

## Keynote Address: “Health and Girls' Education in Africa”

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Japan's health index has showed much progress since my childhood, some 60 years ago. This is owed not only to improvements in the healthcare system and the healthcare infrastructure, but also to Japanese women's high literacy rate and enrollment of more girls in secondary and tertiary schools after the Second World War. Defeat in the war caused a total change in the social value in Japan especially in the attitude to women in local societies. Further, in my opinion, the most important element is that we the Japanese have never been involved in war or conflicts, since 1945.

While I worked in various conflict or war areas so far, I have experienced various unacceptable health services in deteriorated health and medical environments without either healthcare infrastructure or trained health staff. Through my experiences in assisting Afghan refugees in Pakistan, hospitals in the Democratic Republic of Congo, Uganda and Rwanda, I have encountered disregard for the situation of local people, particularly girls and women. As Her Excellency mentioned, there is a direct link between women's literacy and child mortality. This is a matter of course now but, at the time, this was an eye-opening fact.

If you look at the slide on the basic and health index of eleven rich and eleven poor nations, you may realize the big gap between them. In terms of degree of affluence, the rich have a 213-fold bigger GNI than the poor; as for child mortality 41-fold; infant mortality 27-fold; and maternal mortality shows an unbelievable big difference of 126-fold. There are disconcerting factors: illiteracy among adults that differs greatly from country to country, but there are also huge differences in girls' literacy and that of boys', especially at the level of secondary education. The mother's knowledge is very important in child welfare. It is necessary for girls to acquire education actively.

In the Edo period in Japan between the 17th and 19th centuries, there were many private elementary schools

available both for boys and girls and there were also those that were dedicated to girls only. In addition to such an education system, there were many novels and also books available on child rearing. As those were not for men, it should be noted that there were many female readers in the public. So we would say that, there was a civil society in which women were literate during the Edo period.

When we talk about health, those of us who are engaged in healthcare including physicians and nurses have to fight with viruses, bacteria, and injuries. But health is not just maintained by preventing infection from viruses, bacteria, or injuries. It is also about food, water, housing, politics, economy, culture, tradition, education as well as annihilation, destruction of the environment, or war. But if there is knowledge among the general populace, the country or society will be able to seek and create ways to solve numerous problems; that is my belief. That is the power of education. With education, people will be able to address problems with solutions.

I would like to propose five suggestions regarding promotion of health in Africa. First, if we are to promote education, we should adopt stories and books that are fun to read but are casual. Second is to show children borderless fantasy types of stories such as "Tonari no Totoro" or "My Neighbor Totoro." The third one is the introduction of health education together with basic education. So providing health education at the elementary level is very effective. The fourth suggestion is to invite women teachers from Africa to have a look at what Japan is doing and fifth is to adopt and hire a larger number of female teachers. Those are the five suggestions.

I am not an education specialist but when it comes to the importance of education, I share the same awareness, perhaps even more about the importance of education. I would like to conclude my remarks by wishing for the best, for the health and the prosperity of children in Africa.



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Dr. Etsuko Kita, after graduating from Nara Prefecture Medical University, has long been engaged as a pediatrician/hematologist in clinical practice, research and medical training in Japan. After teaching as an associate professor, she worked as a JICA Expert in clinical laboratory and pediatrics at the China-Japan Friendship Hospital, Beijing.

In 1988, as the first Japanese dispatched to the conflict areas, she worked at the newly built UNICEF Afghan Programme Office in Peshawar, Pakistan, planning, enforcing and evaluating health and medical care for refugees. Since then, she has been promoting healthcare and public health for developing countries.

After 1997 she worked at WHO Department of Emergency and Humanitarian Action, and has been active in many places of dispute, conflict and those under development.

In order to pass on her experience in the area of public health and humanitarian aid activities, she has been providing education since 2001 as a professor at The Japanese Red Cross Kyushu International College of Nursing and assumed her current post as President of the College in 2005. Her specializations are international health, public health and pediatrics.