



Maternal Deaths in Japan

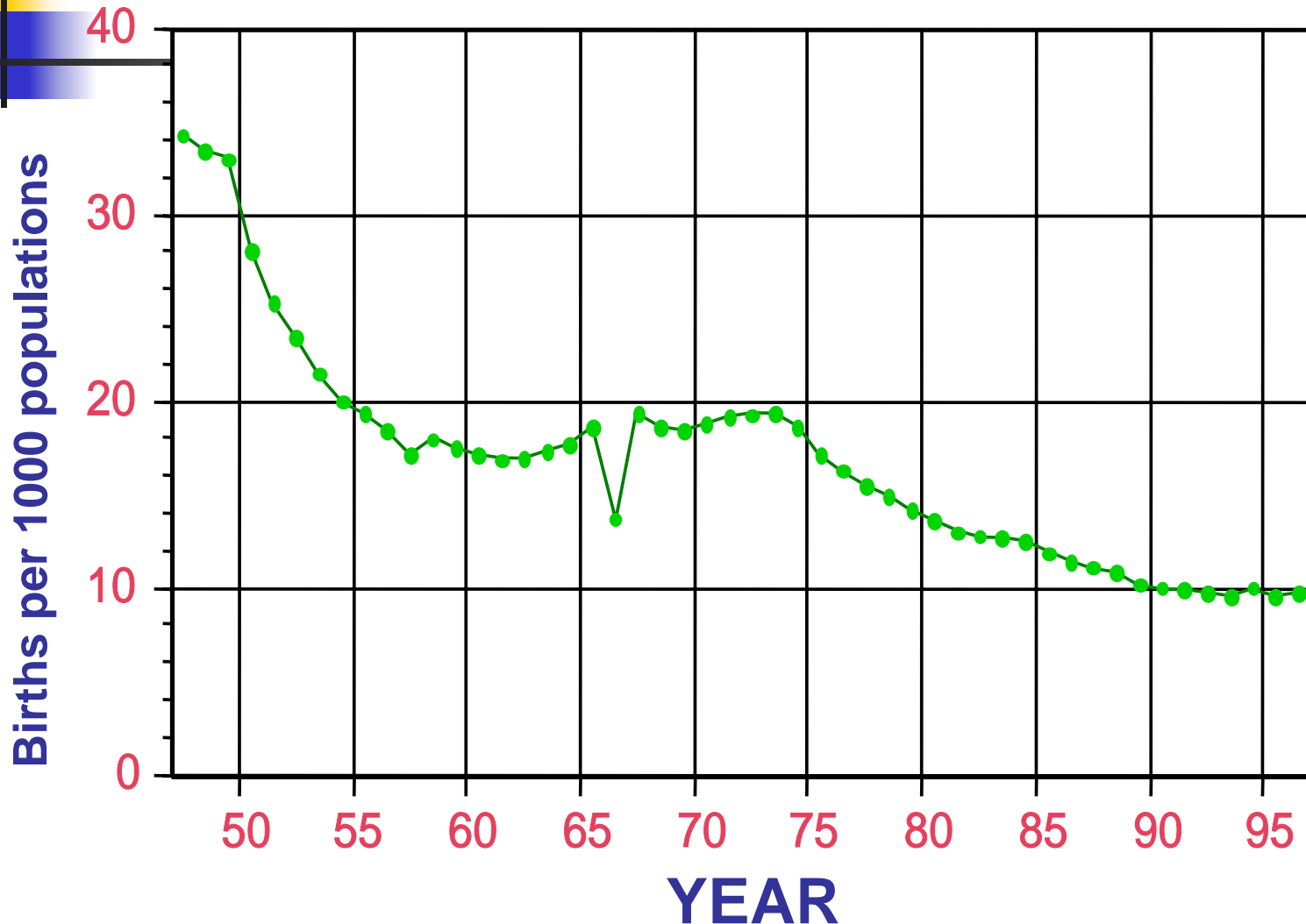
From the perspective of Social medicine

YASUHIDE NAKAMURA

**Department of International Collaboration
Research Center for Civil Society
Graduate School of Human Sciences
Osaka University, JAPAN**

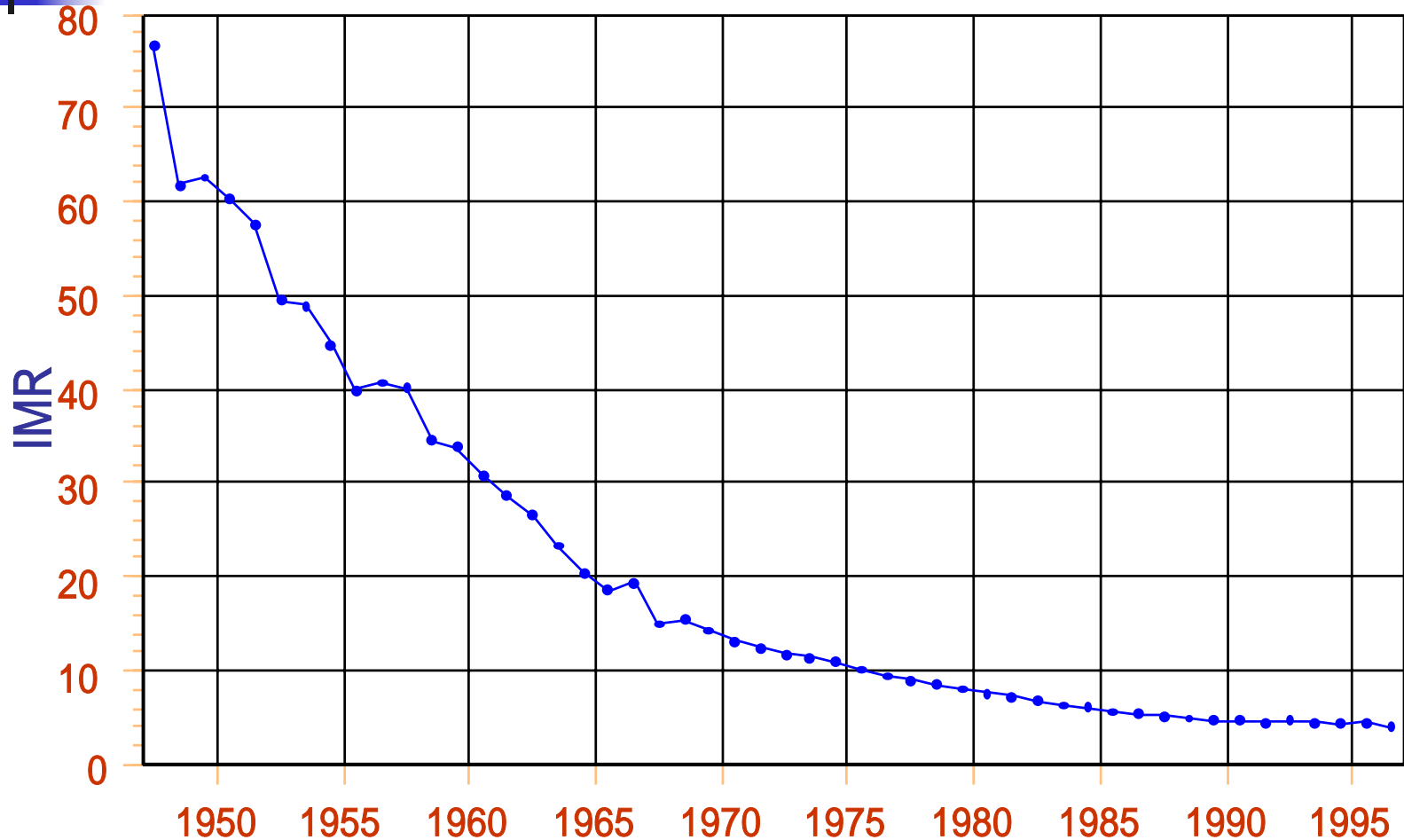
Birth Rates in Japan

Sources: Ministry of Health, Labor and Welfare, Japan



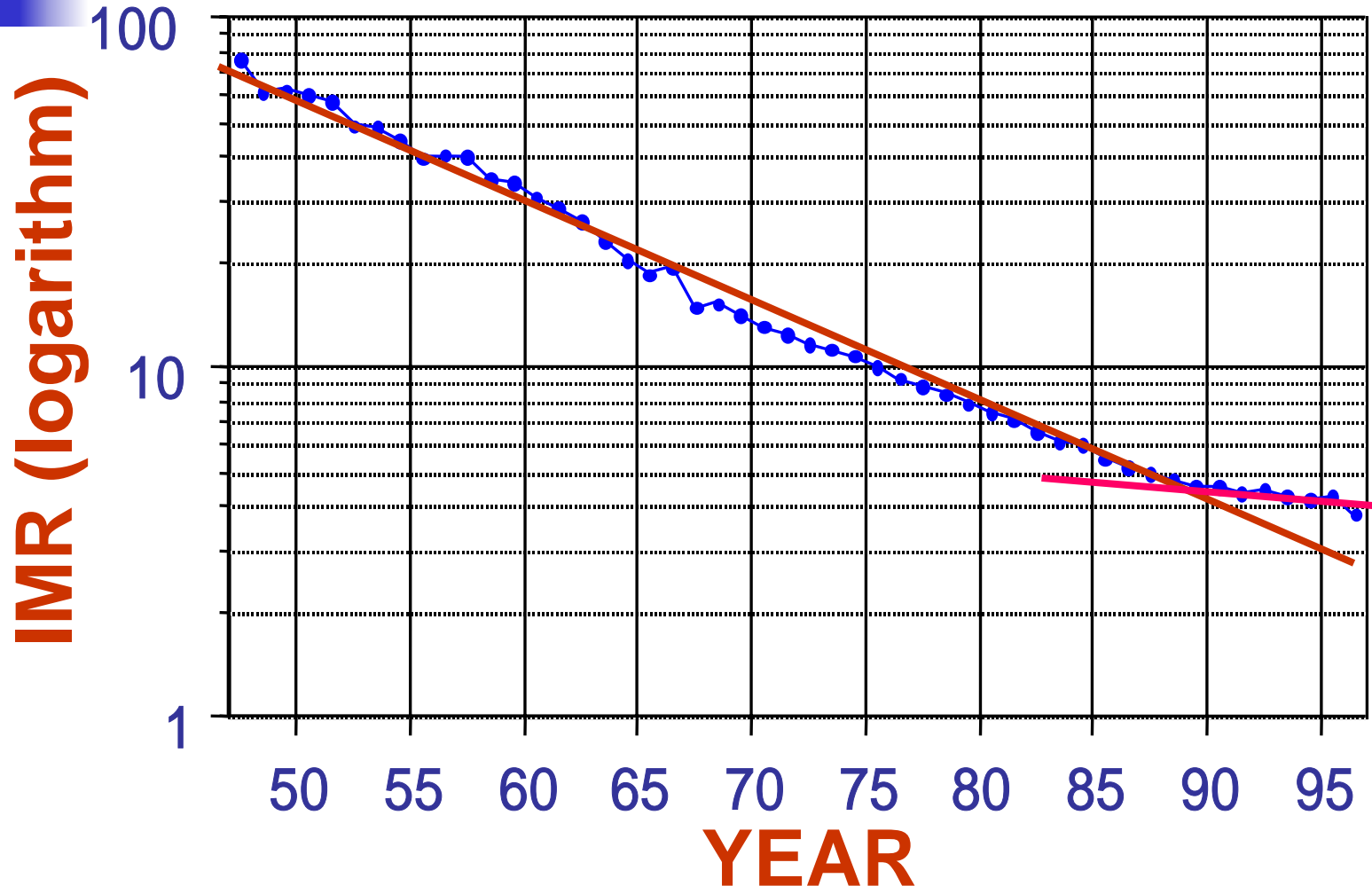
Infant Mortality Rates in Japan

Sources: Ministry of Health, Labor and Welfare, Japan

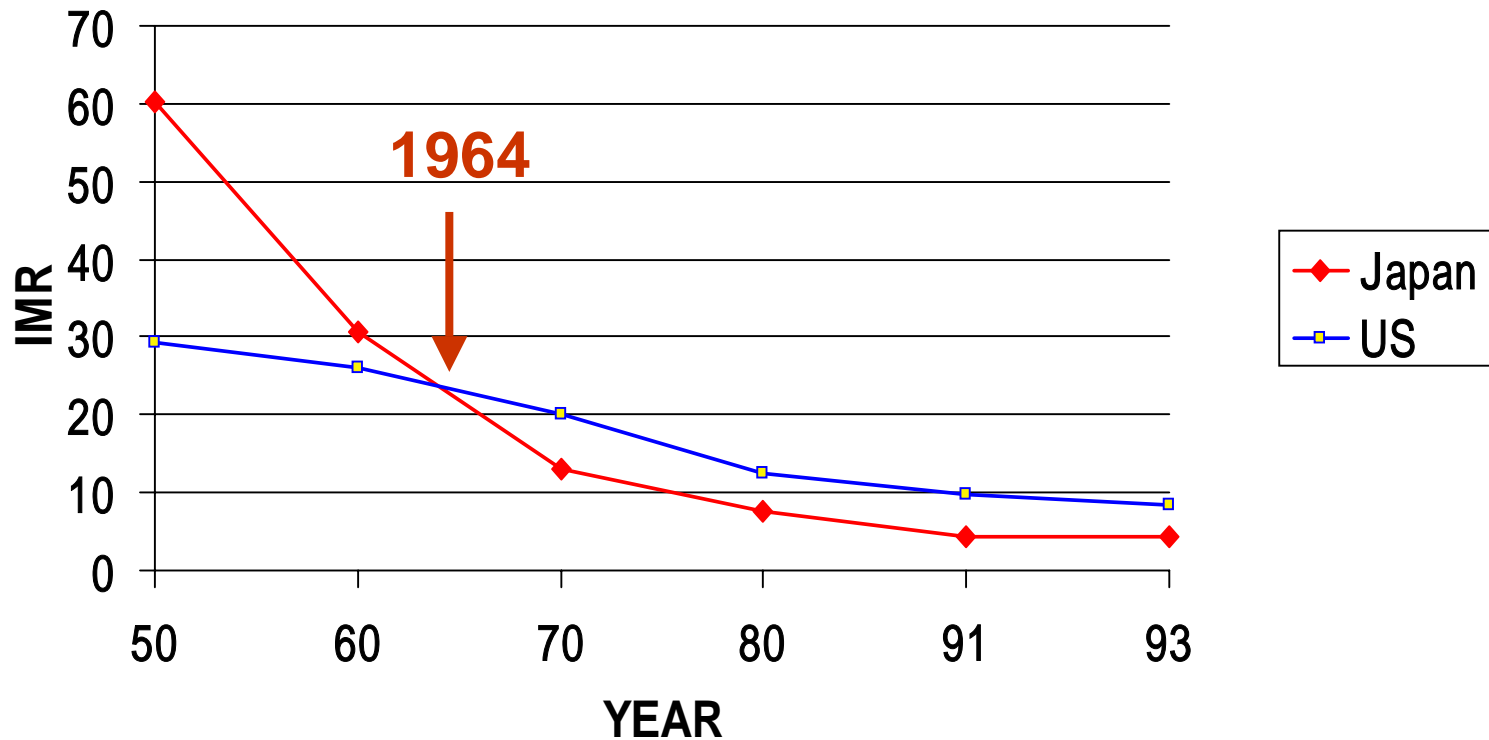


Infant Mortality Rates in Japan (logarithmic graph)

Sources: Ministry of Health, Labor and Welfare, Japan



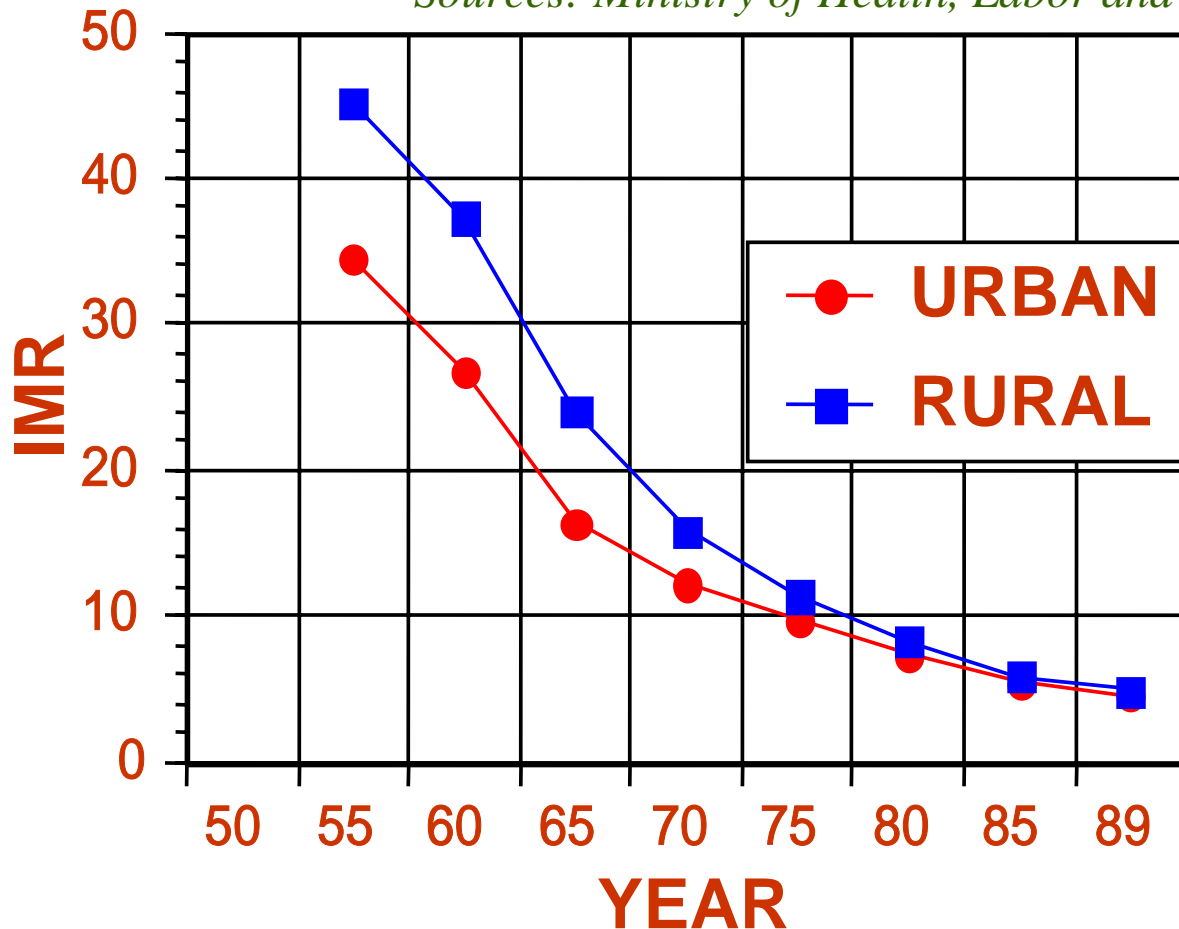
IMR in Japan and the United States



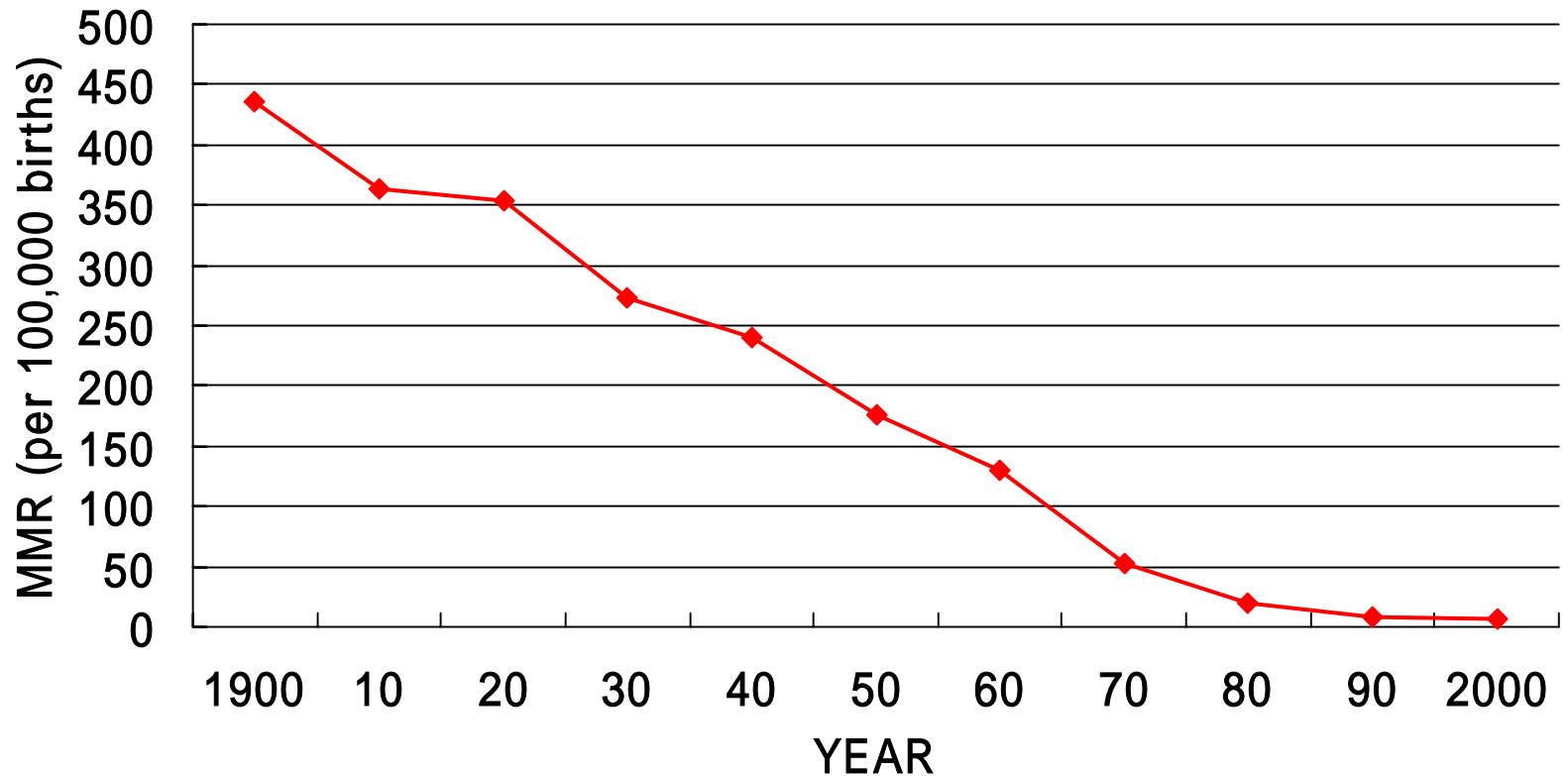
*Sources: U.S. Department of Health and Human Services
Ministry of Health, Welfare and Labor, Japan*

Infant Mortality Rates in Urban and Rural Areas in Japan

Sources: Ministry of Health, Labor and Welfare, Japan



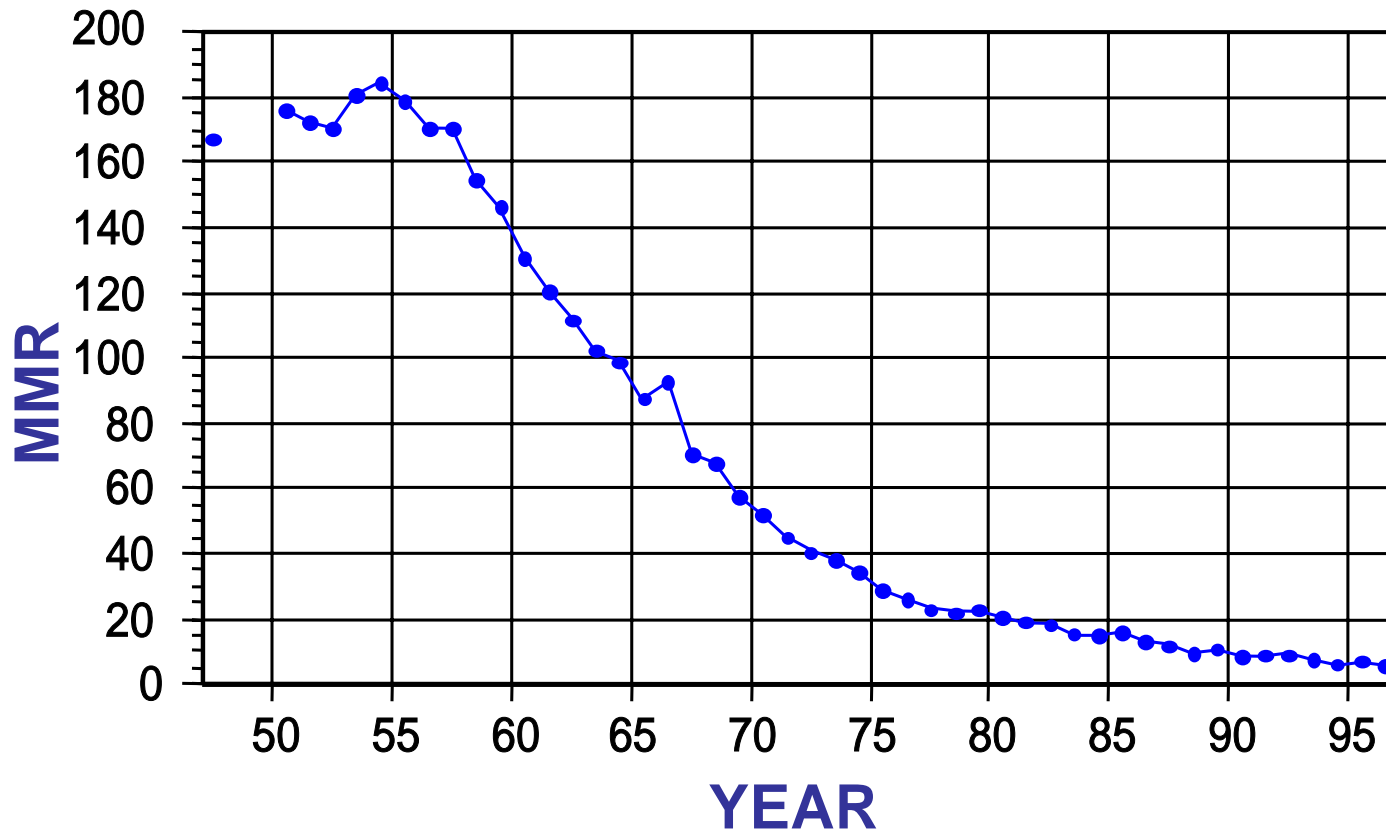
Maternal Mortality Rates in the 20th century in Japan



Source: Ministry of Health, Labor and Welfare

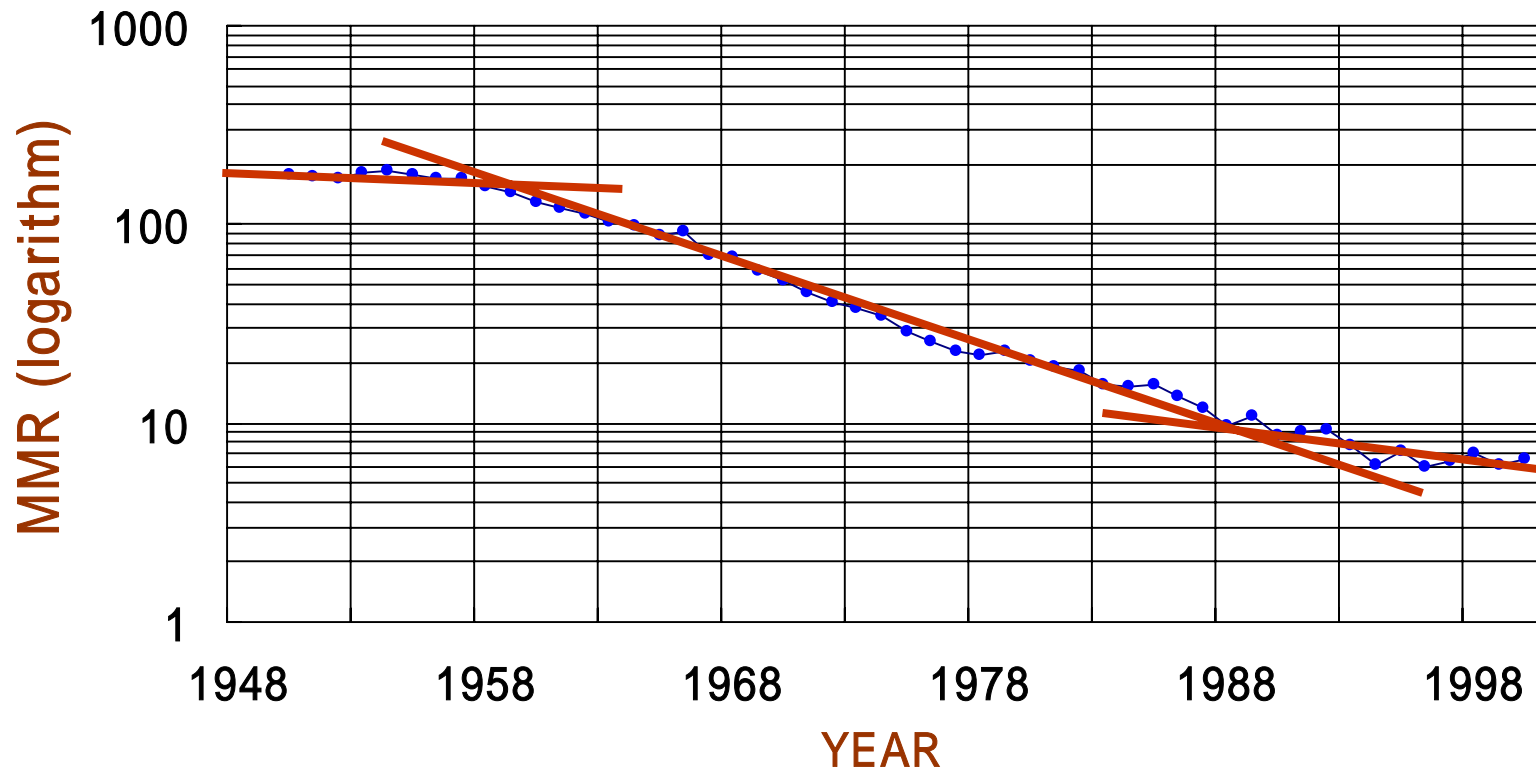
Maternal Mortality Rates in Japan

MMR: Maternal deaths per 100,000 births

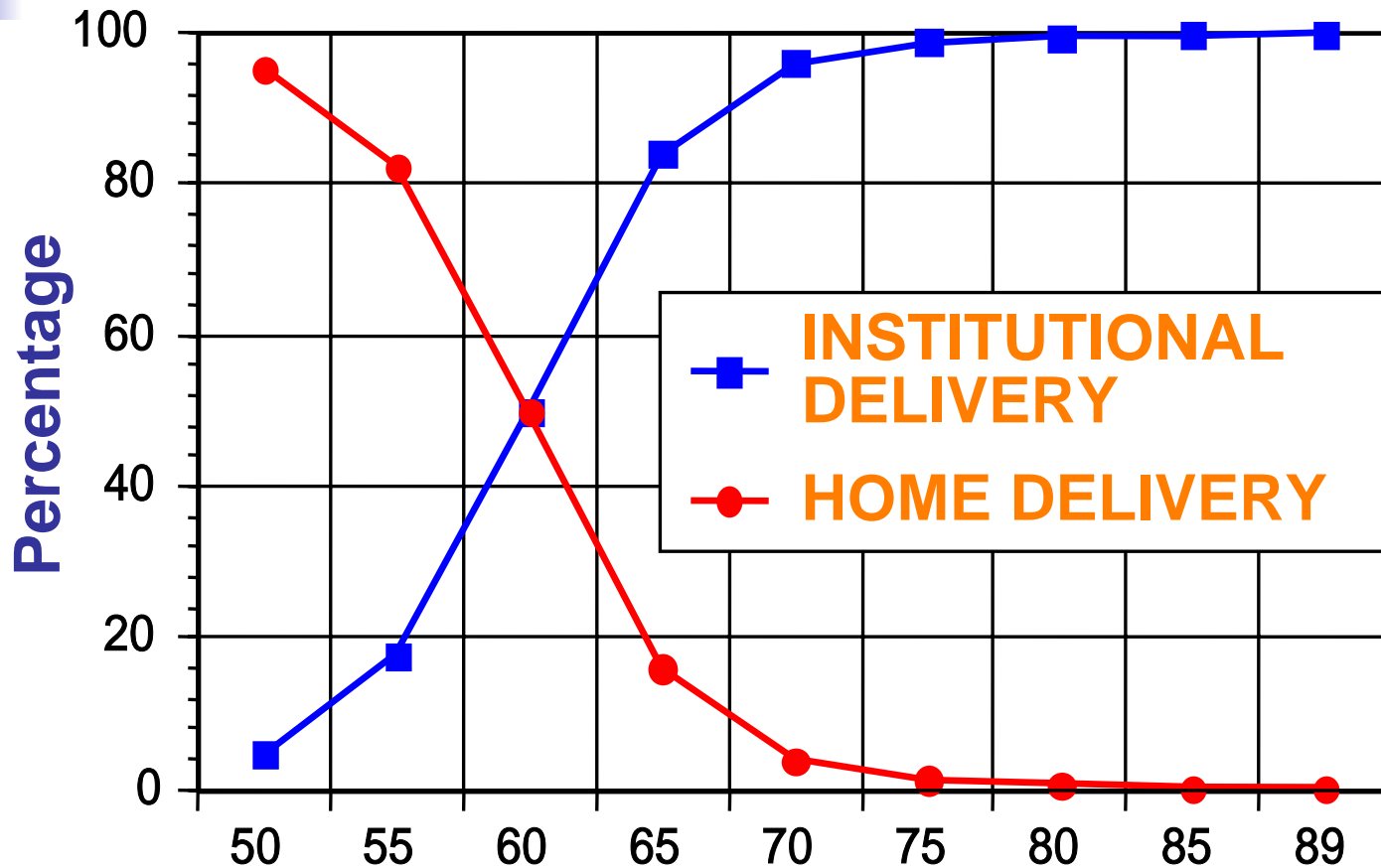


Source: Ministry of Health, Labor and Welfare

Maternal Mortality Rate in Japan



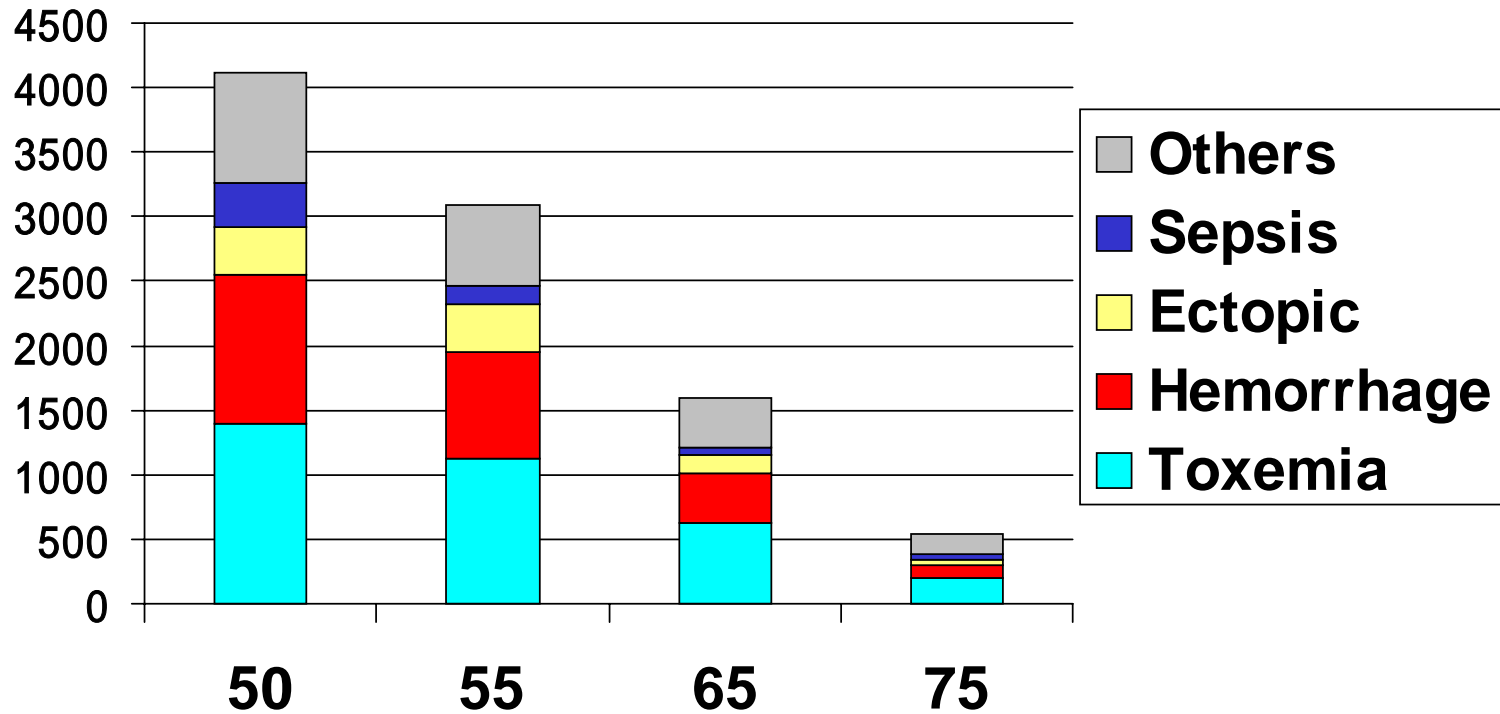
Institutional and Home Deliveries in Japan



Source: Ministry of Health, Labor and Welfare

Maternal Deaths by Main Causes in Japan (1950-75)

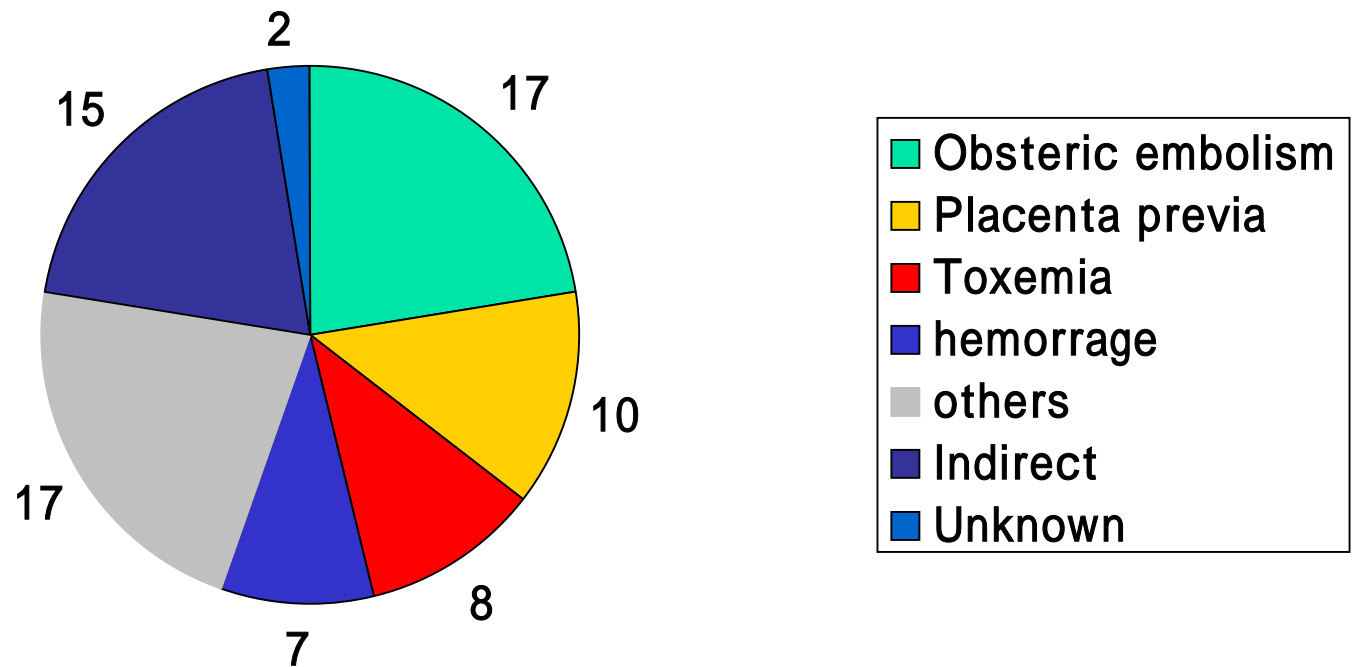
No of Deaths



Source: Ministry of Health, Labor and Welfare

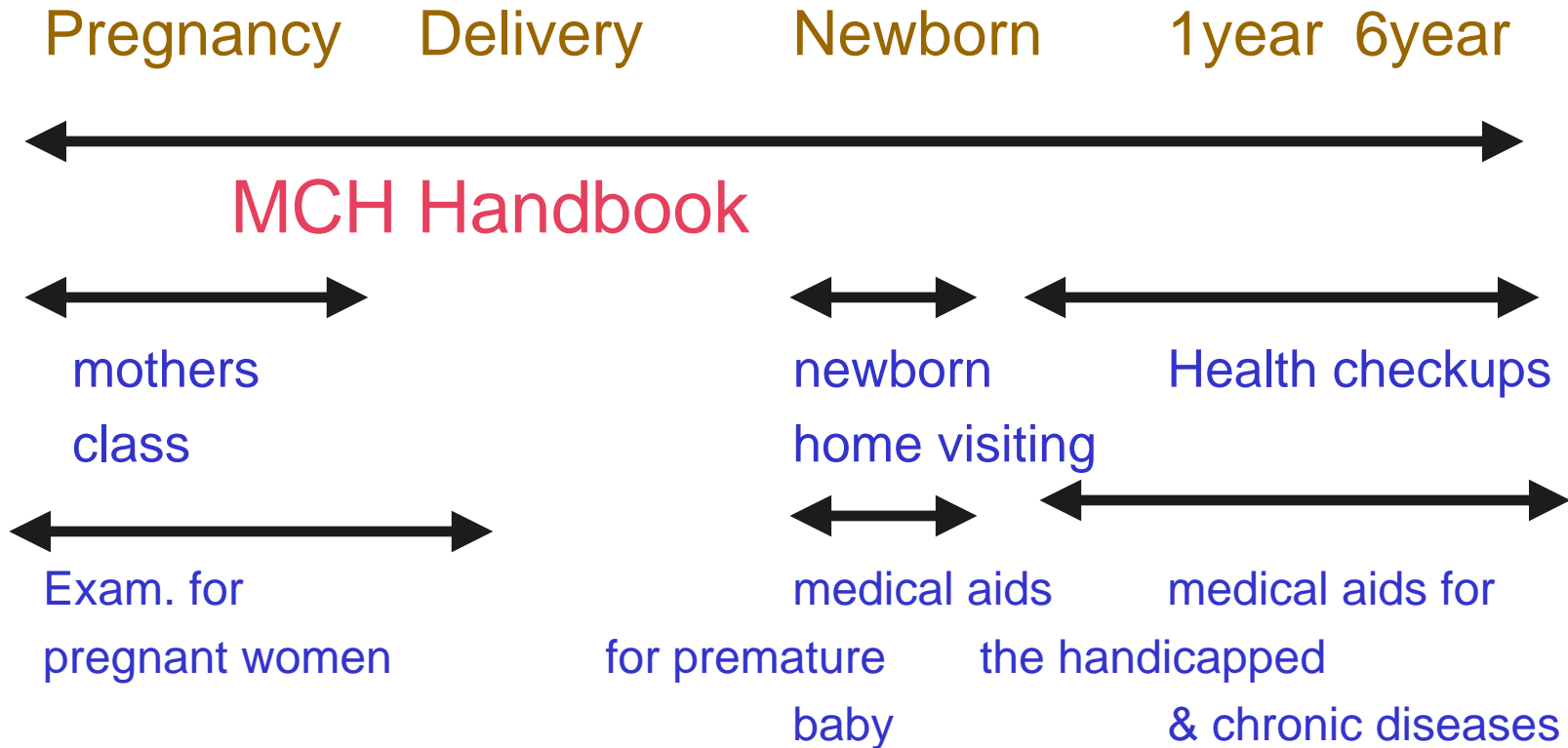
Maternal Deaths by Main Causes in Japan (2000)

The number of Deaths: 76 cases



Source: Ministry of Health, Labor and Welfare

MCH Program in Japan





Possible Explanations for Japan's Low Infant Mortality Rate

- 1 Narrow socio-economic distribution**
- 2 National health insurance**
- 3 Maternal and Child Health Handbook**
- 4 Population-based screening and health check-ups**
- 5 High value placed on childbearing**

Source: Health and welfare for families in the 21st century, by Kiely M, Wallace HM, Nakamura Y et.al., Jones and Bartlett Pub., 1999



Japan's Experience to Reduce IMR and MMR

1 Outreach activities

home visiting to all newborns

2 High education level of women

senior high school enrollment 60 % in 1960

3 Training program through existing system

regular meeting for nurses

4 Community-based activities

CBO, People's organization (PO)

5 Discretion in front-line health service



Discretion

the ability to make responsible decisions

- 1 make choice about what will be done and how it will be done**
- 2 make choice among alternatives**
- 3 discretion is constrained by external factors**

*Street-level leadership (Vinzant JC, Crothers L) Georgetown Univ.
1997*



The Role of Public Health Nurses (PHN) in Japan

- 1 PHN in the villages without doctors
- 2 **The roles of PHN:** health education, prevention, emergency care and delivery
- 3 **Improvement of quality of life:** nutrition, water supply, toilet, family planning, nursery care, income generation
- 4 **Intersectoral collaboration among the front-line workers:** agriculture improvement, school teacher, livelihood extension workers (*Sei-kai*) etc.
- 5 **People's Organizations:** Women's Association (*Fujin-kai*), Child-rearing Association (*Aiiku-kai*) etc,

The application of Japan's experience in health development to developing countries (2003: the Research on International Cooperation for Caring Society, Ministry of Health, Labour and Welfare, Japan)



The Role of Midwife Practitioners in Japan

- 1 Midwives in the villages without doctors
- 2 **The roles of midwife:** health education, prevention, emergency care and delivery, covering all the cares concerned to maternal and child health
- 3 **Intersectoral collaboration among the front-line workers:** agriculture improvement, school teacher, livelihood extension workers (*Sei-kai*) etc.
- 4 **Ensuring the quality of life of women:** to educate grandmothers and fathers, to build bridges between traditional customs and modern technology

The application of Japan's experience in health development to developing countries (2003: the Research on International Cooperation for Caring Society, Ministry of Health, Labour and Welfare, Japan)



History of MCH Handbook in Japan

1942 Handbook of Pregnant mothers

1947 Law of Child Welfare

1948 **Mother and Child Handbook**

(20 pages)

1966 Law of Maternal and Child Health

1970 Maternal and Child Health (MCH)
Handbook

1996 Upgrading of MCH Handbook

(72 pages)

Mother and Child Handbook in 1948



The Contents of MCH Handbook (1948)

Sugar

Milk 7 pounds



Benefits of MCH Handbook

- 1 Strengthen **the continuity** between maternal care and child health care
- 2 Provide **health records** kept by parents
- 3 Improve **communication** between providers and users
- 4 Promote **behavior change** of parents and family through health educational materials
- 5 Provide **minimum standard** of reproductive health to field health workers
- 6 Encourage **integration** in health sectors

Management Information System

*Home-based
recording*

*Facility-based
recording & reporting*

- Maternal card
 - Under-Five card
 - Development card
 - Immunization card
 - Child Growth Chart
 - **MCH Handbook**
- Health center record
 - Hospital record
 - Village registration
 - Health center information system



Disadvantages of MCH Handbook

- 1 High **cost** of printing
- 2 **Training** for health workers needed
- 3 Risk of Handbook **lost**
- 4 MCH **service delivery system** required
- 5 **Collaboration** among health professionals
essential
- 6 Disadvantage of **Illiterate** parents



MCH Handbook in the World

Japan

commonly used from 1948

Korea, Thailand, Tunisia, Cote d'Ivoire

commonly used

Indonesia

expanded through the joint project

Mexico, Viet Nam, Laos, Brazil, Bangladesh

developed by the projects with JICA or NGOs

MCH Handbook program is effective;



- 1 **Where** the community and its health workers can manage the program
- 2 **When** health care delivery system exists
- 3 **What: The contents** to be appropriate for the community
- 4 **To Whom: Parents and children** with awareness



Bi-Regional Consultation on Global Reproductive Health Strategy Development

WHO: Colombo, Sri Lanka, 2-4 June 2003

Objectives:

- 1 To review country-level experiences and lessons in implementing reproductive health strategies, policies and programs**
- 2 To critically review the draft global reproductive health strategy and propose key issues and implications for incorporation in the draft document**

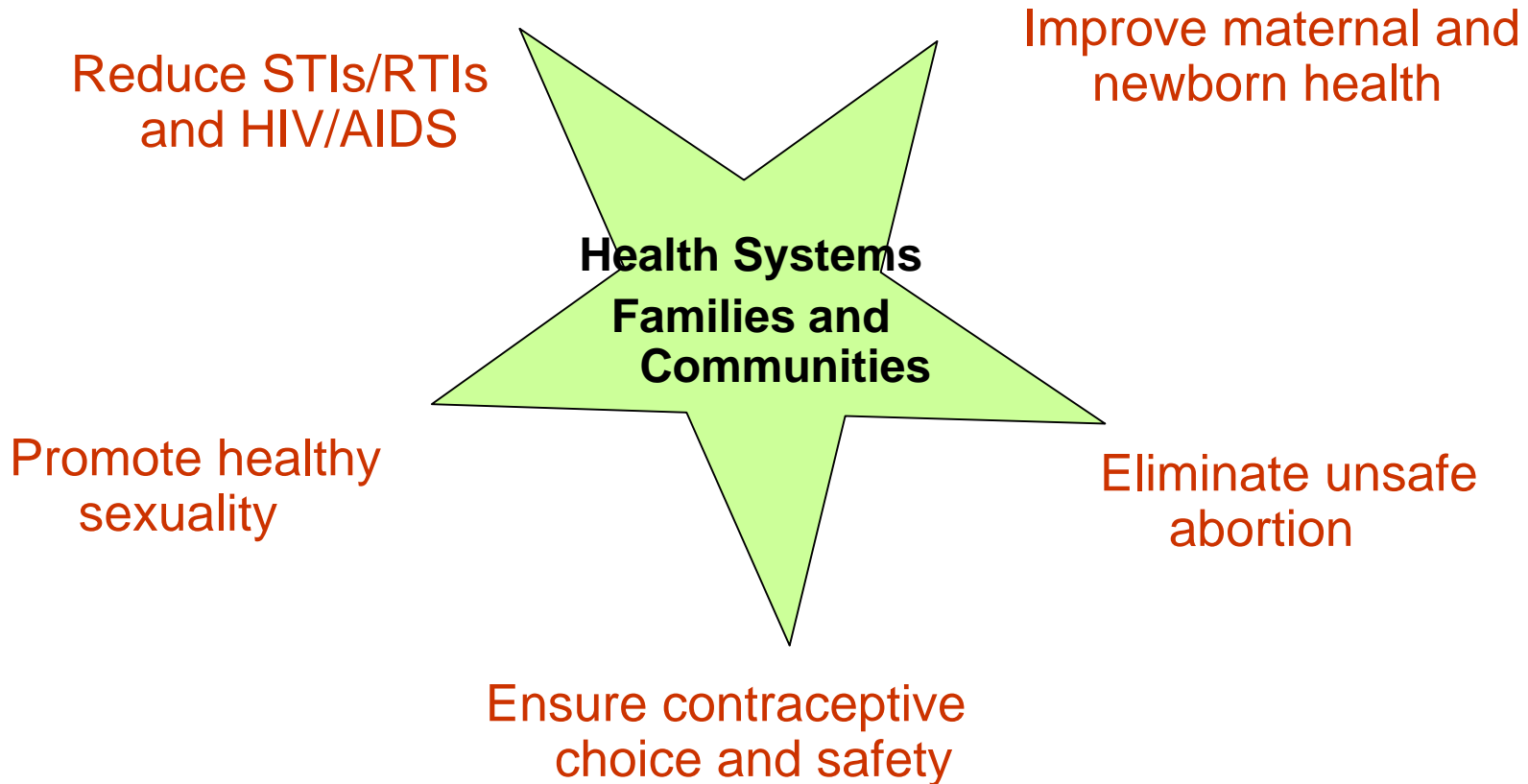
Participants:

WHO (Geneva, WPRO, SEARO), ADB, UNFPA

40 participants from 15 Countries



Sexual and reproductive health: a holistic concept





Sexual and reproductive health: from concept to results

- 1 Diagnostic the health problems**
- 2 Designing a useful strategic plan**
- 3 Selecting among sexual and reproductive health priorities for action**
- 4 Protecting the sexual and reproductive health of adolescents**
- 5 Removing legal and policy constraints**
- 6 Mobilizing political will, visibilities and accountability**
- 7 Making good use of human resources**
- 8 Adopting and scaling up good practices**
- 9 Addressing the reasons for under utilization of existing services in families and communities**