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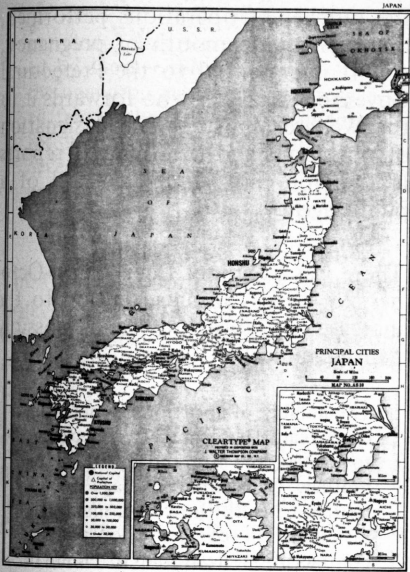
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AWARD WINNER

A rather timely discussion of the Japanese experience with their liberal abortion laws. While the United States is moving toward virtual abortion on demand, the Japanese are reassessing the entire question. The deleterious effects of this liberal abortion law upon the individual and upon society as a whole is threatening the survival of Japan as a nation.

Japan's 22 Year Experience with a Liberal Abortion Law

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The Japanese press carried a statement recently that we should reflect on responsibilities towards the 50,000,000 fetuses which have been aborted in the last two decades. The statement was made by Father Pedro Arrupe, Superior General of the Society of Jesus, who was formerly a missionary in Japan. The attention of the press to this statement is one of many signs that our nation is moving towards a stricter policy in regard to abortion.

A liberal abortion law was passed by the Diet in 1948; it was amended in 1952 to eliminate the requirement that the reasons for performing an induced abortion be examined, thus permitting the "designated" physician

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to perform the operation at his own discretion. The stated conditions are that the fetus "is unable to keep its life outside of the mother's body" (Art. 2) and that the physician judges that "the mother's health may be affected seriously by continuation of pregnancy or by delivery from the physical or economic viewpoint" (Art. 14, 4). The consent of the person in question or of the spouse is required (Art. 14).

The purpose of the Eugenic Protection Law which provides for easy legal abortion, is "to prevent the increase of inferior descendants from the eugenic point of view and to protect the life and health of the mother as well" (Art. 1). The Government has never promoted abortion for reasons of health or for the sake of decelerating demographic growth.

Physicians can receive a "designation" to perform the operation from the Medical Association which is a corporate juridical body established in the Prefectural district as a unit (Art. 14); a two year apprenticeship is normally required. The designated physicians file reports on the operations on the 10th of each month; the report states

the number of operations performed, the reason, the month of pregnancy, etc. It is presented to the Prefectural Governor (Art. 25) who forwards it to the Welfare Minister. The designation of physicians and the filing of reports is therefore not under control of a public agency.

There was a Cabinet Decision of October 26, 1951 calling attention to the increase of abortions and possibly damage to health:

The number of abortions is increasing each year. These are often necessary to protect the life and health of the mother. Occasional damage to the mother's health, however, makes the dissemination of the knowledge of contraception desirable to eliminate the bad influence of abortions on the mother's health..." (See Minoru MURAMATSU "Some Facts about Family Planning in Japan" The Mainichi Newspapers, Tokyo, 1955, p. 35).

There was another warning about danger to health by the Advisory Council on Population Problems, Ministry of Welfare, on August 24, 1954:

Induced abortion, which is widely



Japanese Physicians display Pope John XXI Award.

prevalent today, very often is followed by another pregnancy. Therefore, the operation usually must be repeated frequently if it is to be effective for the limitation of births. This necessarily incurs undesirable effects upon the health of the mother. (M. MURAMATSU, *op. cit.*, p. 38.)

The Council recommended popularization of the practice of conception control in order to prevent abortions, and in order to help decrease the birth rate.

One must say, however, that government opposition against abortion has never reached a high decibel level. Propaganda for birth control fairly saturated the nation, but opposition to abortion was weak. The fact that physicians were controlling the practice rather than government officials made it all the more difficult for the government to launch effective counter-measures against abortion.

The masses, on the grass roots level, appear to have gotten the message that they should not have many babies; but it was not so clear to them that the method should be conception control rather than induced abortion. One person expressed the apparently prevalent mood at the times as follows:

Unless we are given more space or food, we are forced to control birth. Every man or woman loves to see the smiling babies. We are compelled to resort to abortion or contraception against our will.

I write this opposition against Mr. Hyatt (Father Hyatt, M.M.) with tears. Give us more space. Give us more food. Or give us grant to abortion or contraception. Malthus' theory is the truth in the case of Japan. (Letter of T. Omori, Mainichi Newspaper, Aug. 10, 1956.)

Mr. Ryô OMURA, a popular writer, expressed the thinking of villagers as follows:

Villagers are also saying: "Over there, in that house, they are having one baby after another, though the family is poor, and despite all that the higher-ups have been telling us; we have been told exactly what not to do; what do they mean by disregarding such orders?" (*Mono iwanu Nômin*, p. 195).

In retrospect, it is not surprising that abortions have become a major problem in our nation. There were perhaps 100,000 a year before World War II, and 50,000 during the later war years. Following armistice, the families were reunited, and many new families were formed; this created the famous baby boom of 1946-48. By that time propaganda for birth control was becoming strong, since the nation was in very disparate straits in regard to food, clothing, fuel, shelter. When the liberal abortion law was passed in 1948, it had almost the effect of detonating an explosion of abortions. Drawing on information which is presented in the Appendices*, and on experience, we believe that the following observations can be made about the working of the liberal abortion law in Japan.

THE PRACTICE OF INDUCED ABORTION SPREAD VERY RAPIDLY AFTER IT BECAME LEGAL.

One year after passage of the law, 246,104 legal operations were reported; five years after passage, 1,068,066 were reported. The actual count was probably at least twice as high. (See Appendix I).

National surveys made every two years by the Mainichi Newspapers indicated that 15.4% of the wives in child bearing ages had experienced abortion by 1951, 26.5% by 1955, 40.8% by 1961, and decreasing slightly, 37.4% in 1969. Not included is a further percentage to be added for those who did not answer, so that the answers look more like 50%. When we compensate

for the well known fact that women under-report because of bashfulness, even in the anonymous surveys, we get an even higher figure. The Women's Association got a figure of 62% in the Nagoya area; gynecologists got a figure of 62% in the Nagoya area among non-patients, 63% among clients of other medical departments, and 72% among their own customers, an average of 67%. But among women with at least 4 children, 80% had at least one abortion. (See Appendix I, 3, p. 13.) We may also note that statistics indicate that women in the 35-39 age bracket abort 2 out of 3 pregnancies, those in the 40-44 age bracket abort 7 out of 8, and those age 45-49 abort 14 out of every 15 pregnancies. (See appendix I, 1, p. 11.) We do not know how many abortions are performed annually, as the reported figures are not very helpful. (See Appendix I, 2, p. 12.)

At any rate, there are entirely too many. Once our people were deprived of the support of a solid law prohibiting abortion, which is supported by police, courts, and public opinion, they fell victim to the vicious habit.

LEGAL ABORTION BECAME A SUBSTITUTE FOR CONCEPTION CONTROL.

Public opinion surveys indicate that approximately half of those who resort to induced abortion were not attempting to prevent the pregnancy. (See Appendix II, p. 14.) Apparently easy access to legal abortion has become a substitute for efforts at conception control for them.

Furthermore, the failure rate of those employing rhythm and contraception is abnormally high; the 1965 Mainichi survey indicates 43.1% failure of the Ogino rhythm method, 34.9% of the basal temperature rhythm method, 40.6% failure among those depending on the condom, 47.5% among those using the pessary. Easy availability of

legal abortion has perhaps made them careless; their "backs are not against the wall" and they take chances. (See Appendix II, p. 14.)

Dr. Tatsuo HONDA, Institute of Population Problems, Ministry of Welfare, has estimated that abortion accounted for 3/4 of the births prevented in 1950, contraception only 1/4; the rate changed to 2/3 by abortion and 1/3 by contraception by 1955. (Honda, "Population Problems in Post War Japan" Ministry of Welfare, 1957, p. 19.) We have no good estimate of the comparative values today.

Incidentally, oral contraceptives and intra-uterine devices are not permitted as contraceptives in Japan except for research purposes. Several medicines on the market are being sold for the advertised purpose of controlling the menstrual cycle and can actually be used as contraceptives, but their use is certainly not as extensive as that of the oral contraceptives in America. The Japan Family Planning Association went on record as opposed to the legalization of the sale of oral contraceptives in 1964, and remains opposed today. The reasons given are medical, social, and demographic. Medical, because too much remains unknown about the effects of their usage; social, because it would invite easy sex among the young; demographic, because the birth rate is too low even now in the country and the government will have to do something to raise it for the welfare of the nation (See Appendix V, p. 19).

Apparently the legalization of abortion has weakened incentives to employ effective measures to prevent conception in our nation.

INDUCED ABORTION HAS BECOME QUASI-COMPULSORY FOR MANY PEOPLE AT THE GRASS ROOTS LEVEL.

Not-very-subtle-pressures to visit the abortionist weigh so heavily upon

many ordinary housewives in Japan that they feel "it cannot be helped." Apartment managers frequently enforce a policy of no more than two children. Company apartments are tailored for the small size family. Neighboring women offer "help" and "advice" to a mother who is pregnant too soon or too often. Pregnant mothers who visit the gynecologist are asked casually "Umimasu ka?" (are you intending to bear it?). Wives can find jobs to increase family income if they finish bearing children early, get their two or three children into the nursery, kindergarten, and school, and so be free. The national economy has hardened its cast around the small size family - in contrast to prewar years - and public opinion simply demands it. Support of large families in the form of family allowances, birth allowances, housing, etc. is nonexistent for most. Once the law permitted the Japanese woman to abort her child, she did not find herself very free not to abort it.

The extent to which the small size family has become standardized can be judged from these figures: in 1950, 17.8% of the children born were number four or above in the family; but in 1968 the figure had dropped to 3.1%. (NIHON NO JINKO KAKUMEI, *Japan's Demographic Revolution*, Mainichi Newspapers, 1970, page 243. The 1950 figure is for children already born and for pregnancies in their sixth month or above; the 1968 figure is for children actually born. Apparently the census takers are not taking chances on counting pregnancies anymore.)

One might say that there are not enough large families around to exert pressure for legislation in their favor; and because legislation is not favorable, large families do not come into existence; it is a vicious circle. If pregnant mothers had no choice except to bear their children, this circle would probably be broken, and legislation in favor of large families, such as housing concessions, tax exemptions,

child allowances, birth allowances, would also be introduced in Japan, as in so many other countries.

MOST JAPANESE ARE ASHAMED OF COMMITTING INDUCED ABORTION.

The public opinion surveys indicate that most women with abortion experience do not approve of it without reserve. The 1963 survey by the Aichi Committee on the Eugenic Protection Law indicates that 73.1% of the women who experienced abortion felt "anguish" about what they did. In the 1964 survey of Dr. Kaseki, 59% responded that they felt abortion was something "very evil" and only 8% said they don't think it should be called something bad. In Gamagori City survey, 65% had some reason to be sorry. In the 1968 survey of the Nagoya City Area, 67% of the women responded that they felt the fetus is an individual human being from the beginning, not a part of the mother. 42% of the women in the survey responded that abortion is not good; 57% that it is not good but it cannot be helped; and only 1% didn't know whether to call it bad or good. In the 1969 survey by the Prime Minister's Office, 88% answered that abortion is bad, or it is not good but cannot be helped. (For details, see Appendix III, pp. 15-16.)

In the 1965 Mainichi survey, only 18% responded that they "did not feel anything in particular" when they experienced abortion for the first time; 35.3% felt "sorry about the fetus"; 28.1% felt they did something wrong; 4.3% worried about fecundity impairments; 6.5% had other answers, and 7.9% did not answer. The editors comment as follows:

No one would deny that abortion is brutal in the light of traditional moral values. More important is that it is the voluntary negation of maternal instinct. It may be interesting

to study what has motivated Japanese to openly resort to such a means for fertility limitation. But, it was not the purpose of our study. The only thing we can point out here is that those who have ever experienced abortion did not undergo the operation without any moral or psychological conflict. (Summary of the Eighth National Survey on Family Planning, p. 73.)

Legal abortion induces many women in Japan to do something which they cannot approve from their maternal and moral perceptions. But it does not alter their perceptions profoundly.

EASY PROFITS MADE BY INDUCED ABORTION TENDS TO INTENSIFY AND PERPETUATE JAPAN'S ABORTION EPIDEMIC.

A woman wrote recently in the "Voice of the People" section of *Asahi* newspaper (circulation 6.5 million) that you just can't go to a doctor anymore in a pregnant condition without being asked routinely "Umimasu ka?" (are you intending to bear it?). The only place where doctors don't confront you with that easy suggestion for an abortion is a Catholic hospital, she wrote. She was asked the same question ten years ago. If she had not been so determined, she would have followed the doctor's suggestion then and there, as so many do. Now she is happy that she has a nice-child instead.

Huge signs advertising "designated physicians", with directions on how to get there, crowd the billboard spaces around subway stations and on street corners.

One doctor, trying to explain in simple terms why the present liberal abortion law cannot be reformed, said that university hospitals are usually strict in abortion policy; some permit no operations at all, saying that the doctor's business is to save life, not to dispose of it; others have few. To make their living, gynecologists of such university hospitals work intensely at other hospitals and clinics

several days a week. "So you see, it's just impossible to think of changing the law," the doctor explained.

If the 13,000 designated physicians perform 2.6 million abortions annually, and charge 10,000 yen each (\$28.00) which is the present Nagoya price, the average income is 5,600 annually; that is besides extra and subsequent calls. Much of it is pure income, tax free because not reported.

We cannot completely shake off the suspicion, therefore, that the strong and determined fight against the reform of the present abortion law, which is being waged by the designated physicians, is only imperfectly sterilized of infection by commercialism.

WHEN ALL IS SAID, LEGAL ABORTION IS NOT REMARKABLY SAFER THAN ILLEGAL ABORTION.

All public opinion surveys taken indicate that several million women in Japan believe that their health has been harmed by abortion; that is, legal abortion. The surveys cover a total of 16-17 million married women, not counting the unmarried, among whom many have also experienced abortion. If roughly half of them have experienced at least one abortion (which is a conservative estimate); and if 80% of them have adverse health effects as a result, the number of women affected is already above 2.5 millions; there are more if we also count the unmarried, and those who have moved into the higher age categories.

This appears to be the picture which emerges from the public opinion surveys. In the 1959 Mainichi survey, 28.4% of those who had abortion reported 'some kind of bad effect,' in the 1963 Aichi survey, 13% indicated damage from the operation; in the 1964 Welfare Ministry survey, 24.1% indicated that they were physically unwell since the operation; in the

1965 Mainichi survey, 18.5% indicated that they were physically unwell after the operation; in the 1968 Nagoya survey by Women's Associations, 59% indicated that they were severely troubled with adverse after-effects, or in less good health; and in the 1969 survey of the Office of the Prime Minister, 31% indicated that some kind of physical abnormality came about as a result of abortion; this averages to 29% in the six surveys; not counting those who did not reply to this question. (See Appendix IV, pp. 17-18.)

In the 1965 Mainichi survey, the percentage of complaints is seen to rise with the number of abortions experienced: 18.5% indicate that they were physically unwell after one operation; 22.7% after two; 40.4% after three; 51.7% after four operations, etc. This has grave implications in view of the statistics that there are so many women who experience more than one operation, especially in the later years of marriage. Pregnancy tends to follow abortion swiftly for some reason or other, as though the women were imprisoned in a non-stop merry-go-round.

(KOYA, MURAMATSU, Bulletin of the Institute of Public Health, IV, No. 1-2, Sept. 1954. The women observed were not using contraceptives.)

The 1969 survey of the Office of the Prime Minister indicates the following list of complaints: 9.7% sterility (after three years); 14.8% habitual spontaneous abortion; 3.9% extra-uterine pregnancies; 17.4% menstrual irregularities; 20% abdominal pains; 19.7% dizziness; 27.2% headache; 3.5% frigidity; 13.5% exhaustion; 3.6% neurosis.

Even though the operating physician performs everything normally, the woman experiences a sudden change from the pregnant state to the non-pregnant state. Her body has been functioning at high capacity to provide nourishment for the developing fetus

and to dispose of wastes. When the fetus is wrenched out of her body, the reason for this prodigious physical activity is suddenly removed. Dr. Y. Moriguchi compares it to slamming emergency brakes on a train which is going at full speed (*Katorikku Shingaku*, Jochi University, II, II, 4, pp. 353-362). As a result the syndrome of the unbalanced sympathetic nervous system may appear (see Dr. NAKATSU "Mistakes in Abortion and Prognosis" in *OBSTETRICS AND GYNECOLOGY*, Sept. 1960, pp. 53-59).

The list of after effects includes menstrual irregularities, cramps, headache, dizziness, exhaustion (see e.g. *THE WORLD OF OBSTETRICS AND GYNECOLOGY*, Oct. 1954, pp. 1107-9); also sterility, habitual spontaneous abortion, extra-uterine pregnancies, adnexitis, placenta praevia, and placental adhesion (see Dr. Nakatsu, *op. cit.*; also, e.g. *THE JAPAN JOURNAL OF STERILITY*, Nov. 1958, p. 292; *THE WORLD OF OBSTETRICS AND GYNECOLOGY*, April, 1953, pp. 411-2; *CLINICAL GYNECOLOGY CONFERENCE*, Jan. 1964, pp. 37-42).

But every operation does not proceed smoothly, even under legal conditions. Dr. Nakatsu gives various reasons for this, and statistics, in the above mentioned article. He presents a study made by Dr. Kojima in 1950 of damages inflicted by the physician; Dr. Kojima gathered the list by means of a questionnaire and published the results at the 1950 Conference of Gynecologists:

- 94 Perforation of uterus.
- 50 Lesion of cervix.
- 61 Retention of parts of pregnancy.
- 24 Still pregnant.
- 50 Infection.
- 17 Bleeding.
- 21 Failure due to use of laminary instrument.
- 10 Others

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crowded on their islands, hence birth control is needed as an assurance that future persons will have enough living space. In fact, with 103 million people living in an area of 369,661 square kilometers, the population density is 279 persons per square kilometer; whereas the United States has an average of 25, and the world 27. Moreover, five sixth of Japan's area is too steep for farming, hence also difficult for settlement. As it turns out, however, it appears that we Japanese are not overly concerned with the problem of crowding.

In fact, emigrants leaving Japan in order to seek wider living spaces are few. During 1955-65 there were more immigrants than emigrants in eight out of the eleven years.

Within Japan, the movement of the population is not away from the crowded cities but quite the opposite. Greater Tokyo has already 26 million people, and 400,000 more are coming from the countryside annually. Everywhere, people are migrating away from the scarcely populated areas, towards the densely inhabited districts. Mr. Toshio KURODA of the Institute of Population Problems told participants of the XIth Pacific Science Congress (Tokyo, Aug. 1966) that Japan is polarizing in the following manner:

The land area of Japan seems to have shown a polarizing trend, namely being polarized to two extreme patterns of area of increasing population and that of decreasing population. The decreasing pattern is found in local towns and villages. Eighty three percent of total towns and villages shifted to the pattern of decreasing population during the latest censal years (1960-65). (Paper No. 8 [Migration]).

Great social problems are developing in towns and villages which are losing population. Up to 85% of the middle and high school graduates migrate to the cities. The countryside is becoming

ever more conservative because of the preponderance of older people there are not enough workers to clean streets, keep up river dikes, collect garbage. School teachers, doctors, professionals, leave for greener pastures. Some places have become completely depopulated by "population implosions."

Population in towns of 10,000 - 19,999 decreased from a total of 16.5 million to 13.9 million during 1960-65; in towns of 20,000 - 49,999 the decrease was from 7.0 million to 6.6 million; the next two categories also decreased; but in cities of 500,000 - 499,999 there was an increase from 19.3 to 22.9 million; and in those from 500,000 up there was an increase from 18.5 million to 22.8 million. JAPAN STATISTICAL YEARBOOK The great Todaido Megapolis stretching along the axis of the bullet train and down into North Kyushu contained over half of the national population in 1965 (53.3%) and is growing at the expense of the rest of Japan. It has been projected to contain 55% in 1975, and 65% in 1990. There is no real reason why people cannot also populate the countryside densely which is now emptying out if ever there should be need.

The problems created by such concentration of population are huge indeed. But if the people are going to places where the people already are, the advantages apparently outweigh the disadvantages. They will have to cope with the problems of pollution, noise and crowded facilities as they arise. Our people have been living close together for many generations in Japan, and may have developed certain techniques, manners, etiquette, and ways of organization which make life quite bearable and even pleasant. Even under the most crowded conditions, the people manage somehow. For example, there were 64 million visitors to the World Fair at Osaka during the past six months. On a number of days

there were over 600,000 people on the 1.27 square miles of fairgrounds. Once 830,000 attended @ 4.7 sq. yds. per person.

The concentration of Japan's population around harbors, river valleys, and the main lines of communication cuts down drastically the cost of manufacturing production, in contrast to conditions of America, where long hauls and expensive communications and transportation facilities add so much to the cost of production. This is a precious advantage for Japan when engaged in competitive international trade.

Comparative full use of facilities renders it possible for the Japanese to enjoy many social advantages at relatively low cost. The fast train carries 300,000 passengers on good days, and is in the black. One can tune into several television channels almost anywhere in Japan, up to 10 in good places, besides the Ultra-High-Frequency wavelengths. Excursion buses to parks and hot springs do a flourishing business. Food is fresh, fruit delicious, carefully cultivated to be on the table the year around. We believe that an additional number of people can enjoy the same, and even help to enhance the standard of living further.

But this will require vision and determination to make life in the cities pleasant and humane, will require peaceful living together in Japan, plus international peace and a consolidated international economy.

When the Governor of Kagoshima Prefecture announced recently that he wants families to have three children rather than two, some newspapers raised eyebrows asking: "What! Again?" That is, are we in for another round of "Increase and multiply?" Probably not. But we believe that Japan's intensive pre-occupation with population control is on the wane. Prime Minister IKEDA said already in

1963: "I wish that people would realize that when the population is increasing the nation is also prospering. I believe there are other ways of solving the overpopulation problem (than preventing the unborn from entering the world.) (Asahi, January 1, 1963.)

Prime Minister SATO asked the Cabinet three years ago to take steps to curb the large number of abortions in the nation. Again, on March 23, 1970, Prime Minister SATO declared at a public hearing of the Diet, televised throughout Japan, that it will be necessary to restrict abortion in order to provide a sufficient labor force, and to insure Japan's survival; but more necessary still because we must respect human life: "Whether a life has already been born, or whether it still exists as a fetus, our way of thinking about that life must be one of profound respect." (See Appendix X, p.

SUMMARY AND CONCLUSION

Twenty two years of experience with a liberal abortion law in Japan has given us many reasons for regret. There is more and more criticism of the practice in newspapers and on television as time goes on. There is a strong move within the Liberal Democratic Party to curb abortion practice; gynecologists who make a living from induced abortion are opposed, but even they seem to see the handwriting on the wall. A major effort to impose restrictions on legal abortion will be made in the Diet shortly.

During these 22 years we have learned that our people adopted abortion very rapidly and on a mass scale almost as soon as they were deprived of the solid inhibiting supports of a strict abortion law. We also learned many other things: abortion became a substitute for conception control for very many; failures in conception control were surprisingly frequent when the escape

hatch of legal abortion was opened; some doctors are ready to operate almost anybody because profits are high; several million women now claim that legal induced abortion has made them physically unwell; finally, we have become more confident that Japan's population can keep right on growing without creating insuperable problems.

Much as we need guard rails, signal lights, speed laws, food and drug laws, and tax regulations, so also we need precise laws about abortion which will not be eroded off the map by human passion, or by liberal interpretations in court; we need such laws to save us from ourselves; we need them to stop the terrible discrimination against our most defenseless fellow human beings.

**Ed. Note: Appendices referred to in this article are available.*

DEATH ON DEMAND: DISSENT

*I am your child.
Within the silence of your womb
I grow – an uninvited guest.
Is this my tomb?*

*I bear your name. Without your genes
I could not even start to be.
By your imperative demand
Must I now die before I see?*

*You have your life and love,
Your time of laughter here on earth.
Would you deny to me my life and
children of my own?
What am I worth?*

Joseph B. Doyle, M. D.

Boston, Mass.

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