

Transcultural Aspects of
Perinatal Health Care
A Resource Guide

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8 Perinatal Health Care Issues of Japanese Women

Sachiko Oshio and Shigeko Ito

According to the US Census Bureau, more than 1 million Japanese Americans and citizens of Japan were residing in the United States in 2000.¹ However, it must be underscored that Japanese Americans and Japanese citizens living in the United States are distinct groups with significantly different cultures and historic backgrounds. Most present-day Japanese Americans are the descendants of immigrants who came to the United States prior to the mid-1920s. Various federal and state laws and regulations were enacted from 1910 through 1924 prohibiting naturalization, land ownership, and immigration of Japanese nationals. The flow of immigrants from Japan was effectively cut off completely by 1924.² Consequently, most Japanese Americans of childbearing age are 2 to 4 generations removed from the original immigrants. While the *Issei* (the immigrant generation) and *Nisei* (the first American generation) historically experienced systematic discrimination that culminated in their internment experience during World War II, the current generation of Japanese Americans is quite assimilated into American culture. *Sansei* (the second American generation) or *Yonsei* (the third American generation) Japanese Americans typically do not speak Japanese, learn limited cultural customs of Japan from their parents, and hold their identity as Asian Americans rather than as Japanese.²

In 2002 312,936 Japanese citizens were estimated to be living in the United States and 113,233 were holding an immigrant visa to live in the United States permanently. Data provided by the Japanese

Ministry of Foreign Affairs indicated that while 3,493 of these people became US citizens that same year, most did not seek permanent residency status and would be returning to Japan within 2 to 5 years. More specifically, 199,703 Japanese citizens worked for Japanese companies and were accompanied by their families, and an estimated 87,157 were enrolled in American colleges and universities and/or English as a Second Language programs.^{3,4} In contrast to culturally assimilated Japanese Americans, intercultural understanding by health care providers is necessary when caring for Japanese citizens who are in this country temporarily or who are newly arrived.

The Japanese tend to be more formal and reserved than Americans. Public touching or hugging is generally avoided, with bowing the most common form of greeting. However, touching between mothers and their young children is largely exempt from the general rule of public restraint. In the mother/child dyad, close physical proximity dominates the relationship, and physical contact is practiced freely and abundantly. In particular, Japanese mothers often use the term *skinship* to connote "close physical contact," a custom they value and perceive as a vital ingredient for nurturing relationships with their children.

Similar to their public restraint in touching, the Japanese also limit eye contact in social situations. Many may feel uncomfortable when being looked at and consider it rude to stare at someone in the face for a long time. In social conversations, they may glance at the other person but generally avoid prolonged direct eye contact, particularly with an authority figure. However, it is considered appropriate for health care providers to directly look at their patients while tending to them.

Gender of the health care provider is not a major issue. Although the presence of a female nurse is reassuring for Japanese women, it is not culturally specified. While either gender for physician is likely to be accepted, they are not familiar with male midwives. To many Japanese, "yes" and "no" can be confusing. In their native language, "yes" (*hai*) simply means "I hear you" or "I understand what you are

saying." If a negative question is asked, they might very well answer "Yes," meaning, for instance, "That's right, I don't," which to them is the same as saying "No, I don't." Such miscommunication can be avoided by carefully rephrasing the question when in doubt. Japanese also value social harmony and favor agreement. Even when they know that their answer is clearly no, they have difficulty directly answering "No," and may display hesitation and discomfort in communicating a negative response.

The following discussion attempts to capture the cultural characteristics of contemporary Japanese in America. As with any cultural group, there are individual, regional, and generational variations that affect acculturation into the United States. Addressing these differences is beyond the scope of this chapter, and generalizations drawn here should be taken with such a perspective in mind.

Health and Illness

Japan has the longest life expectancy at birth among all of the industrialized nations⁵ and its perinatal mortality rate of 2 deaths per 1,000 births in 2000⁶ was less than one third of that reported for the United States (6.9 deaths per 1,000 births).⁷ Given the more favorable health indices of Japan, unfamiliar American technologies tend to be regarded as inferior by some Japanese, despite the fact that high-tech medical equipment and interventions as well as pharmacologic regimens have been very well accepted in Japan. Complementary health care practices such as Chinese herbal medicine, acupuncture, and acupressure have long coexisted with Western medicine in Japan; together both modalities have become well integrated into the Japanese mainstream.

Pregnancy/Prenatal Care

Pregnancy and childbearing are taken very seriously in Japan. There are many statutes that protect pregnant women and provide for maternity leave before and after birth. For example, an additional law was recently enacted that allows either parent to take an unpaid parental

leave for up to 1 year. It is also illegal for a company to fire a woman because of pregnancy. In addition to regular prenatal care and extended postpartum hospital stays (5–10 days), first-time mothers also receive home visits from public health nurses.

Cut off from their accustomed support systems, pregnant Japanese women may feel isolated and somewhat helpless in the United States. Language barriers as well as unfamiliarity with American customs, the health care system, and the availability of community resources are all likely to contribute to their anxiety. Because Japanese women come from a culture where passivity is favored,⁸ many Japanese women may not seek help actively; rather, they might expect others to initiate help without making any request on their own behalf.

A *Maternal Health Handbook* is issued to every pregnant woman by the local government in Japan. The pregnant woman brings her handbook (*Boshi Kenkou Techo*) to every prenatal visit, and all of the pertinent clinical information is recorded there. This handbook belongs to the baby, and a cumulative summary of all of the essential health information from conception through school age becomes the child's health record. Some Japanese women may have a handbook already started by the time they begin prenatal care in the United States and may even obtain an English version so that American health care providers can make entries in their books. They will appreciate the cooperation of American health care providers in maintaining these records.

Ultrasound is used frequently in Japan. Some pregnant women may express dissatisfaction about not having sonograms done at every prenatal visit⁹ and may be surprised to learn that their American insurance companies pay only for medically necessary sonograms. However, prenatal screening by serum markers is not as commonly used in Japan as in the United States. Consequently, many would decline maternal serum alpha-fetoprotein (MSAFP) testing and associated tests.

It is estimated that 342,000 pregnancies were terminated in 2001, which amounts to one third of the number of births in Japan that year (1.2 million).¹⁰ Abortion may be included in the discussion of options if prenatal testing reveals anomalies.

Many Japanese in the United States incorporate traditional Japanese foods into their daily diet along with regular American foods. The typical Japanese meal consists of a bowl of white rice, a bowl of miso (salted and fermented soybean paste) soup, some kind of meat or fish dish, pickled vegetables, and warm or cold vegetable dishes on the side. Some of the traditional foods that are recommended during pregnancy are presented in Table 8-1.

Salt restriction is commonly recommended in Japan for the purpose of preventing excessive edema and high blood pressure during pregnancy, particularly because traditional Japanese foods tend to be high in salt. Pregnant Japanese women living in the United States may carry over the practice of reducing their salt intake. This is usually accomplished by using low sodium soy sauce, limiting the amount of miso soup (and by eating the cooked vegetables in the soup and leaving the salty liquid), and avoiding highly salted pickles, fish, and

Table 8-1
Food Preferences of Pregnant Japanese Women

For Increased Intake Of	Recommended Food
Calcium	<i>Tofu</i> , shiba-ebi (dried small shrimp), <i>chirimen-jako</i> (steamed and dried small fish), <i>hijiki</i> (dried seaweed)
Iron	Clams, various greens (<i>daikon green</i> , <i>komatsuna</i> , <i>shungiku</i> , etc), seaweed
Vitamins	Cooked spinach, broccoli, seaweed, fruits, sesame seeds
Protein	<i>Tofu</i> (raw, cooked, dried, fried, mixed with fish, etc), cooked soybeans, fish (dried, cooked, broiled), bean sprouts, shellfish

fish roe. The use of citrus vinegar (*ponzu, yuzu*) in place of soy sauce is often effective in reducing salt intake.

Many Japanese pregnant women are concerned and confused about higher weight gain recommendations in the United States (25–35 lbs),¹¹ compared with those made in Japan (8–10 kg, or 17.5–22 lbs).¹² To make matters worse, many Japanese women have low body mass index (BMI) compared with American women, and American health care providers may recommend the higher end of pregnancy weight gain scale for them based on the recommendation by the Institute of Medicine for underweight pregnant women. Thus while their weight gain is considered to be insufficient by American medical practitioners, they themselves may be concerned that they have far exceeded the safe weight gain recommendations.

Counter to popular beliefs about Japanese food being low in calories, many dishes are deep fried and high in calories. For example, tempura (deep fried fish and vegetables), *Katsu* (deep-fried pork), and *Korokke* (croquettes) are very common daily dishes for Japanese. Advice on cutting down fat intake would be welcomed by those women struggling to stay within the ideal weight gain recommendations while maintaining good nutrition.

Pregnant women are often reminded about the harm of “being chilled” (*hieru*). “Chilling” is believed to cause the common cold, diarrhea, and other ailments that may harm the pregnancy or fetus. Women are cautioned against eating large quantities of raw vegetables and fruits, such as watermelon, because they may cause abdominal chilling. Warm socks are worn even during the hot season because cold feet are supposed to be bad for the uterus and fetus. Many pregnant women become very cautious about the use of air conditioners for fear of causing harm to the fetus.

Tai-kyou (teaching while in the womb) is an important concept in Asian countries. It is roughly interpreted in Japan as “taking care of the fetus through the attention of pregnant women to their own

mental and physical health.” Anything that would disturb a pregnant woman’s mental or physical status is not good for *Tai-kyou*. It is feared that there might be some unexpected effect on the fetus if the pregnant woman is exposed to unpleasant feelings or if her attitude toward life is negative. Some take it further and listen to classical music, meditate, eat special foods, and avoid stressful events, hoping for positive effects on the fetus.

Fukutai, or *Haraobi*, is a special maternity sash worn by pregnant women. Different regional traditions dictate slightly different methods, but the most common custom is to apply a plain white cotton sash on the Day of the Dog, according to the Chinese calendar around the fifth month of pregnancy. The Chinese calendar assigns 1 of the 12 animals and 4 earthly elements to each day, and the Day of the Dog appears every 12 days. Dogs are believed to be very fertile and have easy births; thus applying the sash on the Day of the Dog is supposed to ensure the woman a safe birth. Maternity sashes also serve as protective garments for pregnant women by preventing the pregnant abdomen from getting chilled and by giving support to abdominal muscles.

Some women obtain an amulet (*Omamori*) for an easy and safe birth (*An-Zan*) from a *Shinto* shrine. It is typically placed in a red pouch, and often worn like a necklace under clothing throughout the pregnancy. Family members or friends may make a special trip to the shrine and obtain this amulet with *Shinto* blessings for the pregnant woman living abroad. Health care providers in the United States may see it worn by women during labor. Some amulets contain a few grains of rice and a small piece of paper with a special prayer written on it. Women in labor are supposed to swallow those items to make the amulet effective.

Japanese fathers are beginning to get involved in pregnancy and birth. Although gender role differentiation has started to weaken in recent years, the pattern of involvement in pregnancy, birth, and

child care is somewhat different from that of American men. A survey published in 2001 revealed that activities such as bathing a baby and changing diapers are becoming more common among younger Japanese men.¹³ However, direct participation by fathers in childbirth preparation classes and their presence at birth is still estimated to be only about 30% in Japan.¹⁴

Prenatal breast and nipple massages are often recommended in Japan. Women are taught to lift up and move the bases of both breasts in different directions several times a day starting in midpregnancy to enhance circulation, and to roll the nipples between the fingers for better nipple protrusion, cleaning the clogged ducts, and “toughening” the nipple skin.¹⁵ Japanese women may ask about the specifics of preparing their breasts during prenatal care in the United States and may feel discouraged by the inadequate guidance they receive. American health care providers might invoke the help of female family members in securing Japanese instructional books or videos for the woman’s use.

Sexual intercourse is usually recommended to be limited during the last trimester, and in some cases, until after 7 weeks’ gestation. Many pregnancy guidebooks recommend shallow penetration, slow easy movements, and the use of a condom so that the pregnancy is not disturbed.

Labor and Delivery

Japanese hospitals do not commonly allow or encourage the attendance of the husband at the birth. Many men also regard labor and birth as the women’s domain and feel out of place. When a Japanese wife is having a baby in the United States, the husband may feel obligated to attend the birth due to American cultural expectations and for the practicality of being an interpreter for his wife. These husbands typically do not see themselves as major supporters in labor and, consequently, do not prepare themselves for coaching roles. Many Japanese women who give birth in the United States invite their own mothers from Japan to be with them.

Japanese women tend to be less expressive of their pain or their need for support compared with American women. Coming from a culture where others are supposed to be empathetic and able to anticipate their needs, Japanese women are not used to being asked what they want. They are accustomed to having other people anticipate their needs and make decisions for them.

Food intake during labor is not restricted in Japan; it is encouraged to keep up the woman’s energy. Ambulation is not commonly encouraged, and traditional delivery tables with lithotomy stirrups are often used. Most Japanese women go through labor naturally, without medication. However, some Japanese women in the United States may expect to have epidural anesthesia because they believe that is how childbirth is conducted in this country.

Midwives were the main care providers for pregnant women in Japan until the American occupation, when the US army discouraged the traditional practices of midwifery and out-of-hospital births. Currently, 99.9% of births occur in institutions and are attended by obstetricians with midwives assuming auxiliary roles. Midwives in Japanese hospitals function just like obstetric nurses in the United States. Thus Japanese women may be surprised to learn that nurses on American labor units are not midwives. They may also have difficulty understanding the independent practice of nurse-midwives in the United States because there is no such comparable midwifery role in Japan. Although the presence of a female nurse is reassuring for Japanese women, it is not culturally specified. While either gender for physician is likely to be accepted, they are not familiar with male midwives.

Postpartum and Newborn Care

Japanese mothers tend to look to midwives and nurses for expert advice in every aspect of self-care and baby care. In Japan, most mothers stay in the hospital for 5 to 10 days. Extensive teaching and careful monitoring of maternal recovery and the infant’s condition

are provided and activities are highly proscribed. For example, taking a shower is not usually allowed until the second or third day, and shampooing the hair is further delayed. The traditional custom of avoiding water is probably based on the fear of being “chilled” and also because of concerns about fainting. Doctors routinely perform an examination on the fifth day postpartum, and episiotomy stitches are removed at that time if nonabsorbable sutures are used. A Japanese woman who gives birth in the United States may be unsure of what to expect when no one tells her when the stitches will be removed or when she can shampoo her hair.

Breastfeeding is highly controlled in Japanese hospitals. The value of colostrum is not widely appreciated, and breastfeeding is often not initiated until the second day postpartum. Many Japanese hospitals use communal breastfeeding rooms, where mothers are summoned every 4 hours to nurse their babies. Babies are weighed before and after nursing, and supplemental formula or expressed milk is provided if the intake is not sufficient. Japanese women who breastfeed in the United States may express anxiety over not knowing the exact intake of the infant and may request supplementation. The value of colostrum and the relationship between demand feeding and breast milk supply should be explained to them.

Postpartum breast massage by professionals is a thriving business in Japan. Some midwives are certified in the *Oketani* method (named after a renowned midwife who started this therapy) and provide massage services for women with breastfeeding problems. The technique is carefully guarded, and only a limited number of people are certified. The purpose of the massage is to improve circulation, increase milk production, improve the quality of the milk, prevent clogged ducts, and remove any existing blockage.¹⁶ Lactation consultants may be able to suggest alternative ways of attaining these same goals. According to 1997 data,¹⁷ the rate of breastfeeding (including mixed feeding) at 1 month postpartum in Japan was 90.9%. This compares favorably with

the 1998 rate for the United States, which was 64% at the time of hospital discharge.¹⁸

Sticky rice and white fish are recommended for nursing mothers in Japan. Miso soup with shellfish is also believed to increase milk production. Ceremonial feeding (*Okuizome* [pretending only]) of rice and fish by an elder relative is observed when the baby is about 100 days old and represents a wish for a plentiful food supply for the baby's lifetime. This is just a ceremony, and the real introduction of solids will not happen until the fifth month.

Some Japanese parents may feel the American custom of selecting a baby's name before the birth to be too hasty. Traditionally, babies are named on the seventh day with ceremonial writing of the name with *sumi* ink on white paper. The name is displayed in a prominent place in the house and is taken down when the birth certificate is officially submitted to the municipal office 2 weeks after birth. Although middle names are not recognized in Japan, some Japanese choose to give their babies a Western middle name solely for the American birth certificate.

Bathing the baby in a tub is accepted and encouraged in Japan, even while the umbilical cord is attached. The umbilical cord, believed to have a special connection to a higher power or the world beyond this life, was preserved in a special wooden box in the past. This custom has declined and is not commonly practiced anymore. Circumcisions, either male or female, are not practiced in Japan. Parents present their baby in ceremonial garb to a *Shinto* shrine at 1 month of age. Parents and both sets of grandparents express thanks to the *Shinto* god for the baby's safe passage into this world and wish for health and safety throughout the baby's life.

Cosleeping remains a widely accepted norm in Japan, and it is not uncommon to find the mother (or both parents) sharing the bed with a child beyond the age of 3 years. Matsuda,¹⁹ a Japanese child care expert who is often referred to as the Japanese version of Dr Spock,

contends that cosleeping is natural and has no long-term harmful effects. Japanese women may feel surprised about the strong opposition to this practice by some Americans.

Family Planning

Sexual activity is usually resumed after the postpartum examination at 4 to 6 weeks. The most common contraceptive used in Japan is the condom. Oral contraceptive pills became legal in Japan for the first time in late 1999. However, many Japanese women consider oral contraceptives to be dangerous if continued more than 1 or 2 years. Intrauterine devices (IUDs) and diaphragms are acceptable family planning methods, although used much less frequently than condoms.

Safe and legal abortion services are easily obtained in Japan at obstetricians' offices. Most of the abortions are performed for married couples because of contraceptive failures.

Bioethical Dilemmas

Paternalistic attitudes of medical professionals toward their patients are very common in Japan, and many Japanese parents expect the same from the American health care providers. Some patients find making choices burdensome, and they rely on their health care providers to make the best decisions for them. In addition, when language barriers exist, Japanese women may hesitate to ask for clarifications and/or to discuss matters thoroughly. For example, a study conducted in Pennsylvania quoted one Japanese woman as stating, "I did not fully understand the physician's explanation. Therefore, I usually followed his suggestions without deciding by myself even though he showed me several alternatives."⁹

This lack of full involvement in decision making may occasionally result in outcomes for which they did not consent with full understanding. A few mothers stated that they did not understand what was to be done to their sons when they went along with their American husband's wish to have their sons circumcised. Because circumcisions

are not done in Japan, they did not have an accurate understanding of the procedure or the consequences from it, and were later very surprised and saddened by the extent of the injury sustained by their sons.

There are several additional contributing factors that encourage the passivity of Japanese patients. One is the cultural pattern of relating to each other. It is very common for Japanese to rely on others to look after them when they are in stressful situations. This type of mutual dependency is called *amae*²⁰; it discourages a person from actively asserting their own preferences or opinion. One may also have to consider that their sense of self-efficacy as an autonomous adult is usually eroded to a certain degree, and that may prevent them from fully participating in medical decision making. Living in a foreign country, they find that their highly developed sense of social appropriateness, age-old common sense, and sophisticated usage of native language are all quite useless.

Death/Burial Rites

In Japan, most death and funeral rites follow the Buddhist tradition, with regional and local variations in specific practices. Typically, the day after someone dies, the family and relatives hold a wakelike ritual called *tsuya* (literally translated as "throughout the night") during the night before the funeral. The funeral, which is more public, is usually held the day after the death. Afterward, the family and close friends accompany the deceased to a crematorium and stay while the body is being cremated. Once the cremation is completed, the bones and ashes are brought out, and the family and friends line up in pairs to pick up the bones; by using 2 pair of long chopsticks, they place one piece at a time into an urn. Some families bring the urn home and keep it on an altar for 49 days, while other families place it in the cemetery right after the cremation. In Buddhism, it is believed that the spirit remains with the family for 49 days, after which each spirit transcends into a Buddha. The spirits of the departed as well as ancestors are believed

to return to visit their descendants for 1 week each summer (*O-Bon*), during which time additional memorial services are held. Not having family and traditional Japanese undertakers to guide them through the complicated ritual, some families defer the ritual until they get back to Japan to turn the ashes into their ancestral grave.

There are special Buddhas called *mizuko*, which represent any fetus that never became a baby, including one that was aborted, miscarried, or stillborn. *Mizuko* literally means “water child,” and no funeral services are held for them. However, women may pay a neighborhood temple to make a memorial statue (*mizuko jizo*) to commemorate the lost child.²¹ Often a number of these statues in the image of serene-faced small Buddhas are grouped together in a temple garden; generally, they do not bear names of either the child or the mother. Monks of the temple will pray for those unborn children, and people will show respect by pouring water on the statues as they pass by them. Today, one can purchase a *mizuko jizo* and related services over the Internet.

Every Japanese Woman Is Unique

Given the existence of different cultural assumptions, customs, and expectations regarding health and illness among Japanese people, it is reasonable to anticipate some degree of misunderstanding, confusion, or conflict between US health care professionals and their Japanese clients. American health care providers need to keep in mind that such disparities are not merely caused by the language barrier, but may also arise from different cultural factors.⁹

Some Japanese women assimilate into American culture easily, while others limit their association to close-knit Japanese expatriates only. Some maintain the traditional role of stoic, dedicated wives, yet others choose to come to the United States for the freedom accorded to the women in this country. Their comfort level in the American health care system varies accordingly. Assessing each woman’s needs individually is always a sensible approach.

Perinatal Health Care Issues of Japanese Women: Key Highlights

Demographic/Psychosocial/Spiritual Characteristics

- Japan has the longest life expectancy at birth among all of the industrialized nations and had a perinatal mortality rate of 2 deaths per 1,000 births in 2000.
- 1 million Japanese Americans and citizens of Japan were residing in the United States in 2000.
- Japanese Americans and Japanese citizens living in the United States are distinct groups with significantly different cultures and historic backgrounds.
- Japanese Americans typically do not speak Japanese, learn limited cultural customs of Japan from their parents, and hold their identity as Asian Americans rather than as Japanese.
- In the Japanese language, “yes” (*hai*) simply means “I hear you” or “I understand what you are saying” and does not necessarily mean “Yes, I do,” “Yes, I am,” or “Yes, it is.”
- Touching or hugging is minimal; bowing, the most common form of greeting, does not involve touching.
- Japanese women are typically reserved and speak softly.
- Although eye contact is usually avoided, it is culturally acceptable for health care providers to look directly at Japanese patients while tending to them.
- Although the presence of a female nurse is reassuring for Japanese women, it is not culturally specified. Either gender for physician is likely to be accepted.

Prenatal Care

- The *Maternal Health Handbook* is maintained from conception to school age, summarizing all of the essential health information for the child. Every prenatal visit is entered into this record.

- A weight gain recommendation in the United States (25–35 lbs) is higher compared with that of Japanese recommendations (17.5–22 lbs).
- Prenatal breast and nipple massages are often recommended in Japan.
- *Tai-kyou* is the practice of “taking care of the fetus through the attention of a pregnant woman to her own mental and physical health.” Anything that would disturb a pregnant woman’s mental or physical status is not good for *Tai-kyou*.
- *Fukutai*, or *Haraobi*, a special maternity sash, is worn by pregnant women to provide abdominal support and protection from “chilling.”

Prenatal Testing

- Pregnant women may expect to have many ultrasounds, but may not be familiar with MSAFP and related testings.

Pregnancy Diet

- Some women may avoid raw vegetables and fruits that may cause abdominal chilling.
- Tofu, fish, dried seafoods, various Asian green vegetables, and sesame seeds are among the main sources of protein, vitamins, and minerals.

Pregnancy-Related Beliefs/Taboos

- Wearing the *Fukutai*, or *Haraobi*, on the Day of the Dog is supposed to ensure a safe birth.
- It is feared that there might be some unexpected effect on the fetus if the pregnant woman is exposed to unpleasant feelings or if her attitude toward life is negative.
- “Chilling” is believed to cause the common cold, diarrhea, and other ailments that may harm the pregnancy or fetus.
- Some women place an amulet (*Omamori*) in a red pouch and wear it like a necklace under clothing throughout the pregnancy for an easy and safe birth (*An-Zan*).

Labor and Delivery

- Analgesia and anesthesia are usually not administered during labor or birth in Japan. Many desire an epidural in the United States because it is perceived as the American way.
- Postpartum analgesia is not commonly administered.
- Many are not familiar with options other than the lithotomy position for birth.
- The hospital is the most common place for birth.
- Ambulation during labor is not routinely allowed in Japan.
- Eating unrestricted during labor is encouraged in Japan.
- Fathers may not be comfortable in the support role. The mother of the laboring woman sometimes assumes the support role.

Postpartum Care

- Shampooing hair and bathing are sometimes avoided for several days postpartum due to the traditional custom of avoiding the chilling effects of water.

Postpartum Diet

- Miso soup with shellfish is believed to increase milk production.
- See Pregnancy Diet

Neonatal Care

- Circumcision is not practiced in Japan.
- Babies are named on the seventh day in Japan. Ceremonial writing of the name with *sumi* ink on a white paper is performed.
- Parents present their baby in ceremonial garb to a *Shinto* shrine at 1 month of age.
- A ceremonial feeding of fish by an elder relative is observed when the baby is about 100 days old.
- Many practice breastfeeding and bottle-feeding soon after the birth.
- Cosleeping with mother and family is common up to toddler age.

Breastfeeding/Breast Care

- Breast massage to increase the quantity and improve the quality of milk by a specialist is commonly practiced in Japan.

Family Involvement

- Major decisions are often made by Japanese husbands.
- About 30% of husbands are present at birth in Japan; they participate more in the United States, partly functioning as interpreters for their wives.
- Other children are not usually present at the birth in Japan. However, the family may bring older siblings to the birth if the family does not have child care arrangements in the United States.

Pregnancy Termination/Miscarriage

- Pregnancy termination is usually an acceptable option for an undesirable pregnancy.

Family Planning

- The most common contraceptive method used in Japan is the condom.
- Oral contraceptive pills, IUDs, and the diaphragm are also acceptable for family planning.

Bioethical Dilemmas

- Medical professionals are expected to know what is best for the woman, and some families may find decision making to be too burdensome.

Death/Burial Rites

- Most death/funeral rites follow the Buddhist tradition. Some families defer rituals until after they return to Japan due to the lack of proper support in the United States.
- The spirit is believed to remain with the family for 49 days, after which it transcends into a Buddha. The spirits of the departed are believed to return to visit their descendants for 1 week each summer (*O-Bon*), during which time additional memorial services are held.

- Special Buddhas, called *Mizuko*, represent any fetus that never became a baby, including one that was aborted, miscarried, or stillborn. There are no funeral services for such “water children,” but statues honoring them are often found in Buddhist temples.

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