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## Essay

# The Human Mind

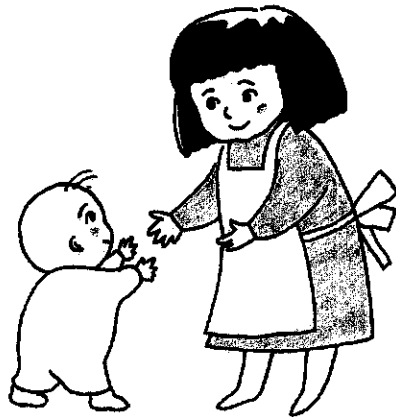
By V. Tarzie Vittachi  
Deputy Executive Director, External Relations  
United Nations Children's Fund (UNICEF)

The most important principle in development planning and programming is that people should not be regarded as passive, inarticulate and rather mindless beings waiting with their hands outstretched for the boons of development to fall from above. They must be empowered to understand through credible, relevant and understandable knowledge so that they can become principal actors in the daily drama of their own lives rather than passive recipients. The familiar "supply" approach to development — whether it has to do with population, environment, health, education, agriculture or other fields of economic development — has been, and is likely to be, extremely costly in money, time and effort except in centrally managed regimes where the writ of the rulers runs down to the smallest hamlet and no dissidence is tolerated. Since the human cost of this approach is high, it is necessary to take a different approach — UNICEF calls it the 'Demand Approach' — to bring about desirable social and economic action. When people understand the value to them of a recommended course of action, a demand for responsive reciprocal action from the "supply" system is generated. When that demand meets supply, there is development.

Experience in immunization is convincing.

The international community in 1974 set 1990 as the target year for Universal Immunization. But, as recently as 1983, no more than 20% of the children of the developing world had been immunized against the standard set of six diseases — diphtheria, whooping cough, tetanus, measles, tuberculosis and polio. The goal of universal immunization by 1990 seemed chimerical, another mirage in the development desert. UNICEF took the

demand approach to the problem, persuading national leaders to initiate action, while an intensive program of social communication through the news media and even more importantly, the non-news media — priests from every denomination, trade unions, peoples' movements, professional bodies, teachers and nurses, spread the word in their communities so that entire societies were mobilized to have their children immunized. The result is that many countries large and small such as Pakistan, Nigeria, Brazil, Colombia, Turkey and Burkina Faso have more than doubled their coverage of immuniza-



tion in two years, and Indonesia, India, China and others with large populations are now trying to reach previously unreached areas and achieve universal immunization by 1990. That target is no longer an illusion.

The brunt of the argument is that those who aspire to be agents of change — scholars, technologists, specialists in particular areas of social development, writers, social communicators and program managers need to realize that we need to change our own attitudes

and the values governing our thought and action before we tread like unfortunate angels on the lifeways of other cultures in various stages of development. True, we have been saying this for many years but, alas, the way we do business remains much the same as before.

The population field, for instance, was a pioneer in social marketing. The Red Triangle they devised for India as a telling symbol advocating the limiting of families to two or three children was a masterpiece of Madison Avenue techniques. That message was carried on the news media, on street hoardings, on posters carried by sandwich-boys, even on elephants. But it was a vertical message which essentially tried to sell contraceptives in a sellers' market and, so, was never horizontalized and accepted. The exception was the south, where the young female population had been given accessible free education for more than two generations. In the same period accessible free health clinics were made available so that within every 3 or 4 kilometres there was a school and a health facility. With education and accessible health facilities infant mortality was reduced from 184 to below 50 between 1950 and 1975. And when people recognized, after a lag in time, that they no longer needed to build insurance-size families to be certain that Fate would not take all their children away, they sought family planning services and contraceptives voluntarily. A buyers' market had been generated.

The lesson is plain: the problem of excessive population growth will not be solved in the uterus, but in the human mind.

This lesson is valid in every field of development. Without the willing engagement of the people, sustained social change is a sisyphian futility.

# Voice of Voices

by Chojiro Kunii

## Quantity and Quality in Population Problems

Like many things, population has two aspects: quantity and quality. Population control or overpopulation relate to the quantitative aspect, whereas the qualitative aspect is represented by national education standards, national health standards, national nutrition standards, etc.

When world population problems used to be discussed, only the quantitative aspect received much attention. One scholar went so far as to say that if population control were successful, the nation would be prosperous. I can only respond that this is ridiculous logic, and a lie. No country in world history has developed because of its success in population control. The scholar, I think, lacked the proper understanding of population and had no true sense of its implications.

I believe that there is no government or family who would not support the necessity of improving the population quality at an educational, health, or nutrition level, etc.

The Integrated Family Planning, Nutrition and Parasite Control Project that JOICFP has been promoting is a small attempt at improving the population quality, taking into consideration the principles of both population quality and quantity. We are happy to hear that the project is being accepted and welcomed everywhere.

PHILIPPINES

## Understanding

### *IIRR receives Magsaysay Award*

The International Institute of Rural Reconstruction (IIRR), based in Cavite Province, the Philippines received the 1986 Ramon Magsaysay Award for International Understanding last August.

Dr. Juan M. Flavier, president of IIRR attended the award pre-

sentation ceremonies held on August 31, the 79th birthday of the late President Ramon Magsaysay of the Philippines.

## Book

### **Saving The Children**

#### **— How Japan Keeps Down its Infant Mortality Rate**

By Eikichi Matsuyama

English: JOICFP; 1986/US\$5.00

Japanese infants are the least vulnerable in the world today. 994.5 infants out of 1,000 live births can celebrate their first happy birthday.

The author Dr. Eikichi Matsuyama has analyzed the factors contributing to the healthy survival of Japanese infants from the maternal and child health aspects. One of his findings establishes a correlation between the mother's ages of 20 to 34 and the health of her baby. He also states that the nationwide use of the Maternal and Child Health Handbook has created a foundation for the improvement of maternal and child health in Japan.

### **"Applicable Experiences"**

#### **— Review of the Integrated Project in 1975-1985 and its Future Direction**

Edited and published by JOICFP; 1986; English; 288 pages; US\$12.50 (for airmail postage)

The successful experiences of the Integrated Family Planning, Nutrition and Parasite Control Project that has been promoted by JOICFP are compiled into this book.

The result of the Seventh Workshop on the Management of the Integrated Family Planning, Nutrition and Parasite Control held in Tokyo from December 4-11, 1985, this book introduces concretely successful experiences of the Integrated Project in eight countries: the Integrated Project implemented by the Government in Malaysia,

Nepal, Sri Lanka and Bangladesh; and the Integrated Project implemented by the Private Sector in Thailand, Indonesia, the Philippines and Mexico. It suggests that the Integrated Project will function more as a concrete form of Primary Health Care promotion in the future with parasite control service being developed into a preventive health service on a fee-charging basis.

## DIARY

Mr. Yasuo Uchida, project economist, Asia Development Bank (ADB) met Mr. Chojiro Kunii, executive Director of JOICFP to exchange views on population and family planning, on October 8.

Mr. Kunio Waki, deputy regional director, UNICEF Regional Office for East Asia and Pakistan met Mr. Chojiro Kunii, executive director of JOICFP and Mr. Tameyoshi Katagiri, senior director to discuss the feasibility of the collaboration in the IEC field, on October 8.

Dr. Juan M. Flavier, president of the International Institute of Rural Reconstruction (IIRR) met Mr. Chojiro Kunii, executive director of JOICFP, Mr. Tameyoshi Katagiri, senior director and Mr. Shinichi Yagi, deputy executive director to speak on innovative family planning approaches, on October 14.

Dr. Zein Khairullah, executive board member, Dr. Azizur Rahman, executive board member and Ms. Beth S. Atkins, executive secretary of the World Federation for Voluntary Surgical Contraception met Mr. Tameyoshi Katagiri, senior director of JOICFP to exchange information on the activities of the two organizations, on October 16.

Mr. Rafael M. Salas, executive director, of UNFPA accompanied by Mr. Hirofumi Ando, chief of Administration and Finance Division met Mr. Kazutoshi Yamaji, chairman of JOICFP, Mr. Chojiro Kunii, executive director and Mr. Hiroshi Ohashi, director of General Affairs to speak on UNFPA/JOICFP collaboration in Africa on October 20.

**JOICFP NEWS welcomes your comments, suggestions and contributions. Please send to: JOICFP NEWS, 6th floor, Hoken Kaikan Bekkan, 1-1, Sadohara-cho, Ichigaya, Shinjuku-ku, Tokyo 162 Japan.**  
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