

Topics: Recent topics in public health in Japan 2019

< Review >

National campaign to promote maternal and child health in 21st-century Japan: Healthy Parents and Children 21

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Now Japan is facing new social problems such as an increase in anxiety about child care and child abuse, psychological problems of parents and children, and child-rearing stress after dramatically improvement of the health of mothers and children.

To approach such new issues, Healthy Parents and Children 21 revealed maternal and child health initiatives, directions, goals, and indicators for the 21st century in 2001. Since then, many issues related to adolescent health, safe pregnancy and delivery, and child health care have been further improved. Now, the second term of Healthy Parents and Children 21 from 2015–2024 aims at improving the lives of parents and children by ensuring constant, high-quality maternal and child health services all over Japan, and developing diverse maternal and child health services that cover various problems of child-rearing.

This paper provides a summary of past maternal and child health policies and an overview of the maternal and child health policy since 2001, especially focusing on the first and second terms of Healthy Parents and Children 21—Japan's maternal and child health policy.

keywords: Healthy Parents and Children 21, Maternal and Child Health, Health Policy, Policy Evaluation

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I. Introduction

Japan is one of the countries in which the health of mothers and children has dramatically improved. At the beginning of 1900, the infant mortality rate was close to 160, and it reached 3.2 in 2000. Thereafter, owing to advances in healthcare, it has continued to decrease, and it is now 2.0 (Figure 1) [1]. Likewise, the maternal mortality rate was nearly 400 at the beginning of 1900, but it reduced to 6.3 in 2000 and to 3.4 in 2016 (Figure 2) [2]. However, currently in Japan, the environment surrounding children and their parents is completely different from that of the past owing to the declining birthrate, nuclear familization, and urbanization.

This paper presents an overview of maternal and child

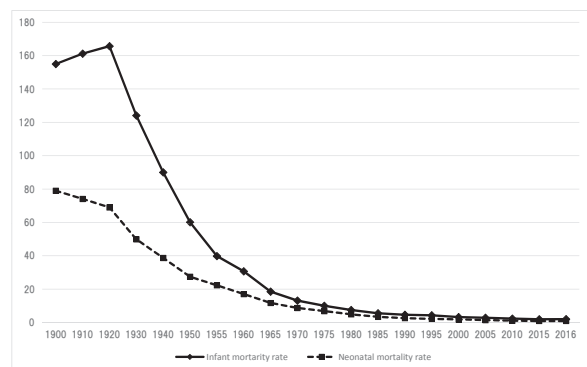


Figure 1 Historical Trend of Infant and Neonatal Mortality Rate in Japan

health policy, especially focusing on the first and second terms of Healthy Parents and Children 21—Japan's mater-

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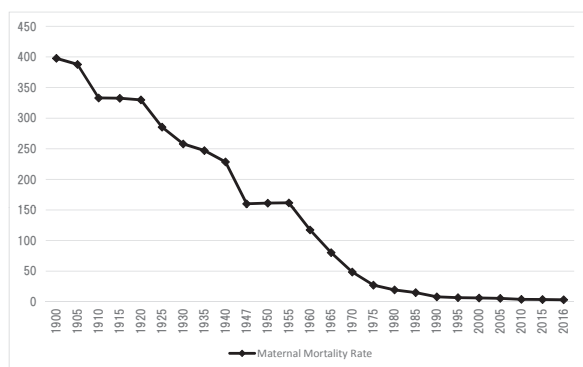


Figure 2 Historical trend of Maternal Mortality Rate in Japan

nal and child health policy since 2000.

II. Maternal and child health policy up to 2000

When the Health Center Law and the Maternal and Child Protection Law were formulated in 1937 and the Ministry of Health and Welfare was established in 1938, maternal and child health measures were implemented under the system. In the 1940 s, when health checkups for infants and pregnant and child care book systems (the predecessors of maternal and child health books) were introduced, various maternal and child health services began to improve, including those encouraging notifications on pregnancies and thorough immunization drives. As a result of the above measures, the health of infants was steadily promoted [3,4]. However, few facilities were able to produce safe births in rural areas. In such areas, “Maternal and Child Health Centers” were opened by local governments, and safe deliveries became possible for couples [5]. These maternal and child health centers were also places where mothers could be made aware of maternal and child health issues such as postpartum care. Because such measures gradually expanded, the “Maternal and Child Health Law” was finally enacted in 1965 [3,4].

Even then, with the expansion of infant health examinations, screening tests for diseases, etc. being conducted, efforts were made to enable the early detection and treatment of diseases, and maternal and child health activities carried out by volunteers in the area were enriched. In the early 1980s, major measures for maternal and child health in Japan were almost completed, and the infant mortality rate declined steadily [3,4].

III. The first term of Healthy Parents and Children 21 from 2001 to 2014

By 2000, improvements to the maternal and child health indices, namely the infant mortality rate and the maternal mortality rate, were maximized. However, on the other hand, an increase in anxiety regarding child care and child abuse, the psychological problems of parents and children, and child-rearing stress became social problems as a result of fewer opportunities to learn how to take care of children owing to the declining birthrate, the progress of nuclear familization, and urbanization.

To approach such new issues, the Healthy Parents and Children 21 plan was introduced, including maternal and child health initiatives, directions, goals, and indicators of the 21st century in 2001. It was a national campaign plan outlining goals to be achieved and it was formulated as one of the subprograms of “Health Japan 21”—the national health promotion plan formulated in 1999. It was based on the basic philosophy of health promotion introduced by the World Health Organization in 1986 [6]. At the beginning of the first term plan in 2001, 61 indicators were included and the year of achievement was set to 2010. However, based on a subsequent intermediate evaluation, the achievement year was set to 2014 and 8 indicators were added [7,8].

There were four agendas with 69 indicators (79 items) under the first term of Healthy Parents and Children 21 (Table 1^{*}). In response to the increased incidence of induced abortions, sexually transmitted diseases (STDs), drug abuse, and school dropouts in adolescence becoming serious social problems, agenda 1 comprised initiatives to strengthen the consultation system for adolescents at school and in the community along with the dissemination of information about adolescent health. Agenda 2 was focused on improving quality of life (QOL) through safer pregnancies and childbirths. Also, it was required to consider support for couple seeking infertility treatment due to development of reproductive supplementary medicine. Agenda 3 aimed to improve and maintain standards of child health and medical care. It included the perspective of QOL and the healthy development of children in society with a low birth rate and ageing population. These targets were included to combat the decline in maternal and child health activities and the changing conditions of pediatric medical services in the society. As mentioned above, anxiety about child care and child abuse, psychological problems of parents and children, and child-rearing stress had become social problems. Agenda 4 promoted the peaceful development of children’s minds

^{*} The electronic data of Table 1 is listed as an online appendix in the “Journal of the National Institute of Public Health”. (<https://www.niph.go.jp/journal/data/68-1/table1.pdf>)

and the mitigation of child care anxiety among parents.

A total of 60 items, including morbidity rate of sexually transmitted diseases (STDs) in teens (agenda 1), incidence of postpartum depression (agenda 2), incidence of maternal smoking during pregnancy and percentage of 3-year-old children without tooth decay (agenda 3), achieved their target. Although certain improvements were observed under the first term of Healthy Parents and Children 21, several challenges remained. The mortality rate owing to suicide in teens and the percentage of very low and low birth weight infants worsened, and the progress in agenda 4 was relatively slow. A committee formed to conduct the final evaluation revealed that the issues that required further approach were “Enhancing adolescent health measures”; “Enhancing perinatal medical services, pediatric emergencies, and child-home care”; “Strengthening an effective cooperation system among various maternal and child health services”; “Developing children-friendly communities supporting the peaceful growth of children”; “Supporting parents who have difficulties raising their children”; and “Strengthening the prevention of child abuse”[9].

IV. The second term of Healthy Parents and Children 21 from 2015 to 2024

Based on the challenges revealed in the final evaluation of the first term of Healthy Parents and Children 21 and the discussion that followed, the second term of Healthy Parents and Children 21 defined “a society where all children grow well” as the desired goal to be achieved in ten years. This goal could be realized through the elimination of regional health disparities by ensuring constant, high-quality maternal and child health services all over Japan and by developing diverse maternal and child health services that cover various type of illnesses, disabilities, economic statuses, and other differences [10].

Figure 3 shows the conceptual image of the second term of Healthy Parents and Children 21. As shown in Figure 3 and Table 2**, the second term of Healthy Parents and Children 21 includes five agendas: (1)Seamless healthcare for pregnant women and infants (Fundamental agenda A), (2) Health initiatives from elementary school age and adolescence to adulthood (Fundamental agenda B), (3) Community-building to ensure the healthy growth and protection

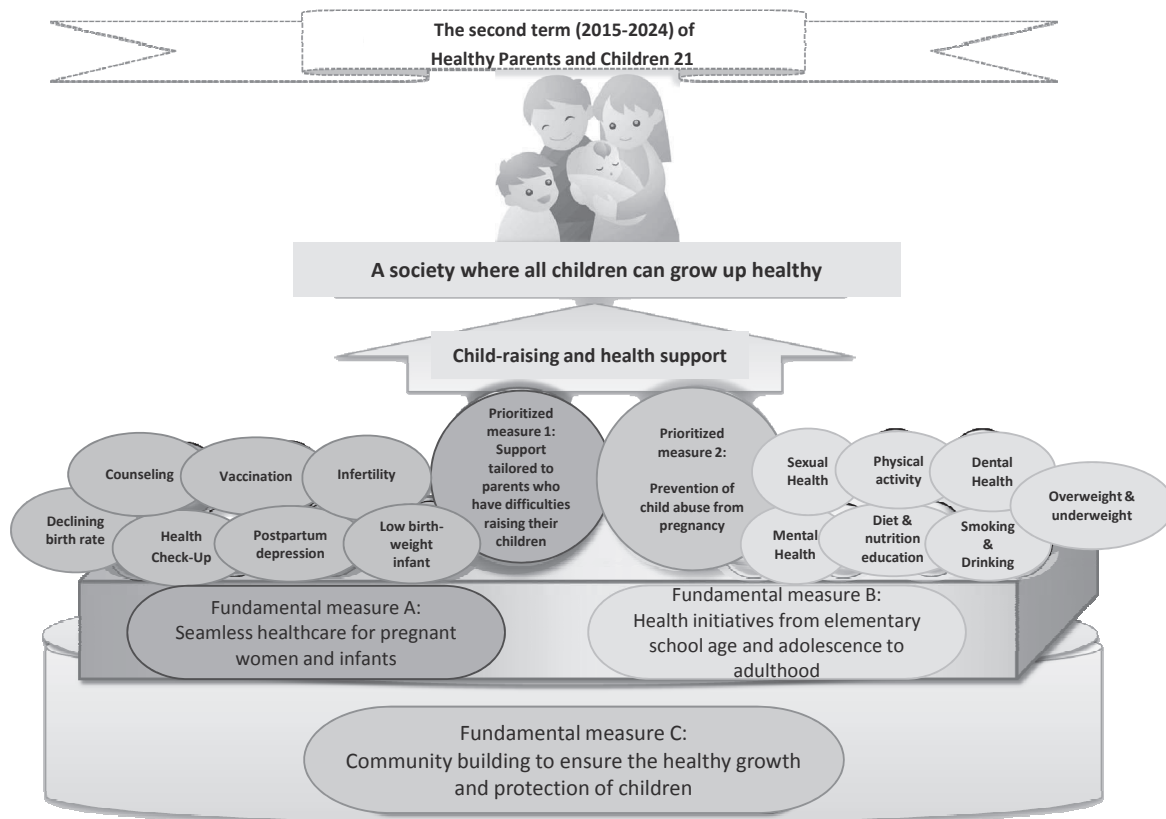


Figure 3 The second term (2015-2024) of Healthy Parents and Children 21 [10]

** The electronic data of Table 2 is listed as an online appendix in the "Journal of the National Institute of Public Health". (<https://www.niph.go.jp/journal/data/68-1/table2.pdf>)

of children (Fundamental agenda C), (4)Support tailored to parents who have difficulties raising their children (Prioritized agenda 1) and (5)Prevention of child abuse from pregnancy (Prioritized agenda 2). Fundamental agendas A and B stem from the challenges of the first term and include new challenges that need to be addressed in a society with a low birth rate and various types of family arrangements. Fundamental agenda C aims to create a conducive environment to children's and parents' health as a foundation for agendas A and B. Prioritized agenda 1 and 2 was set as an agenda required to be addressed more intensively. In order to move initiatives forward, citizens' understanding and the promotion of collaborative activities among related organizations, both academic and professional, are required [10].

Since Healthy Parents and Children 21 is a national campaign plan, it is widely sustained by various projects and activities. Some municipalities have reviewed their support programs for child rearing right from pregnancy to school age and have launched an improved program nationwide called Community-based Integrated Care for Households with Children (Kosodate Sedai Houkatsu Shien) [11,12]. The system enables municipalities to provide a one-stop support center for households with children, and it aims to continually connect with and support children. The center functions as a place that connects households with children to sources of important information and support, such as the other projects, local residents, nonprofit organizations, and medical institutions. In communities, there are many stations—voluntarily run by local residents—where parents with children gather and consult experienced people [13,14]. Such projects and activities can help realize the goals of Healthy Parents and Children 21.

Additionally, since the final evaluation of first term also recognized that regional disparities existed in the planning and implementation of maternal and child health programs, the national and local governments were expected to develop a mechanism that enables them to follow measures according to the concept of the Plan-Do-Check-Act (PDCA) cycle [9,15].

The 52 indicators in the second term plan were organized according to the three layers of “health outcomes,” “health behaviors,” and “environment” (Table 2). Indicators are verified based on existing statistical surveys and research works by academics. The midterm evaluation will be revealed along with the framework later this year.

V. Conclusion

In Japan, the health of mothers and children has dramatically improved with the modernization of society and the development of supporting systems. However, health prob-

lems are changing remarkably with the times, as a result of the increase in new problems such as child care anxiety and child abuse, parents' and children's psychological problems, and child-rearing stress. Knowledge of the challenges Japan currently faces with respect to maternal and child health-care and child rearing—and our measures against them—will help us overcome these challenges in a modern society dealing with issues such as urbanization, a declining birth rate, and nuclear families.

This article is an overview of Healthy Parents and Children 21. As mentioned above, this national campaign plan is supported by various projects and activities initiated by communities and organizations all over Japan. The readers are advised to refer to other publications for details on these projects and activities.

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21世紀の日本における母子保健推進のための国民運動 —健やか親子21—

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抄録

日本では，母子の健康が劇的に改善したが，現在，育児不安や児童虐待，親と子の心の問題，育児ストレスという社会問題に直面している。

そのような新しい問題に取り組むために，健やか親子21は2001年に21世紀の母子保健の活動，方向性，目標および指標を示した。2001年以降，思春期の健康，安全な妊娠と出産，子供の健康管理に関連する多くの問題が改善した。現在は，健やか親子21第二次（2015～2024）が展開され，全国各地で一定の質の母子保健サービスの確保，および様々な育児の問題に対応した母子保健サービスを発展させることを通じて，親子の生活の質の向上に取り組んでいる。

本稿では，近代化した社会における母子保健および子育て支援の考察の一助とするために，過去の日本の母子保健政策と現在の対策，特に健やか親子21第1次と第2次に焦点をあてて，2001年以降の日本の母子保健政策を紹介する。

キーワード：健やか親子21，母子保健，保健政策，政策評価