

Overcoming Sociocultural Barriers to Contraception Education

The infrequent use of family planning methods other than condoms, and highly inconsistent medical education about contraception in Japan motivated U-M Japanese Family Health Program (JFHP) educators to develop an online educational module in Japanese about contraception. This module was recently published in the *Journal of Integrated Medicine*, インターネットを利用したe-learningの学習モジュール作成とその可能性: 避妊法20(10)798-800. The U-M JFHP (former) Academic fellow Hirotomo Asai, MD and the Program Director, Michael D. Fetters, MD, MPH, MA developed the online medical education module in Japanese to serve the stream of medical learners from Japan who come to study the clinical implementation of family medicine with Japanese patients at the U-M JFHP.

In response to the rapid spread of the internet in recent years, the University of Michigan Department of Family Medicine uses “e-learning” (learning method using the internet) as a required part of medical education. In their article, Dr. Asai and Dr. Fetters introduce e-learning as a self-education tool for busy physicians to keep up with ever advancing medical knowledge without being restricted by distance or time. Based on their experience of creating and implementing a Japanese e-learning module on contraception, they argue that it is important to create a high-quality learning module that maximizes the advantage of e-learning, while incorporating the process of receiving and improving the module based on user feedback. The e-learning

module they created is available at: http://sitemaker.umich.edu/japanese_health_contraception2/.

Supported by a CJS Faculty Instructional Seed Grant, the project required the purchase of a variety of contraceptive devices in Japan in order to develop media appropriate for the online module. The online module includes not only the scientific facts, but also content addressing cultural beliefs and misperceptions about contraception. The module addresses male and female condoms, birth control pills, IUDs, spermicides, sterilization (tubal ligation and vasectomy) and withdrawal (Not effective!). In Japan, physicians rarely discuss contraception with patients, even though in the U.S. such counseling is an essential skill for physicians, especially family physicians. The outcome of poor physician understanding and counseling skills can result in unexpected pregnancy, and often abortion.

Despite having universal health coverage, Japan has few programs that train family physicians to specialize in the breadth of care needed for outpatient practice. A critical aspect of the practice of family medicine involves adept skills in counseling about family planning choices. The JFHP has internationally recognized expertise in providing family medicine to Japanese patients who do not have access to family doctors in Japan. The JFHP family physicians provide culturally and linguistically sensitive care to the large population of Japanese people living in Southeastern Michigan. Since there are few Family



Medicine training programs in Japan, the JFHP is a popular destination for medical students and residents who aspire to become pioneering leaders of family medicine in Japan. The instructors noted that many of the Japanese medical students, residents and even practicing physicians coming to study family medicine for 2-4 weeks at the U-M Japanese Family Health Program each year lacked knowledge and counseling skills for family planning discussions with patients. While not an official U-M course listing, many students receive credit in their home institution since the rotation is structured much like an intensive “mini-course” on the content of family medicine practice as well as the study of the sociocultural barriers to implementation and acceptance of family medicine in Japan.

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