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An Overview Of Child And Family Welfare Activities 
In The IPPF-ESEAO Region 

By 

Lily Lee
AN OVERVIEW OF CHILD AND FAMILY WELFARE ACTIVITIES IN THE IPPF-EEA0 REGION

INTRODUCTION

By: Ms. Lily Lee

The International Planned Parenthood Federation is a world-wide federation of 95 voluntary and autonomous national family planning associations with operations in 110 countries. Its primary objective is to promote family planning throughout the world as a basic human right for the health and welfare of individuals and to increase the understanding by people and governments of the demographic problems of their own communities and of the world.

IPPF's interest in the child and his welfare is an integral part of the continuum of care and services it provides for the family as a whole. In fact it would be true to say that the family planning movement is in a unique position to provide such a "comprehensive family planning service" as it encompasses the concerns and needs of the whole family - adult men and women, children and the adolescent. Accordingly, within this concept of comprehensive welfare and health services delivery system, has been included the integration of women's development, youth activities, primary health care, community education and development, counselling services, nutrition, parasite control, etc.

Although child-related programmes and programmes for youth have long existed in IPPF, the opportunities offered during the International Year of the Child served to expand and strengthen these activities. Hence IPPF was in the forefront advocating for the improvement of the welfare and condition of children and youths and setting out its own guidelines for its Family Planning Associations (FPAs) in implementing the basic rights of children in observance of the Year.

In the East and South East and Oceania Region of the IPPF*, projects and activities for the celebration of IYC fall into two categories.

a) Events of a celebratory nature focusing attention on children and their needs;
b) Projects aimed at bringing about change in the methods of caring for children or, establishing caring mechanisms when these are inadequate or non-existing.

Both forms of activity are complimentary to each other, one is for creating awareness, whereas the other is for chanelling such heightened awareness into action or initiatives of longer-term benefit to children.

Examples of strategies and approaches developed by ESEAOR FPAs are as follows:

*The East and South East Asia and Oceania Region is one of six region of IPPF, and comprises of member associations in Hong Kong, Japan, Korea, Indonesia, Malaysia, Philippines, Singapore, Thailand, Australia, Fiji, New Zealand, and grant-receiving associations in the Solomon Islands, Tonga, Vanuatu and Western Samoa.
1. Seminars on Parenthood Education and Sex Education
   As a follow-up of the IYC activities, the FPA of Hong Kong conducted Family Life and Sex Education courses for parents, the objectives of which are (a) to help parents and would-be parents to understand marriage and parenthood responsibilities, (b) to understand the development of children and (c) to improve parent-child relations. Similar seminars have been conducted by the FPAs of Singapore and Malaysia. The FPA of Victoria in Australia has conducted a workshop on this subject for primary school teachers and parents.

2. Television Programmes on Family Life Education
   A series of thirteen 6-minute "Sex Education Begins At Home" television programmes has been designed by the FPA-HK to help parents understand the physiological and psychological development of children and how to cope with such related problems.

3. Play Centres for Children
   A special project of the Federation of Family Planning Associations of Malaysia has been the opening up of a play-centre in the flourishing satellite town of Petaling Jaya. Besides serving as a play-centre for children in the mainly suburban neighbourhood of Petaling Jaya, it provides facilities for parenthood education and counselling to would-be parents.

4. Multi-purpose Family Planning Centres and facilities
   Multi-purpose centres which provide family planning services for the whole family have been increasingly popular in many FPAs.

5. Parent-child Groups Sessions
   A weekend DROP-II programme during school holidays for parents and their children (5-12 years), during which information regarding sexuality and human development could be explored and which provides for an informal opportunity for children and parents to learn...2/-
together in an enjoyable way has been organised by the FPA of Victoria, Australia. This programme was in response to the need to provide information to children before they reach secondary school as many reach puberty prior to this, and to support parents in their role as educators.

6. Exhibitions for Creating Public Awareness

With the theme "Family Planning Today, Happy Child Tomorrow" the FPA of Hong Kong organized a large-scale exhibition aimed to attract at least 50,000 people, to promote the welfare of children by stressing the role of family planning and family life education. Adults and children could listen to the ten "Rights of the Child" through headphones, "Sex-Education Begins at Home" was presented in the form of a slide show, and games-stalls in the Children's Corner and other such gimmicks were a crowd puller. Similar exhibitions were organized by the majority of FPAs in the Region such as the Indonesian Planned Parenthood Federation of Korea, Indonesian Planned Parentl Association.

Also, "Sex-Education begins at Home" mobile exhibitions will be held in nine districts of Hong Kong starting from 10th October to December 1980. This is aimed at providing parents with correct sex education information for imparting to their children. 40,000 copies of a parent's handbook of the same title will be distributed, indicating an increased awareness of the importance of introducing sex education to children in the family setting.

7. Sex Education Course for Parents with Mentally Handicapped Children

This project of the FPA of Hong Kong was initiated in response to approaches made during the previous few years, by a number of cases in which mentally handicapped females were being sexually exploited and some had subsequent unwanted pregnancies. The Association thus feels that not only do mentally handicapped youths lack sex education but their parents and social workers who work with them often fail to recognize their needs. The lack of basic experience in interpersonal relationships due to their limited social circles, their weakness ability in learning and reasoning results in behaviour deemed as undesirable by the 'normal' outside world. This leads to their feeling of rejection, and emotional deprivation, therefore they tend to respond resolutely to positive attention and are vulnerable to sexual exploitation, e.g. having sex relations with strangers in return for small amounts of money or presents.

A comprehensive "Sex Education for the Mentally Handicapped Resource Kit" was specially produced for use in the above mentioned course.

8. Indirect Provision of Services for Child Care

Through family life education, parenthood education, involvement of women in community development, and income-generating projects and in some instances projects that involve women in home economics and mothercraft, the integration of FP with nutrition and primary health care as well as parasite control contribute in no small measure to improving the general health and welfare of the child. Programmes and services directed to youth and adolescence who are on the threshold of manhood will be valuable implications on the children of tomorrow.
Problems and Constraints

It is the common concern and hope that activities planned for IYC celebrations will be followed-up by the executing agencies, both governmental and non-governmental, and that the momentum gained during IYC will be maintained and not be lost. Collaboration between cooperating agencies will therefore have to be strengthened through the proper communication channels.

Due to the limited financial resources available, and the unlimited needs of children and youth - child welfare and adolescent programmes will necessarily have to be linked up or integrated with other projects involving maternal and child health, primary health care, basic needs, and community development components. Nevertheless, there is an apparent difference in perception, among family planning circles, of the concept of comprehensive family planning services, i.e. in terms of the relative percentage components of family planning versus the other integrated components. For instance, in some situations it is not possible or realistic to propagate family planning as an isolated activity, separate from psycho-social, cultural, moral and economic aspects. Yet one must not neglect efforts to create demands for family planning information and services even though after its service roles have been largely absorbed by other agencies in the integrated set-up.

A further problem of such comprehensive family planning services is that resources and programmes will not be targeted directly at children, therefore the advocacy role of lobbying for children's rights, of arousing public sympathy against child abuse, child labour and slavery and the handicapped child should now assume greater priority. The need for such lobbying is greater in Asian countries than in the West because of the community's apathy, the lack of conviction and action by the authorities concerned which has led to the alarmingly high prevalence of such practices.
IPPF's participation in the IYC celebrations culminated in a special seminar organized for its Central Council members, in London, on 15 November 1979, one day prior to its official annual meeting. With the theme "IPPF in the Service of Children", the seminar endorsed the following recommendations urging all its affiliates to continue the efforts for improving child and family welfare through existing programmes. These were:

a) Family Planning Associations throughout the Federation advocate the implementation of the Declaration of the Rights of the Child. This means that its volunteers, in cooperation with other national organizations, should examine legislation effecting children and propose reforms in such areas as adoption, child abuse and rights of parents and young people to information and means to space their children.

b) In under-developed or developing countries where children are in need of the basic services, FPAs are urged to go beyond the advocacy role. Therefore, both for the sake of the children and to reinforce the FP message, FPAs are urged to promote and provide certain MCH services, e.g. pre-natal care, immunization, nutrition education, etc. IPPF and FPA resources being so limited, in relation to the almost unlimited needs of the people served, necessitates that such programmes need to be carried out mainly through educational efforts with maximum the involvement of both governmental and non-governmental agencies concerned with health and nutrition.

c) FPAs should press their governments to adopt and implement programmes of primary health care which emphasize reliance on community health workers, especially traditional birth attendants (TBAs), and that they be given training and support through the national health services. FPAs should contribute to this training wherever feasible and should also press governmental services to provide referral points where qualified health personnel are available to help the TBA.

d) Relationship between nutrition education, breast-feeding and family planning/birth spacing be given increasing emphasis by FPAs.
e) It is the responsibility of FPAs to provide information, based on medical evidence, of the higher risks involved for both mothers and children when babies are born before the age of 18 or after the age of 35. Such information together with information on child-spacing would contribute significantly to maternal and child health.

f) FPAs are to pay increasing attention to the health and welfare of the young adolescent. Besides being in an age-group generally neglected by both governmental and non-governmental agencies, adolescent fertility is a growing problem in both industrialised and developing countries. The effect of adolescent pregnancies on the health of both mother and child needs to be recognised in all countries whatever the legal age of marriage.

The primary role of the FPA, is, of course, the educational role - to be pursued through all channels - through the education of parents, teachers, voluntary bodies including religious and youth organizations. This education must include moral values as well as physiological and technical information on conception, contraception and venereal disease.

g) The involvement of children and young people in expressing their own needs and aspirations and in helping other children and young people in this regards is greatly to be desired.

h) FPAs' continuing collaboration with national and international organizations, both government and non-governmental, in follow-up activities should be strengthened so that the momentum gained during IYC will be maintained.