

*6<sup>th</sup> International Conference of Health Behavioral Science*

# ICHBS2010

SUSTAINABLE HEALTH PROMOTION:  
DIALOGUE ON WELL-BEING & HUMAN SECURITY  
IN ENVIRONMENTAL HEALTH

*Conference Programme and Abstracts*



**Kuala Lumpur • Malaysia**

**19-21 September, 2010**

*6<sup>th</sup> International Conference  
of  
Health Behavioral Science*

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## *A Word from the President*



The Japan Academy for Health Behavioral Science will host the 6th International Conference of Health Behavioral Science, *Sustainable Health Promotion: Dialogue on Well-being & Human Security in Environmental Health*, which will be held September 18th-21st, 2010 at the Centre for Civilisational Dialogue (CCD) at the University of Malaya, in Kuala Lumpur, Malaysia. The Conference will include keynote speeches, invited speeches, oral presentations, poster presentations, a symposium, workshops, a visit to a hospital taking care of HIV/AIDS patients, and an optional post-conference tour to an aborigine village for health behavioral research.

Since our Academy was established in 1986, we have hosted five series of international conferences. A quick review of past themes shows an interesting trend. The 1<sup>st</sup> International Conference, *A Transcultural Discussion*, was held in August 1988 at the Pacific Beach Hotel in Honolulu, Hawaii. The 2<sup>nd</sup> Conference, *The Health Care Systems, How Should It Be in the 21st Century?*, was held in September 1991 at Sophia University in Tokyo. The 3<sup>rd</sup> Conference, *Crisis Behavior toward Growth and Solidarity*, was held in September 1996, also at Sophia University in Tokyo. The 4<sup>th</sup> Conference, *Integrated Approaches to Health*, was held in August 2002, at Konan University in Kobe, and the 5<sup>th</sup> Conference, *Education on Health and Environment*, was held in August 2006 at Phranakhon Rajabhat University in Bangkok.

Nowadays, global climate change, which is linked with environmental health, is causing serious problems. In order to solve these problems the concept of ‘sustainability’ has become increasingly more important as a common framework for environment and health in all areas of academic/scientific study. This concept is proposed by the World Commission for Environment and Development, and furthermore in the report, “*Our Common Future*” issued by the United Nations in 1987. “Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs.”

“The concept of sustainability encompasses not only environment but also poverty, population, health, food security, democracy, human rights and peace. Sustainability is, in the final analysis, a moral and ethical imperative in which cultural diversity and traditional knowledge need to be respected.”(*The Declaration of Thessaloniki*, 1997) Environmental health sustains well-being of life through health promotion. At the same time, sustainability should be based on a sound environment for the promotion of well-being and human security. Accordingly, this time we have chosen to make the theme of the conference *Sustainable Health Promotion: Dialogue on Well-being & Human Security in Environmental Health*.

In order to fully examine each of these components, we will take a ‘glocal’ interdisciplinary approach. This will involve looking at the world both at the global and regional level. In doing this we will initiate a dialogue drawing on all branches of science, and thereby integrate the diverse discussions of health behavioral science into a common framework for environmental health. In addition to this, we are also aware of the need to incorporate bioethics in so far as it relates to all cultures, both religious and secular, that place an emphasis on well-being and human security.

Our goals are to promote sustainable health and continue the dialogue on well-being and human security via environmental health from a “glocal” (i.e. global and local) perspective, to encourage a deeper level of international exchange.

We would like to advance health behavioral science for the goal of a sustainable health promotion.

**Fumiaki TANIGUCHI**

President

Japan Academy for Health

Behavioral Science

## *A Word from the Conference President*



In the globalized world, no community or civilization can isolate itself from others. As enshrined in the preamble of the Earth Charter of UNESCO, each of our community deserves to be respected by the others and that it is the responsibility of each community to ensure the health and survival of not only itself, but also the other communities that make up humankind. In the aspect health, behavior places a vital role, and today bioethics and environmental ethics are critical for mankind to practice in order to ensure maximum environmental health for the sake of his own sustainable livelihood.

On behalf of the University of Malaya Centre For Civilisational Dialogue, I would like to thank the Japan Academy For Health Behavioral Science for giving the honor to the Centre to assist the Academy in hosting the conference. Indeed sustainability, especially in respect of health is an issue besotting all cultures and civilizations today.

**Professor Datin Dr. Azizan BAHARUDDIN**  
Director  
Centre for Civilisational Dialogue  
University of Malaya

## *A Word from our Honorary Guest*



For more than 200 years, modern western medicine has achieved much to alleviate the state of health in the world, thanks to the many important and critical advances in science and technology which is based on the mechanical philosophy. This philosophy however has not led to equal focus be given to the aspect of spiritual and emotional health. Today, holistic approaches are being aided in large measure by traditional, complementary, or alternative medicine. Many societies in the world are increasingly resorting to this type of health services and many health authorities all over the world including WHO are helping to ensure standards are in place in order to avoid people from being victims of malpractices and bogus claims. This conference can play a vital role in ensuring the enhancement of societies' awareness regarding their own role in ensuring their holistic and balanced well-being.

I would like to congratulate the effort of the conference organizers in enhancing health and behavioral patterns globally.

**Tan Sri Dato' Seri Dr. HJ. Mohd. Ismail Bin Merican**  
Director  
General of Health of Malaysia

## Conference Outline

- 1 **Theme** Sustainable Health Promotion:  
Dialogue on Well-being & Human Security in Environmental Health
- 2 **Objectives**
  - \* Discuss sustainable health promotion on both the global and local scale from diverse and interdisciplinary perspectives.
  - \* Create greater awareness about well-being and human security in the context of environmental health.
  - \* Promote dialogue among practitioners and policy-makers from different cultural and religious backgrounds.
  - \* Encourage a holistic outlook regarding well-being, human security and environmental health.
  - \* Contribute to the enhancement of public awareness of sustainable health promotion issues and challenges.
- 3 **Dates** Saturday, 18 September - Tuesday, 21 September, 2010  
\*(Optional) Post-Conference Tour Wednesday, 22 September-Friday, Sep. 24, 2010
- 4 **Venues** University of Malaya, Kuala Lumpur, Malaysia
- 5 **Language** English
- 6 **Organiser** Japan Academy for Health Behavioral Science
- 7 **Executive Body** Committee for the 6<sup>th</sup> International Conference of Health Behavioral Science
- 8 **Co-Organisers** Centre for Civilisational Dialogue, University of Malaya  
General Institute for the Environment, Konan University  
Kyoto University Global Center for Education and Research on Human Security  
Engineering for Asian Megacities (Global COE Programme),
- 9 **Collaborators** University of Malaya Faculty of Medicine, Centre of Excellence for Research in AIDS (CERiA) University of Malaya, Regional Unit for Social and Human Sciences in Asia and the Pacific (RUSHAP) UNESCO, Sustainability Science Research Cluster University of Malaya
- 10 **Supported by** Malaysian National Commission for UNESCO, Ministry of Education Malaysia, The Japanese Society of Health and Medical Sociology, Japan Academy for Mental Health Sociology, Japan Academy for Health Counseling, The Association for Preventive Medicine of Japan, Japan Integrative Medicine (JIM), Japan Holistic Medicine Society, The Japan Medical Association, The Japan Dental Association, Japanese Nursing Association, Japan Academy of Nursing Science, Japanese Holistic Nursing Association (JHNA), Japanese Society for Hospice and Home Care, Home Care Ensuring Clinic Network in Japan, The Asia-Pacific Network for Global Change Research (APN), The Japanese Association of Smoking Control Science, Japanese Association of Qualitative Psychology

# Conference Programme

Dates	Sessions Schedule	Location
Day 0 Saturday, 18 September	Arrival of participants	
Day 1 Sunday, 19 September	<p>8.00-9.00 Participant Registration</p> <p>9.00-9.30 <b>Opening Session</b>                      Words of Welcome                      ★Prof. Fumiaki Taniguchi, President, Japan Academy of Health Behavioral Science, Japan                      ★Prof. Datin Dr. Azizan Baharuddin, Director, Centre for Civilisational Dialogue University of Malaya, Malaysia                      ★Tan Sri Dr Ismail Merican, Director General, Ministry of Health, Malaysia</p> <p>9.30-10.10 <b>Invited Lecture I</b>                      “Realizing Sustainable Health Promotion in the Context of Global Public Health and Future Challenges”                      Prof. Darryl Macer, Regional Unit for Social and Human Sciences in Asia and the Pacific (RUSHAP) UNESCO, Thailand</p> <p>10.10-10.50 <b>Invited Lecture II</b>                      “Malaysian Society and Health: Issues and Challenges in the 21<sup>st</sup> Century ”                      Prof. Dato’ Dr. Mohd. Amin Jalaluddin, President, Asian Pacific Academic Consortium Public Health, Malaysia</p> <p>10.50-11.00 <b>Morning Break</b></p> <p>11.00-11.40 <b>Invited Lecture III</b>                      “Narrative Practice: Creating New Storylines in Aboriginal Communities”                      Ms. Barbara Wingard, Dulwich Centre Foundation, Australia</p> <p>11.40-12.20 <b>Plenary Lecture I</b>                      “Towards Sustainable Health Promotion in the Context of Environmental Health Care at the Global Level”                      Prof. Fumiaki Taniguchi, President, ICHBS2010, Japan</p> <p>12.20-13.50 <b>Lunch (Provided)</b></p> <p>13.50-14.30 <b>Plenary Lecture II</b>                      ★“Well-being and Religion”                      Prof. Wan Azman Wan Ahmad, UM Medical Centre, Malaysia</p> <p>14.30-16.00 <b>Panel Discussion “Glocalisational Health Promotion: Dialogue on Well-being &amp; Human Security in Environmental Health”</b>  <b>Moderator:</b> ★Prof. Dr. Azizan Baharuddin, Director, UM CCD, Malaysia                      ★Prof. Fumiaki Taniguchi, Konan University, Japan  <b>Panelists:</b>                      “Dialogue between Religion and Science regarding Bioethics for Well-being and Human Security at the Glocal Level”                      Prof. Azizan Baharuddin, Director, UM CCD, Malaysia                      ★“Disaster and Human Security”                      Dr. Benjaporn Panyayong, Ministry of Public Health, Department of Mental Health, Thailand</p>	<p>University of Malaya Auditorium Faculty of Law</p>

		★“Man-made Disasters and PTSD” Prof. Naoyasu Motomura, Osaka Medical College, Japan	
		★“Telling Our Stories in Ways That Make Us Stronger: Narrative Therapy” Ms. Barbara Wingard, Dulwich Centre Foundation, Australia	
		★“Glocalisational Bridging Human Security, Well-being and Environmental Health” Prof. Habib Chirzin, Director, Centre for Peace and Human Security Studies, Hamka University, Indonesia	
	16.00-16.30	<b>Afternoon Break</b>	
	16.30-17.30	<b>Panel Discussion and/or Q &amp; A –SYMPOSIUM continued</b> <b>Summary and Closing for the Day</b>	
	20.00-22.00	<b>Welcome Reception (Venue: Rumah University/University House)</b>	Rumah University
	10:00-18:00	<b>Side-Event: Poster Exhibit-Presentation of Relevant Research Activities by Participants-</b> *Poster Sessions (12:20 to 13:20) are set aside more specifically for the presentation of posters by their authors and for interaction with Conference participants.	
Day 2	8.30-9.00	<b>Participant Registration(ongoing)</b>	Faculty of Law
Monday, 20 September	9.00-12.00	<b>Oral Presentation Session</b> ★Session I: Health Promotion/Health Care/Narrative ★Session II: Well-being ★Session III: Human Security/Sustainability/Environmental Health	Auditorium Conference Room CCD Katha Hall
	12.00-13.30	<b>Lunch (provided)</b>	
	13.30-14.00	<b>Invited Lecture IV</b> “Burden of Disease and Policy on Health in Malaysia” Dr. Lokman Hakim bin Sulaiman, Disease Control Division, Ministry of Health, Malaysia	Auditorium Faculty of Law
	14.00-14.30	<b>Invited Lecture V</b> “For Improving the Sanitation and Foods of Developing Countries” Prof. Yoshihisa Shimizu, Kyoto University, Japan	
	14.30-14.45	<b>Afternoon Break</b>	
	14.45-17.30	<b>Dialogue Session -Parallel Activities</b> ★ <b>Session A: Religious Hypnosis</b> Facilitators: Dr. Amran Muhammad, Deputy Director, UM CCD Prof. Tomoko Morimoto, Gifu College of Nursing, Japan “The Efficacy of the Practice of Surah Yaasin Recitation in Reducing Stress Levels” Medical Practitioner: Mr. Anas bin Mohd Yunus, Darul Iman University Prof. Dr. Zulkifli A. Manaf, Darul Iman University, Sultan Zainal Abidin (UniSZA), Malaysia ★ <b>Session B: Unani Medicine (Islamic Medicine)</b> Facilitators: Prof. Datin Dr. Zaharin Mohamed, Faculty of Medicine, UM, Malaysia Dr. Takayuki Yoshioka, Kobe City College of Nursing, Japan “Unani Medicine as a Form of Islamic Medicine: Issues of Islamicity” Medical Practitioner: Prof. Osman Bakar, Deputy CEO, Institute of Advanced Islamic Studies (IAIS), Malaysia	Auditorium Conference Room

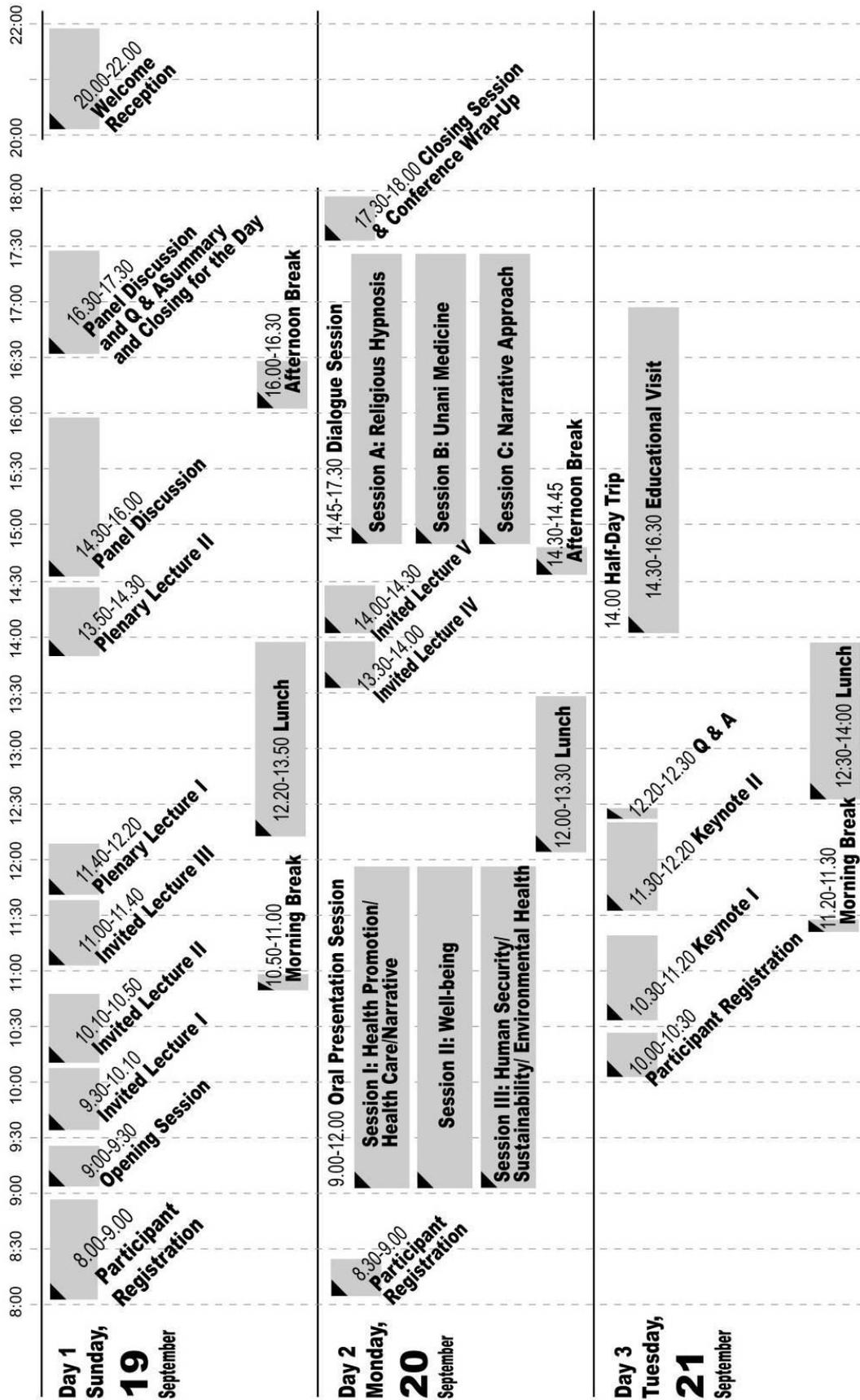
		<b>“Medical Healing vs Mental Healing”</b>	
		Medical Practitioner: Mrs. Dalina Ismail, Principal Consultant, Quin Consult, Malaysia	CCD Katha Hall
		<b>★Session C: Narrative Approach</b>	
		Facilitators: Ms. Barbara Wingard	
		Dr. Caroline Lopez, Visiting Scholar, UM CCD	
		Medical Practitioners:	
	17.30-18.00	Prof. Akira Nakagawa, Osaka Sangyo University, Japan	Auditorium
		<b>Closing Session &amp; Conference Wrap-Up</b>	
	9:00-17:00	<b>Side-Event: Poster Exhibit-Presentation of Relevant Research Activities by Participants-</b> *Poster Sessions (12:00 to 13:00) are set aside more specifically for the presentation of posters by their authors and for interaction with Conference participants.	
Day 3		<b>Morning Seminar &amp; Educational Visit</b>	
Tuesday,		➤ <b>Half-Day Seminar(MORNING)</b>	Centre of Excellence
21 September	10.00	Participant Registration	for Research in
	10.30-11.20	<b>Keynote I</b>	AIDS (CERIA)
		★“HIV Prevention, Treatment and Care to the Marginalised Communities in Malaysia: Advances and Challenges”	University of Malaya
		Prof. Dr. Adeeba Kamarulzaman, President, Malaysian AIDS Council, Malaysia	
	11.20-11.30	Morning Break	
	11.30-12.20	<b>Keynote II</b>	
		★“Migrant Health: Access to HIV Prevention, Treatment and Care for Migrant Populations in Japan”	
		Prof. Tadaharu Nakao, Yamanashi Gakuin University, Japan	
	12.20-12.30	<b>Q &amp; A</b>	Malaysian AIDS
	12.30-14:00	<b>Lunch</b> (provided)	Council
	14.00	➤ <b>Half-Day Trip(AFTERNOON)</b>	No 12, Jalan 13/48A
	14.30-16.30	<b>Educational Visit</b>	The Boulevard Shop
		★Malaysian AIDS Council	Office Off Jalan Sentul
		★Rumah Solehah: Half-Way Home for Women and Children with HIV/AIDS	51000 Kuala Lumpur
		<b>Diabetes and Development: Experiences from the Field</b>	Kampung Pandan
	17.00	Tour ends	
		<b>Optional Excursion</b>	
Day 4		<b>Post-Conference Tour</b>	
Wednesday,		Endau Rompin National Park, Kampong Peta, Johor	
22 September		Research studies on lifestyle, folk medicine, religious initiation in the Jakun (Orang Asli) people village	
	7.00	Depart ( <i>approx. 6-hours drive to Endau Rompin National Park</i> )	
	11.00	Briefing & Lunch	
	16.00	Visit to the Endau Rompin National Park	
		Welcome orientation at the visitor centre & free time	Endau Rompin
	19.00	Dinner	National Park
	20.00	Night cruise in a dugout boat	
Day 5	8.00	Breakfast	3 day/2 night stay at
Thursday,	9.00-17.00	A day trek and workshop on folk medicine, religious initiation by Jakun People	the park’s bungalows
23 September	20.00	Dinner & Culture Evening	

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	8.00	Breakfast
Day 6	9.00-10.30	Workshop on <i>Berpyang</i> of Orang Asli & free time
Friday,	11.00	Departure
24 September	13.00	Briefing & Lunch
	17.00	Estimated return time
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Day 7		
Saturday,		Departure from KLIA for most international participants
25 September		

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# Programme at-a Glance



# Topical Session Programme

## ORAL PRESENTATIONS

### SESSION A: Health promotion, Health Care, Narrative, Meditation

Auditorium, Faculty of Law

#### Co-chairs Naoyasu MOTOMURA & Amran MUHAMMAD

- 9:00- 9:20 **A1-1: Medical Social Worker Support for Patients' Economic Problem**  
*Aya SEIKE<sup>1</sup>, Aki KOMADA<sup>1</sup>, Carl BECKER<sup>1</sup>*  
<sup>1</sup>Graduate School of Human and Environmental Studies, Dept.of Human Coexistence, Kyoto University
- 
- 9:20- 9:40 **A1-2: Social Construction of HIV/AIDS in Malaysian Print Media: A Comparative Analysis of Malay and English Newspaper Headlines from 2007-2009 on Key Populations at Higher Risk for HIV**  
*Martin CHOO<sup>1</sup>, Adeeba KAMARULZAMAN<sup>2</sup>*  
<sup>1</sup>Officer, Center of Excellence for Research in AIDS (CERiA)University of Malaya  
<sup>2</sup>Professor, Head, Infectious Diseases Unit, Department of Medicine, Faculty of Medicine, University of Malaya
- 
- 9:40-10:00 **A1-3: Introduction of Naikan Therapy as a Precursor to Narrative Based Approach**  
*Akira NAKAGAWA*  
 Osaka Sangyo University

#### Co-chairs: Akitoshi SOGABE & Warijo OTHMAN

- 10:00-10:20 **A2-1: Patients' Own Explanatory Model of Their Atopic Dermatitis: Interviews on Exacerbation Factors**  
*Aki KOMADA<sup>1</sup>, Aya SEIKE<sup>1</sup>*  
<sup>1</sup>Human and Environmental studies, Kyoto University, Japan
- 
- 10:20-10:40 **A2-2: Thai Perspectives on Abortion**  
*Anniken GRINVOLL*  
 Eubios Ethics Institute
- 
- 10:40-11:00 **A2-3: Review of the Project of Strengthening Eye Care System in Nepal**  
*Satoshi MATSUDA<sup>1,2</sup>*  
<sup>1</sup>Nakagami Eye Clinic <sup>2</sup>Association for Ophthalmic Cooperation in ASIA (AOCA)

#### Co-chairs: Akira NAKAGAWA & Adeeva KAMARULZAMAN

- 11:00-11:20 **A3-1: Influence of Difference in Knee Alignment on the Profile of Mood States Scores after Walking**  
*Akitoshi SOGABE*  
 Konan University
- 
- 11:20-11:40 **A3-2: The Role of Health Education in Reducing Dengue Cases in Putrajaya**  
*Othman WARIJO*  
 Medical Doctor, Health Office Putra Jaya
- 
- 11:40-12:00 **A3-3: Sexual Behavior of Japanese Men Who Have Sex with Men: Some Implications for HIV Prevention**  
*Hiroshi YAMAZAKI<sup>1</sup>, Yoko YOKOYAMA<sup>2</sup>, Yasuharu HIDAHA<sup>3</sup>*  
<sup>1</sup>University of Tokyo <sup>2</sup>Kyoto University <sup>3</sup>Takarazuka University
- 
- 12:00-12:20 **A3-4: The Case for Supporting the Increase and Awareness in Relevant Women's Health Issues in the Young Ladies of Malaysia**  
*Subatra JAYARAJ*  
 Center for Civilisational Dialogue, University of Malaya

**SESSION B: Well being: Social worker, Qualitative analysis, Biofeedback, Support**  
**Conference Room, Faculty of Law**

**Co-chairs: Satoshi MATSUDA**

- 9:00- 9:20     **B1-1: The Relationship between the Developmental Environment and Parents and Children Who Use Regional Parenting Support Center in Japan**  
*Yasuhiro NIIKAWA*  
*Mie Chukyo University Junior College*
- 
- 9:20- 9:40     **B1-2: The Meanings of "IKIZURASA (Difficulty of Living)" Expressed by Performing Illness Survivors**  
*Hiroshi SUGIMOTO*  
*Department of Nursing, Faculty of Health Sciences, Niigata University of Health and Welfare*
- 
- 9:40-10:00     **B1-3: Choices and Legitimacy: Seeking for Alternative Treatments of Eczema in Japan**  
*Miho USHIYAMA*  
*University College London*

**Co-chairs: Tadaharu NAKAO**

- 10:00-10:20     **B2-1: Basic Study on the Clinical Application of "Feeling Arts" as a Healing Method with a Biofeedback Approach**  
*Takayuki YOSHIOKA<sup>1</sup>, Natsuki IKEDA<sup>1</sup>, Kimiko HIRAMATSU<sup>1</sup>, Yoshihiro KITAMURA<sup>2</sup>*  
*<sup>1</sup>Kobe City College of Nursing, Kobe, Japan    <sup>2</sup>Feeling Arts Academy*
- 
- 10:20-10:40     **B2-2: Religious Environmental Ethics and Its Influence in the Diffusion of Recycling Activities by Selected Religious Communities in Malaysia**  
*Zeeda Fatimah MOHAMAD*  
*University of Malaya*
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- 10:40-11:00     **B2-3: Spiritual Healing Energy: A Complementary Treatment for Health Problems**  
*Jariah ABDULLAH*  
*Executive Director, DR MARYA BEAUTY*

**Co-chairs: Takayuki YOSHIOKA & Dr. Carolina LOPEZ**

- 11:00-11:20     **B3-1: Meanings of Physical Disability in Japan: A Qualitative Analysis of Narrative of People with Spina Bifida Occulta**  
*Yuichi FUJITA*  
*Graduate School of Osaka Prefecture University*
- 
- 11:20-11:40     **B3-2: Traditional Healing in Malay Cultural: Case of Malay Manuscript of the 19<sup>th</sup> Century**  
*Roziah SIDIK*  
*National University of Malaysia*
- 
- 11:40-12:00     **B3-3: Managing Autistic Spectrum Disorder with Homeopathy**  
*Suriyakhatun OSMAN*

**SESSION C: Human Security; Environmental Education, Ethics, Environmental health,  
Sustainable development Centre for Civilisational Dialogue Katha Hall**

**Co-chairs: Yoshihisa SHIMIZU & Rosta HARUN**

9:00- 9:20 **C1-1: Consciousness and Behavior of University Students for Environmental Problems: Based on Questionnaire Survey at Hiroshima University(Japan), Fudan University(China) and University of Malaya(Malaysia)**

*Mieko DOI*

*Graduate Student, Graduate School of Social Sciences, Hiroshima University*

9:20- 9:40 **C1-2: Spatial Determinant for Social Cohesion: Case Study Village of Kampung Bharu**

*Noriati Mat SOM*

*Dept. of Architecture Faculty of Architecture, Planning & Surveying, Universiti Teknologi MARA*

9:40-10:00 **C1-3: A Study on Educational Effects of Moral Discussion: From Viewpoints of Moral Atmosphere and Care**

*Yoshifumi TAKAHARA*

*Graduate School of Education, Bukkyo University*

**Co-chairs: Hiroshi YAMAZAKI & Siti Korota Aini OMAR**

10:00-10:20 **C2-1: Good Work as Foundation for Global Health: Possibilities in the Asian Century**

*Jay WYSOCKI*

*Faculty of Economics and Administration, University of Malaya*

10:20-10:40 **C2-2: Factors Affecting the Compliance of Malarial Chemoprophylaxis during Pregnancy in Solomon Islands**

*Miyuki HORIUCHI<sup>1</sup>, Naoki NAKAZONO<sup>2</sup>, Verilyn ISOM<sup>3</sup>, Takujiro ITO<sup>4</sup>*

*<sup>1</sup>Kio University <sup>2</sup>Kobe University*

*<sup>3</sup>Solomon Islands College of Higher Education <sup>4</sup>IC Net Limited*

10:40-11:00 **C2-3: Food and Health Issues in Malaysia Schools: Perspective of the National Parent Teachers Association Collaborative Council (NPTACC)**

*Mohamad Ali HASSAN*

*President, NPTACC*

**Co-chairs: Yoshihisa SHIMIZU & Noriati Mat SOM**

11:00-11:20 **C3-1: Integrated Environmental Education: Starting Young to Environmental Health**

*Siti Korota Aini OMAR*

*Faculty of Administrative Science and Policy Studies*

11:20-11:40 **C3-2: A Study of Concept of the Value of Health from the Viewpoint of Health Promotion**

*Riwa WATANABE*

*Graduate School of Humanities, Konan University*

11:40-12:00 **C3-3: Environmental Sanitation of Orang Asli Community -Case Study of the Settlement of Orang Asli at Sungai Berua, Hulu Terengganu, Terengganu Darullman**

*Rosta HARUN<sup>1</sup>, Mohamad Jaafar SULONG, Lim Kuang HOCK<sup>2</sup>*

*<sup>1</sup>Faculty of Environmental Studies, University Putra Malaysia*

*<sup>2</sup>Institute of Medical Research Kuala Lumpur*

## POSTER PRESENTATIONS

### HEALTH PROMOTION

- P-01** **Relationship between Self-Denial and social support among University Students**  
*Toshiko UEDA<sup>1</sup>, Tatsumasa KUBOTA<sup>2</sup>, Noriko HIGUCHI<sup>3</sup>, Sayuri HASHIMOTO<sup>1</sup>,  
 Tsunetsugu MUNAKATA<sup>1</sup>*  
<sup>1</sup> Graduate School of Comprehensive Human Science, University of Tsukuba  
<sup>2</sup> Faculty of Management, Shizuoka Sangyo University  
<sup>3</sup> Faculty of Languages, Meikai University
- 
- P-02** **Study on the Interactive Educational Programme; Second Report. Effectiveness of the International Activity for Health Course Students Studying Abroad**  
*Yuko UESUGI<sup>1</sup>, Kayo OSAWA<sup>1</sup>, Osamu HORIE<sup>1</sup>, Michiko SHINTANI<sup>1</sup>, Naoki NAKAZONO<sup>1</sup>,  
 Yumi TAMURA<sup>1</sup>, Nobuko MATSUDA<sup>1</sup>, Satoshi TAKADA<sup>1</sup>, Hiroya MATSUO<sup>1</sup>, Shoji UGA<sup>1</sup>*  
<sup>1</sup> Kobe University Graduate School of Health Sciences
- 
- P-03** **A Study of Job Search Stressors in Japanese University Students: Effects of Relaxation Program**  
*Yuina KITAMI<sup>1</sup>, Kazuyo MORI<sup>1</sup>*  
<sup>1</sup> J. F. Oberlin University
- 
- P-04** **Awareness of Japanese female University students concerning HIV/AIDS and STD/STI -Awareness of the concerned persons or their supporters who want to be school nurses or health and physical education teachers-**  
*Yumiko YAMASAKI<sup>1</sup>, Akitoshi KONDO<sup>1</sup>, Aki KANO<sup>1</sup>, Teruko HAYASHI<sup>1</sup>, Fumie URAKAWA<sup>1</sup>,  
 Fumiko INOUE<sup>2</sup>, Rie IDEI<sup>1</sup>, Toshiko INOUE<sup>2</sup>, Hideo URAGISHI<sup>1</sup>, Yoshimi HAYASHI<sup>1</sup>,  
 Sachiyo YOSHIKAWA<sup>2</sup>, Noriko SAKATA<sup>2</sup>, Yu MAKIGAWA<sup>1</sup>*  
<sup>1</sup> Sonoda Women's University <sup>2</sup> Amagasaki City Public Health Center

### HEALTH CARE

- P-05** **A Study of the Intergenerational Transmission within Mother-Child -Cognition Scale Child-Drawing for Mother-**  
*Taiko HASHIMOTO<sup>1</sup>, Yuki ICHIJOH<sup>1</sup>, Keiko OOKUMA<sup>2</sup>*  
<sup>1</sup> J.F. Oberlin University <sup>2</sup> Bunkyo University
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- P-06** **A Study of the Dependence in Japanese University Students : SCT Baum-Test Dependence Scale**  
*Yuki ICHIJOH<sup>1</sup>, Taiko HASHIMOTO<sup>1</sup>, Keiko OOKUMA<sup>2</sup>*  
<sup>1</sup> J.F. Oberlin University <sup>2</sup> Bunkyo University
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- P-07** **Aspects of Eating Disorder and Related Issues in Teenagers**  
*Norma Che Yusoff*  
 University of Malaya
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- P-08** **Spiritual Healing Energy: A Complementary Treatment to Heal Health Problems**  
*Jariah ABDULLAH*  
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- P-09** **Actual Conditions of Community Watch Activities in Japan -Considering a Cooperative System of Caseworkers for Children and Other Involved Organizations-**  
*Shinko FUJINAGA<sup>1</sup>, Mieko SASE<sup>1</sup>, Kimika USUI<sup>1</sup>*  
<sup>1</sup> Konan Women's University
- 
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*Chihiro KEMURIYAMA*  
 Research Fellow of the Health Psychology & Welfare Research Institute, J. F. Oberlin University

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*Kiyomi TANIGUCHI<sup>1</sup>, Fumi TAKEDA<sup>1</sup>, Tsunetsugu MUNAKATA<sup>1</sup>*  
<sup>1</sup> Tsukuba University Doctor's Course
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- P-12** **A Study of Nursery Teachers' Mental Health: The Relationship between Social Skills and Efficacy**  
*Michiyo ABE<sup>1</sup>, Toshihiko MOGI<sup>2</sup>, Kazuyo MORI<sup>3</sup>*  
<sup>1</sup> J. F. Oberlin University Healthy Psychology and Welfare Laboratory  
<sup>2</sup> J. F. Oberlin University, Graduate School <sup>3</sup> J. F. Oberlin University

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*Kazuo FUJITA*  
 Bukkyo University, Modern Sociology Dept
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*Takehiko ITO<sup>1</sup>, Tomoko ARAHATA<sup>2</sup>, Noriko IBA<sup>3</sup>, Yohei OTAKA<sup>4</sup>, Tomoe KODAIRA<sup>5</sup>, Emiko WADA<sup>6</sup>, Takeo NAKAYAMA<sup>7</sup>*  
<sup>1</sup> Wako University <sup>2</sup> Palliative Care Partners <sup>3</sup> DIPEX-Japan <sup>4</sup> Graduate School, Wako University  
<sup>5</sup> Seirei Christopher University <sup>6</sup> Formerly Osaka Prefecture University <sup>7</sup> Kyoto University
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*Yuko TSUDA<sup>1</sup>, Miyuki MATSUBARA<sup>2</sup>*  
<sup>1</sup> Hiroshima Cosmopolitan University <sup>2</sup> Japanese Red Cross Hiroshima College of Nursing
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*Toshiko SAWADA*  
 Nagoya City University, Graduate School of Nursing

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*Kyoko YOSHIDA*  
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*Miyuki MATSUBARA*  
 Japanese Red Cross Hiroshima College of Nursing

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<sup>1</sup> Konan Women's University <sup>2</sup> Otoyochō Local Comprehensive Support Center
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*Rosta HARUN<sup>1</sup>, Mohamad Jaafar SULONG<sup>1</sup>, Lim Kuang HOCK<sup>2</sup>*  
<sup>1</sup> Faculty of Environmental Studies, Universiti Putra Malaysia  
<sup>2</sup> Institute of Medical Research Kuala Lumpur
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*Tomoko MORIMOTO<sup>1</sup>, Nanae SHINTANI<sup>1</sup>*  
<sup>1</sup> Gifu University of Medical Science

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 Adeeba KAMARULZAMAN  
 Professor, Head, Infectious Diseases Unit, Department of Medicine, Faculty of Medicine, University of Malaya

**P-23** **Injecting and Sexual Risk Behaviour among Fisherman in Kuantan, Malaysia**  
 Adeeba KAMARULZAMAN  
 Professor, Head, Infectious Diseases Unit, Department of Medicine, Faculty of Medicine, University of Malaya

**P-24** **Relaxation Effects of Hand-Massage on Autonomic Nervous Function and Mood: Comparison of Difference in the Human Relations**  
 Tsuyako SATO<sup>1</sup>, Yumiko YAMASAKI<sup>2</sup>  
<sup>1</sup> Ibaraki Christian University <sup>2</sup> Sonoda Women's University

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 Hiroshi SUGIMOTO  
 Department of Nursing, Faculty of Health Science, Niigata University of Health and Welfare

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 Noriati Mat SOM  
 Dept. of Architecture, Faculty of Architecture, Planning & Surveying, Universiti Teknologi MARA

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 Mitsuhiro AMAZAKI<sup>1,2</sup>, Kazuyo MORI<sup>3</sup>  
<sup>1</sup> Graduate School of International Studies, J. F. Oberlin University, Tokyo, Japan  
<sup>2</sup> Research Fellow of the Japan Society for the Promotion of Science  
<sup>3</sup> College of Health and Welfare, J. F. Oberlin University

**P-28** **Does Smoking Improve Attention and Locomotive Powers?**  
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<sup>1</sup> Kio University <sup>2</sup> Nara Women's University

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 Kikuko OKUDA<sup>1</sup>, Kazuya KONDOU<sup>1</sup>, Katsunori NAKASE<sup>2</sup>, Shin-ichi YAMADA<sup>2</sup>, Keiko AOKI<sup>2</sup>,  
 Mayumi NAKAMURA<sup>2</sup>, Yoshiko GHOGI<sup>1</sup>, Toshie HIROHARA<sup>1</sup>, Chieko FUJII<sup>1</sup>, Hokuma MUNAKATA<sup>3</sup>  
<sup>1</sup> The University of Tokushima <sup>2</sup> Tokushima Medical Association <sup>3</sup> Shikoku University

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 Zeeda Fatimah MOHAMAD<sup>1</sup>, Norshahzila IDRIS<sup>1</sup>  
<sup>1</sup> Department of Science & Technology Studies, Faculty of Science, University Malaya

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 Kyoko KANO<sup>1</sup>, Mieko YAMAGUCHI<sup>2</sup>, Tsutomu KAMEI<sup>3</sup>  
<sup>1</sup> Shimane Prefectural Central Hospital <sup>2</sup> Okayama Prefectural University  
<sup>3</sup> European University Viadrina

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 Jie Zhang  
 Global Environmental Studies of Kyoto University

**Life Health Education from the Viewpoint of the Natural and Social Environment: Case Studies of Deformed Monkeys, Minamata Disease, and Food Additives in Japan**

**P-33** Fumiaki TANIGUCHI<sup>1</sup>, Masao AMANO<sup>2</sup>, Yusuke TORII<sup>1</sup>

<sup>1</sup> Professor, Faculty of Letters, Konan University    <sup>2</sup> Lecturer of Kobe Shinwa Women's University

<sup>3</sup> Master Course of Humanities, Konan University

**Environmental Learning at Kampung Bharu, Kuala Lumpur (1)**

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University of Malaya

# PLENARY ABSTRACTS



PLENARY LECTURE I

**Towards Sustainable Health Promotion in the Glocal Context of Health Care:  
Through Dialogue between Life and the Environment**

Fumiaki Taniguchi

President

Japan Academy for Health Behavioral Science

**Glocal Bioethics**

The phrase *global bioethics* was first proposed by V. R. Potter. Global bioethics can be defined as ecological bioethics and medical bioethics regarding human health, reproductive health/rights, health promotion, human rights and population issues, etc. Ecological bioethics has been used and developed as environmental ethics, while medical bioethics is often termed bioethics. Usually, they have been treated independently, as though they have no relationships between them.

We need to integrate environmental ethics and bioethics into glocal (i.e. global and local) bioethics. Conceptually, we argue that in the long term, glocal bioethics should deal with “global” environmental issues (mainly environmental ethics) and in the short term, with local health issues (mainly medical bioethics).

Accordingly, we argue that Potter’s global bioethics should be changed into ‘glocal’ bioethics, which includes global and local meanings at the same time.

**From the viewpoint of glocal bioethics**

We would like to introduce case studies on life-environmental education such as Minamata disease and deformed Japanese monkeys in Japan, and the HIV centre in Thailand, which we researched. Therefore, we will become to realize the importance of health promotion for global environmental ethics and local bioethics by glocal bioethics.

In order to integrate these concrete cases, we should make an ethical framework, which is closely connected with glocal bioethics. So, we will examine the theoretical implications of the Ottawa Charter for Health Care, and introduce the concrete framework of the Declaration of Healthy Japan 21 (2001) as a case in practice. Consequently, we would like to propose both the ideal and a concrete example of health promotion from the viewpoint of glocal bioethics.

**Cognitive structure of human mind regarding ego-I and Self-I according to the depth psychology**

‘Ego-I’ is the modern way of logical thinking, or the Western way of thinking, and ‘Self-I’ is the holistic way of feeling, or the Asian way of thinking. The Western logic of thinking by cause-effect relations and element-reductionism, with the viewpoint of scientific analysis, sometimes logically contradicts and conflicts between thesis (life, health) and antithesis (environment, illness). Therefore, we have to complement the totality of human feeling with the Asian way of thinking, as a synthesis. In this sense, we need the dialectic logic originally derived from Socratic dialogue, which consists of a thesis (ex. life, health), an antithesis (ex. environment, illness) and a synthesis (ex. sustainable environmental/health promotion). Therefore, the synthesis can be found in the holistic viewpoint of Self-I. We can apply this logic to life-environmental issues.

**Life-environmental education from the holistic viewpoint**

Broadly, we would like to explain the life history of 4 billion years. Life starts from an egg and sperm, then develops a fish-like shape, then an amphibian-like face, then a mammal-like face and finally a human, in a process which shows us the human connection with all life. If we contemplate such life development, we can reflect on the importance of adapted environments corresponding to every life stage. And, needless to say, healthy life is supported by a sound environment. In this way we need life-environmental education from a holistic viewpoint.

**The definition of health promotion**

In order to find a theoretical direction of life-environmental education for health promotion we can make use of the Ottawa Charter for Health Care. The definition of health promotion is as follows: i) health promotion is the process of enabling people to increase control over, and to improve their health; ii) health is seen as a resource for everyday life, not the objective of living; therefore, iii) health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being and to the realization of one's happiness. Prerequisites for health are: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity, which are all related to global public philosophy.

### **Practice of health promotion within a theoretical and ethical framework**

The Ottawa Charter is an ideal that we should practice. This ideal, within the theoretical/ethical framework of the Ottawa Charter, is put into concrete practice in the Declaration of the Health Japan 21, 2001. We would like to introduce a method of participation in narrative dialogue between instructors, or care workers and patients, or the agents. It is not a positive action for the instructor to talk to the patient in a one way communication, more to the point, we need to evolve a clinical narrative awareness by dialogue, in order for the doctor to identify with the patient as part of the same wholistic situation.

### **Propose and Conclusion**

- (1) We argue for integration of bioethics and environmental ethics in order to solve global public problems from the viewpoint of global public philosophy.
- (2) We need life-environmental education for sustainable health promotion from a holistic viewpoint.
- (3) Local health care should use a "bottom-up" approach to public health policy, and then it should give back in a "top-down" manner to the public through dialogue.
- (4) We have to acquire participative knowledge (clinical and field wisdom) through participative dialogue in practice.
- (5) "Since wars begin in the minds of men, it is in the minds of men that the defences of peace must be constructed".  
(Constitution of the United Nations Educational, Scientific and Cultural Organization, 1945)

### ***Biography***

MA (Philosophy and Ethics), Osaka University, 1979

BA (Economics), Konan University, 1969

Prof. Fumiaki Taniguchi is a philosopher in the Department of Human Sciences, Faculty of Letters, at Konan University. He is the Director of the General Institute of the Environment at Konan University. He also serves as President of the Japan Academy for Health Behavioral Science, as Director of International Exchange Committee of the Japan Society of Environmental Education and an Editorial Team Member of *the Trumpeter: Journal of Ecosophy*, Canada. His academic background is in philosophy, ethics, environmental ethics and bioethics. He has worked on environmental education to specialize in the integral systems approach between environmental health and healthy life, also in the bridge between ethical norm and behavioral change. His books include *The Current of Modern Philosophy* (with Gunshi Satomi, Minerva Shobo, 1996) and *Topology of Modern Thought* (ed. G. Satomi, Horitsu Bunkasya, 1991). A parallel and long-standing interest is in establishing networks for global partners in the Asia-Pacific Region. He has organized and participated in many international conferences and seminars. He has been a Visiting Professor at Phranakhon Rajabhat University, Thailand (1997, 1999, 2001 and 2003), at University of Victoria, Canada (1997 and 2003) and at University of Malaya, Malaysia (2009). He also worked as Honorary Visiting Professor at Heibei University (1997-), Peking University (2000-) and Peking University Resource College (2008-), China.

Web: <http://www.nk.rim.or.jp/~fumiaki/>

PLENARY LECTURE II

**Well-being and Religion**

Wan Azman Wah Ahmad  
Professor  
Medical Centre  
University of Malaya  
Malaysia

Irrespective of time, geographical location and social status we all exist in this world via the womb of our mother, similarly our Creator who is our Sustainer, Provider, Protector and Benevolence have given us religion as a way of life for our well-being and success in this life and the everlasting life to come. To understand the importance of religion for our well-being look around us. Every day we encounter with so many machines either – small, simple or big and complex. This machine however small, it comes with manual or instruction from the manufacturer how to use this machine. If we follow the manual then we obtain the optimum benefit from this machine. If the machine is complex and costly than it not only come with manual but the manufacturer will sent an engineer or instructor. If we use this machine according to the manual and the guidance of the instructor then we can maximise the benefit of this machine. Similarly human being is the most complex and sophisticated machine in the world which consist not only physical component but links with mind and emotion. Surely to get the most benefit of this human body and for total well-being our Creator has given us the manual that is Kitab such as Taurat, Zabur, Injil and Quran (Old Testament, bible and Quran) and sent his Messengers (Prophets) for our guidance, well-being, happiness and to be successful. Our Creator is so Merciful and want us to be successful and have a good life so he sent 124,000 Messengers or Prophets to different nation, locality and at different time for this purpose. History has shown us that whoever accepts the call of the prophets and leads the life instructed by them obtained good life and was successful. Whoever disbelief in the prophet, reject his call and leads the life of his own desire and passion, his life ended in misery, failure and destruction. Good life and well-being is when you have peace of mind, blessing in your time, family and provision. You are love by people and your prayers are accepted by God. Our Creator has kept the secret of total well-being and success of human being upon the internal treasures, success and failure is another name for the human internal condition. Success and failure is not a name of external shapes and objects. Dignity and dishonour, happiness and problems, tranquillity and anxiety, health and disease, are human beings internal condition. The improvement and deterioration of internal conditions is not related to external shapes and materials. Our creator can bring disgrace even in the presence of kingdom and wealth, and he can bring honour, even in the state of poverty. A human internal treasure is his faith in his Creator and action that pleases his Master. If his inner actions are good then our Creator will create a state of inner success, even if material possession is totally exhausted. Even in this era of material and scientific advancement and improvement in social economic status considerable research has emerged that demonstrate the benefits of religious practice within society. Religious practice promotes the well-being of individuals, families and community. In addition, religious practice leads to an increase in physical and mental health, longevity and education attainment. Moreover, these effects are intergenerational, as grandparents and parents pass on the benefits to the next generations.

INVITED LECTURE I

**Realizing Sustainable Health Promotion in the Context of  
Global Public Health and Future Challenges**

Darryl Macer

Professor

Regional Unit for Social and Human Sciences in  
Asia and the Pacific (RUSHAP) UNESCO, Thailand

What future do we want? The pursuit of a good life is a goal that all persons can hope for. We can consider the four imperatives of love for ethics, as self-love, love of others, loving life and loving good. Love is not only a universally recognised goal of ethical action, but is also the foundation of normative principles of ethics. Global responsibilities for promotion of health for all (not only humankind) is necessary for our sustainable future.

Modern technology has been a catalyst to reawaken social interest in ethics, but do we need a new ethics to cope with the challenges of modernity and globalization? The underlying heritage of ethics can be seen in all cultures, religions, and in ancient writings from around the world. We in fact cannot trace the origin of bioethics back to their beginning, as the relationships between human beings within their society, with nature and God, are formed at an earlier stage than our history would tell us. Ethics is learning how to balance different benefits, risks and duties. In recent decades renewed impetus has been given to ethics through its application to consider the challenges of new technologies in life sciences and medicine. Bioethics includes ethical issues related to all branches of knowledge, including the environment, life sciences, and medicine and associated technologies. Concepts of bioethics can be seen in literature, art, music, culture, philosophy, and religion, throughout history.

Moral dilemmas face everyone of us. There have been numerous books written to explain moral theories and how these can be applied to dilemmas we face in medicine, daily life and a range of professions. Critical thinking capacity is essential for empowering persons to cope with changing times. Participation can promote the creation of ideas and individuality, which we all need in the era of globalization. Public health requires individual choices over diet and lifestyle as primary determinants of lifetime risks. After examining the goals of bioethics education for knowledge, skills and personal moral development, methods to educate will also be shared.

Sound policy and policy review is also essential for sustainable health promotion. Examples of genetic medicine and predictive medicine will also be taken. There have been debates in almost every corner of the globe over the ethical issues of genomics and gradual increase in the internationalization of the issues being discussed. Despite the unanimous acceptance of international declarations relating to ethics of genomics and human rights in UNESCO, and related international instruments by other UN agencies, there are gaps in the implementation of these standards into national laws and guidelines in many countries.

This paper will discuss the situation relating to implementation of ethical standards for health promotion, and the accompanying debates, in particular in the Asia and Pacific region. Strategies to better implement these standards will be compared, along with identification of the gaps between needs of different sectors of the communities in countries at a range of different socio-economic levels.

INVITED LECTURE II

**Malaysian Society and Health:  
Issues and Challenges in the 21st Century**

Prof. Dato' Dr. Mohd. Amin Jalaluddin  
President  
Asian Pacific Academic Consortium Public Health  
Malaysia

Malaysia, like many aspiring developing countries, is undergoing a health transition that has seen the concomitant decrease in communicable diseases and increase in chronic diseases due to urbanization, modernization and ageing population. Health in the Malaysian society will thus increasingly focus on emerging problems that are both chronic and infectious in nature, such as, heart disease, diabetes, cancer, mental health, hepatitis and HIV/AIDS. Re-emerging diseases previously well-controlled, such as, tuberculosis for instance is another addition to these immediate health issues facing Malaysian society today.

Despite the tremendous health gains and above average health status that Malaysians now enjoy, we are compelled to take stock of these urgent issues as well as to anticipate and handle serious challenges to our health in the 21st century. In this paper, we review the changing trends and discuss related challenges in disease pattern, environmental health, demographic impacts on health, migration influxes and health, effects of globalization on health, mental health and wellness as well as fundamental access and equality in health care.

Being proactive, resilient and innovative, Malaysian society would forge ahead towards our Vision for Health in this new era. (*JUMMEC 2003-2005*; 8: 2-8)

INVITED LECTURE III

**Narrative Practice: Creating New Storylines in Aboriginal Communities**

Barbara Wingard  
Dulwich Centre Foundation  
Australia  
[www.dulwichcentre.com.au](http://www.dulwichcentre.com.au)

Barbara Wingard is the author of the influential book 'Telling our stories in ways that make us stronger'. In this keynote, Barbara will tell the story of how she and other Aboriginal Australian practitioners are engaging with and developing new forms of narrative therapy and community work.

She will trace the history of the use of collective externalising conversations and how this way of working has proved influential in health promotion in relation to Diabetes. Inviting community members into 'conversation' with the character of 'Sugar' (Diabetes) has made it possible for new ways of understanding to emerge.

This keynote will also tell the story of how a range of different Aboriginal communities in Australia are now sharing their special skills, knowledges and stories of ways of dealing with hardship. These stories were titled by one elder as 'These stories are like a healing, like a medicine'. Barbara will share stories from three different Aboriginal communities – Port Augusta, Yirkala and Hermannsburg and explain how these ways of sharing stories represent a respectful and effective form of 'health promotion'.

Narrative practices provide the opportunity for people to see themselves as separate from problems and for sharing their skills and knowledge. For more information see [www.dulwichcentre.com.au](http://www.dulwichcentre.com.au)

**About the speaker**

Barbara Wingard has been involved with Dulwich Centre since 1994 when she played a key role in the 'Reclaiming our stories, reclaiming our lives' gathering for Aboriginal families who had lost a family member due to deaths in custody. Barbara was one of the first group of Aboriginal Health Workers trained in South Australia. She is the co-author, with Jane Lester, of the influential book *Telling our stories in ways that make us stronger*. Barbara is one of the teaching team of the Dulwich Centre Foundation. Barbara was named South Australian Elder of the Year (Female) in 2009.

INVITED LECTURE IV

**Burden of Disease and Policy on Health in Malaysia**

Lokman Hakim Sulaiman  
Disease Control Division  
Ministry of Health  
Malaysia

It is unfortunate that despite all of the efforts that has been undertaken since early 1990s, the prevalence of non-communicable diseases (NCD) and NCD risk factors continue to increase at an alarming rate in Malaysia. The Malaysian Burden of Disease Study in 2004 also demonstrated the huge burden of NCD in the country. This poses a huge burden to the public health system; for example we already have approximately 600,000 diabetes patients on active follow-up at MOH Health Clinics, contributing to approximately 10% of total out-patient attendances. A situational analysis on the current NCD prevention and control programmes and activities in Malaysia, using tools provided by WHO, has shown that although Malaysia fulfills most of the indicators, the programmes on NCD are almost exclusively confined within the health sector and appears disjointed when it comes to inter-sectoral collaboration. There is also a lack of policy and regulatory interventions in creating a health-promoting built environment in Malaysia, utilising the whole-of-government approach. In addition, the participation of civil community and NGOs is not well developed. In line with recent WHO mandates on NCD prevention and control, Malaysia is in the final stages of publishing the Malaysian National Strategic Plan for Non-Communicable Diseases (NSP-NCD). NSP-NCD contains seven action areas to address the various 'deficiencies' in Malaysia's NCD prevention and control programme, and presents a way to operationalise existing knowledge and current scientific evidence in reducing the burden of NCD in Malaysia in a **sustainable manner**, while taking into account the national, social, cultural and economic context of Malaysians. The challenge now for Malaysia is not just technical, but political. How can you convince other stakeholders within and outside of the health sector that NCD prevention should be placed high on their agenda? Scientific evidence by itself is definitely not good enough. Within the health sector itself: How can we re-orient and strengthen existing healthcare systems to cater for the increasing burden of NCD at the primary care level?

INVITED LECTURE V

**For Improving the Sanitation and Foods of Developing Countries**

Yoshihisa SHIMIZU

Research Center for Environmental Quality Management,  
Department of Urban Environmental Engineering  
Graduate School of Engineering,  
Kyoto University

**Abstract**

This lecture is about sanitation for the future, in a world where most people will live in towns and cities. Over next 25 years the world's population is expected to reach 9 billion, with 6 billion living in urban areas. More than half of the 9 billion will face water shortages and 40% of the urban population might be living in slums. Already today, billions of people in urban as well as in rural areas, have no proper sanitation.

With this in mind, an international group of planners, architects, engineers, ecologists, biologists, agronomists and social scientists have developed an approach to sanitation that saves water, does not pollute and returns the nutrients in human excreta to the soil. We call this approach "ecological sanitation," or "eco-san" for short.

Leaders, professionals and communities are currently faced with two options: expand existing sanitation approaches, with all their limitations and weakness, or seek entirely new solutions. Existing approaches to sanitation are not viable or affordable to the vast majority of people, neither do they offer people an approach towards a sustainable society.

Ecological sanitation is based on three fundamental principles: preventing pollution rather than attempting to control it after we pollute; sanitizing the urine and the feces; and using the safe products for agricultural purposes. This approach can be characterized as "sanitize-and-recycle." This approach is a cycle – a sustainable, closed-loop system. It treats human excreta as a resource. Urine and feces are stored and processed in site and then, if necessary, further processed off site until they are free of disease organisms. The nutrients contained in the excreta are then recycled in agriculture.

**Yoshihisa SHIMIZU**

Professor, Research Center for Environmental Quality Control, Kyoto University, Japan  
PhD. from Environmental Engineering Program, Department of Civil Engineering, The University of Texas at Austin, USA

PANEL DISCUSSION

**Dialogue between Religion and Science regarding Bioethics for  
Well-being and Human Security at the Glocal Level**

Azizan Baharuddin  
Director  
Centre for Civilisational Dialogue  
University of Malaya, Malaysia

Today Bioethics is a rapidly expanding fields in line with the rapid expansion and development of many types of biotechnologies. The 'ethical' dimension of bioethics goes beyond the realm of simple matter and scientific empiricism. The presentation will look at one example of bioethics that is being "developed" through the socio-cultural values of the Muslims in Malaysia. This paper will first of all define bioethics and explain why it is important. After this "dialogue" and "religion" will be defined and the relationship between Science and religion explained. Finally the paper will discuss how dialogue between Science and religion can inform a discourse on bioethics for well being.

PANEL DISCUSSION

**Disaster and Human Security**

Benjaporn Panyayong, M.D.  
Ministry of Public Health  
Department of Mental Health  
Thailand

During recent decades, millions of people have been adversely affected and billions dollars of properties lost from disaster. Disaster is a serious disruption of the functioning of society, causing widespread human, material or environmental losses which exceed the ability of the affected people to cope by using their own resources. Catastrophic consequences of disaster are personal trauma (injury, illness, and death), damage to or loss of essential life supports (water, food, shelter), displacement, damage to or loss of health facilities and infrastructures, and high psychological stress. Disaster affects all aspects of human security including personal, food, community, health, economic and environment security. Environmental health hazards are closely associated with disaster. Beside providing for the basic needs and health services for the affected people, especially homeless and displaced people, helpers have to consider sanitation, waste management and vector control.

During and after disaster, people are often highly distressed and helpers have to be concerned about rumour and misinformation, and also media and international aids to prevent re-traumatizing the affected people. To assure human security during relief and recovery phases services should be easy to access, equitable and covering all the affected groups especially high risk groups.

In summary, disaster affects social groups and results in such material and human losses that resources of the community are overwhelmed, and therefore, the usual social mechanisms to cope with emergencies are insufficient. The best way to prevent and mitigate this human insecurity is to create emergency and disaster preparedness at all levels (local, provincial, national, and international).

**Dr Benjaporn Panyayong** Current position is senior child psychiatrist of the Department of Mental Health, Thailand. Dr Panyayong was a Director of Mental Health Recovery Centre, a unit setting up for rehabilitation of Tsunami affected people. She also had experience as a Thai medical team for disaster relief mission in the Union of Myanmar after Cyclone Nargis.

She was in charge as head manager of child traumatic stress projects for children who affected by continuous insurgency in the deep South of Thailand. Dr. Panyayong's personal interest in the area of school mental health and child protective services. She has involved in a member of the sexual abuse network in cooperation with non-government organization, and other agency and a member of the child witness training program for social worker and psychologist in Ministry of Public Health. Dr. Panyayong is the recipient of research awards the Royal College of Psychiatrist and The Psychiatric Association Thailand. She was also awarded the Medical Women Award of the Year 2002 from the Thai Medical Association.

PANEL DISCUSSION

**Man-made Disasters and PTSD**

Naoyasu Motomura, MD  
Professor of Psychiatry  
Osaka Medical College

Disasters are a fact of life. There are some we cannot stop, such as the forces of nature. However we can do much to minimize the impacts through careful planning & organization. It is also an observed fact that Man-made disasters often inflict greater rates of psychological sequelae than natural disasters. Therefore, I should like to focus a man-made disaster in this talk.

Firstly, I want to make some brief remarks about the historical context of the topic. Then I shall discuss the lessons learned both from research & empirical experience. Finally I shall outline ways for Mental Health Agencies to participate in prevention & intervention work with other agencies to enhance the preparation for disasters, when they occur.

My own experience in this field has been both a practical level & also at an organizational level. I was thrust into this type of work following a massacre in 2001, which had a profound effect on the local community & also one school in particular.

Finally, I present our activities for PTSD patients after man-made disasters.

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PANEL DISCUSSION

**Telling Our Stories in Ways That Make Us Stronger: Narrative Therapy**

Barbara Wingard  
Dulwich Centre Foundation  
Australia  
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How can we enable people to see themselves as separate from the problems they face? How can we enable people to be the experts on their own lives? How can we assist people to tell their stories in ways that make them stronger?

Barbara Wingard is an influential figure in the development narrative therapy and community work practices with Australian Aboriginal communities. On this panel, Barbara will share her perspectives and stories from work within a wide range of communities dealing with problems including diabetes, grief, alcohol, and considerations of violence.

PANEL DISCUSSION

**Glocalisational Bridging Human Security,  
Well-Being and Environmental Health**

Habib Chirzin

Director

Centre for Peace and Human Security Studies

Hamka University

Indonesia

Indonesia is known to have among the richest in the biological diversity in the world. Although Indonesia occupies 1.3% of the earth's surface, it has 17% of the total species of the world. Biodiversity is an important resource for social-cultural and economic life of Indonesian people. Some 40 millions Indonesian depend upon biodiversity for their livelihood, relying on forests, marine, coastal resources and agriculture. Communities use more than 6000 species of plants and animals for their daily life (MNLH 1993). Rapid economic development, particularly around major population centres results in large amounts of sewage and industrial pollution, causing the decline of many reef areas especially those near growing cities such as Jakarta, Ambon and Makassar. There are also environmental problems linked to rapid urbanization and economic development, such as air pollution, traffic congestion, garbage management, and reliable water and waste water services. If the earth's ecosystem is to continue to support human health, each community needs to maintain public health and provide healthcare in ways that will sustain the earth's ecosystem. In the long term, human health requires a healthy global ecosystem. And now the health problems are already environmental in origin. Health security is now closely interrelated with the ecological security and economic well being. Human security is an evolving principle for organizing humanitarian endeavours in the tradition of public health. It places the welfare of people at the core of programmes and policies, is community oriented and preventive, and recognizes the mutual vulnerability of all people and the growing global interdependence that mark the current era. Health is a crucial domain of human security, providing a context within which to build partnerships across disciplines and sectors. Indonesian experience in the glocalization of environmental health, well being and human security is worth to be shared and further discussed.

DIALOGUE SESSION A

**The Efficacy of the Practice of Surah Yaasin  
Recitation in Reducing Stress Levels**

Anas Bin Mohd Yunus  
Universiti Sultan Zainal Abidin (UniSZA)  
Malaysia

Mohd Rahim Bin Ariffin

Zulkifli Bin A. Manaf

Mohd Shahril Othman

The purpose of this study is to assess the efficacy of the practice of surah Yaasin recitation from the al-Quran in reducing stress levels among selected students in an institution of higher learning in Kuala Terengganu. A total of 120 students from four faculties will be selected to participate in this study. They will be randomly assigned into three independent groups of equal size (n=40). One group will be the control group while the other two groups will be identified as the experimental groups. One of the experimental groups will be instructed to listen to the MP3 recording of the surah Yaasin following a specified schedule similar to the other groups. The other experimental group will be instructed recite the surah Yaasin from the al-Quran for 10 consecutive nights at a specified time. The control group will be provided with the MP3 recording of the Ruqyah Syar'iyah verses and they will be instructed to listen to the Ruqyah following the same schedule as the other groups in the study. The activities of listening to the surah Yaasin or Ruqyah verses listening or the recitation of the surah Yaasin will be monitored by the researchers and a detailed record of the activities will strictly follow an agreed upon schedule. The informed consent and commitment of the participants will be procured before the commencement of the experiment. On the onset of the experiment, all participants in all the three groups will be given a self-report instrument to assess their stress levels. This instrument is an adapted version of the Gadzella's (1991) Student's Life Stress Inventory (SLSI). At the end of the experiment, the participants will be given the same inventory again to assess if there is any change in their stress level. The measure of stress level is indicated by the composite score of the instrument. The items in the instrument will be rated using a five point Likert scale where a value of 1 indicate strongly disagree and a value of 5 indicate strongly agree to the items in the instrument. The mean of the composite scores will be used as the dependent variable. The resultant analysis will indicate if there is any significant difference between the scores of the three independent groups formed for the study. This study will utilize the quasi-experimental design. Using the one-way ANOVA procedure, the results will indicate if there is any significant difference in the stress levels between the control and experimental groups. The independent t-test procedure will be performed to see if there is any difference in the stress level between the genders. If there is any significant difference in the stress levels among the groups of participants in the study then it will provide some evidence regarding the efficacy of the practice of surah Yaasin recital in reducing stress levels among participants of the study. This in turn will validate the credibility of the widespread use of surah Yaasin in spiritual healing in the Muslim society.

DIALOGUE SESSION B

**Unani Medicine as a Form of Islamic Medicine:  
Issues of Islamicity**

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Emeritus Professor  
Deputy CEO  
Institute of Advanced Islamic Studies (IAIS)  
Malaysia

***Abstract***

In this paper, the term “Islamic medicine” is used to embrace a wide range of medical beliefs and practices prevalent in Islamic civilization for centuries. Scientific medicine associated with such names as al-Razi, Ibn Sina and Qutb al-Din al-Shirazi and prophetic medicine are the most important components and forms of traditional Islamic medicine. One of the most popular scientific-religious medicines in Islam which survives to this day on an extensive scale especially in the Indian sub-continent is what is known as “unani medicine.” Since “Islamic medicine” is a contested term in contemporary discourse on medical beliefs and practices in Muslim societies, this paper seeks to address the issue of the criteria of Islamicity insofar as these pertain to medicine.

From the point of view of this paper, the two most fundamental criteria of the Islamicity of medical beliefs and practices – as generally true of Islamic science – are conformity to the principle of unity (*al-tawhid*) at the level of ideas and conformity to the Islamic divine law (*al-shari’ah*) at the level of practices. It is argued here that “unani medicine” in both theory and practice fulfills the above criteria of Islamicity. In other words, unani medicine is fully justified to be regarded as an authentic form of Islamic medicine and as a living legacy of traditional Islamic medicine which once helped to make Islam a proud civilization.

DIALOGUE SESSION B

**Medicinal Healing vs Mental Healing**

Dalina Ismail  
Principal Consultant  
Quin Consult  
Malaysia

Healing means the act to cure and become healthy and normal again. Medicinal Healing refers to healing methods with the use of traditional or modern medicines. Mental Healing refers to interventions with the use of Mental or Metaphysical techniques instead of medicines. I will be speaking on Mental Healing since it is the area I am more familiar with. People become sick because of too much programming from outside taken in by the Conscious Mind, and kept at the Sub-Conscious. Anything at the Sub-Conscious will be labeled as memory and become functionally and physiologically true. It will eventually cause an imbalance in the body and create illness. Before we can proceed to Mental Healing, we have to know how the Mental part looks like, it's location and how it functions. Participants will be given some ideas on the structure, functions and specialities of the mind. Conscious and Unconscious Mind play very important role in the development and competency of the Sub-Conscious Mind that relates to our Mental. From history we know that people have been using Medicinal Healing as well as Mental Healing long before modern time. Medicine, definitely was the first choice as an intervention; may it be using fresh herbs or powder processed from natural food. Mental Healing was less known to the public, and sometimes called Spiritual Healing; practiced by very few people. Now, mental Healing has become very popular, and they are labeled according to the different approaches. Famous practices and teachings of Mental Healing are Meditation, Yoga, Reiki, Silva Mind Control, Neuro-Linguistic Programming, Hypnosis, Time Line Therapy, Deepak Chopra's, Qigong, Emotional Freedom Technique, Aura Cleansing, Psychic Healing, Quranic and Shamanic Healing, etc. Mental Healing becomes popular because of human nature that is inclined to its own resources from inside; it is cheap, mystically interesting and proven effective. Furthermore the cure is long-lasting and normally leads to a spiritual awakening. Nevertheless Mental Healing Practitioners have to observe the ethics of doing healing which are; you only do it if you have the permission, if the client requested, or if the patient is your responsibility. The speaker will spend some time to share some Healing Techniques from Neuro-Linguistic programming and those related to it.

DIALOGUE SESSION C

**Narrative Approach**

Akira Nakagawa MD.  
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Department of Human Environment  
Osaka Sangyo University  
Japan

**Abstract**

Why narrative?

One of our chief aims in this workshop is to introduce sophisticated ideas or techniques about narrative to ordinary working clinicians, nurses, and another medical staffs, in a way that is immediately useful without being too simplistic. We explain the basics as follows:

A narrative approach is based on the idea that we are always continually making meaning, for ourselves and for others, by putting our experiences into the form of stories. Sometimes these stories are just brief fragments (e. g. ‘I fell over this morning’) and sometimes they are far more complex (‘I slept really badly last night because I was so worried about my job interview and on my way into the building I was so distracted that I tripped over...’). However simple or complicated they are, they share many of the features of literature including plot, motive, character and so on. People have a compelling need to tell them and this helps them establish their identity at any time.

These stories are never static and they never exist in isolation. They are in a constant state of evolution: they change each time we tell them, and according to who we are talking to. We continually create our realities in conversation with people around us. Families, societies and cultures are defined through their shared stories. In other words, our understanding of the world is always ‘dialogical’ in its origins and can be developed further through dialogue. However, some stories can get ‘stuck’ : they become repetitive, and stereotypical. Such stuck stories often contain elements of helplessness, or victimhood.

These ideas can be very useful in medicine, particularly when used in combination with other more familiar ways of thinking about the world such as evidence based medicine, clinical science, psychodynamic understanding etc. A narrative approach values all of these but not as absolute truths. Instead, it sees them as helpful sources of possible meaning that may or not make a difference to someone’s story. It encourages us to see different discourses as sources of helpful ideas, and lets us move flexibly between these. In some cases, a straightforward medical story may be the only sensible one that is worth considering. However, in primary care it is very often helpful to encourage ‘polyphony’: not just looking for the single explanation, but exploring the many different stories that the patient can tell about the same experience, and the different stories that the practitioner can offer. Agreed ‘truths’, or solutions, are established by the process of dialogue.

MORNING SEMINAR  
KEYNOTE I

**HIV Prevention, Treatment and Care to the Marginalised  
Communities in Malaysia: Advances and Challenges**

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President  
Malaysian AIDS Council  
Malaysia

With well over 80 000 reported cases since the first reported case of HIV and AIDS in the mid 80s, Malaysia continues to experience a significant HIV epidemic particularly amongst the marginalised communities especially people who drugs, sex workers and transgender. Classified as having a concentrated epidemic with each of these groups having an HIV prevalence of 22.5%, 10.5% and 9.7% respectively significant prevention and treatment efforts need to be focused on these groups to mitigate the spread of the HIV epidemic in this country. Although seemingly lower in prevalence compared to the other marginalised groups, HIV infection amongst men who have sex with men (MSM) is also showing a rising trend in recent years.

Over the last 5 years, efforts to reduce the spread of HIV amongst and from people who inject drugs have begun through the implementation of needle and syringe exchange programs and methadone maintenance therapy. These programs are at present being scaled up across the nation. Much of the implementation of these programs in particular the needle syringe exchange programs are dependent on community involvement and empowerment with programs being implemented by community-based organisations around the country. Although much smaller in scale, HIV prevention programs to sex workers and transgender are similarly implemented largely by community based organisation through outreach programs and drop in centres that are run by the communities themselves.

Significant challenges remain in Malaysia's efforts to confront the HIV epidemic amongst the marginalised communities largely due to issues surrounding socio-cultural and community acceptance of these groups, legal and policy environment and capacity. A multi-sectoral and comprehensive effort is required to seriously address the HIV epidemic in Malaysia that has to transcend the biomedical model of prevention, treatment and care.

MORNING SEMINAR  
KEYNOTE II

**Migrant Health: Access to HIV Prevention, Treatment and  
Care for Migrant Populations in Japan**

Tadaharu Nakao  
Professor  
Yamanashi Gakuin University  
Japan

**Issues:** While Anti Retrovirus Treatments access in the Asian Pacific has improved recent years, many Asian Pacific migrants living in Japan remain unaware of these changes. Language and financial difficulties and strong stigma and discrimination delay their access to health care. Moreover, when migrants do go to hospitals, many health professionals are still reluctant to provide health care to migrants PLHIV due to lack of information.

**Description:** Through the collaboration among NGOs, local governments and others, training seminars were organized for health professionals of prefectures with many migrants. Trainings provide information about public subsidization programs, NGOs activities, and treatment in migrants' home countries while also promoting medical interpreter use.

Since 2006, we have held 15 seminars in 10 prefectures, which targeted 641 participants (mainly social workers and nurses). We were able to impart knowledge relevant to migrant people living with HIV care. As result, migrant PLHIV treatment access, repatriation support, and interpreter use improved, and thus migrant treatment adherence increased.

**Lesson Learned:** Utilizing existing subsidy programs while cooperating with NGOs and using interpreter dispatching is an effective strategy for improving migrant PLHIV treatment access.

**Next Steps:** However, regional healthcare access variability remains. Multiparty and international cooperation are required to thoroughly connect migrant PLHIV with treatment.

**Keywords:** HIV, AIDS, PLHIV, migrants, prevention, treatment, care, Japan

**Tadaharu Nakao** is a professor of Sociology and Social Problems at Yamanashi Gakuin University, Department of Management Information. And is also the Head of Research Project on HIV Prevention among Migrants Living in Japan, Grant supported by the Ministry of Health, Labor and Welfare, Japan



# ORAL ABSTRACTS



A1-1

## MEDICAL SOCIAL WORKER SUPPORT FOR PATIENTS' ECONOMIC PROBLEMS

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### Introduction

In Japan, Government national policies controlling medical expenses have differentiated hospital functions, and promoted early discharge. Therefore, Discharge-Nurses and Medical Social Workers (MSW) have conducted screening of patients' problems, yet they lack evidence-based solutions to a range of economic problems. Research to date has focused on analyses of MSWs' social support techniques, rather than on the substance of patients' economic problems. This presentation examines how MSWs can address patients' economic problems.

### Methods

The research subjects were 92 patients with economic problems from April 2008 to March 2009. From their case records and clinical records, we statistically analyzed data of patients' and families' needs and MSWs' support.

### Results

In intake-interviews, among patients' and families' responses, 33.7% refused hospital discharge and use of home care service. Repeated MSW interviews (N=383) revealed their major problems to be that 31.1% had no knowledge of social services or supports, and 23.8% were unwilling to impoverish themselves. Analysis of MSW activities that addressed these problems valued their creation of environment facilitating professional team approaches (N=642). A high ratio was occupied by facilitating administrative organs. Most MSW activities could be categorized as either empowerment of personal autonomy (N=1074) or construction of support systems (N=1296).

### Conclusion

Facing economic problems, MSWs constructed support systems through their professional relationships, respecting patients' and families' autonomy. Future research must promote the best use of MSWs' specialized knowledge to address economical problems.

### Key words

Medical Social Work (MSW), economic problems, facilitating, team approach

A1-2

**SOCIAL CONSTRUCTION OF HIV/AIDS IN MALAYSIAN PRINT MEDIA:  
A COMPARATIVE ANALYSIS OF MALAY AND ENGLISH NEWSPAPER HEADLINES  
FROM 2007-2009 ON KEY POPULATIONS AT HIGHER RISK FOR HIV**

Martin CHOO<sup>1</sup> Adeeba KAMARULZAMAN<sup>2</sup>

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<sup>2</sup>Professor, Head, Infectious Diseases Unit, Department of Medicine, Faculty of Medicine, University of Malaya

**Background:** Media headlines inadvertently influence public perceptions and socially constructed meanings of HIV and AIDS by framing readers' perspectives. Unchecked, they can stigmatise those most vulnerable to public perceptions and compound discrimination. This study analyses print media headlines of HIV and AIDS-related content on vulnerable populations; and compares between Malay and English publications.

**Methods:** Content analysis was carried out on all HIV and AIDS-focussed content from 6 Malaysian newspapers (3 English/Malay) between 2007-2009, totalling 710 headlines. Sampling of media was purposively based on highest rates of circulation. The analysis concentrates on the use of language in framing HIV and AIDS amongst people living with HIV (PLHIV) and most-at-risk populations (MARP); comparing good practice guidelines from the International Federation of Journalists (IFJ) and UNAIDS.

**Results:** 12.5% of newspaper headlines used denigrating or inappropriate terminology in publications on HIV and AIDS; a situation significantly associated with Malay print media ( $\chi^2=19.496$ ;  $p=0.000$ ). In relation to PLHIV (n=176), both English and Malay publications fail to adhere to reporting guidelines ( $p<0.001$ ). Based on cumulative cases of inappropriate terminology usage, 45.7% (English) and 51.9% (Malay) occur in conjunction with headlines concerning PLHIV. In reporting on MARP (n=199), both English and Malay publications significantly contravened acceptable reporting standards ( $p<0.05$ ). However, misuse of terminology was more significantly associated with Malay media ( $p=0.001$ ). 49.2% of MARP focussed in Malaysian media are youth and children.

**Conclusion:** Inappropriate language used to frame Malaysian publications on PLHIV and MARP is pervasive. The most common misuse of terminology conflates HIV or AIDS with the person being described; the illness becomes, in effect, his or her prevailing label. In response to the government's call for increased media participation in HIV intervention, more reflexive and accountable portrayal of HIV and AIDS is imperative. The principles of minimising harm should always prioritise over sensationalism.

A1-3

## **INTRODUCTION OF NAIKAN THERAPY AS A PRECURSOR TO NARRATIVE BASED APPROACH**

Nakagawa, Akira  
Osaka Sangyo University

Naikan is used as a traditional therapy and way of training buddhist monks in Japan.

It's challenging to complete the full week of the therapy. It involves an interviewer and patient. The interviewer returns to the patient to ask about the three themes every 2 or 2 and a half hours for only 5 minutes or so.

The patient has to report in detail to an interviewer about Naikan's themes in relation to the object person, that is the patient's mother, caregiver or family member, etc.

The 3 themes are:

Number 1: How you have been cared for and what you have received from the object person.

Number 2: What you have given back to the object person, and

Number3: How you have caused trouble or problems for the object person.

The actual methodology is very simple, but the results are incredible. By the end of the week, the patient resembles an entirely different person.

I suppose that Naikan therapy makes patients more reflective, and also helps them to easily access their own narratives.

This time, I will give a case 27y.o woman who had been suffered anorexia nervosa for 10years. She experienced Naikan therapy just before my treatment of her.

A narrative therapist must not face the patient as a specialist. Instead, the therapist should play the role of a listener. If the therapist remains a listener, the client is no longer a patient, but can be reborn as a lively "story teller".

A2-1

## **PATIENTS' OWN EXPLANATORY MODEL OF THEIR ATOPIC DERMATITIS: INTERVIEWS ON EXACERBATION FACTORS**

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### **Introduction**

This study was designed to explore patients' own explanatory models of the factors that exacerbate their atopic dermatitis (AD). Among the concepts that constitute their explanatory models, we focused on exacerbation factors.

There are various exacerbating factors of AD. (e.g., problems of their skin, allergies, climate, and psychosocial factors, such as human relationships or work.) In Japan, psychosocial factors largely account for the increase and stubbornness of adult AD today. This study examined the factors that patients thought exacerbated their AD.

### **Methods**

A semi-structured interview was conducted with adults with AD at an inpatient dermatology hospital in Kyoto, Japan. We interviewed 9 patients, for 40-80 minutes per patient. Their age ranged from 17 to 40; 3 were male, 6 were female; their occupations were students, salaried workers, and housekeepers. We asked them questions like, "Have you ever thought about factors exacerbating your AD?" and "What do you think aggravates your dermatitis?"

### **Results**

Only 2 of 9 patients could identify factors exacerbating their AD; one identified diet, and another identified stress. Both provided these answers based on their own experiences. However, other patients could not identify causal factors. Three applied generalized theories (viz.: modernized lifestyle, air pollution, or their own constitutions) as the causes of AD. Three other patients had received no explanation from their doctors about exacerbating factors; among them, one commended the doctors' avoidance of causes as fostering a holistic viewpoint. One narrative confronted the question, "Why must I have AD?"

### **Discussion**

7 of 9 patients could not identify factors exacerbating their own AD. Three reasons may be adduced to explain this unexpected disinterest in their own conditions.

The first reason is their reduction to a biomedical model. The narrow biomedical model explains only the methods of treatment for organic problems. Such biomedical model 'eschews the aspect of bafflement of suffering much as it turns its back on illness' (Kleinman, 1996).

A second reason may be that Japanese tend to believe in "my very own illness. This refers to an illness that a person carries throughout life (Ohnuki, 1985), and it is linked with constitutions. Japanese patients can fall back on this concept to explain the factors exacerbating their AD, again eschewing the aspect of bafflement.

Thirdly, Japanese patients are more concerned with the pragmatic issues of how they can be cured and whether they can be cured than with psychosocial reasons for their AD. If they find hope for a cure, they need not consider reasons for their illnesses.

Particularly many Japanese tend to consider their AD "my very own illness." We need to explore more about their construction of this concept.

A2-2

## THAI PERSPECTIVES ON ABORTION

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Abortion in Thailand is formally illegal except for the reasons of rape, damage of the fetus or mental health grounds. Despite restrictive abortion laws, an estimated 200,000-300,000 abortions take place in Thailand every year. Many of these are performed in illegal clinics which have no legally enforced standards, and often by untrained practitioners. This is the first ethical issue, that many abortions are performed with unsafe methods, and continues to be an issue requiring policy review.

The current abortion law in Thailand has been the focus of public and political debate a few times in the last decades, however those opposed to liberalization of the law have managed every time to let it remain as it is. What are the reasons for this and what is the view on abortion in Thai society? Some think that liberalized abortion is a threat to Thai culture and the gendered narratives it creates about the nation.

Thailand is a country where Buddhist thought is highly influential and where 96 per cent of the population claim to be practicing Buddhists. According to Buddhist belief, to abort is seen as a sin, as it is killing of lives. It is such a sin that leads to serious karmic consequences or demerit for the mother, the fetus and even for those involved in the act of abort. The beginning of a human life, according to Buddhist belief begins at the moment of conception. Thus it is also argued that the later the stages in the development of the fetus that the abortion takes place, the stronger the negative karmic consequences to the mother. Therefore, to abort at an early stage in pregnancy is most common, followed by merit making afterwards.

Motherhood and reproduction remain a primary source of female power and prestige in Thai society. By giving birth a woman demonstrates her merit and as well as she improves her merit by providing the opportunity for the reincarnation of a life principle. Abortion thus interferes with the karmic cycle and births and deaths by not allowing the rebirth of a being. In so, Buddhism teaches that a woman will inevitably suffer karmic retribution for her actions. The women who reject pregnancy are also seen as of being not a 'real' woman and are depicted as a selfish being.

Also it is deeply rooted in Thai culture that abortion is felt as a national "loss of face" which is a very strong notion of Thai culture which cannot be ignored. Abortion is therefore seen as un-Buddhist, anti-religious and therefore also un-Thai. In fact the issue is a critical point to the national identity of the nation.

In the media, during the times when focus was strong on the abortion issue the females who underwent abortions were often portrayed as 'loose', immoral, party and fun seeking girls. About the women who aborted not much were mentioned about the problems of the other groups including school girls, women with financial problems, deserted wives, those whose contraception failed, and married women.

Thai law prohibits young girls who are still students (at any level) to become pregnant. Therefore, a persistent social problem is that pregnant young girls desperately seek abortion to retain their student status, otherwise they will be ordered to leave their educational institution.

The paper will also discuss results of interviews with medical professionals and field work to test the accessibility of the so-called abortion pill.

A2-3

## REVIEW OF THE PROJECT OF STRENGTHENING EYE CARE SYSTEM IN NEPAL

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2. Association for Ophthalmic Cooperation in Asia(AOCA)

### Introduction

AOCA has put a great deal of effect into the prevention of blindness in Asia, especially in Nepal for more than 30 years. Its activities have changed from carrying out of eye camps, supporting of human resources and setting up of hospitals into backing up of Nepalese self-support by meeting with the demands of the times. We AOCA, have conducted the project of Strengthening Eye care system in Nepal cooperatively with Japan International Cooperation Agency(JICA) for 3years, from feb.2007 till Jan 2010.

### Object

Resonating with the vision 2020, national project plans were made out in Nepal, which emphasized the necessity of increasing and strengthening the medical workers in ophthalmology. AOCA were willing to contribute to their plans by caring out the project of strengthening ophthalmic medical systems together with JICA.

### Methods

We planned as follows;

- 1) Set up training facilities enabling both learning of new technique and knowledge and training after graduation.
- 2) Train ophthalmic assistants (OAs) so that they can instruct refractive technique, operation management, maintenance and management of medical equipments to other OAs.
- 3) Train leaders who can give fundamental ophthalmic education, develop necessary teaching materials and enlightening posters, and give health-post medical workers basic ophthalmic education.

The Nepalese nongovernmental organization (NGO) cooperated with each of our above mentioned plans.

### Conclusion

In the international medical cooperation by NGOs, the presence of good local NGOs as a counterpart would be necessary. Furthermore, efforts on both the Japanese and the counterpart sides and mutual understanding between the both sides parties would be imperative.

A3-1

## INFLUENCE OF DIFFERENCE IN KNEE ALIGNMENT ON THE PROFILE OF MOOD STATES SCORES AFTER WALKING

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### Purpose

Walking is generally recommended as a safe and effective aerobic exercise. However, walking involves repeating the same movement for a sustained period of time and thus is associated with the risk of overuse of bones, muscles and tendons of the legs. Exercise performed to improve health may, in fact, cause orthopedic disease and in such cases continuation of the exercise is discouraged. In this study, focusing on the individual difference in the characteristics of the knee joint, which plays an important role in weight bearing during walking, we examined the relationship between difference in knee alignment and effect of the pain on the psychological state of exercise performers.

### Methods

A total of 40 subjects, including 25 healthy men and 15 women were recruited to this study. Subjects with an intercondylar distance of  $<2.0$  cm with an intermalleolar distance of  $<2.0$  cm were considered to have normal knee(14 subjects), those with an intercondylar distance of  $\geq 2.0$  cm considered to have genu varum (16 subjects), and those with an intermalleolar distance of  $\geq 2.0$  cm considered to have genu valgum(10 subjects). After walking (85km) on day 3 of the 5-day event, subjects were required to answer a questionnaire asking where in the leg they had pain. The psychological state of each subject was assessed by performing the Profile of Mood States (POMS). Scores for 6 scales of 1) Tension/Anxiety (T-A), 2) Depression/Dejection (D), 3) Anger/Hostility (A-H), 4) Vigor (V), 5) Fatigue (F), 6) Confusion (C) extracted by analyzing POMS factors were calculated for each subject based on the completed survey sheet. The mean score for each scale was calculated for each knee-alignment group and change over time in the mean score between days 1 and 3 was examined.

### Results

In the normal knee and genu varum groups, factor V exhibited the highest scores between days 1 and 3 while factor C exhibited the lowest scores, although the shapes of the graphs of both factors were similar. None of the factors exhibited significant changes in score throughout the 3 days in the normal knee and genu varum groups. Meanwhile, in the genu valgum group, the score for factor V decreased by 4.0 points between days 1 to 3:  $18.1 \pm 4.6$  points on day 1 and  $14.1 \pm 7.6$  points on day 3, with a significant difference between days 1 and 3.

### Discussions

With regard to site of injury, the genu valgum group reported pain on the anterior and posterior sides of the lower leg more frequently than the other two groups. None of the subjects in the genu valgum group complained of pain on the sole of foot, indicating that load exerted on the muscles in the lower leg, which supports posture, is more intense than the impact of landing exerted on the sole of foot. Thus, pain in the muscles of the lower leg may be responsible for the decrease in psychological activity.

### Conclusions

When performing an exercise that places load on the legs, such as walking, one should consider the risk of injury by measuring the individual's knee alignment before commencing the exercise.

A3-2

## THE ROLE OF HEALTH EDUCATION IN REDUCING DENGUE CASES IN PUTRAJAYA

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**Background** Dengue has become a major international public health concern. Many countries in Asia including Malaysia have been experiencing unusually high levels of dengue fever and dengue haemorrhagic fever cases in recent years. From 2007 to 2009, the dengue cases have been progressively increasing in Putrajaya. However, this year data until June 2010 showed a mark reduction in the number of dengue cases as compared to previous years. This paper briefly reviews the recent epidemiological situation of dengue cases in Putrajaya in 2009 and 2010. It also examines the role of health education in reducing dengue cases in 2010 as compared to 2009.

**Aim**

1. To describe the Dengue situation in Putrajaya in 2009 and 2010
2. To compare the effectiveness of health educational activities in reducing dengue cases in 2010 as compared to 2009

**Method** All data and information related to dengue was collected and collated into Excel 8 and analysed using similar software.

**Results** In 2010, as of epid week 26, a total of 60 dengue cases with 1 death had been reported. This is 70.8% reduction in the number of cases reported during the same period last year (206 cases) but the case fatality rate is 1.5% higher. Dengue incidence rate in 2009 was 402.2 as compared to 76.6 in 2010. Almost all the cases were Malays (98.3%) whereby 51.6% of cases occurred among adult age 21-40 years old followed by school children age group (7-17 years old) with 30%. The male was commonly seen with the percentage of 65%.

A total of 9 clusters (8 localities) involving 28 epidemiologically linked cases were identified. The median number of cases in each cluster was three (range 2 to 6) and the median duration of transmission was 18 days (range 14 to 27). The number of clusters decreased by 70.5% compared to the previous year.

Various public health measures were carried out to prevent dengue from spreading and this include disease surveillance, vector control, health education, community participation programs, and law enforcement.

The description of health education activities were focused in 9 cluster areas in 2010 and 29 cluster areas in 2009. 100% of the cluster areas in 2010 carried out gotong-royong and health talks as compared to 71% in 2009. Other health education activities carried out includes public announcements (55 in 2010 and 182 in 2009), the distribution of pamphlets (747 per cluster in 2010 and 673 in 2009), posters (32 per cluster in 2009 and 20 in 2009), banners and buntings (7 per cluster in 2010 and 4 in 2009). There are many ways where discussion about preventing dengue from spreading was done. These include having small group discussions (2 per cluster in 2010 and 6 in 2009), dialogue sessions (18 per cluster in 2010 and 80 in 2009), demonstration (21 per cluster in 2010 and 88 in 2009). Although the number of dialogue sessions and demonstration was less in 2010, the average of attendances was high (272 vs 167 for dialogue, and 322 vs 167 for demo sessions). 13.8% of cluster areas in 2009 has COMBI program and none of the cluster areas in 2010 has COMBI program. Health education activities were carried out at strategic locations with the involvement of other agencies such as Perbadanan Putrajaya, Bahagian Pengurusan Hartanah, local maintenance companies, and the community.

**Conclusions** In conclusion, health education plays an important role in reducing dengue cases and prevents cluster areas from becoming uncontrolled. However, the other possible factors contributing to the reduction of dengue cases were not analyze in this study. In order to optimize the prevention and control of dengue, the health education activities must be done concurrently with other public health interventions.

**Keywords:** Dengue fever, dengue epidemiology, clusters, health education.

A3-3

**SEXUAL BEHAVIOR OF JAPANESE MEN WHO HAVE SEX WITH MEN:  
SOME IMPLICATIONS FOR HIV PREVENTION**

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The purpose of this study is to explore the sexual behavior of Japanese men who have sex with men (MSM). In Japan, approximately 70% of newly infected cases of HIV reported annually are by same-sex transmission among men. Both governmental and non-governmental organizations have carried out numerous HIV prevention measures targeting Japanese MSM. However, for at least a decade we have not yet witnessed much change in the trend of increasing HIV infection rate among this population.

A few nationwide internet surveys have revealed that there is a correlation between non-use of condoms, particularly unprotected anal intercourse (UAI), and ill mental health (e.g. depression, suicidal ideation) of Japanese MSM. These surveys nonetheless provide little information about what sort of behavioral and perceptual elements actually interact to sustain the intricate phenomenon that connects UAI and ill mental health of Japanese MSM.

We therefore carried out qualitative research that allowed us to delve deeper into our research participants' sexual behaviors and perceptions. Between 2007 and 2010, we conducted both individual face-to-face and Email-based interviews. The latter targeted those hard-to-reach MSM who were either unable or unwilling to participate in the face-to-face interview. The sum of 42 Japanese MSM initially agreed to participate: 7 (4 HIV- and 3 HIV+) for face-to-face and 35 (31 HIV- and 4 HIV+) for Email interviews. However, in the course of Email exchanges that last for 4 or 5 times, 13 participants dropped out and did not complete the interview.

Many of our participants reported UAI to occur especially when they are having sex either with casual partners they meet at certain sex venues (*hatten-ba*) or with steady partners at home and other private places.

They described their sex at *hatten-ba*, which literally means "the place for developing (a sexual relationship)", as anonymous, blind, non-verbal, rough, one-sided and basically non-developmental in terms of building a steady relationship. This style of sex apparently symbolizes their desire for careless and uncontrolled interpersonal interactions from which they refrain in everyday relationship with their steady partners and other surrounding individuals. If this desire of MSM indeed happens to be stronger than that of heterosexual men, we may be able to argue that this is because MSM tend to experience greater psychosocial hardships than their counterpart by living as a minority in our heterosexual-centered society. In fact our data contains a number of narratives that repeatedly touch upon such hardships our participants have gone through, including suffering from depression or attempted suicides.

Important it may be to focus on ill mental health and psychosocial hardships of Japanese MSM, our analysis also reminds us to take a closer look into the issues of "trust" and "love" that often serve as the basis for UAI between steady gay partners. Our data suggests that these issues have many elements in common with reported UAI between steady heterosexual partners. Since abundant literatures for the latter issue already exist, we intend to conduct reviews of these literatures in order to gain insights into UAI among steady MSM relationships.

A3-4

**THE CASE FOR SUPPORTING THE INCREASE AND AWARENESS IN RELEVANT  
WOMEN'S HEALTH ISSUES IN THE YOUNG LADIES OF MALAYSIA**

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Women's Health issues make up a major part of the development years of young women, regardless of their background, place of origin or general health profile. It has been noticed that young women of school-going age in Malaysia lack focus on the importance of awareness on the relevant health issues surrounding their general health regarding the miracle that is the female biological body.

There is an urgent need to push for the increase in awareness and issues in Women's Health, of which one component is sexual education. It would like to be emphasised, a fact that is frequently overlooked by policy makers, educators and healthcare professionals, that sexual education is only one component of Women's Health Education. The controversy surrounding the debate on sexual education should ideally not obscure the other components of Women's Health development.

There is also a case to support the implementation of Women's Health Education in school curriculums so as to access the vast majority of women under 20. However, the delivery of the said content and the effectiveness of the intervention would largely depend on the presence of proper facilitators. Moreover, most teachers or available counsellors are unable to grasp, cope and deal with the issues put forward.

This oral presentation would also present a general (Knowledge, Attitudes and Practices) survey of a Malaysian urban middle-class all-girls school. It is interesting to note the gap in knowledge, even though these cohort of students would be deemed more exposed to information and the internet, and come from financially stable families. It may be extrapolated that the remainder majority of young ladies in Malaysia have the same or rather less awareness towards Women's Health issues in general.

B1-1

**THE RELATIONSHIP BETWEEN THE DEVELOPMENTAL ENVIRONMENT  
AND PARENTS AND CHILDREN WHO USE  
REGIONAL PARENTING SUPPORT CENTER IN JAPAN**

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**Purpose**

The purpose of the study was to examine factors that affect the developmental environment of parents and children who use a regional parenting support center in Japan. The following factors were examined: (1)The degree to which the parent claimed “to understand their child’s feelings” (2)Degree to which the parent “felt happy” in their role as a parent (3)Degree to which the parent felt they had developed as a result of bringing up a child

**Method**

The participants were parents who use a regional parenting support center. A total of 840 people responded to the questionnaire. The numbers of valid responses were 504 (8 men and 496 women). The average age was  $31.6 \pm 4.5$  years. The investigation period lasted from 25 February to 25 March, 2008. The traits selected to evaluate the child and parent support environment were taken from the theory of social-work practice and childcare theory. A statistical analysis was done by using PASW Statistics 17.0.

**Results**

First, the respondents to the surveys were divided into high-scoring and low-scoring groups. The assorted traits were then analyzed using a t-test of an independent sample. (1) Parents who claimed to “understand their child’s feelings” were divided into the two groups, low-scoring group (n = 139) and high-scoring group (n = 157). A t-test was conducted of an independent sample. As a result, a significant difference was confirmed in 21 of 28 question items. Moreover, a significant tendency was confirmed in 1 item. (2) Parents who “felt happy” in their parenting role were divided into the two groups, low-scoring group (n = 47) and high-scoring group (n = 310). A t-test was conducted of an independent sample. As a result, a significant difference was confirmed in 23 of 28 question items. (3) Parents who felt they had developed as a result of raising a child were divided into two groups, low-scoring group (n = 74) and high-scoring group (n = 306). A t-test was conducted of an independent sample. As a result, a significant difference was confirmed in 21 of 28 question items.

This work was supported by Grant-in-Aid for Scientific Research by Young Scientists (B) Yasuhiro Niikawa (20730394) from MEXT (Ministry of Education, Culture, Sports, Science and Technology)

B1-2

**THE MEANINGS OF “IKIZURASA (DIFFICULTY OF LIVING)”  
EXPRESSED BY PERFORMING ILLNESS SURVIVORS**

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The purpose of this study was to elucidate the meanings of the Japanese term “Ikizurasa (Difficulty of Living)” by observing the expression of illness through performance activities. In performance activities, Ikizurasa is not merely distress that should be coped with or diminished, but it has multi-dimensional meanings. The subjects of this study were “Kowaremono no saiten” and “K-BOX.” Kowaremono no saiten literally means “a broken person’s festival,” where “Kowaremono,” or “broken person,” refers to a performer with a psychiatric illness, a physical disorder, or another ailment. Kowaremono no saiten and K-BOX refer to a performance event and the name of a performing group, respectively. While performing an illness, the performers share their experience of illness with the audience by poems, talks, and songs. Performers call their community the “Ikizurasa community,” and Ikizurasa is set as the key concept of the performance activity.

The term “Ikizurasa” is similar to stress or suffering. Illness is not only a disease, a word used in the context of medicine, but also includes general suffering (Kleinman 1988; Strauss and Corbin 1984). The views of people with an illness have changed from being a patient or victim to being a survivor (Herman 1992; Lifton 1968; Wolin and Wolin 1993), especially in chronic illnesses or post-traumatic events. Accordingly, performers regard themselves as survivors in their poems and other creative works.

As for the practices of Ikizurasa survivors, the arts that aid in treating troubles are well-developed and well-known in the community. These arts have been categorized as “self research” (Urakawabeterunoie 2005).

As shown above, former studies have treated Ikizurasa as a stress and suffering. As a result, Ikizurasa has existed as an event that is to be coped with or diminished skillfully. However, Ikizurasa performances have implicated its meaning beyond such an event.

The performers in this study expressed their own stigma and traumatic events with humor. Their stance demonstrates that Ikizurasa does not mean tragedy alone. Performers create a relationship with each other, the audience, staff, guests, and other people experiencing Ikizurasa. Expression is defined as the performers’ display of their will, emotion, and philosophy while communicating with other people through language, action, and creative works (Kato 2008). Performance activities allow their experiences to be known by others. In these activities, Ikizurasa is seen as a deep experience rather than as an event to be coped with through a performance. Strictly speaking, this stance is different from affirming a disability (Tagaki 2006). The purpose of performance activities is to establish relationships with one another, while considering Ikizurasa an experience.

In conclusion, Ikizurasa has not been treated as an event that needs to be coped with. Its meanings, as this study indicates, are as follows: (1) a resource for identifying vulnerability, (2) a medium that opens relationships, and (3) an experience in itself.

B1-3

**CHOICES AND LEGITIMACY:  
SEEKING FOR ALTERNATIVE TREATMENTS OF ECZEMA IN JAPAN**

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Eczema is an inflammatory skin disease called ‘atopii’ in Japan. It has gradually become common over the last two decades. No effective cure has been found and this situation has led to diverse medical practices for eczema. This paper aims to show medical practices of eczema sufferers living in Japan, who receive not standard but alternative treatment.

Standard treatment is assumed to be the best treatment presently available and is recommended for general patients from the perspective of Evidence Based Medicine (EBM). However, it cannot cure eczema completely and its mainstay treatment is to prescribe topical steroids, which have side-effects, such as darkening and thinning the skin while gradually losing effectiveness. Because of this, some patients try to avoid steroids by quitting them and turning to alternative medical practices.

Eczema is extremely well-known to most Japanese, while this is ‘a silent epidemic’ in most other developed countries, such as the USA and the UK, although they have similar prevalence rates to Japan. One of the reasons why eczema is generally known to Japanese seems that the eczema industry (atopii bijinesu) has flourished and may have played a role to make eczema known in Japan. It is very common to see advertisements of eczema products in everyday books, newspapers, magazines and on the internet. Alternative goods for eczema treatment aimed at people who do not want to use steroids include soaps, shampoos, creams, foods, cosmetics, clothes, and vitamin supplements. The eczema industry offers many goods and treatments for such people and sometimes sells them at a premium, which has been a serious problem in Japan. Thus, many eczema sufferers have a dilemma between complying with standard treatment by using steroids or refusing steroids and seeking alternative treatment. While steroids have a risk of side effects, the effectiveness of the latter is unproven and these products are expensive.

The essential question about such alternative treatment is how eczema sufferers legitimize the treatment to themselves even though the effectiveness of these products remains unproven. A related question is why people have started to refuse steroids even though the side-effects are not experienced by all users and they are the main treatment prescribed by orthodox medicine? What is at stake when people choose either standard treatment or alternative treatment?

In order to pursue these questions, I conducted interviews of 22 eczema patients in Japan from 2005 to 2009. 16 of them have experiences of quitting steroids and committing to alternative treatment. From their interviews, this paper will uncover the reasons why they quit steroids. This paper will also provide insights into why six of them keep using steroids even though most of them do not like to use them.

B2-1

## **BASIC STUDY ON THE CLINICAL APPLICATION OF “FEELING ARTS” AS A HEALING METHOD WITH A BIOFEEDBACK APPROACH**

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**Key words:** biofeedback, healing method, art, Feeling Arts

### **Introduction**

Feeling Arts (FA) is an integrative art created by Yoshihiro Kitamura, who combined paintings with illumination and music to express the following themes: earth, universe, life and celestial world. By casting lights of various colors upon a huge canvas where an abstract image is painted, subtle shades are created on the painting, giving it a sense of movement. Another essential component of FA is the beautiful and soothing music and/or songs played for the audience. The combination of painting, lights and music is controlled in a delicate manner to produce a healing effect. FA is designed to invoke emotion in the audience. What people can see or feel in FA may differ from person to person because, after all, the audience itself gives the final touch to FA by his/her own image with positive feeling. FA and everything surrounding it, namely, the people, the painting, the sound, and the light, all resonate with each other to create one harmonious space and take the audience to healing. On the other hand, biofeedback (BF) is a process that enables an individual to learn how to change physiological activity for the purposes of improving health and performance. Precise instruments measure physiological activity, such as brainwaves, heart function, breathing, muscle activity, and skin temperature. These instruments rapidly and accurately "feed back" information to the user. The presentation of this information - often in conjunction with changes in thinking, emotions, and behavior - supports desired physiological changes. In this study, we examined relaxation effects of appreciation of FA with BF by heart rate (HR) as a basic study on clinical application of FA with BF approach. (Association for Applied Psychophysiology and Biofeedback)

### **Methods**

The Subjects were 12 university students. Their ages were from 21 to 23 years. The HR of each subject was continuously measured and recorded by a portable HR monitor during rest, practice of BF by abdominal breathing, appreciation of FA, and appreciation of FA with BF. This time, each subject experienced music and a dynamic picture shown on a DVD of FA using a portable DVD player with a face-mounted display. BF was performed by watching the HR displayed on the portable HR monitor. The subject watched his/her own HR for BF through under space of the face-mounted display when he/she wanted. Finally, we compared the resting HR level and the HR level during the appreciation of FA, the appreciation of FA with BF, and the practice of BF by abdominal breathing. We used a paired t-test to examine a statistical significant difference between the mean values of the HR level. This study was performed according to the ethical regulations for research of Kobe City College of Nursing.

### **Results**

The HR level during the appreciation of FA with BF was significantly lower than the resting HR level ( $p < 0.01$ ). Similarly, the HR level during the practice of BF by abdominal breathing was significantly lower than the resting HR level ( $p < 0.05$ ). However, there was no significant difference between the HR level during the appreciation of FA without BF and the resting HR level.

### **Conclusion**

This study suggests that the appreciation of FA with BF can be applied to various clinical situations as an effective healing method.

B2-2

**RELIGIOUS ENVIRONMENTAL ETHICS AND ITS INFLUENCE  
IN THE DIFFUSION OF RECYCLING ACTIVITIES  
BY SELECTED RELIGIOUS COMMUNITIES IN MALAYSIA**

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**ABSTRACT**

It has been argued by various circles that religious environmental ethics can positively influence the practices of environmental activities by the religious community (See Sharifah Zaleha and Hezri, 2009<sup>1</sup>). However, these are mostly discussed at the theoretical and conceptual level without much systematic empirical observation on the ground. This paper aims to fill in this gap by presenting its insights on how selected religious communities in a suburban area in Kuala Lumpur (Petaling Jaya, Selangor) have been involved in the diffusion of recycling activities in their respective community, and the key factors that have influenced successful diffusion. The main objective of the paper is to ascertain the extent to which religious environmental ethics can play an important factor in influencing the diffusion of recycling activities in these communities - in comparison, and alongside, other organizational, institutional and economic factors.

The paper is based on an exploratory multiple case study of four successful recycling programmes conducted by selected religious communities that represents four key religions in Malaysia i.e. Buddhism, Christianity and Hinduism and Islam, respectively. The study was conducted in Petaling Jaya, Selangor – a high and middle income suburban area near to the capital city of Kuala Lumpur. The study mainly employs qualitative analysis data collected from semi-structured interviews, documentation analyses and direct observations.

Our findings have shown that religious environmental ethics can be more influential if it is aligned with community-specific organizational, institutional and economic factors. For instance, this has been clearly demonstrated by the higher recycling rate by the Tzu Chi Buddhist community and the finding that this was clearly influenced by the strong alignment between their key ethical idea of “reduce waste in daily life and accumulate merit” with other organizational, institutional and economic elements of their recycling strategy. In comparison, less successful case studies have incorporated their ethical ideas in a much more general manner, and these are difficult to be communicated and translated into day to day recycling activities of the community.

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<sup>1</sup> Syarifah Zaleha, S. H. and Hezri, A. (eds.) (2009) Religion and the environmental challenges: Voices from Malaysia. LESTARI, UK

B2-3

## **SPIRITUAL HEALING ENERGY: A COMPLEMENTARY TREATMENT FOR HEALTH PROBLEMS**

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### **Abstract**

Spiritual Healing Energy (SHE) is a specific energy that helps our own healing systems to work to their full potential. In SHE therapy this energy flows from the practitioner's hand into the patient's body and is utilized to heal the patient. SHE has its roots in the Japanese "Usui Reiki" and has been developed with new symbols and attunement techniques. Reiki is the combination of the two words which means Universal Life Energy. Reiki is most well known as a hands-on healing technique, while SHE is a powerful tool for discerning divine energy which can be used to alleviate any form of disease (mind, emotions, body, and spirit). In this paper Aura and Chakras will also be introduced and related to SHE. The relationship between the concept of Aura and the inner-self / inner-soul to use Applied Kinesiology will be discussed. The six SHE principles which the practitioners must recite every day will also be explained. There are four sets of attunements: first, second, third and finally the SHE Master Degree. After the attunement, one will be a practitioner according to the stages of the Degrees. The higher the Degree you achieve, the stronger the Aura that will be obtained. This paper will also mention each Degree and the related healing for the health problems. The technique of applying SHE for healing or treatment to yourself, others, animals, plants, food, storm, heavy rain, tsunami, pain-relief and others will be discussed. The technique of scan on the roots of the health problems will also be demonstrated. The method of transferring the energy to water, crystal, eggs and music to release the negative energy will be explained. SHE can also complement other treatments without hindering them. For examples, it can be used with other healing modalities such as aromatherapy, reflexology, massage, acupuncture, cupping, qi gong, tai chi, bech flowers remedies, and any medicinal drug, whether alternative or Western. Therefore, SHE enhances the power of other healing modalities and it will not assist the misuse. Through experience, after the first Degree of attunement, the students will become a sensitive person to any positive or negative energy surrounding them. Finally, SHE energy is a harmonise/love means that helps to heal or treat health problems. Three case studies will be discussed before and after negative energies have been removed from the patients. It is very useful for anyone to obtain this energy in order to heal/treat oneself and the well-being of the humanity and the environment.

B3-1

## MEANINGS OF PHYSICAL DISABILITY IN JAPAN: A QUALITATIVE ANALYSIS OF NARRATIVE OF PEOPLE WITH SPINA BIFIDA OCCULTA

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The purpose of this study is to qualitatively examine the changes of the meaning of congenital physical disabilities. The “life storytelling” interview was conducted twice with a 24-year-old woman with spina bifida occulta. She was asked to outline the characteristics of her life, starting with her childhood, in a chronological order; however, the sequence was interrupted by voluntary talks. Thus, the author paid attention to the chronological order of the recounted events. Each interview lasted for approximately 60 to 90 minutes.

It was clearly explained to the participant that the interviews would be published as academic articles only after careful consideration of her privacy and that she need not confide something if she was not comfortable doing so. The interviews were recorded on an IC-recorder, and verbatim transcriptions of the interviews were prepared.

Data analysis was carried out using the KJ method (Kawakita, 1967), a qualitative analysis method developed in Japan. First, the author carefully reviewed the transcripts to gain an overall understanding of the participant’s life stories. Second, the author coded three or four sentences as a semantic unit and thus extracted 56 codes. Third, all the codes were compared with each other to generate several categories.

The results showed that from her infancy to her primary school days, she suffered from urinary and fecal incontinence and always had to be accompanied to the toilet by her teacher, even though she did not seem different from her able-bodied classmates. She felt that she was being judged by her classmates and started to develop the feelings that she differed from people around. She often wished that she would wake up one day and find herself free of any disability.

She often hoped to live without any inner dysfunction and felt that her current difficulties were a result of the inherent inner dysfunction. She was reluctant to explain her disabilities and did not even want her teacher to explain them on her behalf.

Meaning of disabilities began to change during her junior high school and senior high school days. During her junior high school days, she felt that she would someday be able-bodied. As she entered senior high school, she developed the skills of coping with her difficulties; further, during her meetings with her high school nurse, she was encouraged to “accept” herself as she was.

During her high school and university days, she became more forthcoming about her disabilities with people of her own choice. After graduating from university, she got a job and started living independently. Even though she continues to face some difficulties with bladder and bowel control, she is aware that she has to lead a difficult life owing to her disabilities and that others may not know about her difficulties well enough. She has accepted that spina bifida occulta is a part of her, and she no longer wishes to get rid of her physical disabilities.

The findings of this study suggest that the participant began to accept herself as one among others who find it difficult to communicate about their problems.

**Key words:** congenital physical disability, spina bifida occulta, life story, narrative, meaning of disability

B3-2

**TRADITIONAL HEALING IN MALAY CULTURAL:  
CASE OF MALAY MANUSCRIPT OF THE 19<sup>TH</sup> CENTURY**

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Every society has its own traditional practice of coping with diseases. Based on the old Manuscript MSS1292 Kitab *Tibb* (Book of Healing) i.e. a Malay manuscript of the 19<sup>th</sup> century, we believe that Malay people have a strong tradition of healing practices worthy of attention today especially in the context of complementary & integrative medicine. As the our exposure of the manuscript is interesting, we have decided to write this paper to share some of the traditional practices of the Malay. In doing so, we would use an analytical approach in studying the contents of the text in order to obtain a clearer picture of the traditional Malay practice. The findings of research on the manuscript indicates that there are three types of practices in the healing of diseases. They are, first, healing technique using natural resources; second, healing technique using *wafak*; and healing technique using Quranic verses, supplication and offering blessing to the Prophet (pbuh). In doing this we want to emphasise the point that traditional healing actually have holistic approaches, an ecological fact very much sought after for sustainable health today.

B3-3

## **MANAGING AUTISTIC SPECTRUM DISORDER WITH HOMEOPATHY**

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Autistic spectrum disorder is a getting more frequent and there is no known cure. Conventional medicine strategies can mitigate the effects and help the autistic person and their families to cope with daily living .

In the recent past, it has been shown that Homeopathy can be of help in the management and treatment of Autistic children. Books have been written that show apparently miraculous recoveries even when the prognosis according to conventional medicine was poor. One such book is Amy Lansky's book titled "Impossible Cure".<sup>1</sup> Videos such as Autism the Movie<sup>2</sup> have also recorded progress of autistic children by homeopathic treatment.

In this paper, three cases of autism which have shown improvements in their neurologically and in their behavior will be presented as case studies. The way they progress will be outlined and the method of deriving their remedies will be briefly touched upon .

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<sup>1</sup> <http://www.impossiblecure.com/>

<sup>2</sup> <http://www.homeopathic.org/content/autism-the-movie>

C1-1

**CONSCIOUSNESS AND BEHAVIOR OF UNIVERSITY STUDENTS  
FOR ENVIRONMENTAL PROBLEMS:  
BASED ON QUESTIONNAIRE SURVEY AT HIROSHIMA UNIVERSITY (JAPAN),  
FUDAN UNIVERSITY (CHINA) AND UNIVERSITY OF MALAYA (MALAYSIA)**

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**1. Background**

“Period for integrated study” is executed by the school training in Japan. In this class, children and students study an overall problem voluntarily. It started in 2000. This feature is as follows. The student must do the on-site training and the problem solving study. The school, the home, and the community should cooperate. The international understanding, information, the environment, welfare, and health, etc. are adopted by “Course of study” as content of this class. It is important to study environmental education, the welfare education, and the health education, etc. as the overall problem at the school. The content that relates to environmental education is summarized in this report.

**2. Objective**

The role of environmental education at academic schools is important to understand those problems. Students can obtain the knowledge of environmental study by environmental education in the elementary education and the secondary education. Students have the awareness regarding environmental issues and related issues. However, it is difficult for them to execute the action (pro-environmental behavior) to solve environmental problems. The aim of this research is to examine the formation of university student's environmental consciousness and behavior.

**3. Investigations**

The questionnaire survey has been done for university students in Japan, China and Malaysia. The university student's environmental consciousness and behavior are classified into “Environmental consciousness and behavior in daily life” and “Consciousness and behavior to solve environmental issues”, and comparative analyses have been done.

A) Title: Investigation of concern and consciousness for university student's environmental problems.

B) Purpose: The aim of the questionnaires is to examine of concern for environmental problems, environmental consciousness and behavior for university student.

C) Method: Questionnaire survey and statistical analysis.

D) Object: 1) Survey at Fudan University (China) was executed in March, 2007. The number of samples is 266. 2) Survey at Hiroshima University (Japan) was executed in June, 2007. The number of samples is 228. 3) Survey at University of Malaya (Malaysia) was executed in January, 2008. The number of samples is 207.

**4. Major Results**

The following results were obtained;

1) Many of the students have concern for environmental problems and also have a rich knowledge of them.

2) There is a gap between student's “Environmental consciousness and behavior in daily life” and “Consciousness and behavior to solve environmental issues”.

3) Consciousness and behavior for student's environmental problems are related to personal attributes and experiences.

**Key words:** Consciousness, Awareness, Pro-environmental behavior, Behavior modification, Environmental education

C1-2

**SPATIAL DETERMINANT FOR SOCIAL COHESION:  
CASE STUDY VILLAGE OF KAMPUNG BHARU**

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Sharing of external spaces encourages interaction among communities as these spaces act as the social place for meeting and interaction among people which eventually strengthens the community bond. Within the accessibility and permeability of the traditional Malay house and setting, privacy of the family is provided within the individual house supported by accepted privacy behaviour. The lack of defined territory should not be seen as a lack of privacy, as privacy in the traditional Malay society is not bounded by physical environment, but more importantly shared societal values that govern privacy behaviour among the homogeneous society. However, urbanization resulted in changes in the way of life of the Malays and their housing environment. The housing design in the urban areas in Malaysia changed significantly from the 1960s to cater the increasing population with the introduction of mass housing in the form of terrace housing, a direct influence from the British. .

The study will trace through identified social spaces how the spatial morphology of the village over the century gave rise to the community's social cohesiveness and subsequently, development of its social capital. It will also look into how rapid urbanization that besieged the village today undermines the community social cohesion, physical and spatial setting.

C1-3

## **A STUDY ON EDUCATIONAL EFFECTS OF MORAL DISCUSSION: FROM VIEWPOINTS OF MORAL ATMOSPHERE AND CARE**

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**Keyword:** Just community, Moral discussion , Moral atmosphere

Nurturing “Zest for Living” such as problem solving, autonomy, cooperation, and empathy has been promoted in Japanese schools for more than 10 years. However, Japanese society has become more morally pluralistic and therefore it has become more difficult to teach morality in schools.

Our “Basic Policy of the New Courses of Study” states the goal of moral education as “to nurture moral sentiment, judgment, behavior and attitudes among children”. Our traditional approach to moral education in schools has been to read stories and books involving moral issues and ask students to write reflection papers. Students were expected to develop their moral sentiment through these practices but this approach has been criticized for its possible moral indoctrination and inculcation.

Meanwhile around 80’s, more Japanese researchers in moral education started to pay interests in Lawrence Kohlberg’s (1927-1987) approach to moral education which use dialogue and discussion as main form for moral development. Kohlberg, an American psychologist, is well known for developing “The Stage Theory of Moral Development” based on Jean Piaget’s cognitive developmental theory. He put more importance on how we reach certain moral judgment instead of what judgment we made and believed that development of cognitive moral judgment leads to moral actions. He also applied his moral development theory into practice later in his life.

His main approach was that educators introduce so called “Moral Dilemma Material”, intending to cause moral dilemma in learners and that leads to moral discussion among students. He expected educators to participate and stimulate students’ discussion and facilitate students’ moral development.

Kohlberg also expanded his theory from personal moral development to group moral development. He called his idea as “Just Community” and tried to create a community of justice and care in schools. Using the daily moral issues occurred in school, school holds weekly meetings called “Community Meeting” where students and educators participate in discussions. Through weekly moral discussions, school gradually transforms into just and caring community.

Thus moral discussion can have a big educational impact. In Japan, researchers have been working to incorporate moral discussions into moral education in schools. Japanese researchers in Moral Development Society developed “Moral Dilemma Class” and their research proved that their approach helped not only students’ moral development but also improved academic, problem solving, communication, role talking skills and better self-esteem. And educators reported that they were able to create more caring community in the classroom through “Moral Dilemma” approach.

In my presentation I would like to explore the educational impact of moral discussions using examples from Kohlberg’s just community approach and “Moral Dilemma” classes in Japan. I will discuss this point by using the concept of “Moral Atmosphere” which Kohlberg also mentioned and caring relationship among students and between students and educators.

C2-1

**GOOD WORK AS FOUNDATION FOR GLOBAL HEALTH: POSSIBILITIES  
IN THE ASIAN CENTURY**

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Western writing and thinking about the normative elements of “good” work—what work *should* be, what *good* work *is*—peaked in the late 1970s and early 1980s. Empirical approaches to such topics as works stress and work-life balance have dominated since. While these added to our knowledge of individual behavior and health they eschewed the normative dimensions that link individual action to the larger framework of meaning in life and without which it is difficult to conceive of a truly ‘global’ health. Still, globalization has brought us an interconnected world, the foundation of whose interdependence is work. This presentation explores the origins of Western centric concern for efficiency and materiality in the second industrial revolution (1875 to 1914) that relieved organizations (and economics as discipline) from normative concern for work and worker. It is argued that Asia cannot, and is not, adopting the underlying assumptions to Western models and is, instead, crafting its own models of work organization that better fit its circumstances and culture. The paper then discusses trends within Asia that may aid or abet *re*-linking the normative dimension of work to the larger issues of healthy cultures and healthy environments. It ends discussing the normative elements of work as fundamental to the human psyche and, true to its subject matter, suggests these elements *should* be treated as foundation for personal, social, and global health.

C2-2

## FACTORS AFFECTING THE COMPLIANCE OF MALARIAL CHEMOPROPHYLAXIS DURING PREGNANCY IN SOLOMON ISLANDS

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### Introduction

The status of compliance with a malaria prophylaxis program for pregnant women in Solomon Islands is examined, and the factors affecting the compliance of pregnant women on malarial chemoprophylaxis were considered using Health Belief Model (HBM).

### Method

An interview survey was conducted using a structured questionnaire, involving 274 pregnant women visiting the facilities for antenatal examination. The questionnaire had a three-part structure; "mother's attributes", "perception of severity/susceptibility of malaria", and "socio-psychological background regarding malaria prevention". All questions, except for "mother's attributes", required a four level answer. "Socio-psychological background regarding malaria prevention" was divided into four factors; "acceptance of pregnancy," "reliability of efficacy," "how prophylaxis is taken", and "environment of ANC visits". Compliance levels were also inspected regarding differences in mothers' attributes.

### Findings

The current state of compliance is; 37% "taking as prescribed", 42% "taking moderately", 17% "not taking properly", and 4% answered "not taking at all". In susceptibility perception, the rate of those who answered "I am very likely to be infected during this pregnancy" was 43%, (118 out of 273 - below majority). Regarding the possibility of malaria related complications, from those who answered "my condition will be severe", specific responses were "very sick" 40.7%, "underweight baby" 25.2%, "weak baby" 23.1%, "premature birth" 21.5%, "suffer abortion" 14.1%, "fall unconscious" 11.4%, "lose baby" 11.1%, and "death" 8.1%. This group of pregnant women with low level perception of susceptibility has a significantly lower level perception of severity, assuming themselves suffering from malaria  $t(265) = 2.383$   $p < 0.05$ . Among the three compliance levels, significantly variable statistics were; birth rates  $F(2,269) = 3.30$   $p < 0.05$ , education  $F(2,270) = 6.915$   $p < 0.01$ , possession of mosquito nets  $F(2,270) = 2.60$   $p < 0.1$ , use of mosquito nets  $F(2,270) = 4.74$   $p < 0.01$ , opinion of prophylaxis program  $F(2,262) = 18.56$   $p < 0.01$ , belief in efficacy  $F(2,262) = 10.52$   $p < 0.01$ , and pregnancy acceptance  $F(2,260) = 8.187$   $p < 0.01$ . Significant differences were not observed at age, but lower compliance groups tended to be older. Conversely, no significant difference was observed in "history of malaria", "gestation", "environment of ante-natal visits", "perception of susceptibility" and "perception of severity."

### Discussion

In prophylaxis, where maintaining blood levels of medicine is important, it will be argued whether the group "taking moderately" should be included in the good compliance group or not, however, the reality is, in Solomon 42% of pregnant women appear to be doing so. According to HBM, reasonable preventive action is taken on perception of potential susceptibility/severity, which leads to high compliance. It cannot be said, however, that pregnant women in Solomon are highly aware of their susceptibility and the severity of malaria, and if this causes low compliance, HBM could be the explanation. However, disparity in levels of compliance was not due to pregnant women recognizing potential susceptibility and severity of malaria, but the immediate problems they are facing, such as reliability on the medicine they take, its taste and smell, anxious of side effects, and time/cost for ante-natal visits. It can be said that how women deal with these problems will decide the state of malaria prophylaxis program for pregnant women in Solomon Islands.

C2-3

**FOOD AND HEALTH ISSUES IN MALAYSIA SCHOOLS: PERSPECTIVE OF THE NATIONAL PARENT TEACHERS ASSOCIATION COLLABORATIVE COUNCIL (NPTACC)**

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Food and Health are basic rights of every and all individuals. It must not be denied to anyone, irrespective of race, colour, creed or economical states. Equitably, quality and access health care and food must be available for all, Malaysians or non-Malaysians alike.

The following public statements made in various print media are testimony for us to take various proactive and cautious actions for the well being of the Malaysian citizen:

- (1) 'Healthy habits start from young. A recent health survey indicate that 43 per cent of Malaysians are overweight or obese' (NST, June 8, 2010: 19)
- (2) 'Be aware of what our kids are eating in schools... we should pay more attention to what is being served in our school canteens/cafeteria. There should be more offering of healthy food choices which generally have less sugar, less salt, more high fibre and wholemeal alternatives. (Star, March 31, 2010: N48)
- (3) 'Food poisoning cases in schools in the first five months of the year dropped 7 per cent, but it's still alarming nevertheless (Star, April 11, 2010: N3)
- (4) 'Malaysians take too much salt: Daily consumption is 25 per cent higher than WHO recommendation (Star, April 21, 2010: N6)
- (5) 'The Health Ministry is concerned about the incident of the hammer attack on the three kindergarten children and would like to emphasize that tackling mental health is one of our primitive (NST, April 5, 2010: 18)
- (6) 'Junk food may be as addictive as heroin and tobacco. Obesity researches found fatty and sugary snacks trigger the same 'plascere center' in the brain that drive people into doing addiction – making them binge on unhealthy food (NST, April 6, 2010: 4)
- (7) 'Milk for Schools to be revived Next Years... but pupils like these caught playing truant, might not be around to enjoy it (Malay Mail, August 11, 2010: 1)

From the above statements, our concern with healthy eating habits, food served in school canteens, food poisoning, mental health, junk food and 'milk for schools' programme are some of the pertinent concern food and health issues in Malaysian schools that need to be shared and deliberated upon some suggestions and action plan for schools are forwarded on behalf of the PTA

C3-1

**INTEGRATED ENVIRONMENTAL EDUCATION:  
STARTING YOUNG TO ENVIRONMENTAL HEALTH**

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Environmental sustainability is the product of continuous improvement in the management of the resources through elimination of threats to the environment. The formula in which Sustainability (S) = Best Practice (BP) x Resource – Threat (T) is our starting point of reference. The greatest threat to the environment is the human activities, which have grown more destructive in past decades. To put the concept into action, environmental education is applied with the involvement of undergraduate students and primary school children. The benefits of this approach may not be translatable to monetary values today, but best practice for integrated environmental education network inevitably benefits the future generation. Not only the students learned and passed their examination, the children and the community of the village developed their environmental awareness, too. The indirect impact to the community is that more of them are now concern about their living conditions, their rights and want to be involved in the decision making process in the development of their village. Integrated environmental education is a combination of action research and environmental learning, using interdisciplinary social science with the objective of achieving healthy lifestyle and sustainable development. This concept is fun and flexible that it can be customised for other target areas, even corporations, with the involvement of employees and their family members.

C3-2

## A STUDY OF CONCEPT OF HEALTH FROM THE VIEWPOINT OF ETHICAL VALUE

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### Abstract

Since the adoption of *The Ottawa Charter for Health Promotion* in 1986, policies and guidelines for health behavior, which rely on the value of health, have been developing in various sectors. The World Health Organization defined the value of health as: “health is both a fundamental human right and a sound social investment” (*The Adelaide Recommendation on Healthy Public Policy*, 1988). In considering life and health, we need to reexamine concepts associated with the value of health, and we need to create an ethic of health which is grounded in living environments and supportive environments for health. In *The Ottawa Charter*, prerequisites for health include: “peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity”. These conditions and resources include social justice in relation to the equitable distribution of resources, an issue that is backgrounded by globalization and intergenerational ethics and needs to take into account human rights, and the rights of future generations. Therefore, ethical considerations are necessary to approach the problems of social and economic gaps between developed and developing countries and the rights of future generations. This study aims to create a theoretical framework of health promotion, and focuses on ethical concepts of health in the context of the relationships between life and the environment.

Overviewing the background of medical ethics, V. R. Potter proposed the concept of ‘bioethics’ in 1971 and ‘global bioethics’ in 1988. Global bioethics was a synthesis of ‘medical bioethics’ and ‘ecological bioethics’ for human survival in the face of global environmental issues. Since then, the term ‘bioethics’ has become more specialized and is generally used to refer to medical ethics. However, the concept of health requires a broader meaning and implementation today, and so Potter’s ‘global bioethics’ should be reevaluated in health-related fields. Furthermore, for creating the theoretical framework of health promotion, we need to review the ethical concepts of health. Integrating ethical concepts in health promotion could involve a pragmatic problem-solving approach. Expanding the concept of the value of health to include environmental ethics and bioethics requires a new meaning and understanding and will help in solving associated problems, including moral dilemmas.

Considering the value of health from the viewpoint of the complementary relationship between life and the environment, ‘Supportive Environments for Health’ shows us that “action to create supportive environments has many dimensions: physical, social, spiritual, economic and political. Each of these dimension is inextricably linked to the others in a dynamic interaction” (*Sundsvall Statement on Supportive Environments for Health*, 1991). Furthermore, considering life, which is supported by health and the environment, conventional applied ethics such as bioethics and environmental ethics have tried to determine the criteria, values and methods to focus on practical problems in relation to specific issues. However, we need new concepts to deal with bridging among various fields (e.g. health, life, care, well-being) in the pluralistic way. At the same time, the concept should be developed during practice and *in situ* in the context of environmental pragmatism, and in relation to health, life, care, and well-being.

C3-3

**ENVIRONMENTAL SANITATION OF ORANG ASLI COMMUNITY:  
CASE STUDY OF THE SETTLEMENT OF ORANG ASLI  
AT SUNGAI BERUA, HULU TERENGGANU, TERENGGANU DARULLMAN**

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**ABSTARCT**

A research was conducted at the Orang Asli settlement of Sungai Berua, Hulu Terengganu, Terengganu on the sanitation and environmental conditions that exist among the Orang asli. The aim of the research is to identify the sanitary factors in the area. Qualitative and quantitative methods were used through interviews based on questionnaires and direct observations as relevant to the target group. The result of the research shows that the sanitation level is very low. The minimum standard chosen is 50 out of 100 marks. Only 4 houses surpass the minimum standard and the average mark is 35.4. From this research it is found that the Orang Asli, especially the Orang Asli of Sungai Berua, Hulu Terengganu is exposed to various diseases. The low level of sanitation is caused by poverty and impervious attitude towards health. They should be given enough preparation and exposure through formal and non formal education, in order to increase knowledge and a change of attitude to improve their standard of living and environmental sanitation.

# POSTER ABSTRACTS



P-01

## **RELATIONSHIP BETWEEN SELF-DENIAL AND SOCIAL SUPPORT AMONG UNIVERSITY STUDENTS**

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The purpose of this study is to examine the relationship between self-denial and social support among university students. We carried out a questionnaire survey for 654 university students (375 male, 279 female) from four universities in Kanto and Tokai regions. The period of survey was from the beginning to the middle of July 2009. Self-denial is a negative attitude toward oneself and a negative image of oneself. The scale of self-denial consists of 10 items, including “I do not deserve to be happy,” and “I sometimes feel like dying.” Social support is emotional support, including “When you are depressed, he/she supports you,” and “When something good happens to you, he/she is also pleased as if it were his/her own affair.” and its scale consists of 16 items, the expectation of the students for support was assessed for each source of social support, i.e., their father, mother, brothers and sisters, teachers and friends. The results indicated that (a) self-denial of students had a negative effect on all social support scores, (b) the score of social support was lower in the students who had strong self-denial than in those who had weak self-denial, (c) the scores of social support from their mother, brothers and sisters, and friends were higher for female students than for male students, and (d) there was a significant difference between the score of social support from teachers for male students and that for female students in accordance with the degree of self-denial. From above, it was suggested that self-denial of university students was related to social support.

P-02

**STUDY ON THE INTERACTIVE EDUCATIONAL PROGRAMME; SECOND REPORT.  
EFFECTIVENESS OF THE INTERNATIONAL ACTIVITY FOR HEALTH COURSE  
STUDENTS STUDYING ABROAD.**

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**Introduction**

Kobe University Graduate School of Health Sciences is involved in a collaborative programme, “International Activity for Health” (IAH) between Japan and the Asian countries of Thailand, Philippines, Indonesia and Nepal. The main aim of this programme is to foster collaborative study by graduate students between universities in the Asian countries and Kobe in Japan. Recently there has been important issue of how best educate the international researchers from graduate schools in Japan. This study was carried out to determine and describe the effectiveness of the support system for improving our post graduate education.

**Methods**

Subjects were 83 graduate students registered in the IAH course in 2008~2009. A questionnaire was given to students to determine their demographic characteristics, target of interest, interest in going abroad and impression of the IAH course. We used a Likert scale of 1 being ‘no’ and 5 being ‘completely yes’. Students were asked to write their comments about the IAH course. All students were informed prior to the study about ethical issue.

**Results**

Thirty three Students were given the questionnaire and all were returned. Students comprised of master level course 24 students, doctor level course 9 students. Gender included Male 14, Female 19. Students in the bracket of 30 years of age comprised 42.4%. Eleven of the 33 students went abroad. Each student involved in the IAH course chose and visited one of the four Asian countries involved in the programme. For the item “preparation presentation:-I made an effort so that others could easily understand our research.” “I examined health related information, problem of health-related and difference from Japan.”(36.4%). In response to the questions “Was the programme contents at the visiting university adequate? 90.1% responded ‘yes’. “Did you have a good understanding of the difference between Japan and other Asian countries? 90.1% responded “yes”. There were significant differences in interest of factors “Asia”, “infection” ( $p<0.01$ ), “disaster”, “international cooperation” and “health of mother and infants” ( $p<0.05$ ) between the groups (Fisher’s exact test). Participants who went abroad were more interested in factors in Asia than nonparticipations.

**Discussion**

The results revealed 36% of students prepared a presentation before going abroad and studied health related issue about the country they visited. The support by IAH course was a motivating factor for the students to go abroad to study. Also, it was considered by students as a good opportunity to understand health related issues in Asia. These factors suggest the programme is important for future students. It will allow them the opportunity to gain a greater understanding of the difference that exists between Asian countries. Participating students who went abroad were interested in some domains. This result was significantly different to students who did not go abroad by IAH course. These findings suggest that going abroad and studying health-related problem encourage students to gain a greater awareness of the problems that exist in Asia. We conclude this programme contributed to the “Advancement of international researchers who can be active all over the world.”

This program is sponsored by the Ministry of Education, Science, and Culture in Japan.

P-03

## **A STUDY OF JOB SEARCH STRESSORS IN JAPANESE UNIVERSITY STUDENTS: EFFECTS OF RELAXATION PROGRAM**

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### **Background:**

The job search stressors of university students increase seriously than before.

In 2009, the Japanese Effective Ratio of Job Offers to Applicants indicated the worst point influenced by the U.S. financial crisis. Job search stressors influence well-being of university students.

### **Objective:**

The purpose of this study was to investigate the effects of a relaxation program on job search stressors in Japanese university students.

### **Methods:**

The participants were 27 Japanese university students (9 males, 18 females, mean age =21.00 years old, SD=0.620). Participants were randomly assigned to either an intervention (N=12) or a control group (N=15). They responded to demographics, the state of job hunting and a Job Search Stressor Scale (Kitami etc., 2009) for two waves (pre, post). Abdominal breathing was performed in this relaxation program.

### **Procedure:**

Participants responded to demographics, the state of job hunting and a Job Search Stressor Scale (pre-test).

Participants learned about a basic knowledge of stress.

Participants learned about an abdominal breathing as one way of relaxation program.

Participants practiced abdominal breathing.

One month later, participants responded to demographics, the state of job hunting and a Job Search Stressor Scale (post-test).

### **Results:**

Two-way ANOVA was conducted with each factors of Job search stressor scale, namely “uncertain career goals”, “undecided employment offer”, “tight schedule”, and “comparison with others”, as the dependent variables. ANOVA revealed significant interaction between time and group on the total scores of job search stressors, the undecided employment offer, and the comparison with others ( $F(1,25)=10.671, p<.01$  ;  $F(1,25)=7.311, p<.05$  ;  $F(1,25)=12.310, p<.01$ ).

A significant main effect of time on overall scores of job search stressors, undecided employment offer, and comparison with others of the dependent variables was observed, and group was not significantly related to the all dependent variables ( $F(1,14)=20.989, p<.001$  ;  $F(1,14)=4.633, p<.05$  ;  $F(1,14)=13.461, p<.01$ ).

### **Conclusion:**

The results showed significant favorable intervention effects for job search stressors on post-tests.

These results suggest a need to provide more support for university students' mental health and to improve the quality of school life during periods of job hunting.

**Key words:** well-being, stress, relaxation, health promotion

P-04

**AWARENESS OF JAPANESE FEMALE UNIVERSITY STUDENTS  
CONCERNING HIV/AIDS AND STD /STI:  
AWARENESS OF THE CONCERNED PERSONS OR THEIR SUPPORTERS WHO WANT  
TO BE SCHOOL NURSES OR HEALTH AND PHYSICAL EDUCATION TEACHERS**

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**Objectives:** In Japan, HIV/AIDS is spreading gradually. The objective of this study was to investigate and analyze the awareness of Japanese female university students who want to be school nurses or health and physical education teachers, concerning HIV/AIDS and STD/STI, focusing on the awareness as the concerned persons or their supporters.

**Methods:** The participants were 240 female university students, in the 1st to 3rd years, in the same department of related health sciences in A Women's university. They were informed about this study and gave consent. The self-completed questionnaire was made of five principal questions. The working scheme of this study was examined by the bioethics committee of Sonoda Women's University and was approved. This study was conducted in July 2008. We used Excel Version 11.6539 for the total and descriptive statistics, and employed the Spearman correlation coefficient with SPSS® Version 17.0.0 ( $p < 0.01$ ). The free descriptions were analyzed.

**Results and discussion:**

**Overview:** The valid answers were 202 (84.2%). In the question < (1) Content of study in elementary and intermediate education >, we recognized that the students learned the "Routes of infection, and prevention" (87.1%) and "Nomenclature of STD/STI" (80.2%). There was a weak correlation between "Nomenclature of STD/STI" and "Manifestations of STD/STI". Moreover, the replies to "Routes of infection, and prevention" increased as the university year went up, but the correlation was weak. It was possible to consider the influence of university education.

**Awareness of the concerned person:** In the question < (2) Self prevention >, the response rates to "Obtain correct knowledge" (86.1%) and "Use condoms" (85.1%) were high. The correlations of "Use condoms" with university year and "Nomenclature of STD/STI" were weak. In < (3) The relationship status when infection was reported by your partner >, the response rates were high in the order of "The current relationship did not change" (40.6%), "The relationship changed" (30.4%) and "Break off the relationship" (21.2%). The free description of the reasons for changing the relationship was 63.9% (39 students). The contents were classified into seven items such as "Health check-up was undertaken", "Solidify one's knowledge", and "Examine the sexual relations". Thus we could say that they thought about HIV/AIDS with awareness as the concerned persons.

**Awareness as the supporter:** In the question < (5) Necessary knowledge in the future >, the desire to accurate, realistic knowledge such as "Accurate knowledge for prevention" (70.3%) and "The infected person's current status and life" (69.8%) were comparatively high. The correlation of "Infected person's current status and life" with "Use condoms" was weakly positive, but that with "Accurate knowledge" was weakly negative. There were few replies (about 20 percent) regarding "How to support the infected person" (22.3%) and "Method of appealing for prevention of infection" (17.8%). The item "How to support the infected person" had a weak, positive correlation with "Undertake HIV/AIDS examination on my own". Similarly, the correlation between "Method of appealing for prevention of infection" and "Consult with partner" was weakly positive. In general, these results reflect the hope for improvement and growing awareness in students who are pursuing health sciences and wish to be school nurses, health and physical education teachers, and as supporters. It is important to offer in the future participative-type and community collaboration-type learning opportunities to improve their awareness.

P-05

## A STUDY OF THE INTERGENERATIONAL TRANSMISSION WITHIN MOTHER-CHILD: COGNITION SCALE CHILD-DRAWING FOR MOTHER

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### **Purpose:**

It's a noticeable fact that in Japan the ratio of abused cases has recently increased to 34 double in those 16 years. The maltreatment are 63% by mother, particularly the severe battered children included.

Many researcher reported that the maltreatment mother have high-risk to do the same behavior in child-hood. In order to understand such that mechanism must be needs more deeply research to focus about mother-child relation ship.

In this study the researcher investigated the intergeneration grand parents –mother-child relation ships.

Subjects: The subjects were 76 mother and theirs children who were 4~6 years belong to nursery school in Yokohama.

Methods: Data were obtained by self- report the Kubotas' questionnaire from mothers, and children had been asked to draw theirs mother on May 5~12 2009.

The drawings were evaluated the contents by tow expert persons.

### **Results:**

The child were classified by  $\pm 1/2SD$ , added to  $x=47.0$  into the group H, the higher grade with positive mother cognition (21 children 10 boys mean age =4.8years) and the group L, the lower grade group with negative mother cognition (24children 15boys mean age =5.4years).The mothers pictures were evaluated by 2experts between the two groups .

A significant difference ( $p<.05$ ) was shown in 5 items (drawing fine eyes, big mouth, slender neck and legs, arms put on tightly body) and one significant tendency ( $p<.10$ ) (securely body).

The main results were as the follows: The group H mothers traits were to be depended upon her to good eye contact with their child and warm communication each other.

On the other hand, The group L mothers were high tension with other persons, and have weak relation with child , more over to avoid from the neighborhood It has been reported that ordinary the maltreatment mothe high-risk to do the same experience in child hood.

### **Conclusions:**

Bowlby(1973)pointed out that a mother and child had not only scare attachment relation ship, also such mother had good relation ship with there parents. The group L, mothers traits are high tension with other persons, weak relation with child, more over to avoid from the neighborhood It has been reported that ordinary the maltreatment mother have high-risk to do as the same as experience in child hood. Therefore, These mother recognized negative relationship with grandparents. Accordingly it will be not only modified that had chain but also bring to benefit to lifesaving of the abused child.

P-06

**A STUDY OF THE DEPENDENCE IN JAPANESE UNIVERSITY STUDENTS:  
SCT BAUM-TEST DEPENDENCE SCALE**

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Objects: Recently it's a problem the ratio of a few child phenomena.

Moreover there is a Japanese culture of "AMAE" which is over protection deprives

Children in consequence of young people have only self loving mind and are easily harmed , those who cannot to go to school and stay at home, also find value in games, or computers. DR Enomoto (2006) reported that the traits of youth. 1)over protect ,immature 2)weakness of the reality 3)a substantive life 4)lack of personal relations 5)weakness in mental, powerless 6)lack of the affliction strength.

Takazuka (2008) researched concerning about stay indoors persons and predicted number about 180,000 in Tokyo. Over 1000,000 in all across Japan. Then he pointed such personality traits, 1)The higher pride, not adjust social 2)avoid to hurt in a competition 3)work in adverse because of not enough social skill training 4)not successfully with their parents relationship .

The purpose of this study was to examine the psychological traits among the high and low groups of the dependency in university students.

Subjects: university students in Tokyo. Methods: Kitoras' dependency scale, SCT and Baum-Test, They were asked to fill those on October 2009.

Results: The subjects were classified by  $\pm 1SD=6.71$ , added to the average Kitoras' Scale scores=35.8, into the lower dependency group A (N=33 female=8, 24.2%, mean of age=20.0 years), and the higher group B (N=29 female=19, 65.5%, mean of age=19.8years) There was strong significant difference ( $p<.01$ ) was observed in number of female among the two groups.

Results:1)SCT、A significant difference ( $p<.05$ ) was observed in 3items and significant tendency was 2 items.(5)childhood: cheerfully, group A 48%, shay, group B 45% ( $p<.10$ )according this group A was active but group B was introvert.

(1)liking: sports, group A 27.3%, food and sleep groupB72.2%, ( $p<.05$ ), group A was active too, group B show oral dependency and regression.(2)not forget: good memory group A 57.6%, hateful experience , group B 41.4% ( $p<.05$ ), group A was positive but group B was negative.(3)when not agree to parents opinion: resist, group A 63.6%, group B 37.9%,ignore,groupA 18.2%, group B 44.8% ( $P<.10$ ),group B show avoid tendency to their parents, It may be weak relationship with their parents. (4)future: work, group A 36.4%, marry, group B 37.9%, ( $p<.10$ ). Group A hope to work but group B did not like it which may be depend on difference of gender.

2) Baum-Test: A significant difference was observed in 3 items. (1)The horizon: drawing, group A 36.4%, group B 82.8 %, ( $p<.01$ ), group A is separate from parents but group B is dependency to their parents. (2)Cling root: groupA27.3%, group B 55.2 % ( $p<.05$ ),group B show strong dependency to their parents. (3)Addition: groupA9.1%, group B 58.6 % ( $p<.10$ ),group B show deviate from instruction and selfish.

Conclusion: The traits of group A is independent, active, and have motivation to work future, however group B is passive negative thinking, dependent immature selfish and hope married .It may be correlate with recently young female conglutination to mother and desire marry because of difficult to work in social .It is meaningful to study about females university students dependence and independency of psychological traits.

P-08

**SPIRITUAL HEALING ENERGY:  
A COMPLEMENTARY TREATMENT TO HEAL HEALTH PROBLEMS**

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**Abstract**

Spiritual Healing Energy (SHE) is a specific energy that helps our own healing systems to work to their full potential. In SHE therapy this energy flows from the practitioner's hand into the patient's body and is utilized to heal the patient. SHE has its roots in the Japanese "Usui Reiki" and has been developed with new symbols and attunement techniques. Reiki is the combination of the two words which means Universal Life Energy. Reiki is most well known as a hands-on healing technique, while SHE is a powerful tool for discerning divine energy which can be used to alleviate any form of disease (mind, emotions, body, and spirit). In this paper Aura and Chakras will also be introduced and related to SHE. The relationship between the concept of Aura and the inner-self / inner-soul to use Applied Kinesiology will be discussed. The six SHE principles which the practitioners must recite every day will also be explained. There are four sets of attunements: first, second, third and finally the SHE Master Degree. After the attunement, one will be a practitioner according to the stages of the Degrees. The higher the Degree you achieve, the stronger the Aura that will be obtained. This paper will also mention each Degree and the related healing for the health problems. The technique of applying SHE for healing or treatment to yourself, others, animals, plants, food, storm, heavy rain, tsunami, pain-relief and others will be discussed. The technique of scan on the roots of the health problems will also be demonstrated. The method of transferring the energy to water, crystal, eggs and music to release the negative energy will be explained. SHE can also complement other treatments without hindering them. For examples, it can be used with other healing modalities such as aromatherapy, reflexology, massage, acupuncture, cupping, qi gong, tai chi, bech flowers remedies, and any medicinal drug, whether alternative or Western. Therefore, SHE enhances the power of other healing modalities and it will not assist the misuse. Through experience, after the first Degree of attunement, the students will become a sensitive person to any positive or negative energy surrounding them. Finally, SHE energy is a harmonise/love means that helps to heal or treat health problems. Three case studies will be discussed before and after negative energies have been removed from the patients. It is very useful for anyone to obtain this energy in order to heal/treat oneself and the well-being of the humanity and the environment.

P-09

**ACTUAL CONDITIONS OF COMMUNITY WATCH ACTIVITIES IN JAPAN:  
CONSIDERING A COOPERATIVE SYSTEM OF CASEWORKERS FOR CHILDREN  
AND OTHER INVOLVED ORGANIZATIONS**

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**Purpose**

To study the conditions of watch activities conducted by caseworkers for children (hereafter caseworkers) and the roles and cooperation of the organizations that caseworkers count on, including local inclusive support centers, home care support centers, health service centers and administration.

**Method**

1. Subject: 10 caseworkers who are watch activity members from 5 school districts (from District A to E) in area "a" of S city.
2. Period of Research: January to October, 2009
3. Research Method: After training for the citizens of Area "a" in S City was finished, semi-constitutive interviews were conducted with interviewees, using an interview guide at each school district. The interviews were recorded with the consent of the participants and verbatim transcripts were made.
4. Method of Analysis: The contents of the interviews are in the verbatim record. We extracted the parts in which caseworkers spoke about how watch support should work and how the organization should act, using the exact expressions of the speakers as much as possible.
5. Ethical Considerations: This study followed recommendations from the ethical committee of the university. We explained the purpose and method of conducting this study to the subjects, as well as their freedom of participation and protection of personal information, and then asked for and received their written consent.

**Results/Speculation**

Caseworkers built relationships with residents in the area and participated in activities that involved hobbies and small groups of local people to understand which residents required observation. However, due to the personal information protection law, caseworkers cannot obtain enough information from administration. This has made their activities difficult, as they cannot comprehend who needs to be watched and when and how care workers should intervene those who are ill. Moreover, there is more difficulty, as caseworkers have to watch those who says, "If I'm in trouble I'll go to the support center", feeling obligation to watch them until they get into trouble. Therefore, caseworkers consult with nearby, local inclusive support centers, home care support centers and health service centers where caseworkers can build relationships. At these centers, caseworkers ask for the judgments about their consulting function and professional standing. Furthermore, caseworkers would like local administrations to positively promote the existence of caseworkers in the area and create conditions allowing them to visit residents' homes more easily.

Caseworkers hope to have cooperation with home care business bodies, police, fire departments and nursing care facilities. We consider it a way to comprehend information with diversified views and perspectives of early response and care after incidents involving those who need to be watched. These organizations need to bear in mind that they are the manpower that supports the community and work with residents with professional standing to share information. Additionally, there are home visit and clinical nurses who work closely with some of these residents and can notice changes in people's health. They also need to recognize caseworkers and work to supply them with information.

P-10

**THE EFFECTS OF A PHYSICAL EXERCISE PROGRAM FOR PHYSICAL AND MENTAL HEALTH ON JAPANESE OLDER ADULTS**

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World Health Organization (2009) indicated that regular exercise prevented life-style related disease such as diabetes, coronary arteriosclerosis, high blood pressure, high blood glucose, high blood lipids. Prior research also reported that regular exercise reduced depression, anxiety and psychological stress (Scully, 1998). The purpose of this study was to investigate the effects of physical exercise program for physical and mental health on Japanese older adults and to examine the influence of mental health as mediator variables to enhance physical activity levels.

The subjects were 43 Japanese older adults (male=10, female=33, mean age=75.09, SD=6.17). They were asked to answer a set of questionnaires including a face sheet and Mental Health Pattern (MHP; Hashimoto et al., 2000), and to record the amount of physical activities that were measured by the number of steps on the first day (pre test: February 2nd, 2008) and the last day (post test: April 30th, 2008) of the physical exercise program. The subjects participated in the physical exercise program that was composed of 60-minutes long, moderate-impact exercise and stretching once in a week for three months. One way repeated ANOVA on the number of steps and hierarchical multiple regression analysis were conducted.

The one way repeated ANOVA showed that the physical exercise program significantly increased the number of steps ( $p<0.05$ ). Hierarchical multiple regression analysis indicated that the “the number of steps of pre test ( $\beta=0.654$ ,  $p<0.001$ ),” “psychological stress ( $\beta=-0.303$ ,  $p<0.05$ )” and “QOL ( $\beta=0.475$ ,  $p<0.01$ )” were directly associated with the number of steps of post test. “QOL” was significantly associated with the number of steps of post test indirectly through “Psychological stress.”

The result of one way repeated ANOVA suggested that the physical exercise program increased the amount of physical activities of Japanese older adults. The result of hierarchical multiple regression analyses revealed that path coefficients among each of the scales indicated the increase of the number of steps improved QOL and psychological stress. Moreover, higher QOL negatively influenced psychological stress directly. On the other hand, the decline of psychological stress mediated the positive effect between QOL and the Japanese older adults’ physical activity.

The findings of this study support the physical activity-mental health mediator model on Japanese older adults. Furthermore, the results suggest that the physical exercise program increases the amount of physical activities of Japanese older adults. In future research, development of the physical exercise program for older adults that includes the stress management program will be needed.

P-11

## BUILDING A CAUSAL MODEL TO IMPROVE NURSE RESILIENCY

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### Purpose

Resilience is said to be the human capacity to face, overcome and be transformed by the experiences of adversity. (Grotberg, 2003) The purpose of this study is to focus on mental resilience, which is the core concept of resilience, and to build a causal model with the goal of improving nurses' resilience.

### Method

We sent a written survey to 353 nurses who work at general hospitals. The survey was comprised of basic attributes; age, gender and years of nursing experience, along with mental resilience (Koshio 2000), self-value (Rosendberg, Munakata 2001), self restraint type behavioral traits (Munakata 1996), problem solving type behavioral traits (Munakata 2001), characteristic anxiety STAI (Spielberger 1970), social skills (Kimuchi 1998) and recognition of emotional support from family and the workplace (Munakata 1996). For data analysis, we used a statistics software, SPSS (version 17.0) and Amos (version 4.0).

### Ethical Considerations

We explained the purpose of study, the freedom to participate and/or quit in mid-course, and privacy protection before conducting the survey. We considered a returned survey to be their agreement.

### Results/Speculation

Due to considerations of the affects caused by gender difference, we excluded the answers from 13 male nurses from analysis. The average age of the 208 analyzed subjects was 34.1 ( $\pm 9.94$ ) and their average duration of experience was 10.1 ( $\pm 9.16$ ).

Examining the factor structure of mental resilience criterion, we conducted an exploratory factor analysis (EFA) (principal factor analysis, Promax rotation) and singled out 3 factor structures, "positive futurism," "diversification of interest" and "adjustment of emotion". Entire alpha coefficient scored .879, while the alpha coefficients of each factor ranged from .868 to .762, which maintained internal consistency. From this result, we deleted 6 items with low standardized estimate value determined by the confirmatory factor analysis (CFA) created by supposing 3 factors and confirmed that the model fit. Confirmation of a fit for mental resilience satisfied the criteria of adaptation, with scoring of GFI=0.946, AGFI=0.914, CFI=0.968 and RMSEA=0.06.

We verified factor structure analysis by each psychological measure using covariance structure analysis. "Good resilience," "good acknowledgment for support" and "acknowledgment of social skills" were hypothesized for potential variables and resulted with a tentative proposal of a processing factor model to improve mental resilience. Applicable fit for the model satisfied the criteria of adaptation, with scores of GFI=0.959, AGFI=0.916, CFI=0.954 and RMSEA=0.077. With this model, we learned that good acknowledgment for support improves the acknowledgment of social skills, and good acknowledgement of social skills improves resilience. Furthermore, it is possible to say that a well resilient condition means high self-value and low trait anxiety, as well as superior positive futuristic intention, variety of interests and emotional adjustment skills, which are the components of mental resilience.

The study suggests enhancement of acknowledgment for emotional support and social skills improves resilience, and improved resilience decreases anxiety. Therefore, it confirmed the effect on mental health.

**Key Words:** Nurse, resilience, social skill, covariance structure analysis

P-12

**A STUDY OF NURSERY TEACHERS' MENTAL HEALTH: THE RELATIONSHIP  
BETWEEN SOCIAL SKILLS AND EFFICACY**

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**OBJECTIVE:**

The purpose of this study was to investigate nursery teachers' mental health and to examine the influence of social skills on their mental health and pre-school teacher efficacy.

**METHODS:**

This study was conducted in June, 2007. Three questionnaires were administered to 130 nursery teachers who worked in private nursery schools: the General Health Questionnaire Japanese version (GHQ), the Scale of Social Skills (Horige, 1994), and the Scale of Pre-School Teacher Efficacy (Saito, 2000).

**RESULTS:**

The results showed that 1) efficacy and social skills had a significant effect on GHQ score of nursery teachers and 2) nursery teachers who were high in mental health score had high score of social skills by ANOVA.

**CONCLUSION:**

It was concluded that among the social skills, "Skill representation" affects mental health. These results suggested that social skill training focused on "Skill representation" for nursery teachers would be effective in improving their mental health.

P-13

**THE STUDY ON HWA-BYUNG OF KOREA AND MENOPAUSAL SYMPTOMS OF JAPAN  
DIRECTIONALITY OF THE NARRATIVE THERAPY  
INTRODUCTION TO CULTURE-BOUND SYNDROME**

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Hwa-byung is a syndrome of Korea's original strong anger.

It is in particular an illness that affects Korean old and middle-aged women, and this is listed as Korean culture-bound syndrome by the classification of DSM-IV.

I point out that the North American menopause regards menopause as a biological phenomenon. As a result Dr. MARGARET LOCK performed a field investigation in Japan about menopause.

On the other hand, many Japanese women give up a menopausal symptom (konenki).

This is because it thinks that the menopausal symptom is a special symptom to happen to a woman of the older age.

The characteristic of Hwa-byung of Korea is happen to a body, a mind.

Korean psychiatrist, Dr. Min points out that unique complex emotion called 'grudge (haan) formed by social culture-like experience in the Korean history' influences Hwa-byung.

It is caused by a traumatic private life.

When the Japanese widely tend to regard the symptoms of the menopause as 'an ageing process that cannot be avoided', I agree to the research result of Dr. MARGARET LOCK.

Therefore, in Japan, women with menopausal symptoms rarely receive medical care.

A psychological factor called "reconciliation" in the menopause influences this background.

In addition, it may be said that it is built, and has been prescribed by a cultural background and the role of women in society in Japan.

The menopause is different from Hwa-byung in symptoms and a socio-cultural background.

In Hwa-byung of Korea and the menopause in Japan, there are many patients as a hierarchy poor.

It may be said that accumulation of aging and mental and physical fatigue, and living through hardship over a long period influences this.

In other words it is thought that I may be going to adapt myself so far by taking a different social role.

Dr. Talcott Parsons, he were sociologists, but proposed a sick role theory.

I thought that I could think about the same problem of Korean Hwa-byung and the menopausal symptom of Japan using his theory.

I think Hwa-byung is an unconscious social role choice of old and middle-aged women in menopause.

In late years, for a patient with these symptoms, I give medical treatment within medical institution.

However, medical treatment is coping therapy, and not an essential solution to the problem.

I think that it is effective to perform Narrative therapy listening to a life history such as pain and sorrow in the past life of the patient.

Narrative therapy may need time before an effect appears in comparison with medical therapy.

However, I think that a patient can find a new definite aim by listening to the events of the past life cycle.

My next problem is to study an effect of the Narrative therapy about Hwa-byung and a patient of the menopause.

P-14

## EVALUATION OF THE EDUCATIONAL USE OF CANCER NARRATIVE DATABASE FROM “DIPEX-JAPAN”: AN ANALYSIS OF STUDENTS’ FEEDBACK

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### Background

Cancer patients’ narrative contributes not only for patients or family members in distress but also for medical students in positive educational effects. Since such narratives can be information resources for narrative-based-medicine, DIPEX (Health Talk Online) was developed by Oxford University to build a website of database of patients’ voice based on their personal experience. Accordingly, DIPEX-Japan was established recently as the Japanese database website.

### Aim

The aim of this study is to measure and evaluate educational effects for medical and paramedical students after watching the cancer narrative video from Database of Individual Patient Experiences-Japan.

### Method

The participants were 1132 students who took one of 23 classes that used the cancer narrative database as a part of their medical education. The 23 classes consist of 16 in undergraduate, 5 in graduate school, 1 in junior college, and 1 in continuing education course. A questionnaire survey was done after each class. The items of the questionnaire were: (1) Was the narrative database useful to understand the subjects?, (2) Were you able to gain new knowledge or awareness?, (3) Have you gotten deeper understanding of cancer?, (4) Was it useful to understand the life of patients?, (5) Was it useful to understand the emotion or feeling of patients?, (6) Was it useful for you as a future medical professional to behave with patients?, (7) Have you become interested in the database?, (8) Has your motivation to study increased?, (9) Do you want to see and hear narratives of other patients in the website?, (10) What was your general impression? Among all the respondents, 704 were nursing or maternity nursing students, 309 were pharmacy students, 77 were physical therapy students, and 42 were medical students. The average age was 21.83 (SD=4.85). Out of the 1132 respondents, 224(19.9%) were men, and 904(80.1%) were women.

### Results

The mean of 9 items (1.0-5.0) on the evaluation of the database was 4.22 ( SD = 0.54), and more than 70% responded “strong agree” or “rather agree.” Women (M = 4.26; SD = 0.61) answered more positively than men (M = 4.03; SD = 0.61) significantly (t = 5.76, p < 0.001). With the overall mean as the dependent valuable, and sex, age, and mode of class as independent valuables, we conducted a multiple regression analysis and found that the total determination coefficient (R<sup>2</sup>) was as low as 0.07. A text mining analysis revealed that top 15 words used in the answers were: “patients,” “feeling,” “cancer,” “human,” “voice,” “can hear,” “understand,” “self,” “life,” “actual(ly),” “listen,” “thought,” “experience,” and “different.” The students, who listened to the living voices of the patients, could understand their feelings and got interested in the experiences of the patients.

### Discussion

Overall evaluation by the students were high, however it was especially high among graduate students, who tended to have prior experience as medical professionals, and first year undergraduate students. For undergraduates, the database was useful as a realistic educational material before their exposure to the real patients.

**Key words:** narratives, education, database, cancer, text mining

P-15

## **A STUDY OF NARRATIVES OF PEOPLE WITH MENTAL ILLNESS: CHARACTERIZING EXTERNALIZED PROBLEMS.**

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The purpose of the present study is to explore narratives of people with mental illness and identify characteristics of the externalized meanings underlying the narratives. Subjects were people living together in “Beteru no Ie” (Bethel’s House). Examination of narratives of their hallucinations and delusions revealed that the subjects were conscious of their disease, and that the narratives focused on their hardships, rather than their illness.

### **Data**

Excerpts regarding auditory hallucinations and delusions of subjects from stories in a booklet (200 pages) titled “PAPIUPEPO 2 ~BETERU HOUSE DAYBOOK 2000-2004” were analyzed.

Ethical concerns: Since this booklet is distributed publicly, there were no ethical concerns.

### **Methods**

Data were analyzed qualitatively using an inductive approach. Codes, subcategories, and categories were identified based on interpretations of meanings extracted from stories of hardships by people with mental illness. Terms characterizing externalization of problems in the narratives were identified by the subjects.

Five terms that characterize externalization of problems were identified:

1. “Own disease name” created by themselves, rather than one diagnosed by a physician.
2. “PA/PI/PU/PE/PO”, a term referring to hatred against symptoms. This term was coined by Mr. Hayakawa, one of the residents of Bethel’s House with mental illness.
3. “Gencho-san” (Mr./Ms. auditory hallucination), a term referring to hallucinations and delusions.
4. “Weakness”, which refers to communicating to others about anxiety and distress.
5. “Explosion”, which refers to the sudden appearance of symptoms.

### **Result and Discussion**

Eight categories were identified from the meanings extracted from the narratives of hardships. “Acceptance of disease and self”, “Figuring out how to manage their disease”, and “Living cheerfully with auditory hallucinations” were introduced by “Working together as a group”. The residents of Bethel’s House enjoy conversations more than meals. This situation resulted in the residents “Working together as a group”. Their conversations generated “Power of narrating one’s hardships”. Furthermore, this power elicited “Living naturally as oneself” and “Healing brought by good human relationships”. In the end, the subjects experienced “Happiness from illness”.

### **Conclusion**

Categories characterizing externalized problems were identified from narratives of hardships by people with mental illness. Externalization of problems by narrating hardships changed the narratives to those of happiness.

P-16

**MEANING OF THE NARRATIVE OF A WOMAN WHO WAS TRANSPORTED TO MEDICAL INSTITUTION AND HAD AN OF UNEXPECTED CHILDBIRTH EXPERIENCE**

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**Aim:**

This report clarifies the meaning of the narrative of a woman who was transported to a medical institution and had an unexpected childbirth experience.

Co researchers: This woman, wishing to have a spontaneous delivery at a maternity home, was transported to a medical institution and had an unexpected childbirth experience.

**Method:**

When her health status became stable after childbearing, we told her the purpose of our study, obtained her consent, performed an unstructured interview and qualitatively and inductively analyzed the content of the interview. Analysis was performed under the supervision of an expert, to ensure reliability and validity.

**Results:** The unexpected childbirth experience placed the mother in a critical situation. However, during her narrative, she voluntarily recalled her efforts toward delivery, and was convinced that medical care was sometimes necessary, that naturalness was important in life, that it was meaningful for her to have been supported by an expert who respected nature. She was also convinced and that her previous experience had helped her to get to where she was. While recalling her time of childbearing, the woman interpreted the childbirth experience after the process of grieving.

**Conclusion:**

This case suggests the importance of the support offered by her attending midwife and her family, who provided care to quiet her mind in the process of her finding the meaning of her childbirth experience.

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## RESEARCH OF RELATION BETWEEN UNIVERSITY STUDENT'S LIFESTYLE AND STRESS COPING

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The purpose is that the method by which a student copes with stress is related to his lifestyle and how one interprets that connection. For the purpose of this study in July 2009 I gave 204 university students in Tokyo Japan two questionnaires to fill out. These questionnaires measured 1) the student lifestyle choices 2) the students stress coping strategies. The collected data was transferred into factorial analysis and the scatter analysis by SPSS.

The results of the "living activity scale" showed three different patterns. Three factors were named. 1) The first factor; fluctuation creature of moods. 2) The second factor; focusing on a goal. 3) The third factor; communication. In addition, the stress coping patterns of present students have changed, in comparison to past studies, in relation to current socio-economic situations. Next, the result of the questionnaire was analyzed. The ability of students to communicate and judge the seriousness of problems was lower amongst those who dealt with stress through evasion than those who cope with stress through other processes. Next, students described the most feeling in stresses recently. Their answers were classified depending on the KJ method. Their answers were five categories different patterns. The first category is human relations. The stressors were the family, the friend, the part-time job's boss, a lover, and a teacher in the category. The second category is the future. The stressors were looking for a job, going to study abroad, and hereafter in the category. The third category is study. The stressor was a report, a test, graduate go together the school and the part-time job, and grade. The fourth category is own inside. The stressors were the lifestyle, shy of strangers, the sickness, the gap between the reality and the ideal, and way of life. The fifth category is society and circumstances. The stressors were money, an urban clutter, a part-time job, poor morality, a government, a dwelling, and a climate.

In conclusion, it is thought a present student has three student living activities. And then it is thought that the ways to cope with the stress depends on ones socioeconomic background. Therefore, the stress coping scale should be updated to reflect the changes in socioeconomic condition in the modern age.

**Keywords:** University student, stress coping, student life

P-18

## **AN INVESTIGATION ON THE APPLICABILITY OF THE GAME THEORY TO ANALYZE THE DECISION MAKING PROCESS BETWEEN PATIENTS AND NURSES**

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### **Background**

Game theory was originally proposed for the analysis of decision making in economics, and it has contributed to the successful analyses of human behavior since then. A “player” chooses one of his or her available strategies to maximize their pay-off. The pay-off is dependent on the choices of the other players, so we can see and analyze the interactive relationships between patients and nurses.

### **Purpose**

The objective of this study is to investigate the applicability of game theory to particular decision making situations in terminal care nursing.

### **Method**

We interviewed 7 nurses from two palliative care units in two separate hospitals in Hiroshima City. The five set questions related to decisions about, 1) where to die, 2) taking medicine, 3) palliative treatments, 4) final reconciliations with other people, and 5) giving information about the time of death. We used a semi-constructed questionnaire for data collection which allowed for spontaneous additional questions. Game theory was then applied to analyze the questionnaire results.

### **Results**

All nurses, in their responses, said that an overriding priority was to support the patient’s hopes and wishes. This means that the usual calculus in game theory where each player is only concerned with their own profit is altered. However, we can use game theory with this new factor of altruism included. For nurses, a win-win result is one in which their happiness or satisfaction is directly tied to the patient’s well-being or happiness.

### **Conclusion**

This altruism is a core meaningful value-goal for nurses which guides their decision making. Game theory shows us how relationships are still problematic, even in the case where one or more players is acting not in their own self-interest, but in the interest of another.

### **Ethics**

Nurses were informed about the purpose of this study, and assured that confidentiality would be preserved.

P-19

## THE ACTUAL CONDITIONS OF WATCH NETWORKS FOR ELDERLY PEOPLE USING ICT IN PROGRESSIVELY DEPOPULATED AREAS IN JAPAN

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### Purpose

To understand the actual condition of activities involving the watching of elderly citizens by caseworkers and the usage of ICT combined with urgent message/safety affirmation system in Town A.

### Method

1. Written questionnaire to caseworkers conducted in September 2008.

Group interview with 2 caseworkers and 2 specialists from the region in February 2009.

2. Individual interviews with office staff members at a local comprehensive support center and the town office from December 2009 to March 2010.

3. Ethical consideration was taken as receiving approval from the Research Ethics Committee of Konan Women's University and obtaining consent from interviewees.

### Results

Watch activities of caseworkers

1. In regards to the questionnaire, 33 caseworkers, ranging in age from their 50s to their 80s, returned responses (71.7%). The subjects being watched are elderly people who are living alone or with another elderly person. The questionnaire disclosed the fact that case workers must bear multiple tasks due to lack of personnel through rapid depopulation. They also have to undertake emergency matters as well as bad traffic access in the area. Local experts actively promoted the usage of ICT due to the necessity of establishing a system in which those being watched can send messages.

2. The ITC system for emergency calls/asking for safety checks

In Town A, people spend many hours working outside doing agricultural tasks. Therefore, the town introduced an emergency call in service that responds to people working outdoor using cellular phone GPS function in 2009 for those who are 65 years or older and living alone, and 70 years or older who live with another similar aged person. 189 cellular phones and 93 fixed devices make up the emergency call in system and 18 were enrolled in the safety check system (14 for both). 2 cases of emergency cellular phone calls had been handled in house (as of March 2010). Areas where cell phone signals don't reach and subjects who cannot operate cell phones use fixed devices. False alarms from elderly people with dementia were handled in cooperation with fire and police departments.

### Speculation and Conclusion

Depopulation, aging and severe living environments make watch activities difficult to conduct. In such areas, the active usage of ICT is effective. Also, a network using both the goodness of people doing the watching and speedy/accurate responses in emergencies will help the elderly have a more secure feeling. Because caseworkers and experts work together to conduct watch activities, ICT use based on emergency response becomes effective. Furthermore, ICT compensates for a shortage of manpower so established watch activities can become possible. It is different from large cities in the meaning of using it for rebuilding connections of people in the area and for information management.

In the future, we will examine support activities for elderly people who live in areas with no cellular phone signals and who cannot use cell phones.

Our next study will include the effects of ICT we could not cover in this study.

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**ENVIRONMENTAL SANITATION OF ORANG ASLI COMMUNITY :  
CASE STUDY OF THE SETTLEMENT OF ORANG ASLI  
AT SUNGAI BERUA, HULU TERENGGANU, TERENGGANU DARUL IMAN**

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**ABSTRACT**

A research was conducted at the Orang Asli settlement of Sungai Berua, Hulu Terengganu, Terengganu on the sanitation and environmental conditions that exist among the Orang asli. The aim of the research is to identify the sanitary factors in the area. Qualitative and quantitative methods were used through interviews based on questionnaires and direct observations as relevant to the target group. The result of the research shows that the sanitation level is very low. The minimum standard chosen is 50 out of 100 marks. Only 4 houses surpass the minimum standard and the average mark is 35.4. From this research it is found that the Orang Asli, especially the Orang Asli of Sungai Berua, Hulu Terengganu is exposed to various diseases. The low level of sanitation is caused by poverty and impervious attitude towards health. They should be given enough preparation and exposure through formal and non formal education, in order to increase knowledge and a change of attitude to improve their standard of living and environmental sanitation.

P-21

## EFFECTS OF A STUFFED ANIMAL DESIGNED FOR NURSING CARE

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### I. Purpose

To study the effects of a “warm stuffed animal for nursing care” in terms of healing elderly people who reside in facilities and improving their QOL.

### II. Method

1. The facilities used for the surveys and the subjects

The subjects of the first survey were the following two groups: (1) 26 elderly people of age 65 years or older who reside in the facilities and have agitated behaviors ( $MMSE \leq 23$ ), and (2) 31 elderly people of age 65 years or older who reside in the facilities and have normal cognitive functions ( $MMSE \geq 23$ ). The subjects of the second survey were 20 elderly people with dementia.

2. Trial-made stuffed animals

The “stuffed animal for nursing care” consists of the stuffed animal body and the heating entity, which warms the surface of the stuffed animal.

3. Study method

1) I gave elderly people with agitated behaviors who reside in the facilities a warm stuffed animal of their preference (a dog or a cat with a pocket warmer in the abdomen), and observed the changes in their behaviors for two weeks before and after their use of the stuffed animal. As a measure, I used the Cohen-Mansfield Agitation Inventory (CMAI).

2) I gave elderly people with normal cognitive functions who reside in the facilities a warm stuffed animal of their preference for two weeks, and conducted semi-structural interviews regarding their impressions.

### III. Results

1) Changes in agitated behaviors

Regarding “repetitive sentences or questions,” which is a problem behavior listed in the Cohen-Mansfield Agitation Inventory, a significant difference ( $p < 0.03$ ) was noted before and after the use of a warm stuffed animal. I conducted a statistical test on the differences in two corresponding population means.

2) Interview results

Changes in daily life behaviors

1. A person who did not speak sang a children’s song to the stuffed animal.

2. A person took the stuffed animal back into her room, saying the animal must be scared as a typhoon was approaching, thus showing thoughtfulness.

3. A person who suffered from aphasia spoke to the stuffed animal, saying “I wish I could talk to you more; I am sorry,” which surprised her family.

### IV. Consideration

1. A stuffed animal has a possibility of alleviating the agitation of demented elderly people, which can result in the reduction of caregivers’ burden in nursing.

2. A warm stuffed animal draws out elderly people’s affection, making their daily life more comforting.

3. A warm stuffed animal is thought to be effective in easing elderly people’s tension and alleviating their chronic pain.

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**DRUG USE AND HIV AMONG FISHERMAN IN KUANTAN  
ON THE EAST COAST OF PENINSULAR MALAYSIA:  
AN ANALYSIS OF SOCIOECONOMIC CHANGE  
AND THE IMPACT ON INCREASED RISK FOR HIV IN THE COMMUNITY**

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**Background:** Fishermen makeup a relatively substantial proportion of HIV cases reported in Malaysia. As of June 2009, 3.78% of 86127 reported cases are fishermen (MOH 2009). The predominant mode of transmission is via injecting drug use (IDU) and the majority of reported cases are ethnic Malays. According to official statistics from the Fisheries Department, the fishing industry on the east coast of Peninsular Malaysia has undergone rapid commercialisation over the past 30 years through the increased use of mechanised vessels and modern fishing methods using trawl nets.

**Methods:** In early 2010, 28 IDU fishermen were interviewed in an in-depth qualitative study at a fishing jetty in Kuantan, Malaysia. Interviews were semi-structured; topics include the nature of fishing, drug use, and HIV awareness. Fishermen were sampled by vessel type, age, ethnicity, and geographical origin. Interviews were conducted in Malay, recorded and transcribed before translation into English. Analysis was based on social determinants of health.

**Results:** Modern trawl net vessels when compared to traditional modes of fishing need larger initial capital investment and are mostly owned by the Chinese. IDU is prevalent among fishermen on trawlers. The Chinese tolerate drug use as long as work performance is maintained. Substance use does not have the same cultural connotations for the Chinese as the Malays, who tend to hold a moralistic view. Trawler fleets also pay daily wages rather than by traditional profit sharing common among Malay vessel owners. Predictable earnings mean IDU fishermen can get wage advances for drugs. Drug pushers regularly visit the fishing jetty in wait for trawlers to return from sea and are known to sell drugs on credit.

**Conclusions:** Socioeconomic change from commercialisation has contributed to an increased risk for HIV especially among trawler fishermen. HIV interventions and health promotion messages should target trawler vessel owners to minimise harm from drug use.

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**INJECTING AND SEXUAL RISK BEHAVIOUR  
AMONG FISHERMAN IN KUANTAN, MALAYSIA**

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Fishermen make up a substantial proportion of reported cases of HIV/AIDS in Malaysia. With an aim to examine the risk behaviour profile of fishermen, focussing on injecting drug use and sexual behaviour, the study surveyed a cross-section of 69 fishermen at a commercial fishing jetty in early 2008.

28 respondents (40.6%) reported injecting drug use: injecting behaviour found significantly associated with being unmarried, spending more than one day out at sea per trip, had occupational role as crew, and consuming alcohol. Most commonly injected drugs were heroin, buprenorphine and morphine. More than half injected at least twice most days and a quarter reported sharing of injecting equipment prior to use. Of the five respondents reporting sex with a casual partner, only three 'always' used condoms in the past month. Eight respondents reported sex with a sex worker, of whom five were injecting drug users and only two reported using condoms.

This study associates high-risk behaviour with occupational culture and acknowledges an important gap in present knowledge regarding sexual behaviour that puts fishermen and their communities at risk of HIV. It suggests the need for community-based harm reduction intervention in tandem with a better understanding of socio-cultural factors driving high-risk behaviours.

**RELAXATION EFFECTS OF HAND-MASSAGE  
ON AUTONOMIC NERVOUS FUNCTION AND MOOD:  
COMPARISON OF DIFFERENCE IN THE HUMAN RELATIONS**

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**Purpose:** We were evaluated the effect of the hand massage (HM) on the autonomic nervous function and the mood in young people. And results were compared with difference in the human relations.

**Objects:** Healthy young people signed informed consents and participated in this study. Group A: 12 males and 4 females (22.2±2.2 y.o.) of the first meet. Group B: 2 males and 16 females (20.4±1.3 y.o.) with the human relations.

**Methods:** As for the method of HM which Tatsumura's pair-hands-healing method was made partly alteration to one of the hands was eight minutes. Time protocol of HM: 15 min rest → 16 min HM (0-8 min HM 1, 8-16 min HM 2) → 15 min rest (0-5 min after R1, 5-10 min after R2, 10-15 min after R3).

The response of the autonomic nervous function was evaluated by heart rate (HR), heart rate variability (HRV) and electrodermal activity (EDA). The mood was measured by profile of mood states (POMS), State-Trait Anxiety Inventory (STAI) and relaxation was measured using visual analog scales.

**Analysis:** Low frequency spectra (LF) and high frequency spectra (HF) were calculated from HRV, and the index of sympathetic nervous activity was LF/HF and parasympathetic nervous activity was HF.

Statistical analysis was performed by one-way layout ANOVA (Dunnett's test) for the difference of successive data in each test. Two-way layout ANOVA was used to compare the between two tests. T-test was used for the change in S1 and S2 of EDA. Paired t-test was used to compare the changes from the initial level in each test of the mood.

**Results:** STAI (Trait) represented the character of the adolescence, and there was no difference in males and females each groups in the autonomic nervous function and mood.

HR showed significant decrease HM 1 and 2 in Group A and B ( $p < .001$ ). Furthermore, Group B showed significant decrease in HR more than Group A (Fig. 1). No significant change in LF/HF and HF were observed in each groups. EDA didn't show a change by the strain.

Mood-scores were shown in Table 1 before and after HM. No significant change in mood-scores were observed in each group.

**Discussion:** We consider that HM controlled autonomic nervous balance, and activated parasympathetic nervous activity. These might be cause the effect of relaxation. Then the significant decrease in HR in A is probably due to the human relations. Thus we get the suggestion that massager's and receiver's good human relations influenced effect on relaxation.

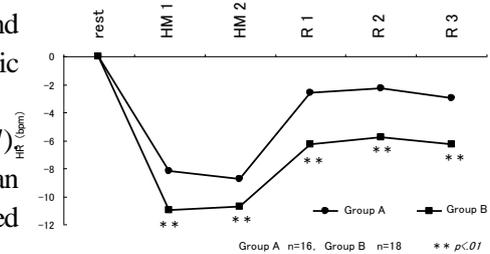


Fig.1 Change of the heart rate (comparison of the 2 groups)

	STAI	POMS						VAS
	State	T-A	D	A-H	V	F	C	relax
Group A	-90	-28	-1.1	-0.4	-1.8	1.5	-1.1	2.5
	***	***	**				*	***
Group B	-130	-21	-1.1	-0.9	0.6	-1.8	-2.1	2.9
	***	**	**	*		*	***	

The scores before HM was a standard (\*\*\*) ( $p < .001$ ) (\*\*\*) ( $p < .01$ ) (\*) ( $p < .05$ )

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## ORGANIZING A COMMUNITY BY THE PERFORMANCE OF ILLNESS

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The purpose of this study was to examine how a community can be organized by the expression of illness through performance using ethnographic methods. The subjects studied were “Kowaremono no saiten (Broken people’s festival)” and “K-BOX,” both of which are performance activities of illness. In these performance activities, individuals with psychiatric illnesses, social withdrawal, or other ailments express their experience of suffering through talks and creative works such as poems and songs. Experiences covered ranged from illness and stress in relationships with family or colleagues to balding.

The community organized by the performers includes the audience and guests, and is termed the “Ikizurasa community”. Ikizurasa is a Japanese term that simply means “difficulty of living,” and the expressed experience of suffering is treated as an Ikizurasa rather than as an illness. This term captures the performers’ belief, which may be the medium that organizes the community.

In this study, the actor-network theory was used to explain community organization. This theory explains phenomena from the viewpoint of a network of actors. In this theory, not only humans but non-human, artificial elements are also regarded as actors. Therefore, even artificial materials become agents that affect other actors (Callon 2004). In performance activities, creative works and the media, including television, are also agents. This viewpoint provides a full comprehension of the community, which is not possible when only human-to-human interactions are focused upon.

The actors of this community include the performers, audience, guests, media, weblogs, flyers, creative works, Ikizurasa, and the experiences. These actors interact with each other around the axis of Ikizurasa and organize the community. Creative works act as an artificial agent that enables performers to share their experience. The experience is then exposed as an expression. In this community, vulnerability opens and strengthens the relationships between performers. As a result of performance activities, performers who spend everyday life as office workers or part-time workers make relationships that are different from their daily life relationships with family or colleagues. By expanding Ikizurasa beyond illness through media and creative works, they organize a community including people that they have not yet met. Moreover, the concept of this community is also expanded.

This study shows how Ikizurasa can connect and possibly expand the concept of a community. These considerations contribute to the formation of mental health and welfare policies. However, this study shows only the surface of an organized community. Accordingly, future research is needed to deeply understand subjects such as hybrid communities from the viewpoint of actor-network theory and to establish a theory that explains the process of community organization.

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**SPATIAL DETERMINANT FOR SOCIAL COHESION:  
CASE STUDY VILLAGE OF KAMPUNG BHARU**

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*Abstract*

Sharing of external spaces encourages interaction among communities as these spaces act as the social place for meeting and interaction among people which eventually strengthens the community bond. Within the accessibility and permeability of the traditional Malay house and setting, privacy of the family is provided within the individual house supported by accepted privacy behaviour. The lack of defined territory should not be seen as a lack of privacy, as privacy in the traditional Malay society is not bounded by physical environment, but more importantly shared societal values that govern privacy behaviour among the homogeneous society. However, urbanization resulted in changes in the way of life of the Malays and their housing environment. The housing design in the urban areas in Malaysia changed significantly from the 1960s to cater the increasing population with the introduction of mass housing in the form of terrace housing, a direct influence from the British.

The study will trace through identified social spaces how the spatial morphology of the village over the century gave rise to the community's social cohesiveness and subsequently, development of its social capital. It will also look into how rapid urbanization that besieged the village today undermines the community social cohesion, physical and spatial setting.

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## DEVELOPMENT OF THE RISK PERCEPTION SCALE FOR SEXUALLY TRANSMITTED INFECTIONS ON JAPANESE UNIVERSITY STUDENTS

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The spread of Sexually Transmitted Infections (STIs) for young generation is one of the most crucial issues in the Japanese public health. Because the number of infected youth aged from twenty to twenty-four has been increasing in recent years. DiClemente et al. (2008) suggested that effective preventive programs for STIs were targeted psychosocial factors like risk perception that were antecedent factors of risk behavior. The purpose of this study is to develop the Risk Perception Scale (RPS) for STIs on Japanese university students.

This study was conducted two surveys. In the first survey, 355 Japanese university students (male=186, female=169, mean age=20.20,  $SD=1.29$ ) were asked to answer a questionnaire composed of 4 items on the risk perception scale for STIs. The questionnaire was a Japanese version of Sexual Risks Scale (DeHart & Birkimer, 1997). In order to explore the factor structure of the above 4 items and confirm the reliability of the factors, Exploratory Factor Analysis and Reliability Analysis were conducted on RPS.

In the second survey, a questionnaire composed of 4 items was distributed to 426 Japanese university students (male=139, female=287, mean age=20.13,  $SD=1.56$ ). The questionnaire was newly developed based on the results of the first survey. In order to confirm the structure validity of RPS, Confirmation Factor Analysis was conducted on RPS.

The results showed that RPS had one factor with 4 items with satisfactory structural validity (GFI = 0.995, AGFI = 0.977, CFI = 0.996, RMSEA = 0.047) and Cronbach's alpha reliability ( $\alpha = 0.710$ ). These results proved the reliability and structural validity of RPS as an assessment scale of risk perception for STIs. Because RPS is composed of a few items, RPS can be used with other scale. In future research, the association between RPS and condom use should be analyzed by longitudinal method.

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## DOES SMOKING IMPROVE ATTENTION AND LOCOMOTIVE POWERS?

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The purpose of this study is to consider how smoking effects attentions and locomotive powers. The objects were 20 male university students aged 18-22 (10 smokers and 10 nonsmokers). Measurement items were Profile of Mood States(POMS shortened version) and State-Trait Anxiety Inventory(Japanese STAI) as an evaluation on the psychology side, Critical Flicker Frequency(CFF) as an awake level of brain, check of attention(speed 1.0Hz/practice, 1.6Hz/low difficulty, 2.2Hz/high difficulty) as an indicator of attention, and muscle: grip(right and left), balance: standing one foot with eyes closed for 60 seconds(right and left), flexibility: bending forward, agility: vertical jump and staying power: stair climbing for 60 seconds as a locomotive power. We started the experiment at 9:00AM and asked smokers not to smoke after rising. The experiment procedure was pretest for both smokers and nonsmokers first. Afterwards, they drank a glass of water during 10 minutes rest. Three minutes before posttest smokers smoked (a cigarette) and nonsmokers continued with their rest. Afterwards, they took posttest. The results are as follows.

- 1) In the evaluation on the psychology side, smokers' vigor of POMS was lower than the nonsmokers' one ( $P<.05$ ).
- 2) In the awake level of brain, nonsmokers' level was higher than smokers' one ( $P=.078$ ) Moreover, smokers' point of post were higher the one of pre ( $P=.057$ ).
- 3) In the attention, in both cases of low difficulty and high difficulty, nonsmokers' grade was higher than smokers' one ( $P<.01$ ).In the case of low difficulty, smokers' grade increased at post ( $P<.01$ ). On the other hand, in the case of high difficulty, though smokers' grade was didn't change, nonsmokers' one increased at post. That is though smokers' attention increases by smoking at low difficulty, smokers' attention doesn't increases at high difficulty and smokers' attention doesn't reach nonsmoker's one if the smokers smoke.
- 4) In the locomotive power, though nonsmokers' increased at post in bending forward ( $p<.05$ ), smokers' didn't change. In vertical jump, smokers' increased at post ( $P<-.5$ ) nonsmokers' also increased ( $p=.075$ ). In stronger hand's grip, smokers' increased at post ( $p<.05$ ). In standing one foot with eyes closed and climbing stairs, there isn't any important difference.

Therefore, though smokers' smoking habits temporarily improve grade more than they don't smoke, smoking habit itself brings less attention than original. In locomotive powers, though smokers enrich the ability to exercise energy such as vertical jump and grip by smoking, we can consider that this is the contemporary effect that returns the decline of the performance level to the original. It suggest that smokers cannot exercise energy in contemporary no smoking because smokers' locomotive powers.

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## THE EFFECTIVENESS FOR EDUCATION PROGRAM OF PREVENTION CHILDREN FROM SMOKING CIGARETTE IN JAPAN.

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### Purpose:

This study evaluated the effectiveness of education which aims to protect children from cigarette smoke. In recent years, as knowledge in Japan about the health impact of smoking spread and laws concerning the prevention of smoking have been enacted, the smoking rate has reduced to 38.9% among males and 11.9% among females (Japan Tobacco Incorporated Survey, 2009). The most important objective for educating elementary students about the danger of cigarettes is to teach them to never contact with cigarette smoke. Our programs are going in a direction which heavily emphasizes this point.

Method: An anonymous self-administered survey was conducted in 2005-2008 among about 862 fourth to sixth-grade students attending 7 elementary schools after special class. In that class, they studied about the health hazards of smoking with instructors from a medical association.

### Results:

The response rate was 96.3%. The smoking rate of families who has those who smoke living with elementary students was 58.9%. The breakdown was: Father 85.1%, Mother 27.6%, sibling 5.1%, Grandfather 20.0%, Grandmother 5.3%. Among all these smoking individuals, 57.7% were smoking in the living-room, 44.4% in the car, 37.8% balcony or outside, and 29.7% under the kitchen fan. The rate of students who talk about smoking with their families was 53.3%. The subjects for this conversation included Health, Smoke Out, Money, Second-hand Smoke and Fire. Of the respondents, nearly 5 percent were former smokers, and more than a quarter of them were smoking before school age. The rates and responses to the question "What made you smoke?" were as follows: 32.5% said, "I had an interest in smoking", 32.5% said, "I was pressured into smoking by someone" and 27.5% said, "I smoked for vague reasons."

After the special class, 66.1 percent of them answered, "I'll never smoke", 29.9 percent of them said, "Maybe I'll never smoke", 3.3 percent of them said, "Maybe someday I'll smoke", and finally more than 70 percent of the students said, "I could gain new and accurate knowledge about cigarettes".

### Discussion:

What we showed in this report was contrary to our expectation. We found that a startling number of families with elementary students smoke in their house, which means a great amount of children are threatened by cigarette smoke in their home. The result of the analysis showed that smoking families had more conversations about "not smoking" and "health", than those other families who didn't smoke. Subsequently, children with a lot of experience discussing topics related to smoking with their families were more concerned about tobacco-related illnesses than other children.

Most students who attended the special class answered, "I'll never smoke", however, sixth grade female students who have smoking mothers had the tendency to not put this answer on the survey. It can be said that a child's health will be greatly influenced by the smoking of the mother in the future and notably smoking harms women more than men. We expect to reach not only children with the influence of this special class education but also their families.

P-30

**RELIGIOUS ENVIRONMENTAL ETHICS AND ITS INFLUENCE  
IN THE DIFFUSION OF RECYCLING ACTIVITIES  
BY SELECTED RELIGIOUS COMMUNITIES IN MALAYSIA**

Zeeda Fatimah Mohamad<sup>1</sup>      Norshahzila Idris<sup>1</sup>

<sup>1</sup> Department of Science & Technology Studies, Faculty of Science, University of Malaya

It has been argued by various circles that religious environmental ethics can positively influence the practices of environmental activities by the religious community (See Sharifah Zaleha and Hezri, 2009<sup>1</sup>). However, these are mostly discussed at the theoretical and conceptual level without much systematic empirical observation on the ground. This paper aims to fill in this gap by presenting its insights on how selected religious communities in a suburban area in Kuala Lumpur (Petaling Jaya, Selangor) have been involved in the diffusion of recycling activities in their respective community, and the key factors that have influenced successful diffusion. The main objective of the paper is to ascertain the extent to which religious environmental ethics can play an important factor in influencing the diffusion of recycling activities in these communities - in comparison, and alongside, other organizational, institutional and economic factors.

The paper is based on an exploratory multiple case study of four successful recycling programmes conducted by selected religious communities that represents four key religions in Malaysia i.e. Buddhism, Christianity and Hinduism and Islam, respectively. The study was conducted in Petaling Jaya, Selangor – a high and middle income suburban area near to the capital city of Kuala Lumpur. The study mainly employs qualitative analysis data collected from semi-structured interviews, documentation analyses and direct observations.

Our findings have shown that religious environmental ethics can be more influential if it is aligned with community-specific organizational, institutional and economic factors. For instance, this has been clearly demonstrated by the higher recycling rate by the Tzu Chi Buddhist community and the finding that this was clearly influenced by the strong alignment between their key ethical idea of “reduce waste in daily life and accumulate merit” with other organizational, institutional and economic elements of their recycling strategy. In comparison, less successful case studies have incorporated their ethical ideas in a much more general manner, and these are difficult to be communicated and translated into day to day recycling activities of the community.

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<sup>1</sup> Syarifah Zaleha, S. H. and Hezri, A. (eds.) (2009) Religion and the Environmental Challenges: Voices from Malaysia. LESTARI, UK

P-31

## A STUDY ON CAREER MATURITY OF MIDDLE-LEVEL NURSES

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### Purpose

This study aims to define the factor structure of "social supports by chief nurses" as understood by middle-level nurses and to clarify relevance between these factors and "career maturity of middle-level nurses".

### Methods

This study was designed as a hypothesis-testing study using a self-administered questionnaire. Subjects were 1253 nurses with 5 to 10 years' clinical experience who serve in hospitals throughout Japan with more than 500 beds. The nurses studied are staff nurses who have neither qualifications nor appointment. The survey looked at nine demographic items about the subjects (age, sex etc.), 27 items assessed using the Career Maturity Scale of Sakayanagi, and 16 items assessed using the Social Support Scale developed by Komaki et al. based on the concept by House. All data were analyzed using the SPSS Base 17.0J. For analysis methods, promax rotation with the maximum likelihood method was used for a factor analysis of 16 items assessed using the Social Support Scale; and the Spearman rank method was used for relevance between concepts.

### Results

A total of 594 survey sheets were collected (collection rate, 47.4%) and the number of valid responses was 512 (86.2%). The subjects consisted of 26 males (5.1%) and 486 females (94.8%). The average age was 27.9 ( $\pm 1.8$ ) years old; regarding educational background, subjects who finished a master's course, college, junior college, or technical/vocational school numbered 3 (0.6%), 65 (12.7%), 71 (13.9%), and 373 (72.9%) respectively. Average clinical experience was 7.0 years. Subjects who had experience of job transfer numbered 349 (68.2%) and those who had no experience of job transfer numbered 163 (31.8%). As a result of the factor analysis on 16 items of social support by chief nurses as understood by the middle-level nurses, two factors were extracted: the cumulative contribution rates of the two factors was 56.18%, with the first factor and the second factor being 50.56% and 5.62%, respectively. The first and second factors were termed 'emotional supports' and 'career supports', respectively. Career maturity of middle-level nurses was positively correlated with social supports by chief nurses, as well as emotional supports and career supports, which are subordinate concepts of the social supports. In addition, as a result of a multiple regression analysis with the stepwise method using the career maturity as a dependent variable and the subordinate concepts of the social supports as an independent variable, it was clarified that both factors of emotional supports and career supports affect career maturity.

### Conclusion

This study verified that social supports provided by chief nurses enhance career maturity and promote career development of middle-level nurses. Although the factor structure of social supports by chief nurses as understood by middle-level nurses contained both emotional supports and career supports, almost all of the supports in question were emotional supports. This suggests the importance of development of supports implemented in addition to providing emotional supports as a linchpin while maintaining a balance with career supports in the development of human resources in nursing management.

**Keywords:** career maturity, social supports, middle-level nurses, chief nurses

P-32

**THE INVESTIGATION OF THE JAPANESE AWARENESS CHANGE ON HEALTH·BEAUTY  
BY THE CHINESE MEDICINE COSMETICS**

Jie Zhang

Global Environmental Studies of Kyoto University

In order to prevent and treat cosmetic problems, but now many means are used. There is most of the great interest in Chinese medicine plant. Licorice root and White Mulberry Root-bark and Ligusticum chuanxiong and Chinese Angelica and Cornus officinalis are tyrosinase of activity restraint action. It is known that restraining melanin production.

In this study, health quality based on the perspective, that examines the growing interest for Japanese women in Chinese medicine cosmetics, to clarify whether changes in health consciousness in terms of the Chinese medicine beauty. Chapter 1: In late years, as well as letting Chinese constitution aggravation be worse by the sudden change of the naturally social environment and lifestyle, Even the skin is also greatly affected. As a result, the incidence is more common as "moist skin" and "febrile skin" and then "dry skin" are in order. However, to understand the incidence of "cold skin" is relatively low. Meanwhile, according to the Japanese constitution, the skin quality is the high incidence of "dry skin" 47%, followed by "moist skin" 26%, "febrile skin" 22% , "cold skin"5%, was announced to be in order.

P-33

**LIFE-HEALTH EDUCATION FROM THE VIEWPOINT OF THE NATURAL AND SOCIAL ENVIRONMENT: CASE STUDIES OF DEFORMED MONKEYS, MINAMATA DISEASE, AND FOOD ADDITIVES IN JAPAN**

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2. Lecturer of Kobe Shinwa Women's University, Kobe, Japan
3. Master course of Konan University, Kobe, Japan

In past research, we (the Taniguchi Office at Konan University) have investigated the issues of deformed monkeys, Minamata disease, and pollution from food additives. In this presentation, we discuss the case studies of deformed monkeys as a serious damage in a natural environment which has resulted from provisioning the monkeys with human food, and of Minamata disease as a serious damage which occurred as a result of the pursuit of self interest in the social environment. Furthermore, we present a case study of food additives as a problem of the social environment in recent Japanese society.

1. Deformed monkey from the viewpoint of the natural environment

Beginning in 1970, many Japanese monkeys have been born with congenital deformities, with increasing numbers of deformed monkeys until about 1990. This problem is thought to be caused by pesticide residues on the monkey's food, which influences the health of the monkeys and causes birth defects. This is one example of how the chemical substances which humans produce can cause damage in the natural environment.

2. Minamata disease from the viewpoint of the social environment

Minamata disease is one of the four main diseases resulting from pollution, that have occurred in Japan (Minamata disease/ Niigata minamata disease/ Yokkaichi Asthma/ Itai-itai disease). Minamata disease resulted from organic mercury that leached into the ocean, and influenced human health through contaminated fish caught in Minamata bay. The mercury was able to accumulate in a mother's body and transmit to the developing fetus in utero. Due to the focus on rapid economic growth that was paramount in the 1960s, there was a lack of support systems and measures to control problems from pollution. From this example, we can understand that human health is not only influenced by the natural environment, but also by the economic environment through social policies and legal controls.

3. Food Additives in recent Japanese Society

By using food additives, we are able to produce attractive and non-perishable food items. Many food additives in the foods that we eat today contain chemicals which do not exist in nature. Japan's Food Sanitation Law aims to limit the amount of food additives to a level that will not result in adverse health effects. However, many health factors are still uncertain, including the possibility of carcinogenic effects, the accumulation of poisonous substances over time, and the cumulative effect of multiple food additives. It is notable that many insects do not eat food which contains food additives, and that if they do, they die or become weakened. If humans continue to consume such foods, harmful substances accumulated in the human body may lead to serious health symptoms as in the cases of the deformed monkeys and Minamata disease.

# Kuala LUMPUR'S AIR QUALITY DURING THE SMOKE PHENOMENA

Syazwan Mohd. Shukri et al.  
University of Malaya

## KUALA LUMPUR'S AIR QUALITY DURING THE SMOKE PHENOMENA

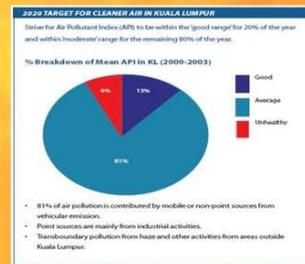
Index Value*	Level of Health Concern	Cautionary Statements
0 - 50	Good	None
51 - 100	Moderate	None
101 - 150	Unhealthy for Sensitive Groups	People with respiratory disease, such as asthma, should limit outdoor exertion.
151 - 200	Unhealthy	People with respiratory disease, such as asthma, should avoid outdoor exertion; everyone else, especially the elderly and children, should limit prolonged outdoor exertion.
201 - 300	Very Unhealthy	People with respiratory disease, such as asthma, should avoid any outdoor activity; everyone else, especially the elderly and children, should limit outdoor exertion.
301 - 500	Hazardous	Everyone should avoid any outdoor exertion; people with respiratory disease, such as asthma, should remain indoors.

\*An AQI of 100 for PM10 corresponds to a PM10 level of 120 micrograms per cubic meter (averaged over 24 hours).

Air Quality Index for Particulate Matter up to 10 micrometers in diameter (PM 10)

### CASE STUDY

Klang Valley is a heavily industrialized urban area in Malaysia, has experienced severe haze episodes since early 1980s. In our poster, we are focused on air quality in Kuala Lumpur during smokes phenomenon. We would include pictures which were describing the issues concerned with smokes phenomenon



BEFORE



AFTER



### RECOMMENDATION

Government should gazetted area for preserving environmental sustainability as well as good air quality within the KL city

Improve and increase efficiency of public transportation system to minimize number of private vehicles on the road

Monitor and access air quality at key areas such as industrial park, bus terminal and other crowd traffic areas

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<http://www.springerlink.com/content/ljf9gr5euq0yjkpx/>



FEB. 2005: For several weeks, fires have been burning on the eastern side of the Indonesian island of Sumatra, filling the skies in the region with thick smoke that nearly hides the island from a satellite-based view. The haze reaches northward to mainland Malaysia as well. This image of the island was captured by the Moder-



## WATER RESOURCES MANAGEMENT IN MALAYSIA: CASE STUDY OF KLANG VALLEY

Muhammad Ehsan ASHRAF et al.  
University of Malaya

# WATER RESOURCES MANAGEMENT IN MALAYSIA: CASE STUDY OF KLANG VALLEY

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### INTRODUCTION

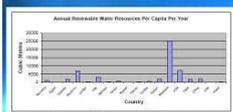


Figure 1 Per capita renewable water (m<sup>3</sup>/year) in selected countries compared with Malaysia. (Note that the value for Malaysia is about 17000 m<sup>3</sup>/year) (Source: <http://earthtrends.wri.org/indicators/041101.html>)

Malaysia is considered a country that is rich in water resources, receiving an average annual rainfall of 3000 mm, making up a total of about 990 billion cubic metres. The water resource per capita per year is reported to be around 21 500 cubic metres per year, making Malaysia one of the country with the highest amount of per capita renewable water.

Despite of that, some regions faces water stress due to low water resources, and in some other regions, water situation arises due to high water demands, due to the increasing population and rapid industrialization. The demand for water is expected to grow from 8550 million litres per day (in 2009) to 10520 million litres per day by 2015.

### CASE STUDY: KLANG VALLEY



The 1998 water crisis of Klang Valley, where the water level of several dams in the region reached critical levels, is a famous example when speaking of a water crisis in Malaysia. In this study, the Klang Valley area was chosen not only because of the previous crisis that had taken place, but also because of a water shortage that is expected to hit the region in the future. We believe the area is an important case study in developing an efficient water resources management strategy.

### CAUSE(S) OF WATER CRISIS



Articles on the 1998 water crisis; Klang Gates and Batu Dam

Although climate change (i.e. El Nino) seems to be the main cause for the water crisis in 1998, it has been suggested that the root of the seemingly natural disasters are actually man-made, caused by underlying factors in choices and policies in regard to land use, engineering practices, ecosystem management and social institutions.

Although no serious water crisis is experienced at the moment, the region is expected to experience water shortage in the future, even without taking into consideration of the possibility of a long period of drought: apparently the aforementioned man-made factors are as important – in fact even more significant – than that of the climate in affecting the availability of water supply.

### WATER ISSUES AND SOLUTIONS



Polluted river; Rainwater Harvesting System; Wastewater

Several of the major water issues that affect sustainable development in Malaysia seems to be relevant in understanding the water crisis in Klang Valley, and these are shown by the chart on the side.

Based on a few studies and reports, some suggestions have been proposed in a step to solve the water crisis:

#### Major Water Issues Affecting Sustainable Development in Malaysia

No.	Issue	Description
1.	High rate of deforestation	Deforestation rates are very high in the domestic tropical and equatorial regions. For example, Malaysia's deforestation for per capita water use per day was 207 litres, which was 70% higher than the 62 litres per capita water use per day recommended by WHO (2000).
2.	High value of water	The national average of RM10 to 40% per litre cost of water 50% lower by reducing the water loss. Water would be produced and distributed at a lower cost if the water loss is reduced.
3.	Water pollution	Water pollution significantly reduces the sustainability of water resources. The water quality is affected by the water pollution. Water pollution is caused by the water pollution. Water pollution is caused by the water pollution.
4.	Water shortage	Water shortage is caused by the water shortage. Water shortage is caused by the water shortage. Water shortage is caused by the water shortage.

(Source: Chan, in WWF, 2004)

#### 1) Preservation and conservation of surface water resources

Since it is reported that almost 90% of water supply comes from rivers and streams, protection and conservation of these major water resources should be prioritized.

#### 2) Changing of the tariff setting mechanism

The government has planned a phase in the tariff-setting mechanism to allow the full recovery of costs for the operating expenditure.

#### 3) Improving and maintaining water supply system

By replacing the faulty pipes and old meters, the non-revenue water (NRW) programme aims to improve the quality of water and the losses in the water supply.



Burst pipe



Water treatment plant



Groundwater well

#### 4) Rainwater harvesting

The method is currently employed mostly in rural areas, but due to the high amount of rainfall of the nation, several studies have advocated that this method to be used more widely in reducing the usage of treated waters.

#### 5) Reuse and recycle of wastewater

Domestic wastewater can be reused and recycled, while industrial waste would need treatment before the water can be reused. This can reduce the level of water wastage, as well as water pollution.

#### 6) Groundwater extraction

This method has been proposed as a solution for the water crisis, but it isn't as widely accepted as the previously mentioned suggestions. Further studies should be conducted to answer the uncertainties related to the extraction of groundwater, be it from economic or environmental perspective.

### CONCLUSION AND RECOMMENDATIONS

Efforts should be taken in improving the public awareness, knowledge, attitude and practices in terms of water related issues. Increase in demand of water from industrial, agricultural, and domestic use, as well as the increase of pollution rivers and loss of water catchment are some of the challenges faced by the country in regards to water management.

The case of 1998 Klang Valley water crisis, as well as the ongoing water supply problem, should serve as a reminder that a holistic approach to water management is needed in ensuring the sustainable development of the country.

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## USAGE OF PLASTIC IN MALAYSIA

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# THE USAGE OF PLASTICS IN MALAYSIA



MUHAMAD ZAIM BIN MOHAMED NOR  
'AKASYAH BIN MOHAMED HANAFIAH  
ALANG WIRA SHAHARANI  
MOHAMMAD FIRDAUS KAMARUDDIN  
AZRAHANI ABD HALIM



### ISSUES



Plastic bags are not biodegradable. They clog waterways, spoil the landscape, and end up in landfills where they may take 1,000 years or more to break down into ever smaller particles that continue to pollute the soil and water.

Plastic bags also pose a serious danger to birds and marine mammals that often mistake them for food. Thousands die each year after swallowing or choking on discarded plastic bags.

### FACTS & FIGURES

Solid waste generated in 2002 was 17,000 tones per day in Peninsular Malaysia;

Generation of solid waste expected to reach 30,000 tones per day in 2020; and

9th Malaysia Plan estimated about 45% of the waste is made up of food waste, 24% of plastic, 7% is paper, 6% of iron and glass and others made of the rest.

Based on a study done in 2009, around 8 billion plastic bags have been used in Malaysia.



### ANALYSIS

On an average per person generation of solid waste is 1Kg per day in Malaysia - approximately 26 million people in the country produce 26 million kilos of solid waste every single day

Plastic waste is the most common solid waste that we generate in the country accounting for 7-12 percent by weight and 18-30 percent by volume of the total residential waste generated.

The plastics industry is one of the fastest growing sectors of the Malaysian economy is expected to grow at 20.0 percent per year over the next five years

### RECOMMENDATION



Reduce the amount and toxicity of trash you discard. This implies preventing waste by "source reduction" - the practice of reducing manufacturing, purchasing, or using materials in ways that reduce the amount or toxicity of trash created.

Reusing items is another way to stop waste at the source because it delays or avoids its entry in the waste collection and disposal system. Source reduction, including reuse, can help reduce waste disposal and handling costs, because it avoids the costs of recycling, municipal composting, land filling, and combustion. Source reduction also conserves resources and reduces pollution, including greenhouse gases that contribute to global warming.

Recycling involves collecting recyclable materials that would otherwise be considered waste, sorting and processing recyclables into raw materials such as fibers, and manufacturing raw materials into new products

### THEORIES

Numbers 1, 2, and 6 are good for recycling, numbers 3, 4, and 7 not so much. Chances are, you are going to have more ones and twos than you are sixes, unless you are an extreme coffee drinker or you get a new appliance packed in styrofoam every week.

So that makes it easy to save and separate the ones and twos, and the sixes for those special occasions.



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### CASE STUDIES

**National management or solid waste disposal**  
New legislative scheme for regulatory and productivity efforts

**60 tonnes of rubbish dumped into Sungai Klang daily**  
May the force be with DOE

**CCTV 'intai' pembuangan sampah haram di ibu kota**  
5,100 Minuman

**Sampah, sisa binaan punca pencemaran Sungai Klang**

**Masalah pelupusan sampah timbul lagi**

**Isu sampah di Bukit Changgang selesai**

**Sungai Malaysia teruk tercemar**

# MAKING OUR CHILDREN HEALTHIER: A MALAYSIAN STORY

Nur Hidayah Binti Zainal  
University of Malaya

## MAKING OUR CHILDREN HEALTHIER -A Malaysian Story-

### INTRODUCTI

Nowadays, many people in the world are dying because of complications of over-nutrition (overweight and obesity) than from starvation. Obesity is a chronic disease affecting all age groups. But in here we will focus on the obesity and malnutrition children in Malaysia.

**OBESITY:**  
Obesity is most commonly defined as a condition of weighing at least 20% over ideal body weight.

**MALNUTRITION:**  
Poor nutrition because of an insufficient or poorly balanced diet or faulty digestion or utilization of foods.

**THEORY**

Obesity : President of Malaysia Pediatric Association (MPA), Prof Dr Zulkifli Ismail said, the problem of obesity is more obvious especially in Western Coast such as Klang Valley which is normally live with that life-style. (The parents most likely bring their family having meal at outside).

He added, obesity's children is normally grown as fat adult and has higher risk of suffering diseases such as blood pressure, heart attack and cancer.

**Malnutrition** proposed by The Columbia Encyclopedia, Columbia University Press insufficiency of one or more nutritional elements necessary for health and well-being. Malnutrition is caused by the lack of essential foodstuffs—usually vitamins, minerals, or proteins—in

**EMPIRICAL**

We have done our interview with Dr Ranjit Singh at Myli Polyclinic at Bangsar Kuala Lumpur. Dr Ranjit obtained his Medical degree from Rajasthan University, India and his post graduate from Australian University.

**RECOMMENDATION S AND CONCLUSION**

C1 : Preventing obesity can be easy and empowering for children. Give them control over their bodies. Teach them to tune in to their real needs and to treat themselves with love and respect.

C2: Allow children to be in charge of which foods they eat.

C2 : commonly, the parents do not care about what are sufficient their children's body needs.

R2: make all foods equal and teach kids to check in with their bodies and choose foods based on what their bodies are asking for.

C3: The tight and overburden eating schedule to our children will contributing to the increases of obesity among our children.

R3: let them eat according to their own hunger patterns rather than according to external schedule.

**MALNUTRITIONS**

C1: on the 21st century, the parents give their main focus on the economy prospect rather than their children. Such parents do not care about their children eat for their healthy.

R2 : The most important thing that we all must do is to spend time with the elderly loved ones. Spending sufficient time will have us know and understand their difficulties.

C2 : the parents do not know or sure about their children needs.

R2: Learn to know their taste.

C3: The regular food without variety normally make it our children boring cause our children favor to something new and creative things to attract them to eat.

R3 : you may change the regular meals into a social event where they are with other people and can enjoy the food with others.

**GENERAL CONCLUSION**

We believe that weight is determined by an incompletely understood and certainly complex interaction between cultural, genetic, social, economy, environment, and behavioral factors.

An independent and non-linear effect on the psychosocial mechanisms that regulate energy intake is increased energy expenditure.

We can understand why a fair degree of obesity exists that the current rise in obesity levels is a result of the environment component of these factors supply the energy expenditure that parents' behavior could help to prevent and reduce the prevalence.

<http://www.prevalenceandburdenofobesity>  
<http://biomedcentral.com/10.1186/14752875-2-1> (Accessed by August 2010)

**Dr Amran Muhammad**  
SFES3212 Lecturer  
All students of Science & Technology (Philosophy Of Development)  
Faculty of Science (Dept. of SET collaboration with Dept. Of Geology)

### FACT/FIGURES

**OBESITY** is a chronic disease that is on the rise in Malaysia. High blood pressure, diabetes, and other chronic diseases are associated with obesity. In Malaysia, the number of obese adults and children has increased significantly in the past few years. According to a study conducted by the National Health and Medical Research Council (NH&MRC) in 2008, the prevalence of obesity in Malaysia has increased from 10.4% in 1997 to 14.4% in 2008. The study also found that the prevalence of obesity is higher in urban areas compared to rural areas.

**MALNUTRITION** is a condition that occurs when the body does not get the right amount of nutrients. It can be caused by a lack of food, poor quality of food, or a lack of understanding of what the body needs. In Malaysia, malnutrition is still a problem, especially in rural areas. According to a study conducted by the Ministry of Health in 2008, the prevalence of malnutrition in Malaysia is 11.1%. The study also found that the prevalence of malnutrition is higher in rural areas compared to urban areas.

**FACTS**

- Malaysia has experienced a change from a rural to an urban population. Only 10% of the population lives in rural areas.
- Malaysia has experienced a change from a rural to an urban population. Only 10% of the population lives in rural areas.
- Malaysia has experienced a change from a rural to an urban population. Only 10% of the population lives in rural areas.

**ANALYSIS**

This analysis has been done by survey questionnaire to 50 resident in University of Malaya campus.

#### OBESI

Does the obesity among children category by brother's (sister's) that (suffers) is obese by?

Does the obesity among children category by brother's (sister's) that (suffers) is obese by?

Does the obesity among children category by brother's (sister's) that (suffers) is obese by?

#### MALNUTRITI

Does the malnutrition among children category by brother's (sister's) that (suffers) is malnutrition by?

Does the malnutrition among children category by brother's (sister's) that (suffers) is malnutrition by?

Does the malnutrition among children category by brother's (sister's) that (suffers) is malnutrition by?

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