

WESTERN INFLUENCE ON THE DEVELOPMENT OF MIDWIFERY PRACTICE IN JAPAN

- A VIEW OF THE POLITICAL CONTEXT -

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Abstract

Western influence has brought dramatic changes to childbirth in Japan. With the Meiji Restoration came western medicine and a change in midwifery, from a traditional to a professional practice. Following the Second World War, transformation of both the status of the midwife and attitudes towards childbirth swept through the nation as two new policies were introduced by the US: Firstly, the place of childbirth shifted from the home to the institution; secondly, midwifery was combined with nursing. As a result midwives lost their autonomy and the whole birthing system experienced another upheaval. I considered the future of midwives, especially in the political context. I believe the concept of midwifery should be based on the word 'midwife', meaning "with woman". We must work with the woman and strive for her happiness protecting her under any circumstances. The following outlines strategies for the future development of midwifery in Japan.

Key Words: Midwifery (助産学), Meiji Restoration (明治維新), Post Second World War (第二次世界大戦後), Political Context (政治的環境), With Women (女性と共に)

要 旨

日本の助産文化に最も影響を与えたものは、西欧の価値観の導入であり、主に2つの動きがあった。

1つは明治維新の近代化である。西欧への劣等感とあこがれは、東洋医学から西洋医学への転換をもたらした。さらに富国強兵策の推進は、助産婦業務の体系化を打ち出し専門職としての制度化が国家により確立された。2つ目は第二次世界大戦後、GHQの強制的指導により行われた医療におけるさまざまな改革であり、これらは日本政府と公衆衛生に多大な影響を与えた。第二次世界大戦の敗北を契機とした日本社会の急激な変化は、助産婦制度、助産婦の社会的地位の変更をもたらした。さらに急激な科学・技術の進展は、出産の態様を変え、助産婦の出産への関わり方も変化させた。

戦前・戦後、日本の助産婦がたどった道を、政治的環境を中心に分析し、助産婦の語源である“with women”を根底に、女性と共に女性をコアにして、女性の幸福のために機能する助産婦の役割とその遂行のための

戦略および展望を述べた。

I INTRODUCTION

Throughout my profession career in midwifery I have often questioned the essential meaning of the word "midwife" and have carried out considerable research into the history behind the term. Similarly, I have sought to define the difference between the midwife, the medical doctor and the nurse, all of whom have had changing roles throughout history.

There are two main events which heavily influenced the shape of midwifery in Japan. Namely, the Meiji Restoration (1868) and the post Second World War installation of the US Army's GHQ (General Headquarters), which took total control over the Japanese government and its public health situation in the 1940's and 50's. The West

started to put strong external pressure on Japan, who as a result both yearned after and felt threatened by its completely different culture. Japan soon began to feel inferior to the West, a consciousness which still exists today. These two events had a significant influence on the role and involvement of the women in childbirth.

Much was probably due to the anxiety generated by being confronted by the dynamic of modernisation, but Japan responded and underwent socioeconomic transformation. Now, with the prospect of an aging population, conservative views on the prospective damage of the welfare state have brought about a need for a radical change in policies.

Until Post-World War II, Japanese midwives had always worked closely with women and strove for their happiness and well-being. But with Western influence, the nature of midwifery became vocational and midwives suddenly found themselves at the mercy of a male-dominated infrastructure. This occurred both on an administrative level and within the medical staff and midwives.

In this paper, I will focus on how the West has influenced the role of the midwife in Japan, in a political context as well as from the overall perspective of midwifery in Japan.

II MAIN MOVEMENTS

From the earliest times women had been giving birth without the support of men (Donnison, 1988). They were helped and supported mostly by the women close to them, their mothers, sisters and also older women, who had in turn gained their knowledge and wisdom through their own childbirth experiences. Before the rise of the modern medical profession, midwives were traditionally wise women and healers whose work was of a caring nature.

The Japanese had various religious explanations for the different aspects a childbirth and the views surrounding childbirth were largely influenced by Chinese religion and philosophical beliefs (Matsuoka, 1991). Porter (1999) indicated that medical practices in ancient Japan were primarily based on Chinese medicine and other influences from India and Tibet. Chinese medicine has a distinctly holistic approach to the human body when compared with the Western one, and this approach was highly valued.

1 The Meiji Restoration

When in the middle of the nineteenth century, the West began putting pressure on Japan's state of isolation, the Japanese began to see that they did not have the material or military strength to resist Western penetration or other Western demands (Kahn, 1971). The Meiji Restoration, with the opening of the trading gates to the West, significantly influenced Japan as a nation.

With the industrialisation of Japan came determination amongst the ruling class to modernise in order to compete with other economic powers. The leaders of the new Meiji state made plans to safeguard national autonomy by fostering a 'rich county and a strong military' (Eccleston, 1989). They saw Germany as the perfect model country, being not only hierarchical and militaristic, but also technologically advanced and economically successful.

The Japanese medical profession saw the need to imitate their German counterparts and its advanced education system and knowledge of medicines. German medicine also became the basis of midwifery education and several German texts on midwifery were translated in 1877. A number of private midwifery schools, teaching childbirth as a vocation, were founded by obstetricians who assumed the role of educating midwives in a more organised fashion.

Consequently, in 1874 professional midwives came into existence. The midwife was called a "San-ba", who became licensed after licensing systems were introduced into midwifery in the same year. The midwife profession was recognized as legitimate in 1899, when the training was standardised and the practice controlled (Okamoto, 1996).

With Japanese imperialism came the need to enlist men into the army and women were called on for support. The government encouraged women to have babies to help create a strong nation and a powerful army. Consequently, women made a significant contribution to the spectacular growth of the Japanese nation (Sato, 1997). Midwives in turn were now serving the needs of the government and were responsible for delivering "good boys". The role of the midwife became one of prestige and status, highly ranked as a profession. They formed a guild in 1888 and felt well rewarded as the "golden age" of midwifery began.

2 The Post Second World War

The Second World War brought a devastating shock to Japan's economy and society. In addition to the direct damage caused by the war, an influx of repatriated soldiers and people returning from overseas added to the nation's problems. Nutrition and sanitation conditions were also at their worst level.

The Occupation which followed saw a determination on the part of the Americans to introduce a range of liberal reforms aimed at reducing militaristic and nationalistic aspects of Japanese society. The powerful private industrial groups which had formed a significant part of Japan's military efforts, the "Zaibatsu", were broken up (Gould, 1993). A law was enforced that claimed that the head of state, the Emperor, was human and not divine and Japanese women were given an Equal Rights Amendment in their 1947 Constitution (Stockwin, 1975).

1) GHQ Policies

With the installation of the GHQ, the Japanese birthing system underwent a rapid and dramatic structural change which continued into the 1950s and 1960s. Over a period of ten years the location of birth shifted from the home to health care institutions.

Before the Second World War, midwives in Japan used to perform almost all childbirths and mostly worked within the community. Independent midwives took responsibility for the whole period of a normal pregnancy and birth. From the 1950's changes in the status of the midwife and attitudes towards childbirth swept through the nation as two new policies were introduced by the US. Firstly the place of childbirth shifted from the home to the institution, and secondly midwifery was combined with nursing. As a result midwives lost their autonomy and the whole birthing system experienced another upheaval.

2) Moving the Place of Childbirth from the Home to the Hospital

The PHW (Public Health Welfare Department) of the GHQ saw the Japanese medical system as archaic, and felt the system needed to be reorganised. Furthermore, the need for midwifery, as an individual profession, was not acknowledged. This was partly because there were no midwives, only obstetric nurses in America. For PHW nurses, the midwife in Japan was viewed as a 'granny midwife', an unlicensed old lady who delivered babies using insanitary and primitive ways. They saw childbirth as a sphere in great need of reform.

The PHW staff started work to transfer childbirth from the home to the hospital environment which would be run under the management of an obstetrician. They believed that this was a safer and more hygienic location for delivery.

3) Government Policies

The government's Ministry of Health and Welfare

(MHW) closely followed GHQ policies and under their guidance introduced a new medical insurance system. A universal medical insurance system meant that all citizens were covered by public medical insurance.

In the field of health, high infant and child mortality rates became a major issue, and maternal and child health measures were promoted. The "Pregnant and Lactating Women's Health Handbook", which had been issued since the war time, was revised and became the "Maternal and Child Health Handbook". This is still used for keeping health records concerning pregnancy, childbirth and child care. Health examinations and guidance for mothers and children were conducted and in 1965 the enforcement of the Maternal Child Health Law came about (Ministry of Health & Welfare, 1999).

4) Obstetrician

After the arrival of the GHQ, obstetricians were afforded authority over the midwife's support in childbirth. It is most probable that the Japanese Medical Association (JMA) lobbied the government as representative of the obstetricians working at the time, some evidence follows.

Oakley et al (1990) explained some of the reasons for the new autonomy allowed to the obstetrician. "Firstly doctors needed patients, and midwifery gave men an important entree into general practice: a successful delivery meant a grateful woman and a household full of potential clients. Secondly, there was much money to be made from delivering babies, and the government in turn got a high rate of tax from doctors."

As 'normal' birth was not covered by health insurance many poorer women opted for the 'abnormal' style (Takahashi, 1973). And added to that obstetricians could increase their income through their right to prescribe, dispense and sell drugs and medicines. Steslicke (1988) observed a

new over-utilisation of medicine.

The MHW has a department responsible for policy matters and it is clear that it is able to influence medical care practices. However, Powell et. al., (1990) asserts that there is little coordination and 'no centralised body with responsibility for planning and management'.

Bargaining and discussions between the MHW, insurance societies and the medical profession, have resulted in major policy decisions. The JMA is a powerful body, determined to protect the interests and autonomy of its members. Leichter (1979) indicated one fact in the 1960s and 1970s which showed the JMA to be prepared to go as far as demonstrations and mass resignations in negotiations with government over remuneration issues. Also through the work of the JMA, who put pressure on the GHQ and the MHW, the role of assistant nurse was created in 1947 (Oobayashi, 1989). Consequently, a maternity policy was determined according to the relative strength of the GHQ, the MHW and the JMA. It is almost certain that the midwives and women were not represented in any way.

5) Abortion and Family Planning

During a period of rapid population growth and while the birth rate was so high after the war, the government was keen to control population. Even though during the war they had tried to force women to have babies, the government anticipated a feeling of antipathy towards this sudden change in policy after the war and predicted that the left wing would be strongly opposed to the plan.

At the same time, there was a rush of artificial abortions which were conducted illegally or by amateurs, and the mortality rate was high among pregnant and nursing mothers. Kuroda (1978) suggested that limiting births in this way was, the easiest way of avoiding poverty for many families. Soon after, the US Occupation authorities intro

duced a revision to the law in 1948 which gave women the right to abortions on economic grounds. Ultimately, the government succeeded in working out a birth control policy on the pretext of protecting maternal health.

The Eugenic Protection Law was enacted in 1948 (See Appendix). In this way, artificial abortion was virtually legalised. Wolfren (1994) revealed another purpose of this law, unknown to the ordinary citizen, which was to prevent children of mixed race with foreign fathers.

Abortion has been used in a widespread way simply as a form of contraception. Mainly because there are many benefits to be gained by both doctors and the government, women were being encouraged to go to the hospitals for abortions. Doctors made much money and they undertook after care when the abortion had taken place.

However, since 1952 in order to remedy the rise in the number of artificial abortions after legislation, the idea of family planning has been promoted. Since 1955, practical measures have been introduced by instructors for conception controlled by midwives with specialised training.

Until the end of the war midwives had cooperated with government policies which encouraged women to have more babies before and during the war. Ironically, they then had to cooperate with a complete change in policy after the war. Midwives had no choice because they knew the harmful effects of artificial abortion and understood how women suffered from them. Family planning was promoted in the context of motherhood protection.

These factors have meant that consequently midwives were financially much worse off. Their clients were mainly poorer women who were not covered by insurance. Moreover the change from home to institution as the location of birth has been marked by a new depiction of the obstetrician

as having greater knowledge of birth. Childbirth became less of a cultural event with the move to increased medical treatment, which is partly due to the change in the site from the private to the public sphere (Davis-Floyd, 1997) (Martin, 1989). The practical and personal experience of great numbers of women has been rendered unimportant and disregarded. The whole concept of natural support by women has been destroyed. The obstetrician's access and control over specialised obstetrical technology, reflect and legitimate his authoritative status over the midwife.

6) Combine - Nursing

Another major factor that had decreased the control over the midwifery profession was that the GHQ decided to combine the role of midwife with that of nurse and public health nurse. In order to get a midwife qualification a midwife had to gain a nursing qualification and then to continue for one further year to specialise in midwifery.

Midwives protested adamantly as they considered themselves in a superior profession to nursing. Nursing came to Japan in the nineteenth century along with western medicine. It was considered a low-status job, far removed from professions such as doctors or midwives (Hendry et. al., 1991). Midwives were more respected, better paid and played an extremely independent role in the community. The nurses on the other hand supported the GHQ decision unanimously. It was natural that they desired this change as they were already working under, and were subordinate to, doctors (Sato, 1997).

Consequently, midwifery was combined with nursing and the Japan Nursing Association (JNA) was established in 1946 (The JNA Press, 1967). However, the JNA has not been helpful to the midwifery profession due to the numerical dominance of the nursing profession.

Needless to say midwives were becoming a small

minority and their authority, as well as their pride, was severely threatened by the power of the GHQ, the government, medical profession, and even the nurses. Midwives stood little chance against the collaboration of these great powers (Foucault, 1980).

7) Growth of Economy and Changing Society

The economy grew rapidly through a large-scale business boom chiefly led by capital investment, which started in 1947. The Japanese economy and society began to recover from postwar chaos, and people's standards of living improved substantially. This, in turn, prompted people to migrate from farming villages to the cities on a massive scale. As a result the nuclear family phenomenon came into existence.

However, within the nuclear family the mother and child had lost their support system, and the new home environment was not suitable for home birth, especially as there were not enough midwives in the big cities. Women's physical health and mental state was dramatically influenced by the introduction of artificial abortion and a Western lifestyle (Oobayashi 1994, Yoshimura 1985). Women went more and more to the obstetrician, and it became a new trend (Kobayashi, 1996), while midwives simultaneously fast fell out of fashion.

III Conclusion

Western influence has brought dramatic changes to Japanese childbirth and midwifery. With the Meiji Restoration came western medicine and the change in midwifery from a traditional to a professional practice. After the Second World War, the midwife profession took on a subordinate status and lost its autonomy. This situation remains today. The midwife profession has experienced disruption and upheaval throughout history.

In the Meiji period, much was probably due to the

anxiety generated by being confronted by the dynamic of modernisation, but Japan responded and underwent socioeconomic transformation. Now, with the prospect of an aging population, conservative views on the prospective damage of the welfare state have brought about a need for a radical change in policies. Medical fees are high and people are becoming more conscious of alternative methods of care based on a natural methodology. Some women are looking back to natural birth and some medical practitioners are looking again towards oriental medicine and the holistic approach. Furthermore, oriental cultural concepts, such as "qi" and acupuncture, have been introduced into the West, consequently the current of the times is changing.

IV The Perspective of Midwifery

Finally, I would like to consider the future of midwives especially in the political context. I believe we have to remember the concept of midwifery should be based on the word 'midwife', meaning "with woman". We must work with the woman and strive for her happiness protecting her under any circumstances. The following outlines strategies for future development in midwifery in Japan.

1. Having a Political Ability

Loss of professional power in midwifery arose from the roots of a new medical approach to birth. It is threatened by powerful lobby groups who act to control and limit the professional practice of midwifery. Midwives also need to build political power and aim to work at a government level in order to bring about legalisation and changes in systems of care. We must strive towards elections in the House of Representatives with a government official representative of the midwife profession, especially as Japan is so much a bureaucratic, patriarchal and hierarchical society. Therefore it is necessary to increase the number of female politicians.

2. Making a Strong Body

Midwifery must have its own autonomous Council to create a professional code of behaviour and ethics (UKCC, 1998). Midwifery is a separate profession from nursing and should have its own independent regulatory system in order to protect itself. This must have an accountability to making clear and radical policies.

3. Build up a Closer Connection with Women

The relationship between mother and midwife is fundamental to good midwifery care. We should work closely with consumer groups listening to the collective voice of women. We should be raising women's awareness, and encouraging changes in public policies through media and internet networks. We need to build support systems for the mother and child and incite civil movement.

4. Developing Midwifery Education

It is most important to have successors, so we must develop programmes of midwifery education based on evidence and practice. This programme would include political economical and social aspects. Midwifery training would be by direct entry as opposed to via a nursing qualification.

5. Developing Practice

We should develop a practical training programme where women and their families take centre stage. The midwife is a professional clinician who is responsible for her workload, schedule and duties. She works in a close relationship with mothers and their families, both in the community and in the hospital to provide flexible and responsive services (Page, 1995).

I firmly believe that the 21st century will be the "Woman's era". Women's power will be perceived differently from men. We must remember, the nature of the midwife profession, which is truly a woman's work. As a midwife if we came to understand that sensitivity, gentleness and power can go forward hand in hand with women's deter-

mination, then we will find a way to succeed.

APPENDIX

The original Eugenics Law of 1940 was made with racial purity aims and based on the German eugenics policy of the 1930s. It was far from liberal and was in no way intended primarily to benefit women. The law justified abortion on a number of grounds: the mother's mental illness or mentally disturbed character; either partner suffering from hereditary sexual disease, deformity or disturbance; economic or psychological reasons detrimental to the mother; or where the pregnancy is likely to have resulted from violence or compulsion.

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