Japanese Women's Attitudes Toward Selective Abortion: A pilot study in Aichi Prefecture*

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In keeping with worldwide trends[1], the progress in medical technology has not only reduced infant mortality rate but has also made for changes in the major causes of death in infancy in present-day Japan[2]. Diseases of infectious and environmental origin have been reduced in number, and hereditary disease and congenital malformations have taken over as the major causes of death in infancy[3]. Most Japanese couples incline to have only one or two children so that they can maintain a higher living standard[4]. This reflects a growing concern with the quality of human life and the desire to have a genetically healthy baby. Thus, genetic counseling services have been recognized as quite important and useful means to this end.

Recently, the Japanese Ministry of Health and Welfare issued a "Guidebook on Genetic Counseling"[5], in which the need to establish a network of genetic counseling services is stressed. A clinical application of genetic knowledges and technologies has arisen ethical problems as to whether selective abortion following prenatal diagnosis is justified. In order to provide useful information for clients, it is helpful to consider not only the medical and legal ramifications but also the moral and psychological implications of prenatal diagnoses and selective abortion.

In the present study, the author reports some findings from a survey concerning Japanese women's attitudes toward prenatal diagnosis and selective abortion from the moral and psychological points of view.

METHOD

Respondent

Aichi Prefecture, which is located in the central part of Japan, was chosen as the major area of the survey. The respondents were Japanese married women under fifty years of age. They were divided into three groups: pregnant women, mothers with normal school age children, and mothers with retarded

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preschool and/or school age children. The survey was conducted by means of a questionnaire in 1978, which was distributed and collected in the following three ways: 1) A group of pregnant women attended a maternity class for first childbirth organized by Public Health Centers. Questionnaires were distributed and collected through these classes; 206 questionnaires were distributed and 121 were returned. 2) Questionnaires for a group of mothers with normal children were distributed and collected in cooperation with the teachers of elementary school attended by their children; 250 questionnaires were distributed and 205 were returned. 3) Questionnaires for a group of mothers with retarded children were distributed and collected through day-care centers or training centers for their children; 122 questionnaires were distributed and 103 were returned.

Attitude Measurement

The questionnaire consisted of thirty-one items: Ten items were relevant to prenatal diagnosis, selective abortion, and the right to life of a defective fetus. The rest were relevant to social welfare for mentally retarded children and the characteristics of respondents. The first question on prenatal diagnosis dealt with the acceptability of prenatal diagnosis. A brief explanation of the diagnostic procedure of amniocentesis test was followed by a brief description of a case of a young woman who had become pregnant for the second time after her first child had been born with Down's syndrome. The respondents were asked whether they would want to have a prenatal diagnosis if they were in the same situation as this young woman. Those who answered in the affirmative were asked how they would handle a situation in which the foetus was found to have Down's syndrome. Two different questions were provided to measure the attitude toward abortion. The first question was the case of abortion with a defective foetus and second question was the case without any defective foetus. Then respondents were asked what they thought about the right to life of a defective foetus at less than four months of gestation. The respondents who either approved or disapproved of the right to life of the defective foetus were asked to state the ground on their judgment.

RESULTS

The age distribution of the three groups was as follows: 92.3% of the pregnant women were in their twenties, and 80% of the mothers with normal children were in their thirties. Thirty-three percent of the mothers with retarded children were in their late twenties and 40% in their early thirties. Ninety

percent of the pregnant women, 78.6% of the mothers with normal children, and 52.9% of those with retarded children, were graduates from high school or higher education facilities.

Attitudes toward Prenatal Diagnosis and Selective Abortion

Most respondents approved of prenatal diagnosis if they were in the the same situation as the young pregnant woman illustrated in the example given. Those showing approval accounted for 91% of pregnant women, 87% of mothers with normal children, and 89% of mothers with retarded children. Some 390 respondents who agreed having an amniocentesis were asked how they would handle the situation in which the foetus was proved to have Down's syndrome. More than eight out of ten respondents approved of selective abortion in order to prevent defective birth.

Right to Life of Defective Foetus

More than one-fourth of the respondents in each group favoured the right to life of a seriously defective foetus at less than four months of gestation; up to 40% disapproved. More than a half of those against bearing the child chose selective abortion on the grounds that "once born, the child will have a very unhappy life," while up to 20% stressed the "psychological and financial burden on the family." About half of the respondents who approved of the right to life of the defective foetus considered that "human life should be respected no matter what the circumstances are."

As mentioned above, there were no statistically significant attitudinal differences among the three groups. Then the data of 407 respondents who were under 39 years of age were broken down by age and education level.

Effects of Age and Education on Attitudes toward Prenatal Diagnosis and Selective Abortion

Demographic characteristics of respondents are presented in Table 1. Forty-

Table 1 Demographic Characteristics of Respondents

Age	N	Education	N	Income	N
20—24	38	Grade School	72	Low	99
25—29	137	High School	220	Lower Middle	166
30—34	149	College or Upper	101	Middle	104
35—39	83	Unknown	14	High	26
				Unknown	12

Total Respondents=407

three percent of the respondents were in their twenties and the rest in their thirties. Fifty-four percent of these respondents were graduates from high school and a quarter of them from college or university. Table 2 shows the breakdown by age and education of the respondents who wished to have the prenatal diagnosis. Most respondents preferred to have the prenatal diagnosis regardless of age and education. The attitudes toward the two different cases of abortion are indicated in Table 3. In the case with the defective foetus, nine out of ten respondents approved of abortion. In the case without any defective foetus, however, less than half the respondents approved of an abortion.

Table 2 Percentage of Respondents Approving of Prenatal Diagnosis

Age (8.014)		Education (6.112)	
20—24	92%	Grade School	83%
25—29	94	High School	91
30—34	87	College or Upper	90
35—39	83	Total Approving	89
Total Approving (N=405)	89	(N=391)	

Note: In this and subsequent tables, percentages are calculated based on the numbers of respondents who answered approving, disapproving, or uncertain. Respondents who did not give any answer were excluded from the analysis. Numbers in parenthesis were chi-square. In this and subsequent tables, Chi-squeres are calculated based on three response patterns × attribute (age or education) cross-tabulations.

Table 3 Percentages of Respondents Approving of Abortion

In the case with defective foetus		In the case without defective foetus	
Age (7.857)		Age (4.573)	
20—24	92%	20—24	58%
25—29	90	25—29	47
30—34	85	30—34	45
35—39	89	35—39	48
Total Approving (N=406)	88	Total Approving (N=403)	47
Education (18.401)***		Education (12.119)*	
Grade School	75%	Grade School	42%
High School	92	High School	47
College or Upper	92	College or Upper	55
Total Approving (N=393)	89	Total Approving (N=390)	48

*$p<.05$; ***$p<.001$

It was also suggested that the education factor had a significant effect upon the attitudes toward abortion: The higher the education level of respondents, the more favorably they viewed abortion regardless of the condition of the foetus. Table 4 represents the attitudes toward the right to life of the defective foetus in terms of respondents' age and education. Those with a higher education level tended not to favour the right to life of a defective foetus.

Table 4 Percentage of Respondents Approving of the Right to Life of a Defective Foetus

Age (7.780)		Education (7.567)†	
20—24	18%	Grade School	34%
25—29	26	High School	31
30—34	26	College or Upper	18
35—39	38	Total Approving (N=383)	28
Total Approving (N=396)	28		

† $p < .11$

Through statistical analysis of data, the following evidences were obtained. There were no significant differences among the three groups in attitudes to prenatal diagnosis or selective abortion. Most respondents preferred prenatal diagnosis if the foetus was at high risk of having a congenital defect. Therefore, most respondents seemed to choose abortion whenever amniocentesis test results indicated that the foetus had congenital anomalies. Respondents approving of selecti veabortion were twice as many as the respondents approving of abortion without any defective foetus. The major reasons women disapproved of the right to life of a defective foetus were their concern for the happiness of the defective child and the psychological and financial burdens facing the family. Some appeared to have rather ambivalent attitudes on selective abortion. When abortion was as abstract issue, they favoured the protection of the right to life of a defective foetus. However, the same women approved of selective abortion when they would actually have to deal with it in real-life situation. Results similar to those of overseas studies were obtained concerning the effect of education on attitudes toward abortion and related matters[6].

CONCLUSION

One of the most important findings of this study is the attitudinal differences regarding the two abortion cases. As mentioned in the Appendix, abor-

tions undertaken in order to protect a woman's health have been authorized in Japan since the promulgation of the Eugenic Protection Law in 1948. However, the abortion of a defective foetus has not been provided for in the law up to now. It seems very ironic that the draft of an amendment to the law in 1973, which aimed at legalization of selective abortion of a defective foetus, was rejected by women's liberation groups aligned against the amendment, although most women tended to approve of abortion of a defective foetus.

The results of the present study clearly indicate that many respondents favoured the right to life of a defective foetus for face-saving considerations, but, more than a quarter of them actually would want to have an abortion to prevent a defective birth in a real-life situation. The number of such women with inconsistent attitudes toward abortion is worth noting. In Japanese society, abortion was legalized as a means of regulating population explosion after World War II. Therefore, there was little ethical discussion concerning the beginning of human life, a compromise between a woman's right to self determination and the right to life of a foetus, as has been typical in western nations[7]. Japan had been notorious as a "paradise for seekers of abortion" for a long time. Nevertheless, not a few Japanese have dedicated a tiny statue of Jizo, the guardian deity of children, at temples as a chandle-lit, flower-bedecked memorial to aborted foetuses (mizuko-kuyo), even though most Buddhist priests have criticized its lack of religious meaning[8]. The ambivalent attitudes toward selective abortion among married women might be caused by (1) the result of insufficient ethicald iscussion on the earliest stage of human life, (2) insufficient legal discussion concerning an amendment to the Eugenic Protection Law in Japan, and (3) the lack of well-organized social support services for the handicapped and their families[9].

The dramatic progress of neonatal medicine adds a new feature to the ongoing abortion debate: Neonate intensive care treats premature or imperiled newborns as patients, and most of them, at least in Japan, are now younger than the 24 week legislative standard for viability. At the same time, new problems have arisen due to the clinical application of new reproductive techniques. The IVF technique, for example, makes it possible for a temporarily independent entity to exist outside a mother's womb. A newly developed technique of sex selection by Rihachi Iizuka and his research team at Keio University is paving the way for debate on the quality of life.

It is necessary to provide a certain frame of reference for the general public to examine its conscience and draw attention to the abortion problem in a moral perspective. In conclusion, it is fair to say that, with the rapid progress of the medical and biotechnological fields, we have to re-evaluate in

ethical terms any medical intervention at the early stage of human life. And in Japan, perhaps we do well to re-examine the influence exerted by religion, especially Buddhism, on our Japanese culture as a whole as well as on these important issues in particular.

Appendix

A Brief History of The Legal Status of Abortion in Japan

1. Before 1880: Aiming at Stabilization of the Population

The population was stabilized at 30 to 40 million from the early part of the Tokugawa era in the late 17th century up to the Meiji Restoration of 1868 in Japan. This means that the Tokugawa Shogunate and lords (daimyos) carried out the population policy, especially for the farming population[10]. The Tokugawa Shogunate permitted abortion tacitly, although they officially prohibited it. In 1873, after the Meiji Restoration, The Government admonished midwives not to provide abortive medicine or abortive procedures. It did not, however, proclaim that abortion was criminal[11]. At that time, people considered a foetus as a part of the mother's body[12]. Abortion was not a criminal act in our legislative history until the introduction of the criminal code based upon the French system in 1880. The criminal law of 1880, which prohibited all abortions, was succeeded by a new but much the same criminal code in 1907, which has been in effect until the present time.

After the Restoration of 1868, the Japanese Government wished to replace the feudal system with a modern one so that new scientific knowledge and technologies from the West could be introduced and industrialization promoted in this country. Therefore, the Government adopted new policies to enrich and strengthen Japanese society, and it encouraged an increase in the birth rate. This was the very reason why abortion was considered criminal in 1880[13]. Christianity did not prevail in Japan due to the Tokugawa Shogunate policy of national isolation. Therefore, in Japan, abortion was considered criminal with no background in Christian ethics. Obviously, there was quite a difference between Japan and western countries on this point[14].

2. National Eugenic Law of 1940: Seeking a Higher Birth Rate

General attitudes toward abortion showed a dramatic change once the criminal law took effect. One reason was the influence of Christianity which rapidly took root in Japan as of the late 19th century. Another was the population policy advanced by the Government at the time. With the expansion of capitalism and militarization in Japan, the Government encouraged an increase in human resources, which were considered indispensable for the economic and military domination of foreign countries, especially China[15]. In fact, the

Government encouraged childbirth and prohibited abortion to permit the invasion of other countries.

In 1940, when fascism began to dominate Japan, the National Eugenic Law was promulgated. This law was followed by the Sterilization Law in Nazi Germany and legalized abortion for eugenic reasons. This law authorized abortion only for eugenic and medical reasons, and abortion procedures were rigidly restricted by the enforcement of detailed regulations[16]. This law effectively decreased the number of abortions[17].

3. Eugenic Protection Law of 1948: Aiming for Reducing Births (i)

In 1945, when Japan surrendered to the Allies, the Japanese population was 78 million; 72 million at home and 6 million abroad. At the time, the Japanese government had to regulate the population. Since vast territories outside the country were lost and the postwar baby boom brought about a population explosion. The standard of living fell considerably[18].

In 1948, the Government promulgated the Eugenic Protection Law, paving the way for legal abortion to control the Japanese population. The law authorized two types of abortions: (1) a voluntary abortion performed by a qualified gynecologist, and (2) an abortion performed under the examination of Eugenic Protection Commissions. The former was an abortion which was intended to prevent genetic diseases or to save a mother's life. The latter was an abortion (a) if a woman underwent another pregnancy within a year after a previous delivery, (b) if a woman already had enough children and the delivery seemed to endanger maternal health, or (c) if pregnancy occurred as a result of rape. Women who wanted to have a legal abortion faced many difficulties.

Afterwards, in 1949, the Government amended the law and authorized abortion for "economic" reasons[19]. The article of the law in 1949 was as follows: If the continuation of the pregnancy put the woman's health gravely in peril for physical and/or economic reasons, a qualified gynecologist could request permission for an abortion of the Local Eugenic Protection Commission. Thus, abortion for "economic" reasons was permitted only when it would protect the mother's health. In practice, however, people considered that an abortion for economic reasons was legalized. And this view prevailed at that time.

4. Amendment of 1952: Aiming for Reducing Birth (ii)

By the amendment of 1952, the distinction between voluntary abortion and abortion with permission from the commission was abolished. Abortion was left to the discretion of a qualified gynecologist. As the result, abortion was easily available to women in Japan. At that time, discussions in the parliament indicated much illegal abortion was going on, and the aim was to eradicate it. The parliament upheld the amendment unanimously[20]. The number of

officially reported abortions rapidly increased as a result of the amendment: 805,524 cases in 1952 and 1,068,066 cases in 1953. In 1955 1,170,143 cases were reported[21].

5. Failed Amendments: Complicated Problems Arising

As mentioned above, the Eugenic Protection Law was established in "abnormal" times. Unlike the current situation in western countries and the United States, in Japan the protection of fetal life was scarcely discussed at the time. Some critics asserted that this law was established only to promote a temporary population policy without overcoming a traditional view of woman in Japanese society[22].

As Japan became a major economic power and its standard of living rose, some individuals pointed out the lack of any ethical discussion concerning the earliest stage of human life. At the same time, economic circles were anxious about the shortage of human resources in the future[23]. Thus, the Government submitted amendments to Parliament in 1972, and again in 1973. The main points of these amendments were: 1) to prohibit abortion for economic reasons, 2) to legalize abortion if the continuation of a pregnancy or delivery would gravely in peril a woman's health, 3) to legalize abortion if a foetus was at high risk of having grave congenital defect, and 4) to arrange consultation for contraception and family planning in order to avoid pregnancies at an advanced age. Twice attempts to amend the law failed. The movements against the amendment of the law in 1973 were nationwide in scale, but the aims of the movement were splintered. Members of women's liberation groups insisted on a woman's right to decide, whereas members of handicapped persons' groups emphatically asserted that the authorization of selective abortion would lead to the exclusion of the handicapped from society.

After 1955, the number of reported abortions decreased year by year. There were 664,106 abortions in 1976 and 641,242 in 1977[24]. Of course, some obstetricians believed that the number of unreported abortions outnumbered the reported ones by two or three hundred percent[25]. The Fourteenth National Family Planning Poll by the Mainichi Newspaper reported that 56.4% of married women under fifty years of age denied they had no experience of abortion, while 36.1% of respondents said they had had one or more abortions.

Some individuals attacked the principle of criminal law which prohibited abortion without exception, although a tremendous number of abortions were performed "legally." This attack was correlated by the following facts. Individual convictions for illegal abortion reached 69 in 1949, but afterwards the figure decreased yearly. From 1964 to 1973, no case was reported[26].

Most Japanese hold almost the same view as that enshrined in existing

law. However, an amendment of the criminal law is now under consideration in Japan. A draft amendment, a minority view, was proposed to abolish a part of criminal abortion. The asserted reasons for the abolition are as follows: 1) Japanese people have become to believe that abortion is not always evil, 2) few culprits are arrested although many illegal abortions are performed, so that the spirit of the law is undermined by the fact of criminal abortion, 3) it does not seem appropriate to protect sexual morality by law even indirectly, 4) it is necessary to restrain the population increase in Japanese society[27].

This draft amendment was rejected. However, sufficient legal and ethical discussion as to whether all abortions ought to be prohibited by the present criminal law is essential.

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