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Perceptions of Leaders of the Japan Anti-Tuberculosis Women's Society: Community Involvement in Tuberculosis Prevention

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Abstract

The Japan Anti-Tuberculosis Women's Society (JATBWS), organized mainly by the women of the community, has greatly contributed to tuberculosis (TB) prevention and early detection in Japan. From a global perspective, this is a pioneering effort. This study discusses how a community can continue to participate in TB prevention by revealing JATBWS leaders' perceptions of their activities based on a 2016 nationwide survey. A self-administered questionnaire was sent to all representatives of 48 branches of prefectural level JATBWSs, the response rate was 100%. We considered that three characteristics for continuing community longstanding participation activities: (1) development of activity by positioning TB prevention as part of healthy living, (2) community-oriented activity development, and (3) public and private support for continued technical education.

Key words : Tuberculosis prevention, Japan Anti-Tuberculosis Women's Society (JATWS),
Community participation, Community organization

1. Introduction

The World Health Organization (WHO) End Tuberculosis (TB) Strategy—adopted by the World Health Assembly in May 2014, with targets linked to Sustainable Development Goals (SDGs)—serves as a blueprint for countries to reduce the number of tuberculosis (TB) deaths by 95% by 2030 and

of new cases by 90% from 2015 to 2035 (WHO, 2015). While the global approach to TB strategy has achieved good results in TB prevention and control, the process is stagnating in many countries because of a number of challenges. Components of the Stop TB Strategy (WHO, 2006) include “Empowering people with TB and communities through partnership.” Furthermore, guidelines (WHO, 2008) define procedures to “foster involvement of communities and patients in TB care and prevention” and “pursue advocacy, communication, and social mobilization.” Thus countries are moving forward with TB prevention based on their community participation, a well-known concept that is considered an important element of primary health care. Only recently, however, has

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the importance of community participation become a topic of discussion, so few reports of activities' implementation or outcomes are extant.

After World War II, Japan accomplished reduction of TB mortality and morbidity through various measures focusing on prevention—along with introduction of the TB Prevention Act in 1951—including improvement of standards of living and people's participation in prevention efforts. At the initial stage of the national TB prevention program, the mass examination rate was very low throughout Japan. Thus the government realized the importance and necessity of harnessing social mobilization to achieve a high participation rate in mass examinations. The Japan Anti-Tuberculosis Women's Society (JATBWS)¹, organized mainly by women, has greatly contributed to TB prevention and early detection, as evidenced by increased screening attendance and vaccination rates (National Federation of Community Women's Organization for Tuberculosis Control [NFCWOTB], 2016). The JATBWS took a bottom-up approach that encouraged Japanese citizens' full and active participation. However, these activities by JATBWS, which boasted four million members at its prime, are not widely known even in Japan. This community based organization has realized community participation in TB prevention for over 60 years, since 1957. From a global perspective, this is a pioneering effort.

Although there are few preceding studies on the JATBWS, some articles have referred to its history, activities, achievements of implementation, and increased screening attendance rates (Moriguchi, 1991; Matsuda, 1995; Nakamura, 1995). While the majority of articles have focused on activities from the 1950s to the 1970s, two nationwide surveys on the JATBWS were conducted in 1992 and in 2003 (Matsuda & Yoshida, 1995; Yamaguchi, 2003; Matsuda, 2004). The last survey was conducted 13 years ago;

however, it was assumed that the JATBWS's status might have changed along with changes in Japan's social structure, for instance, its progressively aging population. In recent years, Hata and Ootomo (2011) described characteristics of factors contributing to the society's enduring activities, referring to various supporters' involvement, members' strong will to continue, and constructive attempts to emphasize quality instead of quantity with regard to factors hindering continuity. However, the design of Hata and Ootomo's study was qualitative, with a limited number of participants.

Therefore, aiming to understand the society's activity status and its leaders' perceptions of continued implementation, we conducted a nationwide survey with 48 prefectural level JATBWS organizations (including one ordinance-designated city) (Matsuda & Eguchi, 2017). From the perspective of the society's continuation, then, this paper discusses how community participate in TB prevention, based on survey results that reveal the JATBWS operation's current status and its leaders' perceptions of current activities. Among various global TB prevention efforts, Japan's JATBWS experience is unique in community participation. We believe that clarifying such experiences to focus attention on factors affecting the society's continuity can provide insight to help make other countries' TB measures—now in early stages of community participation—sustainable.

2. Methods

2.1. Study Participants

Study participants were all representatives of 48 branches of prefectural level JATBWSs, including one ordinance-designated city, affiliated with the Japan National Federation of Community Women's Organizations for Tuberculosis Control (JNFCWOTB).

For survey purposes, a leader is defined here as a person in charge of operational decision-making and/or of guidance

and order, or a person in an organizational leadership position (e.g., chairperson, director, executive).

2.2. Data Collection

During a period from October to November 2016, this mail survey collected data through a self-administered questionnaire. Directors of the JNFCWOTB pre-tested items' answer options and revised them when necessary.

2.3. Survey Contents

Organizational operation and outline

Questions on each organization's operation and organizational outline were survey items also used in the two previous nationwide surveys. Twelve items on current organizational operation queried the following: number of leaders, their occupations (including previous occupations), important leadership qualities, disclosure to members of requirements for leaders, main means of selecting leaders, methods of training leaders, frequency of general meetings, frequency of board meetings, decision-making methods of operational policy, notification to members of operational policy, methods for policy development, and areas of activities. Four items on organizational outline addressed the parent organization, affiliated body, the number of members and their ages. In addition, activity challenges (4 items) were queried on a 5-point scale from "It is a problem" to "It is not a problem."

Leaders' perceptions of pertinent organizations' support systems

To obtain leaders' perceptions of the society's support system, nine items addressed pertinent organizations' support systems based on continuation factors for the society's activity, as established by Hata and Ootomo (2011). These items were ranked on a 5-point Likert scale from "Strongly

agree" to "Strongly disagree."

Leaders' perceptions of the society's activity

For leaders' perceptions of the society's activity, 27 items were based on activity continuation factors, as revealed by Hata and Ootomo (2011): "Activity" (12 items), "Willingness" (7 items), "Organization" (4 items), and "Belief" (4 items). Each item was ranked on a 5-point Likert scale from "Strongly agree" to "Strongly disagree."

2.4. Analysis

Using statistical package IBM SPSS Statistics 24.0 for analysis, we calculated descriptive statistics for each item.

2.5. Ethical Considerations

Prior to the survey, researchers provided both verbal and written explanation to the head office of the JNFCWOTB, regarding the questionnaire's main purpose, objectives, contents, range of data use, and protection of respondents' personal information; the Council approved survey implementation. Next, researchers provided potential participants an explanation in writing of the survey's main purpose and objectives, as well as information on protection of respondents' personal data. Return of the questionnaire by mail was considered consent to participate. The survey was conducted anonymously, these data were anonymized, and respondents are not identifiable.

3. Results

Representatives of 48 organizations responded (response rate: 100%). Respondent attributes included "executive director" from 25 organizations (52.1%), followed by "chairperson" from 20 organizations (41.7%), and "executive" from three organizations (6.3%).

3.1. Outline of the JATBWS

The parent organization body for each JATBWS organization was the National Federation of Regional Women's Organizations (NFRWO) for 40 organizations (83.3%), the JATBWS alone for three organizations (6.3%). Others included the National Federation of Health Promotion, the Association of Dietary Habits Improvement, and the Japan Agricultural Cooperatives (5 organizations; 10.4%) (See Table 1). For JATBWS organizations, the average number of members was 11,063, with a maximum of 140,000 and a minimum of 400. When the number of members was stratified, a size of less than 5,000 was most common (20 organizations; 46.5%). Regarding members' ages, the group 60 years and older accounted for 79.9%, of which 20.8% were 75 years and older. However, approximately half the JATBWS organizations did not have information about members' ages.

Table 1

The parent organization body for each JATBWS organization

Organization	<i>n</i>	(%)
NFRWO ^a	40	(83.3)
JATBWS ^b	3	(6.3)
Others ^c	5	(10.4)

Note. *N*=48. ^a NFRWO: The National Federation of Regional Women's Organizations. ^b JATBWS: The Japan Anti-TB Women's Society. ^c Others included the National Federation of Health Promotion, the Association of Dietary Habits Improvement, the Japan Agricultural Cooperatives.

3.2. Current Status of Organizational Operation of the JATBWS (See Table 2 & 3)

Selection and training methods for leaders

Leaders' occupations (including previous occupations) included "homemaker" (93.5%), "self-employed" (43.5%), "teacher" (34.8%), and "business owner" (32.6%); notably, many were "welfare volunteer" (41.3%). For the number of leaders, 29 organizations (61.7%) had "over 10" leaders,

Table 2

The JATBWS Leaders' Occupations

Organizations ^a	<i>n</i>	(%)
Homemaker	43	(93.5)
Self-employed	20	(43.5)
Welfare volunteer ^b	19	(41.3)
Teacher	16	(34.8)
Business owner	15	(32.6)
Office worker	13	(28.3)
Nurse	8	(17.4)
Others ^c	9	(19.6)

Note. *N*=46. Data were multiple responses. ^a Leaders' occupations including previous occupations. ^b Welfare volunteer: Welfare volunteers prescribed in the Commissioned Welfare Volunteers Law. ^c Others included members of the local assembly and local government officials.

Table 3

Selection and Training Methods for Leaders

Variable	<i>n</i>	(%)
Number of leaders (<i>N</i> = 47)		
over 10	29	(61.7)
5 to 9	11	(23.4)
4 or under	7	(14.9)
Selection methods for leaders (<i>N</i> = 46)		
Recommendation	16	(34.8)
Election	15	(32.6)
Discussion	9	(19.6)
Rotation	1	(2.2)
Others	5	(10.9)
Most important qualities for a leader (<i>N</i> = 47)		
Personality	18	(38.3)
Willingness	18	(38.3)
Career	5	(10.6)
Time constraints	1	(2.1)
Others	5	(10.6)
Main education and training methods for leaders ^a (<i>N</i> = 46)		
workshop	45	(97.8)
On-the-job training	18	(39.1)
Explanation	17	(37.0)
Ask to read the history and the record	5	(10.9)
Wait until mastering naturally	4	(8.7)
Others	3	(6.5)

Note. ^a Data in main education and training methods for leaders were multiple responses.

and 11 organizations (23.4%) had “5–9” leaders. Common selection methods for leaders were “recommendation” (34.8%) and “election” (32.6%), followed by “discussion” (19.6%). Only one organization (2.2%) employed a rotation system. While 18 organizations (38.3%) each selected “personality” and “willingness” as the most important qualities for a leader, only five organizations (10.6%) selected “career.” Disclosure of requirements for leaders to members was implemented for 56.8% of respondents after combining “Yes” (47.7%) and “A little” (9.1%). With regard to main education and training methods for leaders, the highest percentage of respondents (45 organizations; 97.8%) used “workshop,” followed by “on-the-job training” (39.1%).

General meetings and board meetings

Regarding general meetings' frequency, 40 organizations (93.0%) answered they had a general meeting “once a year.” Only one organization (2.3%) reported having “no general meetings.” Although the frequency of board meetings varied depending on the organization, 19 organizations (44.2%) had a board meeting at least every 2 months, showing that they actively established an opportunity for discussion.

Decision-making methods for operation policy

The most common decision-making method for operation policy was “multiple leaders make a decision” (30 organizations; 63.8%). Additionally, 17 organizations (36.2%) answered that they decide “through discussion with participation of all members.” Regarding the decision-making process for operation policy, such as a business plan, 27 organizations (56.3%) answered that they “notify all members,” accounting for over a half of the respondents. In addition, 19 organizations (39.6%) stated that they “notify only leaders.” With regard to policy development methods, 13 organizations (27.7%) stated that they followed “mainly head quarter's policy.”

Meanwhile, 17 organizations (36.2%) stated that they used “mainly original policy,” while 17 other organizations (36.2%) stated that they use “compromise policy between headquarters and the local organization,” showing that a considerable number of organizations were operated through their original initiatives.

Areas of activities

Areas of each organization's activities ranged widely, with the focus on “Double-Barred Cross sticker fund raising” (97.9%) and “TB prevention” (95.9%); a mean of 11.6 (2–20) activities were conducted per organization. Current activities other than those related to TB were compared with reporting on the last survey. A considerable increase was observed in “dietary habits and dietary education” (this survey: 77.1%; last survey: 60.0%), “the elderly's welfare” (72.9%; 58.0%) and “road safety” (58.3%; 34.0%). In addition, more organizations were addressing “training and education of the young” (70.8%) and “support to families raising children” (60.5%), which were included in the “others” category in the last survey. Activities in new areas, such as “support to earthquake disaster” (60.5%) and “smoking cessation and passive smoking prevention” (41.7%), were also observed.

Activity challenges

“Decrease in members” was seen as “a problem” by 36 organizations (78.3%), and with 7 organizations (15.2%), it was “a moderate problem”; in other words, over 90% of respondents saw decreased membership as a problem. Similarly, “aging of members” was considered either “a problem” or “a moderate problem” by 93.3% of respondents. Indeed, decreased membership and members' aging were major issues in all organizations. “Reduction in subsidies from local government” was recognized as a problem or somewhat of a problem by 77.8% of respondents, while

“lacking human resources who will take the executive role” was considered a problem by 64.5%.

3.3. Leaders’ perceptions of pertinent organizations’ support systems (See table 4)

With regard to “availability of an environment conducive to activities by the society,” nine organizations (19.6%) answered that they “strongly agreed,” and 14 organizations (30.4%) that they “moderately agreed,” showing that half of respondents considered conducting activities easy. With regard to pertinent organizations’ cooperation and support, a total of 78.7% answered that they “strongly agree” or “moderately

agree” (hereinafter referred to “agree” as a total) on the item “Headquarters and prefectural branch of the society for TB prevention are reliable in their support for education and organizational operation.” For “the JNFCWOTB,” positive recognition was as high as 70.2%. Meanwhile, although “agree” accounted for 47.8% regarding whether “Prefectural and municipal governments understand the society’s activity and are reliable in providing support through education and finance,” “moderately disagree” and “disagree” (hereinafter referred to as “disagree” as a total) also accounted for 23.9%, showing that approximately a quarter of respondents considered prefectures and municipalities’ support negatively.

Table 4
Leaders’ Perceptions of Pertinent Organizations’ Support Systems

	Items	N	Strongly agreed	moderately agreed	Undecided	moderately disagreed	Disagreed
			n (%)	n (%)	n (%)	n (%)	n (%)
1	Availability of an environment conducive to activities by the society.	46	9 (19.6)	14 (30.4)	16 (34.8)	5 (10.9)	2 (4.3)
2	Headquarters and prefectural branch of the JATBA ^a are reliable in their support for education and organizational operation.	47	19 (40.4)	18 (38.3)	9 (19.1)	1 (2.1)	0 (0.0)
3	The JNFCWOTB ^b are reliable in their support for education and organizational operation.	47	17 (36.2)	16 (34.0)	13 (27.7)	1 (2.1)	0 (0.0)
4	The branches in JATBWS ^c are communicating and cooperating with each other.	47	7 (14.9)	12 (25.5)	19 (40.4)	5 (10.6)	4 (8.5)
5	They have an advising system with former leaders or board members.	46	3 (6.5)	8 (17.4)	18 (39.1)	14 (30.4)	3 (6.5)
6	Prefectural and municipal governments understand the society’s activity and are reliable in providing support through education and finance.	46	8 (17.4)	14 (30.4)	13 (28.3)	10 (21.7)	1 (2.2)
7	The public health center operates through connection with the society and is reliable in providing support through education and organizational operation.	47	10 (21.3)	9 (19.1)	11 (23.4)	9 (19.1)	8 (17.0)
8	Doctors at local medical institutions are providing support in terms of education and organizational operation.	47	3 (6.4)	14 (29.8)	11 (23.4)	10 (21.3)	9 (19.1)
9	District medical associations, dental association and pharmacist associations provide educational support.	47	5 (10.6)	11 (23.4)	12 (25.5)	11 (23.4)	8 (17.0)

Note. ^a JATBA: Japan Anti-TB Association. ^b JNFCWOTB: Japan National Federation of Community Women’s Organizations for TB Control. ^c JATBWS: The Japan Anti-TB Women’s Society.

Furthermore, for “The public health center operates through connection with the society and is reliable in providing support through education and organizational operation,” 40.4% “agreed” and 36.1% “disagreed,” showing divided recognition. With regard to support from “medical, dental, and pharmacist organizations” and “doctors at local medical institutions,” negative responses exceeded positive ones. As for “The branches in JATBWS are communicating and cooperating with each other,” 40.4% responded, “agree,” but only 23.9% responded that they “agree” that “they have an advising system with former leaders or board members.”

3.4. Leaders' perceptions of the society's activity

(See Figure 1)

Among 27 items listed as continuation factors for the society's activity, 26 items received responses of “strongly agree” or “moderately agree” from over 60.0% of respondents; of these, 22 received positive responses from 80.0%. The one exception was, “Although the number of members decreased, by shifting emphasis from quantity to quality, activities are more active and fulfilling,” but, even so, it still received positive responses of 57.5%. Therefore, the majority of continuation factors of the society's activities listed in this survey are common perceptions among leaders across the nation. In the next section, results are explained by focusing on the response rate of “strongly agree,” to capture each item's characteristics clearly.

Activity. For activities, the response of “Strongly agree” was high in “Strongly interested in health” (63.8%), “Wish to contribute to district community development” (61.7%), and “Wish to expand the networking activity in the district” (59.6%). Meanwhile, the response of “Strongly agree” to “Members are working wholeheartedly and positively” was 27.7%; to “Members are moved by the chairperson

working on activities,” it was 39.1%. In addition, responses of “Strongly agree” were low in “The organization itself is thriving through activity” (17.0%), “Recognition and expectation of activity from the surroundings are tangible” (25.5%), and “There is something to learn from activity” (31.9%). In particular, the response of “Strongly agree” to “Although the number of members decreased, by shifting emphasis from quantity to quality, activities are more active and fulfilling” was 12.8%, the lowest among the 27 items.

Willingness. In willingness, the response of “Strongly agree” tended to be high in “Having continuing appreciation of being healthy” (68.1%), “Having interests in and affection for the district” (59.6%), “Having a spirit of mutual aid” (55.3%), and “Feeling the necessity of continuing activity by focusing on TB prevention at any age” (57.4%). Although the response of “Strongly agree” was high at 63.8% in “The chairperson has enthusiasm produced by the experience and is working proactively,” it was slightly low in “Executive members (board members) show willingness and positive attitudes toward activity” (46.8%), and it was even lower in “Executive members (board members) are aware that members understand the society's activity and have affection for the society” (37.0%).

Organization. From an organizational aspect, the response of “Strongly agree” was high at 61.7% for, “The head office is taking care of financial management and liaison with prefectural and municipal governments, playing an important role in operating the organization.” Meanwhile, the percent that “strongly agreed” to “It is regarded as highly important to consolidate every member's capability and have a united effort” stood at 53.2%, while the percent that “strongly agreed” to “The organization is making efforts to stabilize the operation and clarifying goals” was only 48.9%.

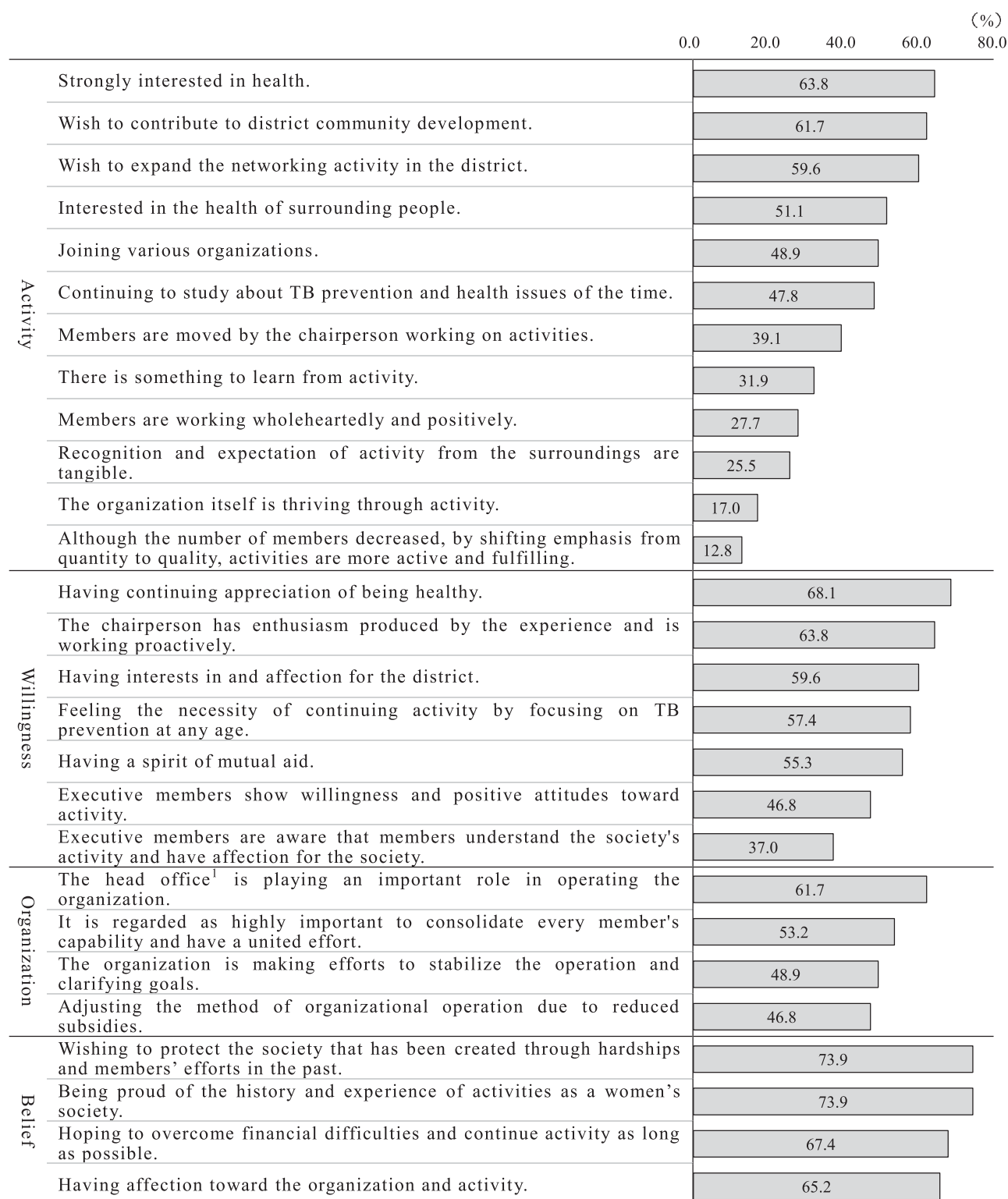


Figure 1. Leaders' Perceptions of the Society's Activity as a Percentage of "Strongly Agreed"

Note. N = 46. ¹The head office taking care of financial management and liaison with prefectural and municipal governments.

For “Adjusting the method of organizational operation due to reduced subsidies” the percentage of those who answered, “strongly agreed,” was 46.8%.

Belief. With regard to belief, a high number of responses indicated that the participants “Strongly agreed” with all items. “Hoping to overcome financial difficulties and continue activity as long as possible” obtained 67.4%, and “Having affection toward the organization and activity” obtained 65.2%. In particular, “Wishing to protect the society that has been created through hardships and members’ efforts in the past” and “Being proud of the history and experience of activities as a women’s society” both earned a 73.9% response, the highest among the 27 items.

4. Discussion

Based on survey results, we discuss community participation in TB prevention from the viewpoint of JATBWS continuation by revealing its current status of organizational operation and characteristics of leaders’ perceptions.

4.1. Democratic Open Operation through Equal

Dialog in JATBWS

When comparing survey results with those from 2003 (Yamaguchi, 2003), the number of organizations with “less than 10,000” members increased approximately fourfold, from 18.8% to 72.1%. In addition, regarding members’ age, the very elderly, aged 75 and older, showed significant increase, from 2.5% in 2003 to 20.8% in this survey. Members’ decreased numbers and aging reflect Japan’s aging population. Many JATBWS organizations were established as part of activity or with cooperation of NFRWO, which was still the parent organization or affiliated body of 83.3% of societies in this survey. Therefore, JATBWS

organizations are greatly affected by the same issues that district women’s organizations face: members’ shift away from the organization due to the dramatic decrease in the number of housewives.

Together with the public support system’s withdrawal (e.g., reductions in subsidies), the current status may cause stagnation in organizational operation. However, in observing societies’ organizational operations, the range of leaders’ occupations is increasingly broad and more leaders are operating organizations by applying their work experience. Similarly to the 2003 survey (Matsuda, 2004), societies maintained democratic and open forms when selecting and training leaders and making decisions on operation policy. For contents of operation policy (e.g., a business plan), originality was highly regarded, again indicating that autonomous and proactive operations are maintained.

“Re-aging,” a newly proposed concept in the gerontology’s theory, means re-engagement of elderly people in their community (Morishita & Matsuda, 2017). In a conventional theory of gerontology, the relationship between a community and an elderly person (65–74 years) is defined as a role of community re-engagement. However, with the increasing life expectancy of the Japanese, people aged between 75 and 84 years will be defined as a newly “re-aging” population who are expected to play a role in the community. The same thing could be said to the members of JATBWS.

4.2. Values to Which Societies’ Leaders Aspire

First, based on leaders’ perceptions of the society’s activity, every item on “Belief” tended to a high response rate of “strongly agree.” Matsuda (1995) suggested, “The society has been functioning as the basis for social education of women and community participation after World War II, in response to the spirit of the times.” Matsuda (1995) continued, “Feverish excitement of people motivated each

other, persons involved worked 7 days a week, collaboration was born in the district and ideas for activity that suited the district were created.” In this way, the society’s belief was formed during its foundation and then continued for 60 years. In other words, this belief seems to support leaders’ willingness to act in continuous involvement.

Secondly, results showed that rather than working through positive interaction among members, respondents recognized that they are led by their leaders’ vitality. These societies are facing such challenges as decreased and aging membership and a reduction of subsidies. For leaders to consolidate members and operate organizations or to revisit activities with flexibility and present their accomplishments visibly are not easy tasks. However, viewed from a different direction, the practice conducted by organizations’ leaders who agreed to, “The activities are more active and fulfilling,” suggests how the society should act, and sharing this practice is significantly meaningful. Fundamentally, a person’s realization that a member or the entire organization is thriving through activity and the society’s recognition of the activity could increase willingness toward the next activity and be the driving force for the society to continue (Ooki, 2008). In addition, society leaders are working on activities by utilizing their experiences and sharing their wisdom, even though the reward may be small. This is a point to which attention should be given from the perspective of the society’s continuation.

4.3. Continuation Factors of the Society’s Activity

Based on survey results, we present three factors, perhaps generalizable to other countries, to help the society overcome various challenges and continue its longstanding activities through community participation.

Development of activity by positioning TB prevention as part of healthy living

Because TB prevention requires high expertise and sophisticated techniques, in some ways, people have difficulty participating. Thus, JATBWS benefited from the advantage of having a high number of housewives as members. That is, rather than addressing TB prevention in the first place, the society developed activities to position TB prevention in a basic framework of addressing interests in and needs for “healthy living” for oneself, family members, and friends. That developed into activities addressing immediate problems that people found interesting or responding to social needs of the time. The healthy living framework enabled many community involvement and the activity’s acceptance and recognition by the community.

Community-oriented activity development

Survey results indicated that the society’s leaders have strong wishes to contribute to the community through their activities and to expand networking, as well as a strong interest in the health of people around them. This reflects their history: “At the basis of the society, there are attitudes and values of people’s goodwill and serving the community” (Matsuda & Yoshida, 1995). In addition, such values can be called leaders’ outlook for the community, fostered through their community commitment as housewives or mothers: that is, these values consisted of mutual aid among peers, cooperation, and living together. That the JATBWS has been operating collaboratively with the NFRWO as a parent organization has contributed greatly to these values. In addition, we believe that going along with the leaders’ wish to contribute to their community will lead to their activity’s continuation without being influenced greatly by such concepts of public administration as return, petition, or authority.

Public and private support for continued technical education

The JATBWS has long provided nationwide health education by conducting daily study meetings and regular workshops at community and national levels as their main pillars of activity (Matsuda, 1995). Studying can be a driving force for members to participate by satisfying their intellectual curiosity and desire to improve the self. To this survey, however, leaders responded with “Strongly agree” to “Continuing to study about TB prevention and health issues of the time” at 47.8%—not necessarily a high rate compared to rates of other items. Although, presumably, members’ aging underlies this result, we also believe that changes in relationships with prefectural and municipal governments, public health centers, community screening institutions (physicians), and other factors may have contributed. Those organizations have traditionally supported the formation of each society and cooperatively worked with them (Moriguchi & Hyoui, 1993).

However, for JATBWS, private organizations, that is, the head and prefectural offices of the Japan Anti-Tuberculosis Association and the JNFCWOTB were assuming the role of technical and educational support for each society’s activity, while support from public organizations, for instance, municipal governments and public health centers, has been withdrawn (Hata & Ootomo, 2011). To maintain activity with community participation for the socialized and specific theme of TB prevention, continuous technical support is necessary for study tailored to changing times, not only at an organization’s early stages, but also after the organization reaches maturity (WHO, 2008). For that, organizing various study support channels, whether public or private, is highly necessary. People are then likely to study as equals through conversation, to increase the activity’s quality, and to lead the community toward healthy living.

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Footnotes

¹The Japan Anti-TB Women's Society (JATBWS) was inaugurated in 1975, by integrating prefectural level women's societies nationwide to conduct TB prevention. In 1975, women's societies for TB prevention were organized in each district in Nagano prefecture and integrated as a prefectural organization, followed by similar women's activities spreading in other prefectures, eventually leading to the formation of a national organization. Currently, JATBWS is conducting activities such as TB prevention, Double-Barred Cross sticker fund raising, and promotion of general knowledge about public health, including non-communicable diseases.