



A History of the IUD in Japan

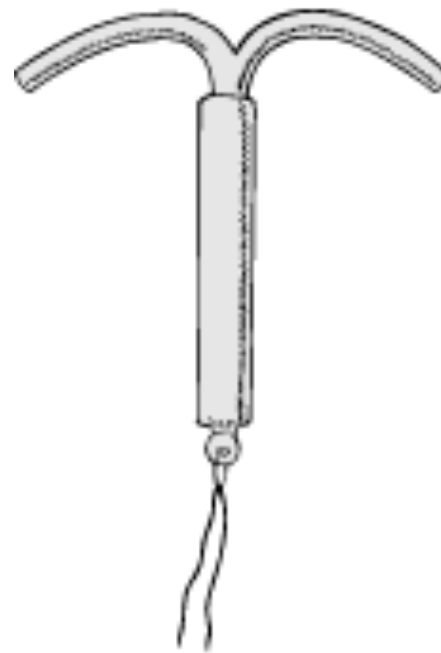
Doctors in the state policy and the transnational movement

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Nissan Institute Seminar
28 January 2016

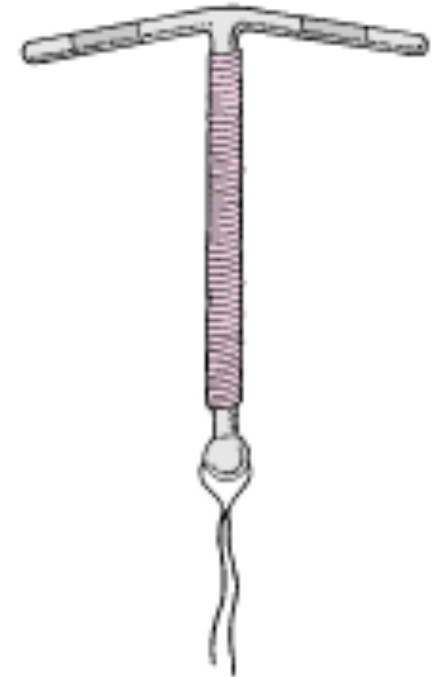
Intra-Uterine Devices (IUD) today

- Low popularity
 - Condoms: 79.7%
 - IUD: 1.6%

Source: *Ministry of Health,
Welfare and Labour (2012)*



プロゲステロン放出型IUD

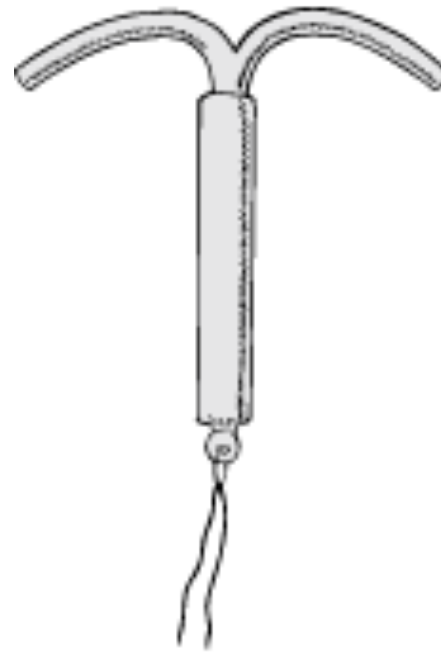


銅放出型IUD

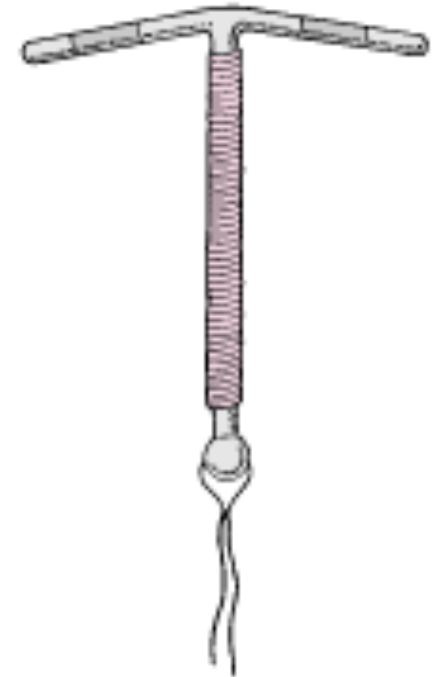
Intra-Uterine Devices (IUD) today

- Low popularity
 - Condoms: 79.7%
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← **Post-war
Government's
slow response**



プロゲステロン放出型IUD



銅放出型IUD

Slow response



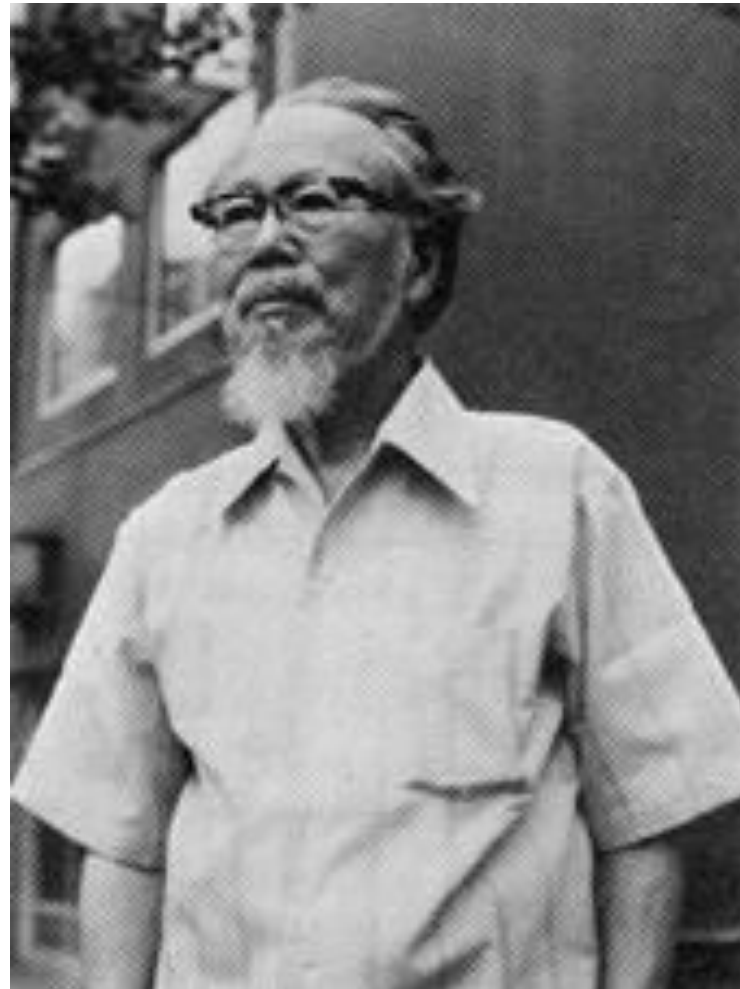
**Only 1974
Government
approval**

Striking because...

1974: Government approval

1.

Japanese Ota
Tenrei credited for
the invention of
intrauterine
device



1974: Government approval

2.

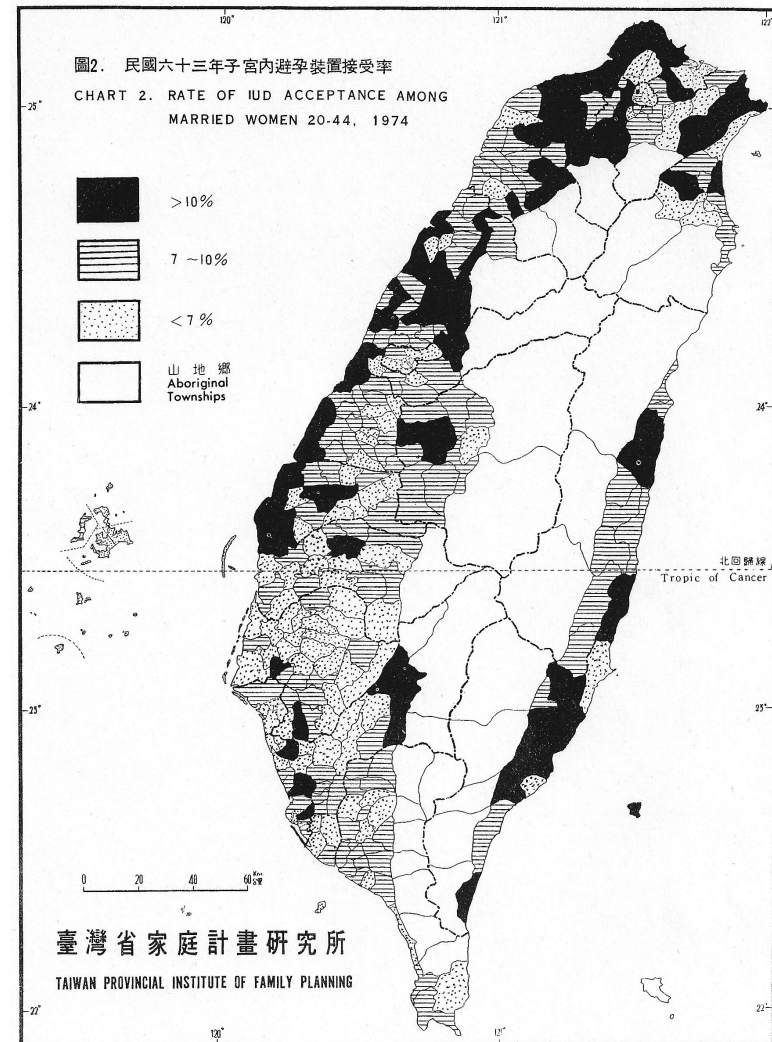
Post-war
government keen
to popularize birth
control



1974: Government approval

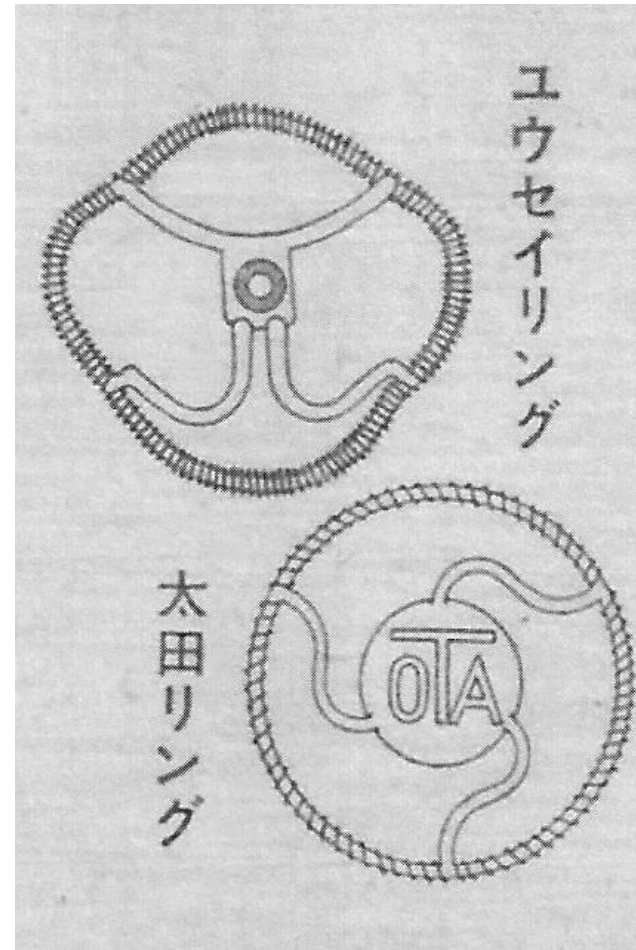
3.

Popular in East
Asia over the
1960s



Question

Why did it take so long for the Japanese government to approve the IUD?

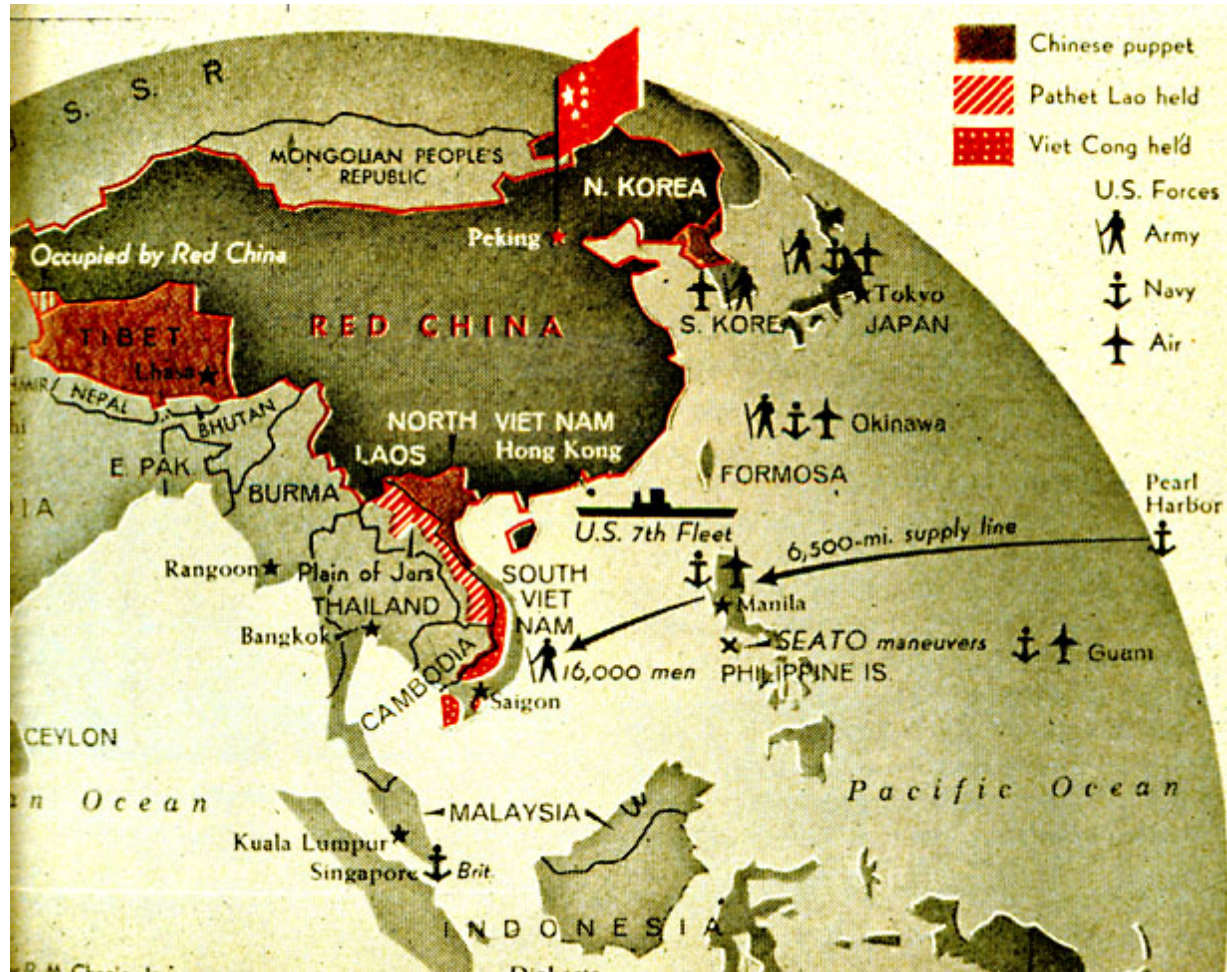


Arguments



1.
Government's
slow response –
internal politics
among doctors

Arguments



2.

Need to go
*beyond the
national
framework*

Why study birth control?

- **Biopower**
 - c.f. Michel Foucault
- **Social dynamics affecting family**
 - c.f. Samuel Coleman (1983)
- **Interest group**
 - c.f. Tiana Norgren



Approaches today

Three perspectives

1. Primary focus = doctors
 - Science and Technology Studies (ST&S)
2. Depart from the dominant narrative
3. Transnationalism



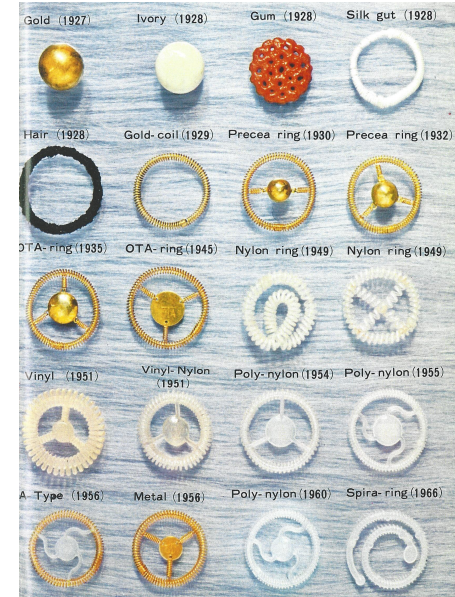
Transnationalism as a framework

‘We want to suggest that “transnationalism” can do to the nation what gender did for sexed bodies: provide a conceptual acid that denaturalizes all their deployments, compelling us to acknowledge that the nation, like sex, is a thing contested, interrupted, and always shot through with contradiction’.

Laura Briggs, Gladys McCormick, and J. T. Way,
“Transnationalism: A Category of Analysis,” *American Quarterly*
60 (3) (2008): 625-648, p. 627.

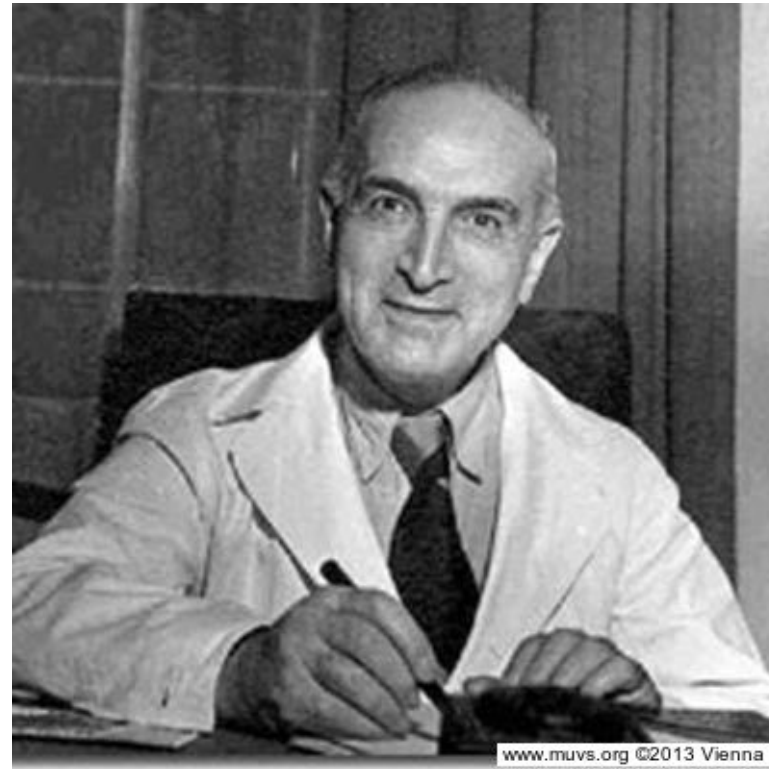
Overview

- The pre-war period
- The post-war birth control campaign
- The 'Ring Dispute'
- 1960s – moment of change
 - Domestic context
 - The transnational population control movement



The early invention

- **1930:** Ernst Gräfenberg
- In addition...
- Ota Tenrei



Ota Tenrei (太田典礼)

- Medicine: family tradition
- **1920s:** development of the intrauterine device
- **1931:** Learned about Gräfenberg Ring
- **1932:** Ota Ring



1930s: Limited reach

- Negative views...
 - within the government
 - among elite doctors



永井潜 東京大学名誉教授

1930s: Limited reach

- Government's scepticism from the 1920s on
 - association with socialism



1930s: Limited reach

Doctor-activists

- Ota Tenrei
 - Yamamoto Senji
- ... etc.



1930s: Limited reach



永井潜 東京大学名誉教授

- Elite doctors – informed by eugenics
- e.g. Nagai Hisomu – ‘reverse selection’
逆淘汰 (*gyaku tōta*)
- **1920s-:** political campaign

1930s: Limited reach

- **1930:** government control over 'harmful' (*yūgai*) contraceptives
- **1936:** IUD defined 'harmful'
- **1941:** Summary of Points on the Establishment of Population Policy

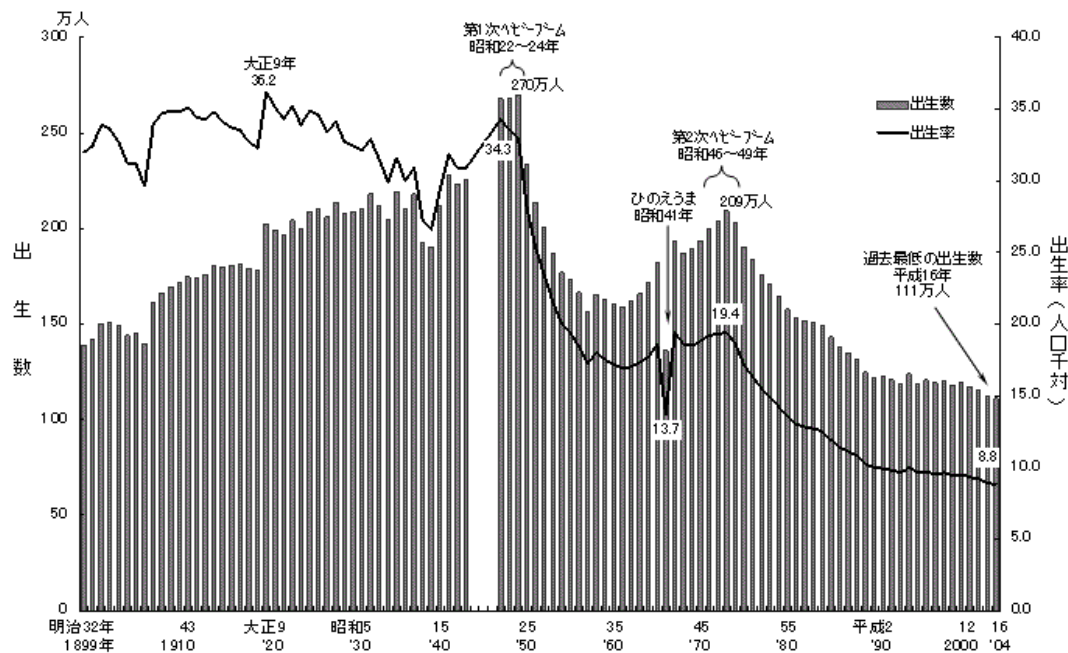


Post-WWII Birth control policy



- **26 October 1951 :**
Cabinet's decision to popularize birth control
- **1952:** Amendment of the 1948 Eugenic Protection Law
- **1952:** 'Birth control field instructors'

Two circumstances

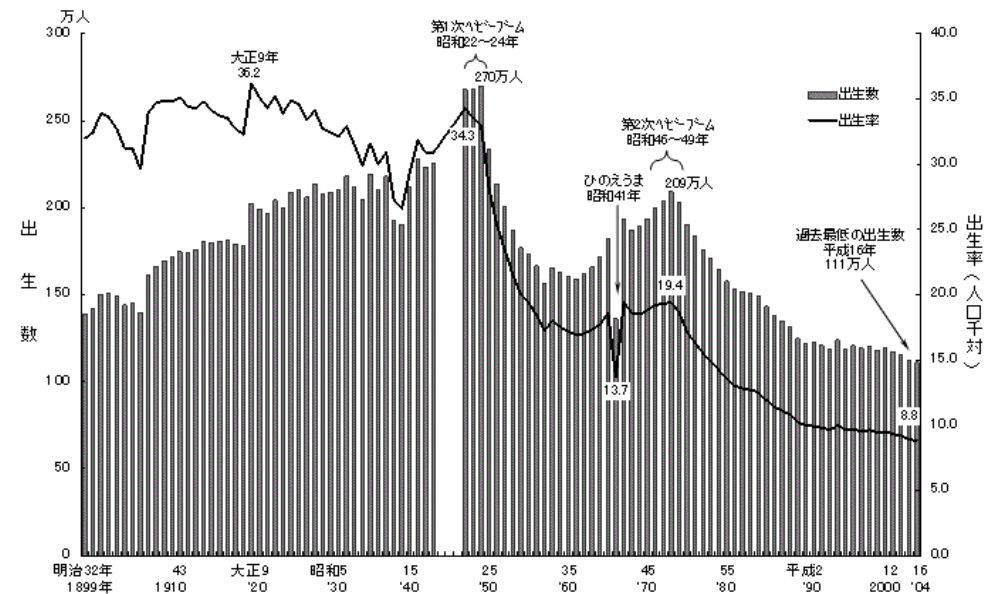


1. Population growth

2. Rising abortion rates

1. Population growth

- **1947-49**
 - 8.06 million babies
 - 7 million repatriates
- **Early 1950s: +10 million**

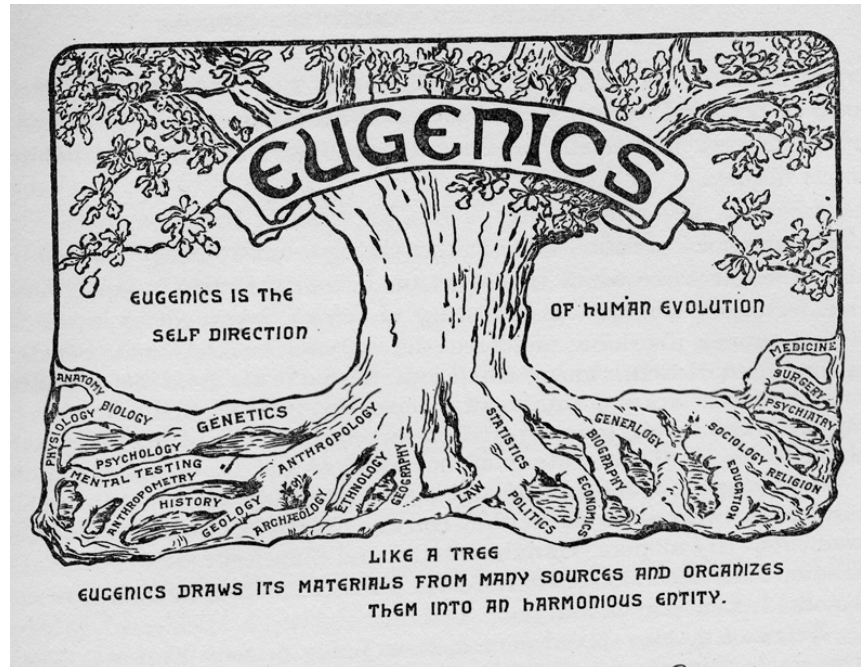


1. Population growth

- Public debates on 'overpopulation'
- Concerns within the government
- Concerns shared by officers serving the Occupation

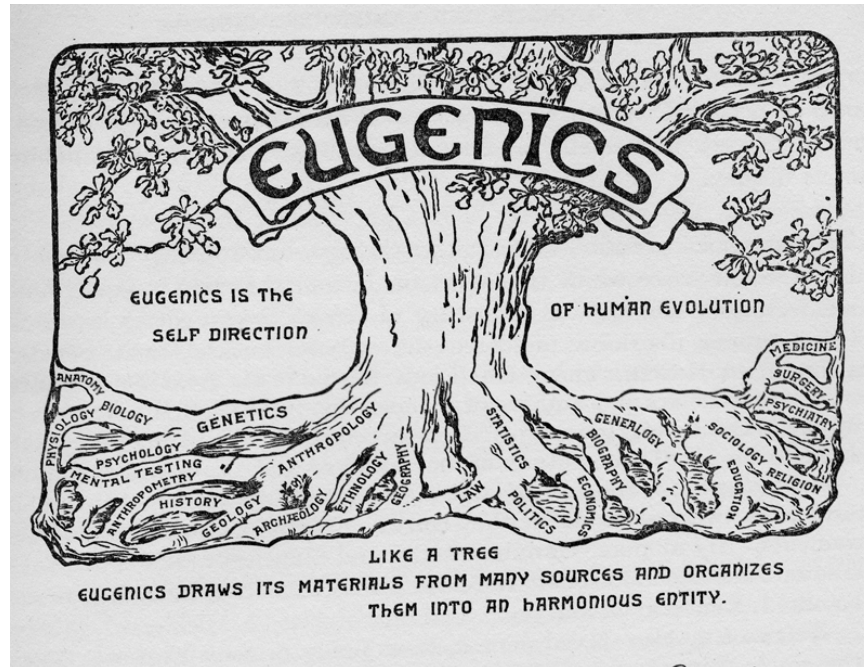


2. Rising abortion rates



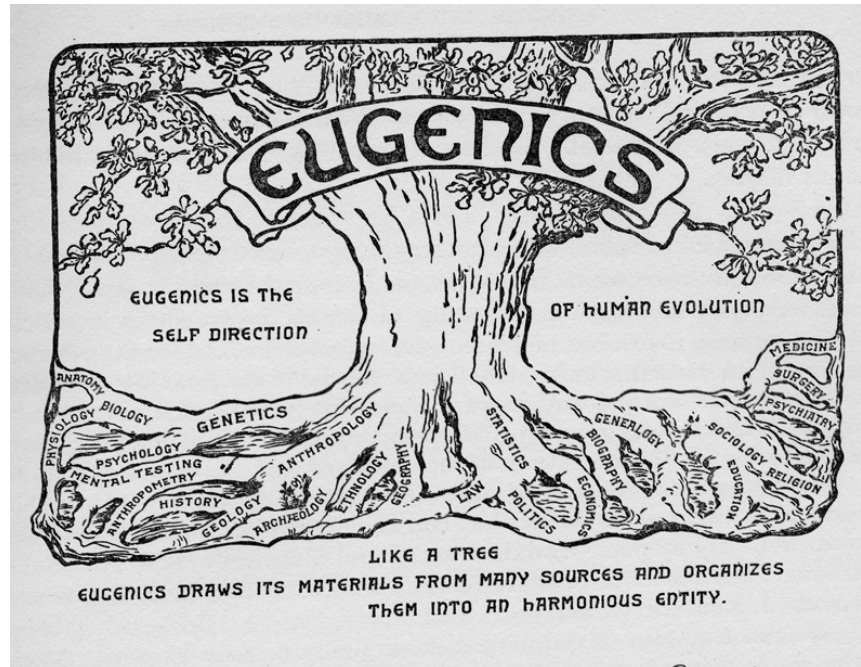
- Result of the Eugenic Protection Law

2. Rising abortion rates



- Revised from the National Eugenic Law (1940)

2. Rising abortion rates



- Unintended consequence
- **1949:** amendment
--> *de facto* legalization
abortion

Yoshio Koya

- Anxiety over 'reverse selection'
- *Checked* birth control initiatives instead of *unchecked* abortion
- Meeting with Hashimoto Ryūgorō
- Member of the Japanese Population Problem Council



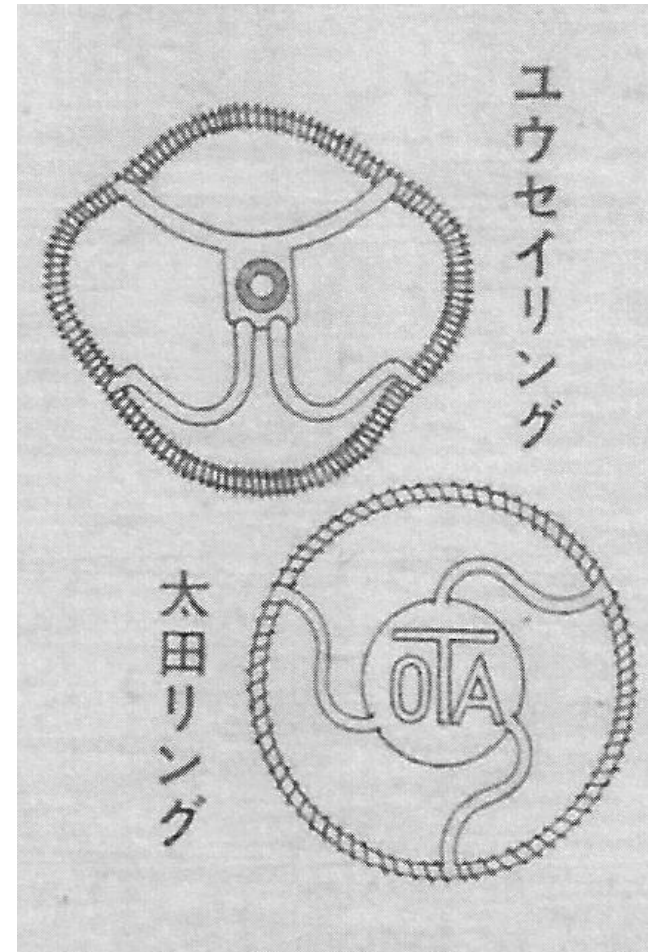
Post-war birth control movement

- Kato Shidzue
- Ota Tenrei
- ... etc.



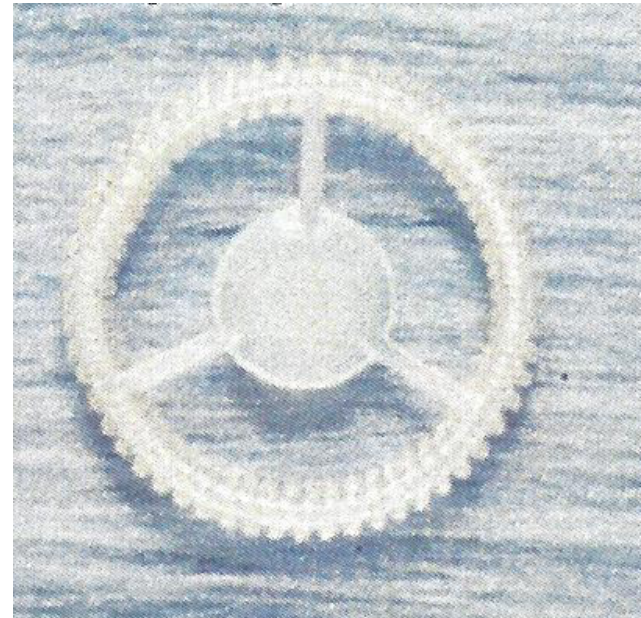
Development of the IUD

- Ota
 - **1948:** Resumed practice
 - Ota Ring to the Japan Industry Council and the Japan Birth Control Information
- Yūsei Ring



IUD in the state-endorsed campaign

- Marginalized
- **Two reasons**
 1. State birth control policy
 2. Neglect in the pilot project



State birth control policy

- **August 1948:**
Pharmaceutical Law
- **May 1949:** Approval for
26 contraceptive
medicines
 - Ota Ring excluded!
- MHW's notification to
prefectural mayors



Absence in the pilot project



- Organized by Koya
- Contraceptives used
 - condom
 - diaphragm
 - jelly
 - sponge-and-salt solution
 - foam tablet
 - Ogino 'rhythm method'

**i.e. intrauterine devices
excluded!**

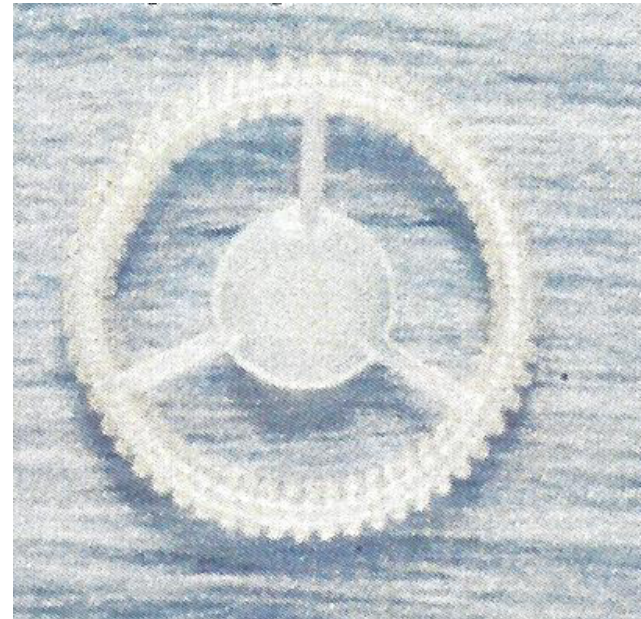
Yoshio Koya as a scientific policy advisor

- Marginalized the intrauterine device in two ways
 1. Directly negotiating with policymakers
 2. Excluding the device from his pilot study



Ota's scientific activities

- **November 1949:** Kinki Society of Gynaecology in Takarazuka
- **1950:** Publication in *Progress in Obstetric-Gynecology*
- **1950s:** The 'Ring Dispute'



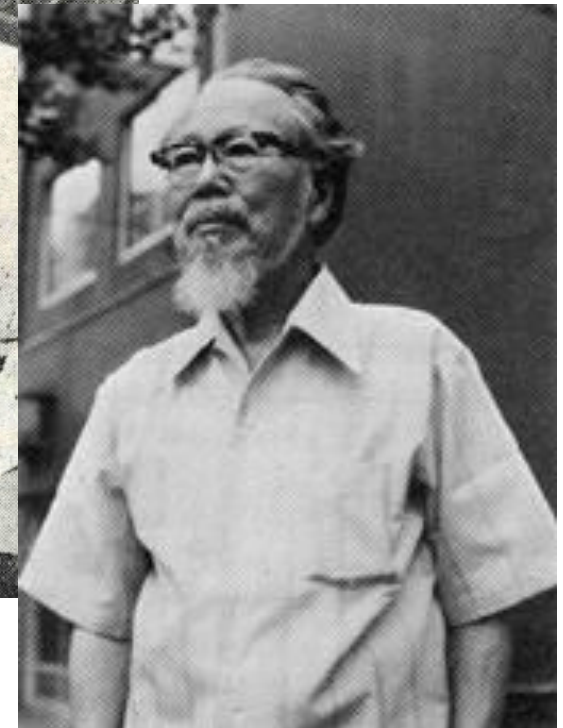
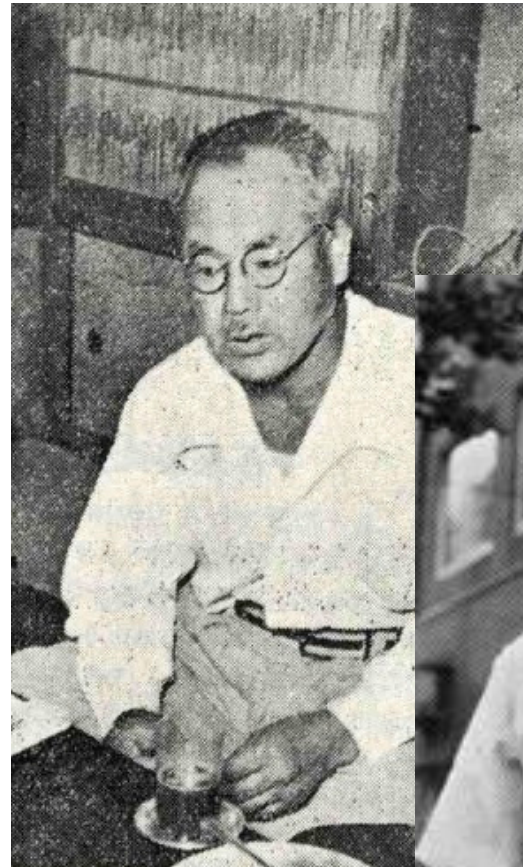
The Ring Dispute – リング論争



- Proponents: clinicians
- Opponents: elite medical doctors

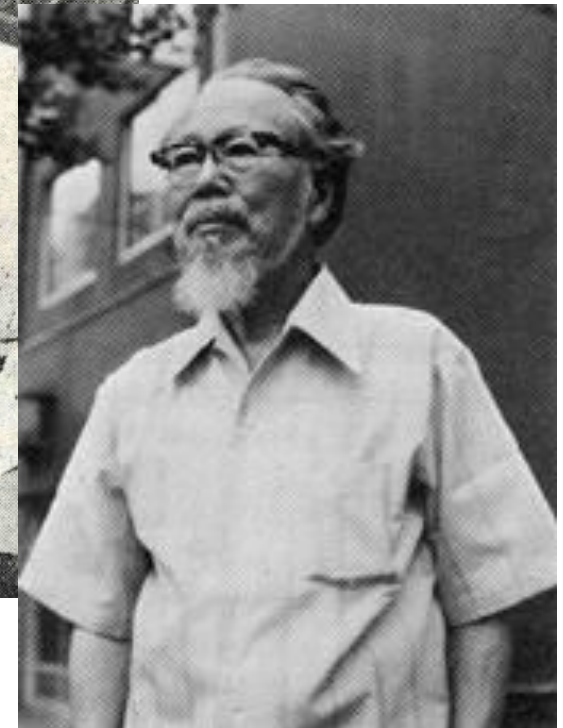
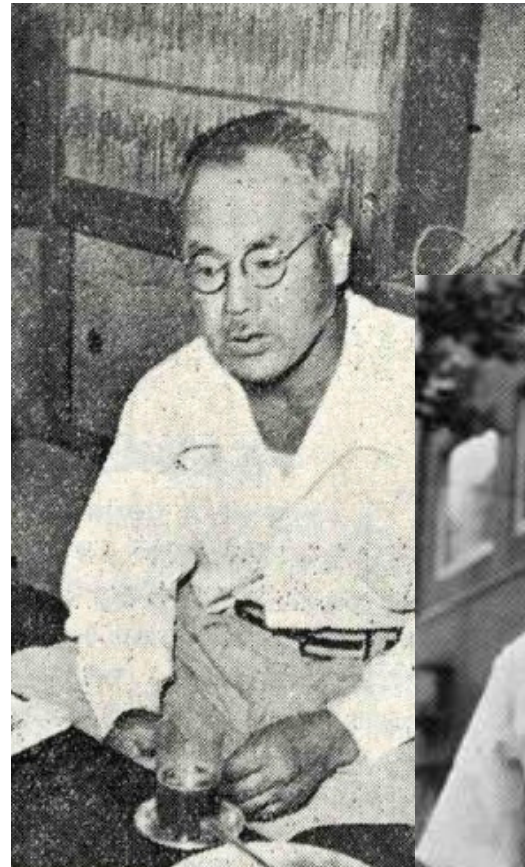
The Ring Dispute – リング論争

- Highlight: Ota vs. Andō Kakuichi
- **31 January 1952:** the Japan Society of Obstetrics and Gynecology, Tokyo Local Meeting



The Ring Dispute – リング論争

- **Ando**
 - Health risk
 - Safer methods available
- **Ota**
 - Criticized lack of data



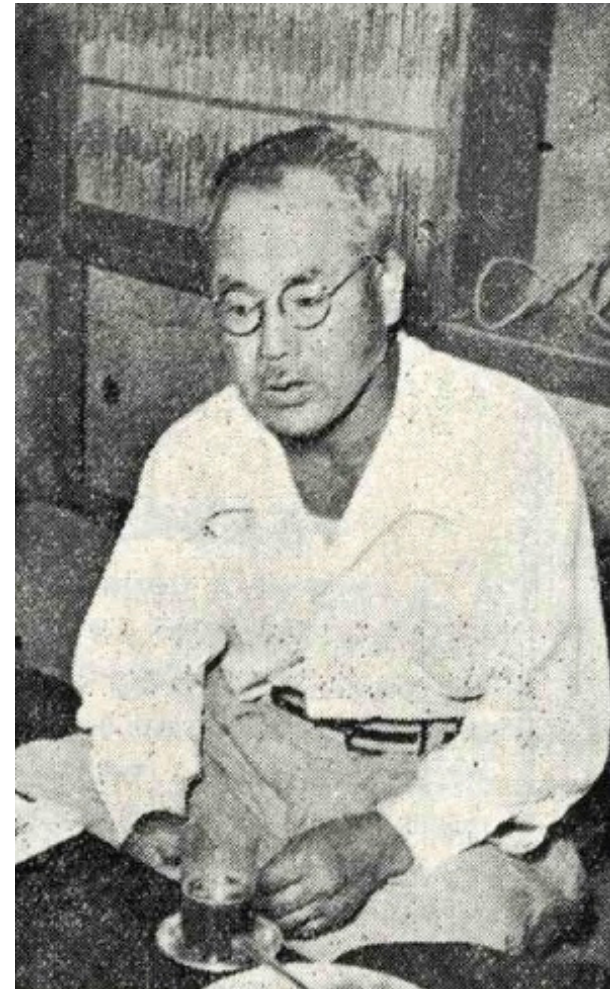
The government reaction

- Sided with the opponents
- MHW's 'copying' theories of Sawazaki Chiaki



The aftermath of the Ring Dispute

- Less by scientific validity than the position of doctors
 - Accessibility to political power
 - Physical proximity to the central government



The aftermath of the Ring Dispute



- System of government consultation privileging views of elite doctors
--> consolidate elite doctors' influence in government's decision-making process

1974: official approval

子宮内避妊器具
アイユーデー
IUDが
認可されました

小山市立病院院長 石浜淳美

まず、これを入れるときには、子宮頸管を^{ひら}広げてから挿入します。IUDを入れるときに痛みがあると
いわれるのは、頸管を^{ひら}広げるため
のものです。こうした操作が^{まう}必要
ユウセイリング



太田リング

なので、まだお産を経験したこと
のない人には、すすめられません。
このIUDは素人^{しらひと}には入れられ
ませんが、産婦人科なら、どこで
も入れてくれると思います。問診^{もんしん}

Why?

- Growing government interest over the 1960s
- Shaped by both domestic *and* transnational contexts

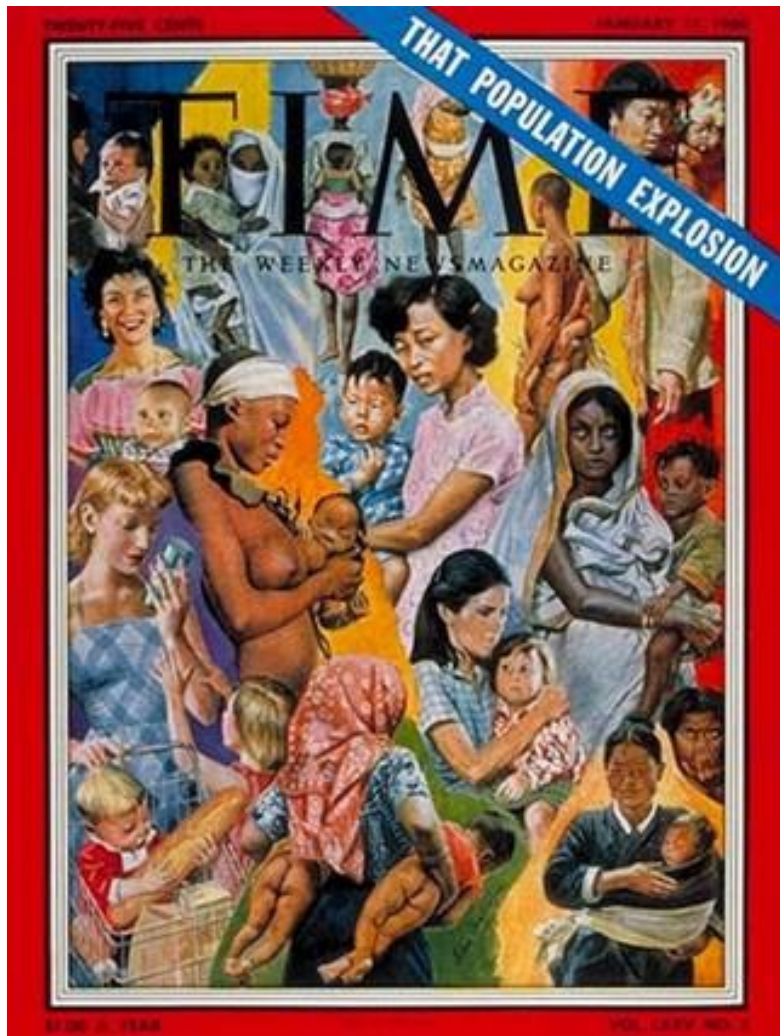


Domestic contexts

- Wide distribution via clinical trials
 - **1950s:** 20,600-20,800 Ota Rings
 - **1960s:** authoritative institutions
 - **By late 1960s:** over 40,000 Ota Rings



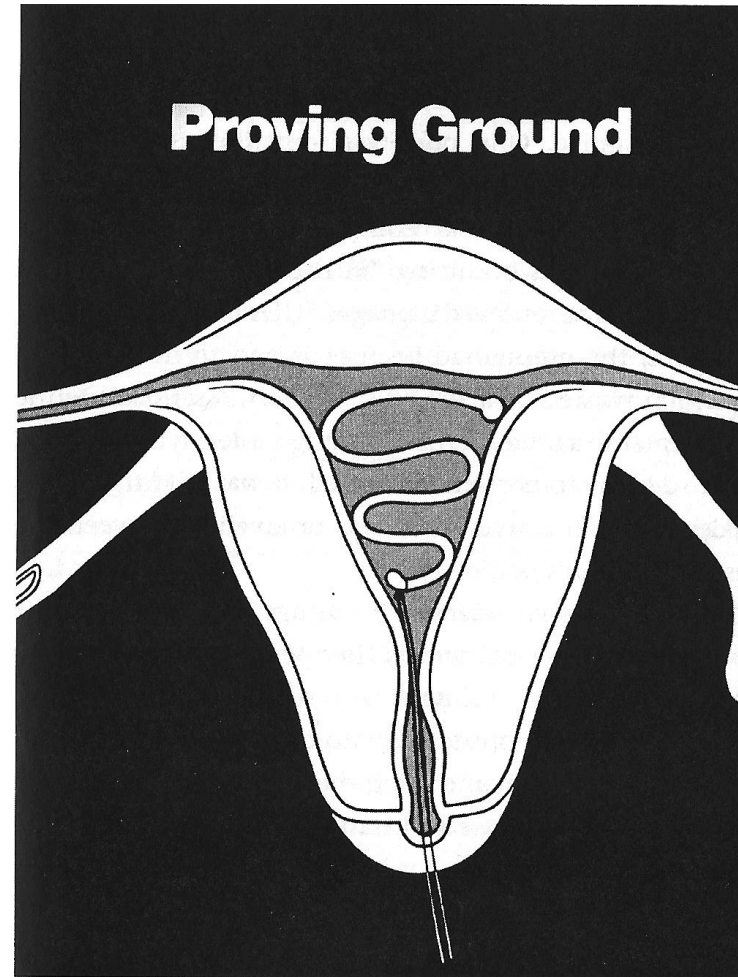
Transnational context



- Population control movement
- Family planning initiatives as development aids

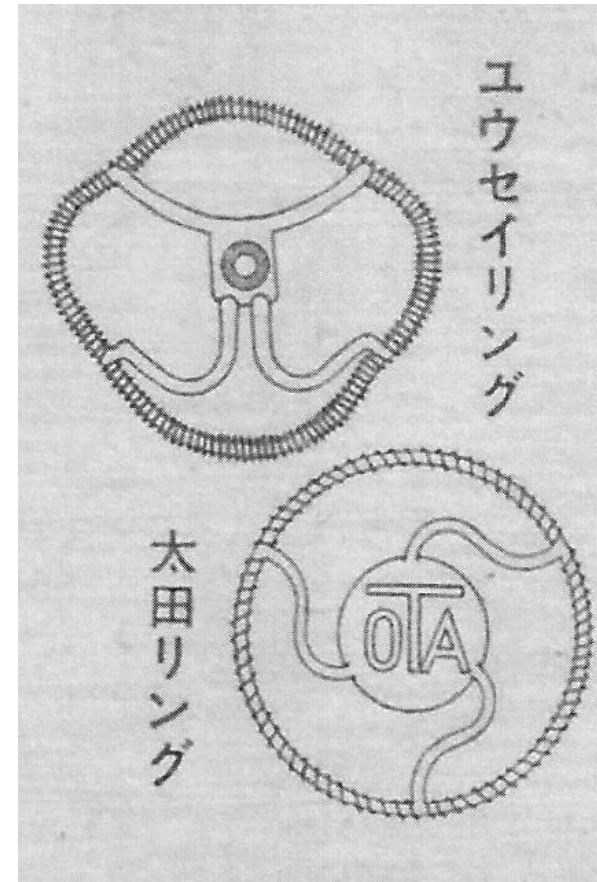
Population control movement

- Population Council
 - Lippes Loop
 - Margulies Spiral
- IUD most common method
- Taiwan, South Korea



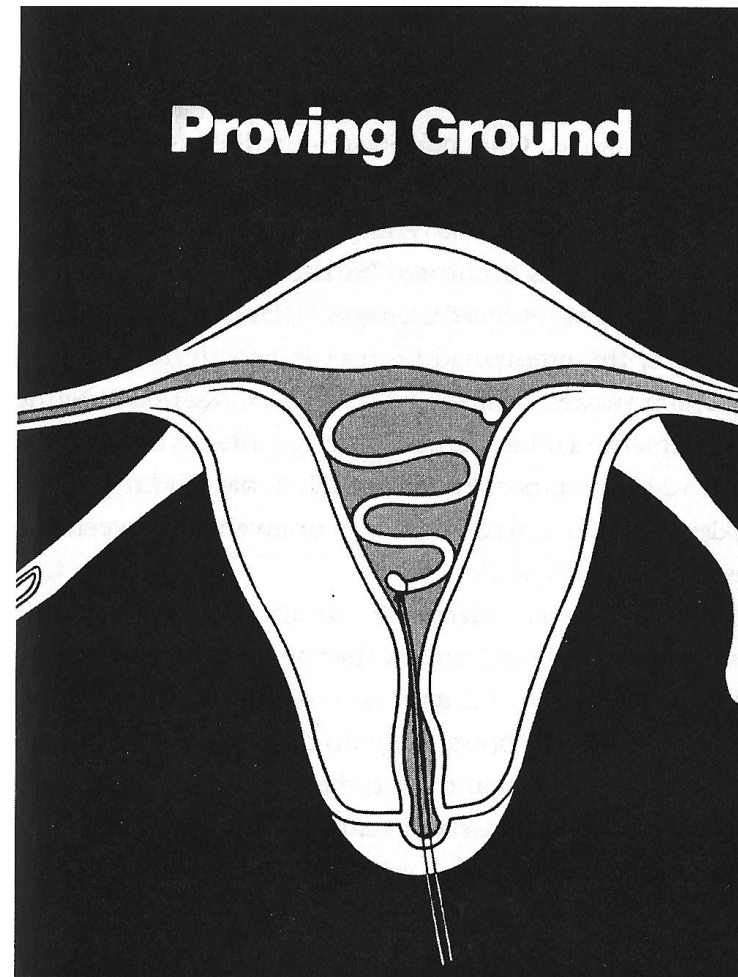
MHW Consultation

- **August 1964**
 - Japanese Society for Obstetric-Gynaecology
- **September 1967**
 - Japanese Society for Obstetric-Gynaecology
 - Japan Family Planning Federation
 - Japan Association for Maternal Welfare (*nichibo*)



Population control movement

- Constitutive element in policy change
- Japanese doctors' active engagement
- Initially, not top doctors



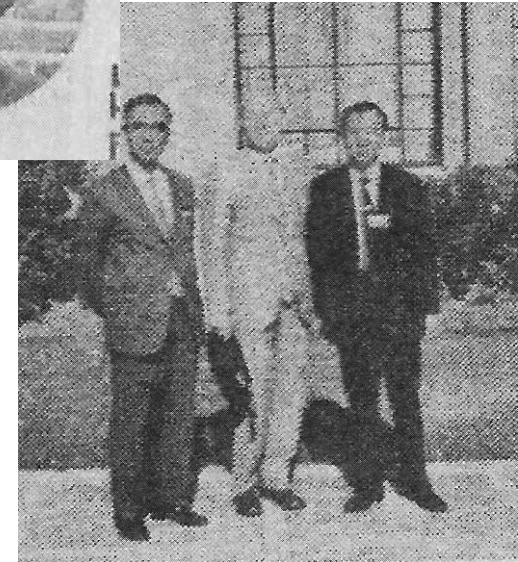
Ishihama Atsumi

- Doctor at Iwate University
- Humble origin
- Alan Guttmacher
- **1962**: Speech at the First International Conference in NY



Ishihama Atsumi

- International reputation – ticket to the medical clique
- **1965-1968**
 - Japanese Society for Infertility in Kanazawa
 - Japanese Society for Obstetric-Gynecology in Yonago



Elite doctors

- Themselves participants of the transnational movement
 - e.g. Koya



Guttmacher in Japan, 1965

[Japanese government and medical doctors still] adheres to traditional and classic contraceptive methods and do not [encourage people to] use the... IUD whose efficacy is almost 100%.



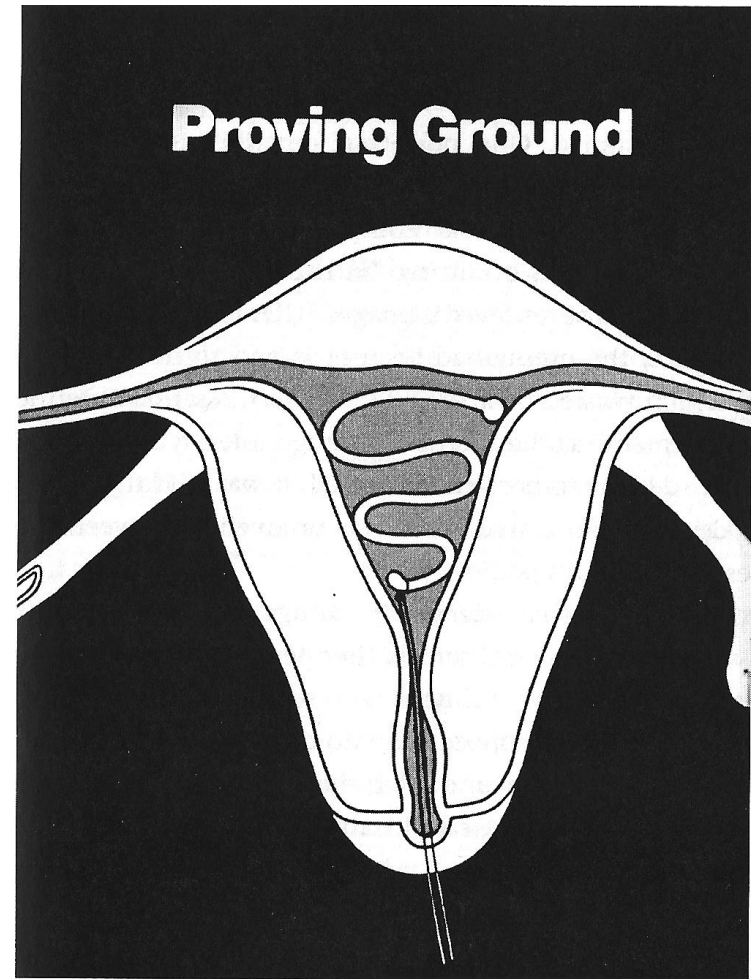
Conclusion

- **Question:** why did it take so long for the Japanese government to approve the IUD?
- Focus on medical doctors as scientific policy advisors
- Doctors as a critical policy advisors



Conclusion

- Crucial factor - proximity to power more than scientific rigor
- 1960s: Shifting dynamics among the advisors shaped by the transnational population control movement



Conclusion

- Transnational trend – constitutive element in the domestic policymaking process

