developed with Dr. Emberson, subject to the availability of funds.

WORK PLAN

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FAMILY PLANNING REGIONAL CONSULTANT

FOR

FIJI AND SOUTH PACIFIC AREA

July 1, 1974-June 30, 1975

MAY 31, 1974

The following work plan flows from the Scope of Services described in the existing Consultant Services Contract No. HC0906 and builds on activities initiated during the period of 1973-74, and is guided by the recent evaluation of Dr. Emberson's activities (see Evaluation Report, May 31, 1974). The plan was drafted jointly with Dr. Emberson following that evaluation.

**1. Staff Development**

- a. Maintenance Regional Consultant
- b. Recruitment Assistant Consultant (Full Time)
  - Recruitment
  - Orientation/Training
- c. Recruitment Nurse Counselor (Half Time)
  - Recruitment
  - Orientation/Training

**2. Development/Establishment**

- a. Counseling and Clinic Space
  - 200 square feet

**3. Purchase and Installation of Training/Instructional Equipment**

- Copying Machine
- Secretarial/Clerical Equipment
- Office Furniture
- Instructional/Audio Visual

**4. Establishment Administrative Procedures**

- a. SOP's
- b. Job Descriptions

**5. Establishment of Network in Fiji and South Pacific areas of Key Polynesian Professionals for the introduction and utilization of fertility management techniques, i.e., menstrual aspiration, laparoscopy, etc.**

- a. Areas to be covered
  - Fiji
  - Cook Islands
  - Western Samoa
  - Gilbert and Ellice Islands
  - New Hebrides

- b. Complete Identification of Key Polynesian Professional Personnel
    - Two from Fiji and one from each area
  - c. Conduct Training of Key Polynesian Professional Personnel in Hawaii
    - One week at Kapiolani Hospital
  - d. Conduct Post-Training Debriefing and Application Seminar at Suva for trainees
    - One Week at Emberson Clinic
    - Purpose:
      - 1) Analysis of Training/Feedback
      - 2) Determination of applicability to representative areas
      - 3) Initiation of Development of Individual Plan of Action by each trainee for the introduction of fertility management technology in their respective areas
6. Development Audio Visual Programs
- a. General Family Planning Information Series
    - Targets - Community Leadership
  - b. Patient Education Series
    - Targets - Clients/Patients
  - c. Technical/Instruction Series
    - Targets - Health Professionals and Para-Professionals
    - Emphasis will be placed on modification of Kapiolani products with minimal regional development for first year
7. Introduction and implementation of Menstrual Aspiration Technology
- a. Distribution of 100 Menstrual Aspiration kits to key professionals in Fiji, Tonga, Cook Islands, Western Samoa, New Hebrides and Gilbert and Ellice Islands
  - b. Development and maintenance of M.A. feedback system

- c. Provision of M.A. instructional materials
8. Introduction and implementation of laparoscopic sterilization technology
  - a. Establishment of laparoscopic sterilization facilities at Emberson Clinic
  - b. Demonstrate and train regional physicians in laparoscopic sterilization techniques
9. Develop plans for the training and placement of Para-Professional Family Planning Counselors at community level initially in Fiji, one for each main island (3-6 total)
10. Provide leadership and guidance to Senate Committee on Population for formulation of recommendations on the following
  - a. Phased liberalization of abortion laws
  - b. Development of Population Advisory Council to Department of Health
  - c. Introduction of Sex Education in public schools
11. Explore the possibility and prepare plan for the establishment of a foundation or foundation-like organization with a board of directors of professional and community leaders which could absorb the present and future activities of Dr. Emberson. The organization would be chartered in Fiji but would serve the South Pacific Region. Such an organization would legitimize the activities of Dr. Emberson and permit him to apply for additional funds from other agencies and groups aiming towards a self-supporting operation.
12. Maintain ongoing evaluation on items 1-11 above to include report or progress to University of Hawaii/USAID every three (3) months.



TRIP REPORT

Robert J. Wolff, Ph.D.  
Manila, Philippines  
January 5-14, 1974

At the request of Mrs. Flora Eufemio (Assistant Director, Department of Social Welfare, Bureau of Family Welfare) and Dra Fe del Mundo, I visited the Philippines to consult about further development of the program which was initiated almost two years ago with the short training of 12 social work supervisors here in Hawaii, followed by the workshops held in the summer of 1973 first in Hawaii, then in Manila.

The workshops we conducted, dealing with aspects of human sexuality in family planning, were felt to be very helpful for staff training in the Departments of Social Welfare and Health, and in the IMCH, and plans have been made to continue in-country follow-up seminars and workshops at a number of locations. The principal organizers of the original workshops and the follow-up workshops (Mrs. Eufemio, Social Welfare; Dra Bayan, Department of Health; Dra Gomez, Health Education; Dra del Mundo, IMCH) wanted to explore possibilities of further training by faculty from the School of Public Health and University of Hawaii.

I recognize the importance of the kind of staff development we assisted with. Particularly in a country such as the Philippines, where rather suddenly a very large number of people is recruited and trained to work in a national family planning program, there is a tendency to emphasize aspects of family planning that are more 'objective', more scientific: a few years ago, when I spent some time in the Philippines, I observed that most training programs emphasized the acquisition of a great many facts about population size and growth, physiology of contraceptive technology, administration of programs-- but very little emphasis on personal understanding of what 'family planning' means psychologically. I was impressed at that time by how many professional people went through training programs without really becoming committed to the idea of family planning, because in fact they had many reservations and doubts about the ethics, the morality, or other more personal psychological factors of family planning. Moreover, the training programs usually did not provide an opportunity to discuss these gray areas of doubt and misgivings.

The workshops held in 1973 were planned to provide a small group of top professionals with an opportunity not only to become more aware of their own feelings, opinions, and beliefs about family planning, but also to acquire some familiarity with a methodology that allows and encourages trainees to be aware of such feelings and share them with each other.

The workshop focussed on what we labeled human sexuality, in its broadest sense: not in terms of the physiology or anatomy of sex, but rather in terms of the broad area of sexual identity, relationships between males and females, cultural and social mores surrounding sexual feelings, as well as sexual expression.

The workshops were conceived to use small group discussion as a way to allow and encourage exchange of feelings, and to increase personal awareness. In addition, a number of techniques were used that have been developed under such names as 'encounter groups', 'sensitivity training', etc., adapted to the particular nature of Filipino participants.

Both the focus on personal feelings and beliefs, and the methodology, were obviously successful in creating in many of the participants feelings of change, more clarity, and more commitment. We received a large number of very positive evaluations, and a request for more of the same.

It seems obvious, however, that such a method of staff development must eventually--and as soon as possible--become an integral part of the training that is continually taking place in the Philippines. It is uneconomical, and probably psychologically limiting, to rely on foreign trainers to continue this kind of training.

My thought had been, when I went to the Philippines, that a few (four, six, perhaps more) Filipinos could be selected for training in this methodology in Hawaii. I was told, however, that it would be almost impossible to release people from a job for a period of six months, which I considered a minimum. The suggestion was made that it would be more efficient and more feasible to request trainers to come to the Philippines.

At a final meeting on Saturday, January 12, attended by Dra Fe del Mundo (Pop. Comm.), Dra Flora Bayan (Dept. of Hlth.), Dra Trinidad Gomez (Health Ed.), Dra Estrada (IMCH), Cora de Leon (for Mrs. Flora Eufemio, DSW), Mrs. Batto (Training Officer, DSW), and Dra A. Valenzuela (Institute of Public Health, University of the Philippines), it was agreed that a proposal would be prepared, in consultation between the planning group in the Philippines and the faculty of the School of Public Health, University of Hawaii, as follows:

—Hopefully, beginning in September of 1974, one or more persons from the University of Hawaii would come to the Philippines for a period of approximately six months.

—A small number of Filipinos would be selected for training as 'human relations specialists' (HRS); although they would be based in some of the agencies represented in the planning committee, they would be expected to be available to others in the Philippines, when requested. These (HRS) would be released from their jobs for a period of perhaps three months for full-time training, and for another three months they would be allowed to 'practice train' other groups, under supervision of the Hawaii team, for periods of perhaps a week at a time.

—In addition, a much larger, unspecified number, of people would receive training in short workshops, conducted by the Hawaii team, assisted by the HRS--or, conducted by the HRS, under supervision of the Hawaii team.

—The Hawaii team would be available for consultation to all agencies interested in their services, as time permits. It was thought particularly valuable if the Hawaii team could be based in the Institute of Hygiene, perhaps even teach one course, to start off a closer cooperation with a sister institution in the Philippines, hopefully leading to a more formal affiliation and possible program of faculty exchange.

--If arrangements could be made with the Institute of Public Health, the HRS might even get university credits for their period of training. Or, it might be possible to get UH credits, if this were important. Obviously, this will have to be discussed further, with the respective University administrations.

--Finally, it was agreed that Dra Valenzuela and I would, through correspondence, develop the first draft for such a program, which hopefully could then be discussed by Dean Michael and Richard Suehiro when they visit the Philippines in March.

\* \* \* \*

I called on Mr. Charles Terry of USAID, Manila, and gave him in broad outlines the essence of the discussions I had with a large number of people. He expressed interest, and asked to be kept informed of developments.

\* \* \* \*

With people from all agencies involved in the project mentioned earlier, I also discussed what could be done to improve the flow of students from the Philippines to our regular MPH program in Hawaii: we have had quite a number of Filipino students during the past seven years. There has not been, however, much emphasis on assuring that students be selected in a planned fashion to maximize their usefulness upon return to the Philippines, and also to increase the usefulness of our training program if we would know how students will fit into the national program of their country. These discussions should be continued, no definite plan was made.

RJW:rk  
1/23/74

EXAMPLES OF CONSULTANT AND ADVISORY SERVICES  
PERFORMED BY INTERNATIONAL HEALTH STAFF  
1971 - 1973

Dr. Maggie Lim, International Health Program (PS/FP) faculty, was consultant on the World Bank team to the Philippines, February 28 to April 17, 1972. Dr. Lim's appraisal of family planning training and service programs have given our unit new insight in terms of needs, problems and strengths in the Philippines.

Dr. Toshio Yatsushiro, consultant, visited Bangkok, Thailand, May 30 to April 17, 1972, in order to strengthen institutional ties between Thai institutes and the University of Hawaii, School of Public Health. The main institute contacted was Mahidol University, Faculty of Public Health; Mahidol University, Institute of Population and Social Research.

Dr. James E. Banta provided consultation on family planning training in Manila from May 14, to 18, 1972, with Dr. Fe del Mundo, Institute of Maternal and Child Health; Mrs. Amanda Valenzuela, Institute of Public Health, University of Philippines; The Honorable Mrs. Aldaba Lim, Secretary of Social Welfare, Department of Social Welfare, Republic of Philippines, Director of Population Institute, Philippines, and others.

Dr. Y. Scott Matsumoto consulted with the faculty/staff of the Department of Human Ecology, School of Health Services, University of Tokyo, during January 5-27, 1973, to discuss a joint project, "Population Density of Tokyo." Dr. Matsumoto also visited Indonesia from January 29 to February 3, 1973, in order to develop institutional linkage between the School of Public Health, Indonesia, and the School of Public Health, University of Hawaii. This last portion of the travel was funded by AID/Washington.

Dr. James McKenzie-Pollock consulted with health officials in Manila and Hong Kong from January 7-13, 1973. The primary objective of the trip was to discuss the feasibility of conducting a training course at the School of Public Health, University of Hawaii, on National Health Planning, including population policy.

Dr. Banta discussed with Nepalese officials and AID/Nepal on March 18-24, 1973, need of the Ministry of Health and the possible role of the University of Hawaii. The Nepalese Government was interested in preparing paraprofessional workers who can work at the village level, particularly in preventive medicine. Such a program would have included a large component of family planning.

Pion	2/02-2/06 1974	Consultant to the Family Health Foundation in New Orleans.
Wolff	2/13-2/16 1974	Lecturer at Symposium on International Health and Family Planning in South East Asia. Consultant to Faculty of School of Public Health, University of California, Los Angeles.
Pion	7/10/74	Served as consultant to Madigan Army Hospital, Tacoma, Washington.
Matsumoto	2/03-2/14 1974	Site visit to Jichi University, Tokyo, on behalf of the Program for Applied Research on Fertility Regulation, Medical School, University of Minnesota.
Pion	5/26-5/29 1974	Consultation with Population Services International: As a board member of Population Services International, Dr. Pion has provided consultation on widely diverse projects such as the PREETHE projects in Sri Lanka, Kinga, project in Kenya and other social marketing projects in Bangladesh and South America.
Wolff	4/23-4/27 1974	Provided consultation to Yukon Kuskokwin Health Corps to develop Knowledge, Aptitudes and Practice (KAP) type survey.
Wolff	6/01-6/11 1974	Consultation with Dr. A. Yamashita and faculty of University of Guam, to explore mutual concerns in development of extended MPH program. Also consulted with Dr. Joy Benson, Department of Health and Social Welfare, about the Family Planning Program.