

public primary schools and significantly reducing tuition and fees in public primary school. This has led to a 44% increase in school enrollment in two years providing access to 830,000 children, the majority of whom are girls.

We have started to rebuild and reopen schools nationwide. We have immunized over 95% of children under the age of five. We have passed a tough rape law where offenders are subject to life imprisonment and provided HIV and AIDS prevention and care to the population, especially to women. The introduction of an accelerated Learning Program, a parallel primary intervention, addressed the basic education needs of young adults who missed out on primary education.

Going beyond the efforts of Government, we have mobilized private resources in support of girls' education and women's literacy. We have established what we call the Liberia Education Trust (LET), the 50/500/5000 program which aims to rehabilitate or build 50 schools particularly in rural areas, to train 500 teachers and to provide 5,000 scholarships to young girls. In the second year of the four-year program, over 1/3 of this goal has been achieved. We have resources of over US\$2 million mobilized. An added component aims at literacy for over 100,000 market women.

Education is a primary goal of our government and that is consistent with priorities that you find all over the African continent. It is very clear that without an educated population, we will not be able to achieve our overall development goals. This is why today, in most of our African countries, there is a strong correlation between the level of development received and the level of education that has

been provided to the population. This is why we all seek to ensure that the percentage of budgetary resources that go into education remain at the highest level.

Let me close by quoting the Executive Director of UNICEF which has supported our education programs not only in Liberia but all over Africa. "The manifold benefits of education are beyond dispute. It reduces child and maternal mortality, enhances economic productivity, improves health and nutrition and in the case of girls, protects them from abuse, exploitation and HIV/AIDS. It also contributes in the most meaningful way possible to gender equality."

Let me say to you, Vice-Minister and to the Japanese government that your own emphasis on primary education, your emphasis on the support of your bilateral programs in Africa for education is rightly placed. We believe that you should continue to provide support as that enables us in Africa to achieve our goals and it enables us to set the basis for the future; enables us to become self-sufficient, moving from dependency to self-sufficiency; moving us from aid to trade.

That is the basic objective of all African countries and with the support from you in education, I am convinced that the growth rate we now see which enables us to attack poverty will enable us to become a very competitive region in the world and be able to carry through our own natural resources and an educated population which we need to achieve our overall goals in growth and development.

Thank you for inviting me and thank you for being here to listen to these words.

## “ Health and Girls' Education in Africa ”

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Good afternoon. It is an honor to be invited to this symposium today on African Development and Girls' Education held ahead of TICAD IV. I would first like to introduce my background.



Sixty plus years ago, I, myself was a pediatric patient. This is me. At the time that Japan's health index was poor. Many children were dying and mortality rates among pregnant women were also high. My mother is not in full good health but she is now 95 years old and she is a graduate of a four-year university. She has a high level of education and I believe this is related to the education level that we received; me, my elder sister and my younger brother. As Madam President mentioned, a mother's education is important.

Skipping a few decades, to about 40 years ago is when I became a pediatrician. This was a few years after the Tokyo Olympics. The health index had showed much progress. At that time in Japan, we had an outbreak of neonatal tetanus and measles and those diseases were prevalent in Japan back then but overall we had seen much improvement in the health index.

Why is that? I thought about this later. After defeat in the War, I believe Japan went through a radical societal change and I believe that is one of the reasons for improvement in the health index. Some say that the Constitution was forced upon Japan but with the new Constitution, values were changed; perhaps, war in neighboring regions may have had some effect but we experienced post-war reconstruction and economic development and in a somewhat top-down manner, we

have also seen improvements in the healthcare system and the healthcare infrastructure. Historically, Japanese women's literacy was high and more and more girls received secondary and tertiary education after the Second World War. I was born in a rural community but thanks to the support of my parents I was able to advance to medical school, and that was partly due to these societal changes after the war. Another very important element is that Japan was not involved in war or conflicts. This is what I feel keenly as I have worked in many conflict regions.

This is about two decades ago when I became engaged in international activities. Before that I was involved in healthcare in developed countries' systems but it was a totally different working environment where there was nothing in terms of healthcare infrastructure.

This is in Pakistan and these are Afghan mothers who were refugees in Pakistan. I tried to educate the mothers about the food for weaning the children from maternal milk



but I was not very successful. This is a poster I observed at the time and this shows the position in which women are in developing countries.

As Her Excellency mentioned, there is a graph that was a tremendous shock to me. That is, there is a direct link between women's literacy and child mortality. If women were educated, children would not be dying and this is a matter of course now but at the time, this was an eye-opening fact.

I have been involved in providing healthcare in many countries, mostly in conflict areas and I had many experiences that were beyond my imagination. This is the present Republic of Congo, formerly Zaire, at a major regional hospital. The workers were very earnest but at a glance, it looked like a warehouse instead of a hospital. At that time, one thousand children were being born and out of one thousand, 320 died before reaching the age of five; out of 100,000 births, 1,800 women died giving birth: this was the worst situation to be observed in Africa.

This is Uganda and a boy bitten by a snake. It may look ordinary but what is used to support the boy's arm is not a splint, as we would use in Japan. This is a piece of cardboard. Perhaps to reduce a very high medical expense in Japan we could do this, but that was the daily situation there.

This is in Rwanda when there were major conflicts and after the conflict, I visited this village. Almost all the men were killed and in this village only the women remained, so this was a village that was out of balance as a result of the conflict. This is a boring table but this shows the difference between a poor country and rich country.

Eleven rich countries and eleven poor countries are compared numerically. No one can choose where one is born or the time of one's birth. Despite that where one is born leads to a huge difference. In terms of degree of affluence there is a difference of 213-fold; as for child mortality 41-fold; infant mortality 27-fold; and mortality of women, child-bearing women, and women delivering children there is a difference of 126-fold. Why are there such huge differences? There are many causes but I believe there are disconcerting factors: illiteracy among adults that differs greatly from country to country but there are also huge differences in girls' literacy and boys' literacy, especially at the level of secondary education. This seems something that can be improved with a united effort. Liberia is not included in these 11 poor countries, but with the exception of Tajikistan, all the poor countries were in the African continent. The United States and other Western countries and Japan were included in the 11 rich countries.

The mother's knowledge is very important in child welfare but who gives education or knowledge to mothers, in what way, and when? I was more interested initially in passive education that mothers may receive but I came to think about how mothers and future mothers, that is women and girls, I became interested in how they will be able to acquire knowledge more actively, proactively and I come to feel that it is necessary for girls to acquire education actively.

In Tanzania, this man became a doctor, as a result of which his elder sister and younger sister were not able to go to school, and he has a sense of guilt because of this. This doctor now has three children, one is a boy, two are girls, and doctor says he wants to give education equally to his boy and two girls.

I mentioned that towards the end of the 1980s I experienced a shocking experience in statistics. This is a new set of statistics. Yet this shows that mortality among children decreases with increasing level of education among women. I think we should rally forces and do something about this.

Now let me get back to my story on Japan. This dates back years before I was even born; this is about the Edo period or the 200-year regime between the 17th and 19th centuries. Of course when it comes to child rearing, not everything was as convenient in the Edo period as it is now, but during the Edo period there were many private elementary schools available for boys and girls and, according to some records and literature, there were also elementary schools that were dedicated to girls only.

And there were many books published on child rearing. This is said to be the oldest book on child rearing. This is a book titled, Stories and Instructions on Pediatric Care, and this is a book that was published in Fukuoka Prefecture, where I am from. So as early as the 17th and 18th centuries there were books available on child rearing. Who were the readers then? During the Genroku era of the Edo period there were several popular authors such as Saikaku Ihara or Monzaemon Chikamatsu. I am sure during your high school

days you learned about these authors. Their writings are said to be very difficult and complex, but despite the fact that their writings were quite difficult to read, there were readers including women. So during the Edo period, there was a civil society in which women were literate. They were able to read these books and that was perhaps one of the reasons why Japan was able to rise from the ashes immediately following World War II. I would also like to touch on maternal mortality, which was mentioned by the President. This is a publication regarding child birth that was published during the Edo period. Actually, it was compiled in 1895, the Meiji period, but from this book, we know that there were as many as 59 books on childbirth during the Edo period. There is an original copy in the University of Kyoto. You can see that there are many illustrations within these books on child birth. This is a newborn that is taken to a bath, and breastfeeding women. You can see the power of the mother. It may be difficult for you to see these illustrations from another book, which shows monk-like men involved in child birth. These are some of their illustrations that remain from these years.

Looking at these books and their illustrations, we can see there was a high level of awareness toward childbirth and child rearing during this period, so people were very much aware about maternal health. In order to improve maternal health, we need to change the entire society; otherwise it will be difficult to raise the level of health.

Now talking about health, of course 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 about viruses, bacteria, and 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.

Now to change gear, this year marks the millennium anniversary of *the Tale of Genji*. It is the oldest love romance story in Japan. Some people say that it is a story about infidelity but at any rate this is the oldest love tale in Japan. Well talking about old love stories, back in the Greek days there was a woman poet by the name Sappho.

When it comes to *the Tale of Genji* there are so many interpretations and critiques that have been made over the past 1,000 years ever since *the Tale of Genji* was born. This indicates that *the Tale of Genji* is a joy to read and this suggests that what is conducive for education is to have such stories that are fun to read and because we now have Madam President with us today, I would like to take this opportunity to make five suggestions regarding promotion of health in Africa.

First, if we are to promote education, I think we should adopt stories and books that are fun to read but are casual. *The Tale of Genji* is an example of that, and borderless fantasy

types of stories perhaps would also be good to read for children. I am not sure if I should be citing the names of the stories but "Tonari no Totoro" could be one example. The English version of this film, "My Neighbor Totoro", I had an opportunity to watch with my friends in the United States and Europe, and it was well received. I hope this will be shown among children in Africa.

And the third one is the introduction of health education together with basic education so providing health education at the elementary level is very effective. For that, my 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.

Now these are pictures from my visit to Africa, pictures of mothers in Africa. These are mothers who are rearing children who will bear the future of Africa. Of course, not all children are raised by their mothers but I had a chance to see many women struggling to raise their children in many parts of Africa. Some mothers and children in Africa, I hope they will be healthy and they will have a lot of options throughout their lifetime.

I came to be engaged in international activities as a physician originally and in order for people to enjoy well-being and happiness, we need the power of education. The power of education becomes very crucial.

This is from Kenya; this is an orphanage for children who lost their parents to AIDS. I had a chance to visit this orphanage. At that time, I met with a Professor Emeritus of Nairobi University in Kenya. The professor said that there were many deaths due to starvation and conflicts. Every time such an event occurred, humanitarian aid was called forth but what is necessary really for children is not material aid but spiritual aid. I was quite impressed by the professor's words.

I talked with some of the children and they would always ask, "Doctor, where do you come from?" That was the question that they came up with. "Guess?" I told them, "Make a guess!" and they told me "America!" which disappointed me. "No not the United States." And then they said "Asia" but they were not able to come up with the name of our country, Japan, but the children were very lively. Their eyes were shining with hope and looking at them I was reminded of the importance of education.

Now this is a picture of the university that I worked for. I am not an education specialist but when it comes to the importance of education, I share the same awareness, perhaps even more awareness about the importance of education with my colleagues who specialize in education.

I would like to express my gratitude to the sponsors for giving me the opportunity to be here and address the audience here during this important symposium, and I would like to conclude my remarks by wishing for the best, for the health and the prosperity of children in Africa.

Thank you very much for your kind attention.