A Report on The 19th IUHPE World Conference on Health Promotion and Health Education

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1. はじめに

本稿は、2007年6月10日から15日までカナダ・バンクーバにて開催された「The 19th IUHPE World Conference on Health Promotion and Health Education」（以下「19回健康教育世界会議」とする）の参加報告である。

先ず、19回健康教育世界会議を主催している「IUHPE」（International Union for Health Promotion and Education）について紹介すると、IUHPEとは「健康教育国際連合」のことで、ヘルス・プロモーションと健康教育を展開しながら、人間の健康と公衆衛生の促進・向上に務めている国際的組織であり、3年ごとにWorld Conferenceを開催している。筆者は、1996年8月に千葉市・幕張メッセで開催された第15回会議よりWorld Conferenceに出席し、わが国における子どもの健康状態について発表を行い、世界各国の実践家や研究者と健康教育の在り方について論議を深めてきている。

次に、19回健康教育世界会議のプログラム概要であるが、オープニング・セレモニー、クロージング・セレモニー、シンポジウム、パネルディスカッション、ワークショップ、オーラルおよびポスター・プレゼンテーション等の一般的な学術会議の内容に加えて、各日午前8時30分～10時30分まで、Plenaryセッションが実施された。このセッションにおけるテーマは、特定の戦略に焦点を当てて、オタク憲章の行動方略に基づいて立治られており、毎回、著名なスピーカーによる講演を拝聴することができた。以下、セッションのテーマを示す。

1) Creating Supportive Environments for Health（健康のための支援的環境を創る）
2) Building Healthy Public Policy（健康公共政策の構築）
3) Strengthening Community Action：Developing Personal Skills（コミュニティ活動の強化—個人技能の開発—）
4) Reorienting Health System（ヘルスシステムの再構築）

また毎朝、Physical Activitiesとして体験型のプログラムも準備され、筆者も“Health for Walkプログラム”と“Boot Campプログラム”へ参加し、各国の健康教育実践者や研究者と共に汗を流し、身体活動を通じた国際交流も体験してきた。

2. ポスター・プレゼンテーション

「New physical and mental issues among the children in Japan, called a rich country」

筆者は、わが国における幼児、児童、生徒の健康問題について、上記テーマでポスター発表（4演題）を共同で行ってきた。以下、その概要を示す。

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New physical and mental issues among the children in Japan, called a rich country
（豊かな国・日本において、子どものからだと心に現れている新しい健康問題）

1) Survival
Perinatal, neonatal, and infant death rates in Japan have been showing an annual decrease, putting it among the nations with the highest standards in the world. This reveals that Japan's infants under one year of age are protected to a certain degree (Table 1). However, similar rates of decrease for death rates among children under the age of five, when compared across available international rates for over a decade, are not among the highest. The reason for this is 'unexpected accidents.' In particular, traffic accidents can be observed in the Ranking of Child death by Cause of Death table provided. This reveals that Japan's traffic conditions have not succeeded in securely protecting the lives of children who are physiologically weaker.

Additionally, data on stillbirth rates by sex and live birth rates by sex show worrisome changes in recent decades (Figure 2). Although the real cause of this trend is still unclear, the extent of this change is alarming enough that immediate action is needed to shed light on its causes.

2) Protection
The results of the annual school health exams show that the sickness that the largest number of Japanese children suffer from is tooth decay (Figure 2). In looking at this situation more carefully, we see that twelve year old children's DMF (Decayed Missing Filled) index meets the WHO's target, while the rate of cavities for children aged 5 and 6 is far off from the WHO target of 10% of all children aged 5 and 6. Therefore, we can say that strategies are necessary for dealing with cavities among children younger than school age.

A further health problem is visual acuity. Considering that the number of children with poor visual acuity had been increasing at an usually even-paced rate, the fact that this trend has been leveling off since 1995 is concerning (Figure 3). What lies behind this trend is the 1994 School Health Law revision in which the examination method has been altered so that "students using corrective glasses or contact lenses are not required to have their naked eye
visual acuity measured.” In the current state in which children’s visual acuity is heading down a path of deterioration, we hold some reservations about this revision in the law.

On the other hand, the phenomenon that is particular as a so-called “psychological” problem is the continual increase in children with long-term absences. At the current moment in Japan, nearly 60,000 children in elementary school and over 120,000 children in middle school have been absent from school for a long period of time. For this reason, it is of immediate importance to investigate the reasons why children have become unable to go to school, looking at both the state of their minds and their bodies, and take effective measures to deal with the situation.

In addition, children’s body weight is proceeding toward the two extreme tendencies of obesity and emaciation, while increases are visible in the number of cases of low birth weight babies, asthma, allergies, injuries and illness at school, bullying, and child abuse. All of these factors are key health problems related to the protection of contemporary children in Japan.

3) Development

On the whole, the physique of Japanese children have, been observed to be growing larger since the 1960s. When looking at changes by specific item, boys’ body weight has shown a stark increase, while among girls, sitting height has not increased (Figure 4). Probable causes for this include physical inactivity, over consumption of nutrients, and changes in lifestyle.

In addition, with regard to the changes in Japanese children’s physical fitness and motor ability, the average scores of the New Physical Fitness Test, the Physical Fitness Diagnostic Test (Figure 5), and the Motor Ability Test (Figure 6) show that the combined fitness and motor ability levels are not decreasing to the extent to which concerns have been raised. However, the decrease in motor ability among elementary school age children, decrease in back strength index among all age groups (Figure 7), and decrease in trunk flexion among all age groups, are trends which will require close examination in the coming years.

Alternatively, with regard to physical fitness for protection and mental factor, the developmental insufficiencies and irregularities observed in the mental, physical, and social development of children have been brought up. In particular, while the increase in the number of children with learning disabilities has been observed, the number of children with physical disabilities has been relatively small. However, with the increase in the number of children with mental disabilities, the need for early intervention and support has become more evident.

4) Summary

The current state of children’s health in Japan is characterized by a variety of problems, including increasing rates of obesity, declining physical fitness, and mental health issues. While these problems have been identified in the past, the current state of children’s health is more severe and requires urgent attention.

In order to address these issues, it is important to implement comprehensive measures that take into account both physical and mental health. These measures should be developed and implemented in collaboration with all stakeholders, including schools, families, and communities.

References

in contemporary children are cause for concern. Therefore, the development of an effective and realistic health education program is the challenge we now face.

4) Suggestions
Our poster panel has introduced new health problems appearing in children’s bodies and minds in Japan, a nation often considered to be among the world’s wealthiest. We want to conclude by bringing together the various realities of their bodies and minds, so we put forth five suggestions as a proposal for the current moment. We would like to think that these five suggestions will serve as an action plan for other countries in which the bodies and minds of children have been or are showing signs of becoming corroded.

1) Take back our lives as (evolutionary) homo sapiens
2) Revive the natural excitement in children
3) Be critically preventative of the potentials for danger
4) Enrich the health education program to protect and nurture children’s bodies and lives
5) Create a Annual Report of Physical and Mental Heath Among the Children on a global scale

These suggestions are merely hypothetical, but it cannot be denied that we must take action in the contemporary situation in which children’s bodies and minds are confronting a crisis.

We hope that through the exchange of information at this conference, this action plan will become beneficial for children all over the world. In addition, we hope our 21st century will quickly become the ‘Century of the Child’ in the true sense of the phrase.

せよう！
(5) 『世界・子どものからだと心自書』を作成しよう！

これらの提案は、どれも仮説の域を超えていない。しかし、子どものからだと心が危機に直面している現在、われわれは何らかのアクションを起こさなければならない状況にあることは確かである。

この会議でみなさんと議論することによって、このアクション・プランが世界中の子どもたちのためにより有効なものになることを願っている。そして、21世紀のできるだけ早い時期に真の「子どもの世紀」が実現することを期待したい。

3. おわりに

稿末となったが、今回の人科世界会議での発表は、「平成19年度九州共立大学海外研修制度（海外研修Ａ）」の援助により実現したものであり、ここに記して深謝する次第である。

附記：本発表は共同研究として、野井真吾（埼玉大学教育学部）、上野純子（日本体育大学体育学部）、水田嘉美（東海大学体育学部）、正木健雄（日本体育大学名誉教授）らと行った。

また、本稿用に発表内容を再編集した。本報告作成にあたり、野井真吾氏他よりご助言を頂戴した。記してお礼申し上げる。
Table 1. International comparison of death rates among infants under 1 years old: death rates per 100,000 live births

**Boys**

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**Girls**

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Figure 1. Annual trends in sex ratio for live births

Figure 2. Annual trends in prevalence of disease and abnormality from school health examinations among 14 year olds

Figure 3. Annual trends in poor visual acuity (under 1.0)
Figure 4. Annual trends in standing height, body weight, chest girth and sitting height in 17 year olds. The value for 1960 is set to 100.

Figure 5. Annual trends in the mean and CV of the point total of the “New Physical Fitness Test” (1998-2005)

Figure 6. Annual trends in the mean and CV of the point total of the “Motor Ability Test” (1964-1997)

Figure 7. Annual trends in back strength index (back strength / body weight) (1964-1997)