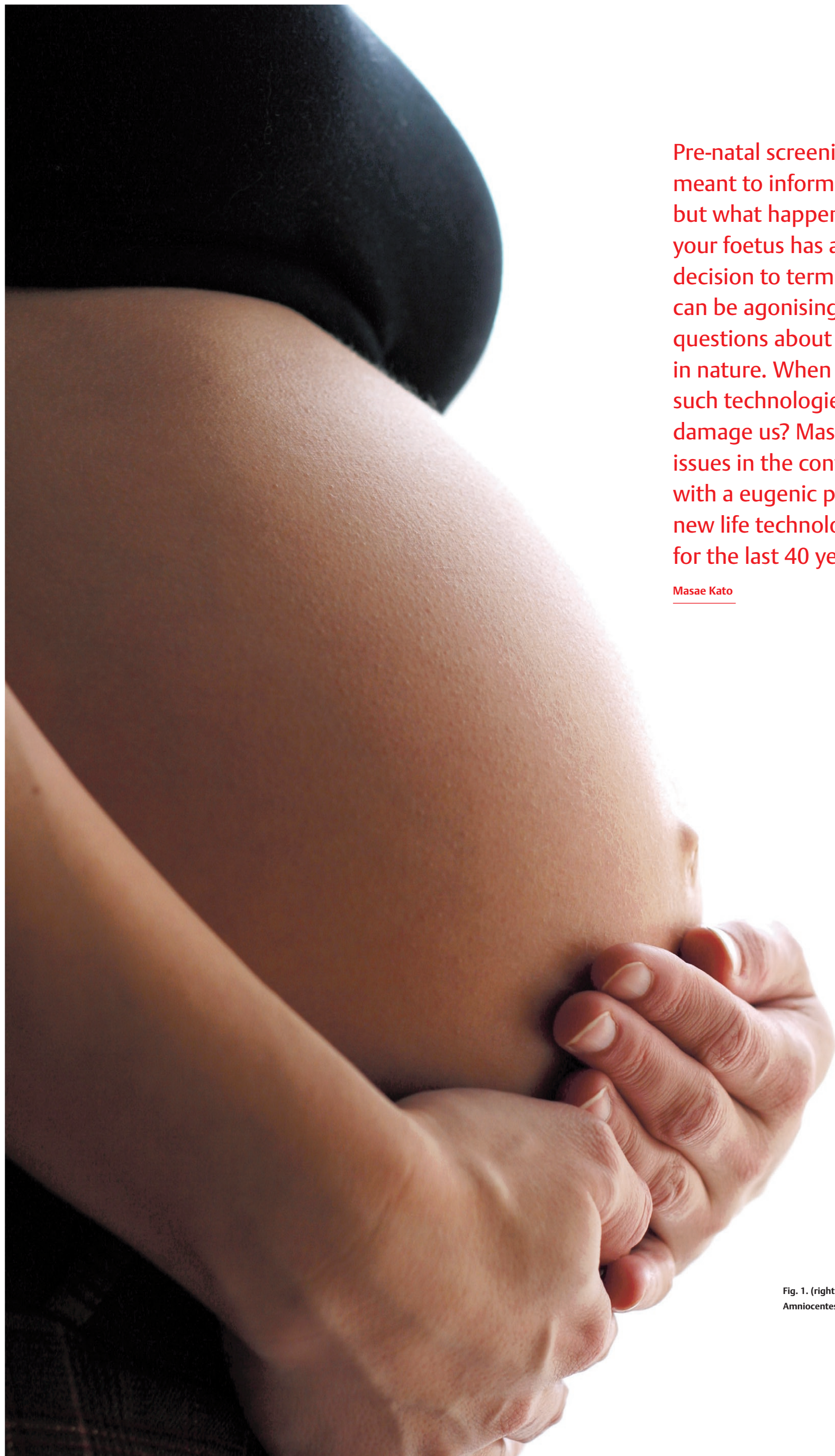


# Selective abortion in Japan



Pre-natal screening and testing is meant to inform and empower parents, but what happens when you learn that your foetus has a disability? Making the decision to terminate the pregnancy can be agonising. It also raises ethical questions about our level of intervention in nature. When do we benefit from such technologies, and when do they damage us? Masae Kato examines these issues in the context of Japan, a country with a eugenic past, where debates on new life technologies have been ongoing for the last 40 years.

Masae Kato

AMNIOCENTESIS – a procedure involving a small amount of amniotic fluid being removed from the sac surrounding the foetus – is a common prenatal test (Fig. 1). The sample of amniotic fluid (about 30 ml) is removed through a fine needle inserted into the uterus through the abdomen. The fluid is then sent to a laboratory for analysis, mainly to test for Down's syndrome. If the results prove positive and the parents decide they don't want to have a child with Down's syndrome, then abortion is the only option at this moment. This is termed selective abortion of a disabled foetus.

When a disability is found, the decision to abort is a complex and emotional one. Many questions emerge such as, "Will I become pregnant again if I have an abortion?" It also raises the issue of to what extent technologies can be used to inform us about unborn children. There is no absolute answer to these questions. In Japan, a country with a history of eugenic policies, there has been active public debate regarding selective abortion, and these debates are influencing policymaking and regulations on prenatal testing.

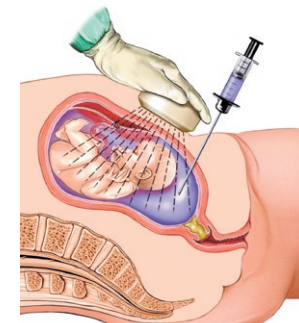


Fig. 1. (right)  
Amniocentesis

**Selective abortion 1960-2000**  
Amniocentesis was introduced in Japan in 1968, in a period of economic recovery after defeat in the Second World War. The government's primary concern was to secure not just a greater population but also a 'good quality' population in order to entrench the country's labour force. With the emergence of prenatal testing, the Japanese government has tried several times, between 1972 and



Fig 2. (right)  
Front cover of a pamphlet published by the women's reproductive health movement entitled: *Fight against the Eugenic Protection Law.*

today, to revise the abortion law so that it articulates that a disability of a foetus is a justifiable reason for a termination. Rather confusingly, at the same time, the government has also tried to limit access to abortion by regulating other reasons for termination. These attempts, however, have been unsuccessful, largely because of opposition from disabled people and the women's reproductive health movement. Much has happened in recent decades – a financial crisis at the end of 1990s that continues today, falling birth rates – but the government's attitude remains basically unchanged, in so far as it wants to encourage women to give birth, and it tries to soften regulations on the practice of new technologies, including creating possibilities for selective abortion.

The disabled people's movement and the women's movement see these attempts by the government as forms of population control (in terms of both size and quality), something they actively oppose. This opposition derives, in the main, from past traumas. For instance, the women's movement associates the government's attitude to selective abortion with Japan's military regime, under which terminations were prohibited to healthy women, but sterilisation was forced on disabled women. Under the military regime, women were told that they should be happy to give birth even where there was a chance that the would-be mother might die. A child was seen as property of the emperor and the act of giving birth was an expression of loyalty. Between 1905 and 1942, 10,617 women were criminally convicted for abortion.<sup>1</sup> In recent decades the women's movement adopted slogans such as 'revival of the militarism' (1970s), 'we are not childbearing machines' (1980s, 1990s, 2000s), and 'women decide, not the state' (since 1970s to date), in their campaigns regarding population policy and women in Japan. Fig 2. shows the front cover of a pamphlet published by the women's reproductive health movement entitled: *Fight against the Eugenic Protection Law.*

*The condition of the foetus is a major concern to pregnant women in the diagnosis room, and often a prenatal test is a way of allaying these concerns. Medical doctors believe that their practices are a response to the requests of individual pregnant women, and certainly are not about eradicating disabled people from society.*

The disabled people's movement in Japan associates the government encouragement for reproductive technologies with the country's eugenic past. Japan is one of the few countries that passed eugenic laws, in 1940 and 1948. In the name of 'preventing the birth of inferior offspring',<sup>2</sup> 16,250 disabled people were sterilised between 1949 and 1996 in order to prevent them giving birth to children with the same disorder as theirs.<sup>3</sup> Sometimes they were not even informed of the purpose of the operation.<sup>4</sup> The Eugenic Protection Law, which legally provided for the sterilisation of disabled people, was only abolished in 1996. Disabled people fear that new reproductive genetic technologies are a means of wiping out disabled people; a way of eradicating them before birth. The disability movement has been vociferous in its opposition, carrying out sit-in protests and hunger strikes in front of the Ministry of Health and Welfare and public hospitals. In fact, the movement has been successful in gaining promises from some medical doctors and public hospitals that these technologies will not be used simply as a tool for the termination of pregnancies, but rather in the context of saving the life of a foetus. As a result, any new technologies to diagnose diseases in unborn children, including embryo testing in the form of Pre-implantation Genetic Diagnosis (PGD), are now performed in Japan under much stricter regulations than, for instance, in the UK or US. This strictness of state regulation derives largely from a fear among policymakers and medical doctors of protests by disabled people.

Although both the women's and disabled people's movements oppose new technologies, they are not necessarily in harmony with each other either. The disabled people's movement suspects that women, especially those from outside the women's movement, would ultimately choose to abort a disabled child in the name of women's rights. Equally, the women's movement has been sceptical about the disabled people's movement

which is mainly represented by disabled men, who sometimes demonstrate an ignorance about the experiences of abortion, believing that women simply opt for abortion if a pregnancy is not convenient. This mutual distrust remains unresolved.

Nevertheless, the opposition of these two minority movements is so strong in Japan that their voices influence policymaking on the use of reproductive technologies, as well as the attitudes of medical doctors. During field research in Japan between 2006 and 2008, I interviewed more than 30 obstetricians specialised in prenatal testing. Hardly any of them stated clearly whether they perform prenatal testing, or specified the legal conditions under which selective abortion is carried out. Instead, many of them mentioned that prenatal tests are practiced cautiously in Japan as doctors fear journalists picking up on the issue and identifying them in public, causing the disabled people's movement to attack them for carrying out selective abortion. Medical doctors, then, face a dilemma. The condition of the foetus is a major concern to pregnant women in the diagnosis room, and often a prenatal test is a way of allaying these concerns. Medical doctors believe that their practices are a response to the requests of individual pregnant women, and certainly are not about eradicating disabled people from society. It is easy to see the different viewpoints of the women's movement, the disabled people's movement and the medical profession regarding prenatal testing.

#### Attitudes of individual women to prenatal testing

The disabled people's and the women's movements are concerned that the introduction of new technologies will put pressure on women to undergo prenatal testing and perhaps even result in them being directed to have an abortion in cases where a foetus is affected. I asked myself whether this is really how pregnant women experience prenatal testing. And, in fact, the interview narratives I collected from more than 60 individuals in Japan provide differing views.

Among these 60 individuals, 13% of pregnant women underwent prenatal tests. The rest consciously refused prenatal testing. The main reasons given for refusing to test foetuses were: they believed that they would not give birth to a disabled child (36%); they did not like the idea of testing their future child (23%); the couple had decided to accept the child under any circumstances (23%), and; they did not like the idea of inserting a needle into the uterus (10%).

My research suggests that the majority of those questioned felt affection for the foetus even when it had a disability, and that decisions to abort an affected child are not made easily. Even after a disability is found, 10-20% of those questioned chose to continue with the pregnancy. My research did show up cases of women who were confused and oppressed by prenatal testing, as the minority groups' movements claim, but the results also show that some women are benefitting from these technologies, too.

The interview narratives tell us that there are both positive and negative aspects to reproductive technologies. Minority groups are an important mechanism for alerting society to possible dangers in the future, and they raise important points regarding the risk that new technologies might pose to society. It is also a fact that some pregnant women experience great benefit from using new technologies. More research is required to investigate how women and couples struggle in decision-making whether to have a selective abortion, which will hopefully contribute to enhancing mutual understanding among different parties in Japan.

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#### Notes

1. Ishii, M. 1989. 'Yuseihogoho ni yoru datai gahouka no mondaiten' (Problems of abortion in Japan) in Tokyo Daigaku shakai kagaku kenkyujo kiyo, *Shakai Kagaku Kenkyu* (The Journal of Social Science), p.119.
2. This is the first sentence of the Eugenic Protection Law (1948-1996) where the purpose of the law is stated. See <http://archive.hp.infoseek.co.jp/law/1948L156-old.html> (last accessed on 7 August 2009).
3. *Asahi shimbun* (Asahi Newspaper), 17 September, 1997.
4. Testimonies of those who were sterilised without being informed of what the operation would mean are compiled in: *Yusei shujutsu ni shazai o motomeru kai* (A group to request apology from the Japan Ministry of Health and Welfare for forced sterilisation) (ed) 2003. *Yuseihogohô ga okashita tsumi* (Crimes committed by the Eugenic Protection Law), Tokyo: Gendai Shokan.