

## Commentary on the term

### Natural changes

The number derived by deducting the number of deaths from the number of live births.

### Infant mortality

Death in less than one year of birth.

### Perinatal mortality

Death in less than four weeks of birth.

### Early neonatal mortality

Death in less than one week of birth.

### Period of gestation

The period of gestation for live births, foetal births and perinatal mortality are based on the number of completed weeks (number of months of gestation was calculated using the Japanese method of counting 4 weeks as one month until 1978).

Premature birth: Less than 37 completed weeks of gestation (less than 259 days)

Full-term birth: From 37 completed weeks to less than 42 completed weeks of gestation (259 to 293 days)

Post-mature birth: 42 or more completed weeks of gestation (294 days or more)

### Foetal death

This refers to the birth of a stillborn baby after 12 completed weeks (4th month) of gestation. A baby is recognized as stillborn when no heartbeat, voluntary muscle movement and breathing is detected after birth.

### Spontaneous foetal death and artificial foetal death

Artificial foetal death refers to the birth of a stillborn baby due to the addition of a man-made procedure (use of measures and labor-inducing drugs for the fetal appendage) while the foetus is present inside the mother's body. All other stillborn births are considered natural foetal deaths.

However, the following cases fall under natural foetal death, even if man-made procedures were added.

- (1) when its purpose is to deliver the baby
- (2) when it is uncertain whether the child is dead or alive inside the mother's body, or when the child has already died

(Reference)

The following developments must be considered for examining death statistics

- |           |   |   |
|-----------|---|---|
| From 1948 | : | Due to the enforcement of the Eugenic Protection Act (July), even abortions after the 4th month of gestation were included in artificial foetal deaths.   |
| From 1949 | : | Due to revisions in the Eugenic Protection Act (June), "cases that could gravely harm the mother's health because of financial reasons" were included in the reason for abortion.   |
| From 1952 | : | Due to revisions in the Eugenic Protection Act (May), procedures were simplified, including the abolition of inspection by the Eugenic Protection Committee and abortion were allowed to be performed, for women who meet the requirements, if doctors specified under the Eugenic Protection Act obtained the consent of the person concerned or her spouse. |
| From 1968 | : | Foetal death despite adding man-made procedures to deliver the foetus, which was earlier classified as artificial foetal death, began to be treated as natural foetal death.  |
| From 1976 | : | The period when abortion is allowed under the Eugenic Protection Act was changed from "less than 8 months of normal gestation" to "less than the 7th month of   |

normal gestation” (Notice No. 15 by the administrative vice-minister issued by the Ministry of Health and Welfare dated January 20, 1976).

From 1979 : The period when abortion is allowed under the Eugenic Protection Act was changed from “less than 7 months of normal gestation” to “before 23 completed weeks of normal gestation” (Notice No. 252 by the administrative vice-minister issued by the Ministry of Health and Welfare dated November 21, 1978).

From 1991 : The period when abortion is allowed under the Eugenic Protection Act was changed from “before 23 completed weeks of normal gestation” to “before 22 completed weeks of normal gestation” (Notice No. 55 by the administrative vice-minister issued by the Ministry of Health and Welfare dated March 20, 1990).

### **Perinatal mortality**

This refers to foetal death after the 22 completed weeks (154 days) of gestation and early neonatal deaths.

### **Maternal death**

This refers to the death of a woman during gestation or before 42 completed days of gestation ( “within 90 days postpartum” until 1978 and “within 42 days after giving birth” from 1979 until 1994). Although unrelated to the period of gestation and the site, it includes all causes that worsened due to pregnancy, its management or any reason related to them. However, it excludes accidents or contingencies. It covers direct obstetric deaths, indirect obstetric deaths and obstetric deaths from unspecified cause (Code 095 of the detailed list of statistical classification of diseases, injuries and causes of death (omitted below) from 1995).

### **Late maternal deaths**

Death of a woman from direct or indirect obstetric cause occurring more than 42 completed days but less than one year after completion of gestation.

Definition revised in ICD-10 applicable from 1995.

It covers direct obstetric deaths, indirect obstetric deaths and obstetric deaths from unspecified cause (Code 096 from 1995 to 2016 and code 096.9 from 2017 onwards).

### **Death from direct obstetric cause <sup>1)</sup>**

Death from obstetric complications during gestation (pregnancy, childbirth and the puerperium).

Maternal death : Listed under “XI Complications of pregnancy, childbirth and the puerperium” (contents correspond to direct obstetric death) in the detailed list of statistical classification of diseases, injuries and causes of death before 1978, under 630-646 and 650-676 from 1979 to 1994 and under 000-092 from 1995 onwards.

Late maternal death : Subclassified under 096.0 in Japan ICD-10 (Version: 2013) from 2017 onwards.

### **Indirect obstetric death <sup>1)</sup>**

Death due to disease existing before or arising during gestation and directly unrelated to gestation, but worsened due to physiological effects of pregnancy.

Maternal death : Listed under 647-648 from 1979 to 1994. From 1995 onwards, listed under Indirect obstetric death excluding 098-099 and Chapter XV (0 codes).

Late maternal death: Indirect obstetric death excluding Chapter XV (0 codes) were added from 1995 to 2016, and 096.1, a sub-classification introduced under Japan ICD-10 (Version: 2013) was added from 2017.

Indirect obstetric death excluding Chapter XV (0 codes):

Corresponds to obstetrical tetanus (A34) and Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium (B20-24) from 1995 to 2016.

Due to application of Japan ICD-10 (Version: 2013) from 2017, the code for Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium (B20-24) was changed to 098.7, and Hypopituitarism (E23.0), Mental and behavioural disorders associated with the puerperium, not elsewhere classified (F53), Puerperal osteomalacia (M83.0) and External causes of morbidity and mortality (V01-Y89) were added.

Note: 1) Definition revised in ICD-9 applicable from 1979.

## **Types of institutions**

### **Hospital**

A place where a doctor or dentist provides medical or dental services to the General public or a specified group of people and equipped with facilities to admit 20 or more patients.

### **Clinic**

A place where a doctor or dentist provides medical or dental services to the general public or a specified group of people and which has no facilities to admit patients or is equipped with facilities to admit 19 or fewer patients.

### **Care medical center**

A facility with the purpose of providing nursing care and functional training under control of medical management, and other necessary care for medical treatment and daily activities to a Person Requiring Long-Term Care, and has obtained permission from the prefectural governor as set forth in the Long-Term Care Insurance Act (Act No. 123 of 1997, enforced on April 1, 2000).

(Reference) Newly established with the implementation of a partial revision in the Long-Term Care Insurance Act for strengthening the regional comprehensive care system (April 1, 2018).

### **Health services facilities for the elderly**

A facility with the purpose of providing nursing care and functional training under control of medical management, and other necessary care for medical treatment and daily activities to a Person Requiring Long-Term Care, and has obtained permission from the prefectural governor as set forth in the Long-Term Care Insurance Act (Act No. 123 of 1997, enforced on April 1, 2000).

(Reference) Referred to as Facility for Health and Medical Services for the Aged in the Health and Medical Services Act for the Aged (Act No. 80 of 1982) before the enforcement of the Long-Term Care Insurance Act.

**Maternity home**

A place where midwives perform services (excluding those carried out in a hospital or clinic) for the public or other specific groups of people.

**Home for the elderly**

Refers to nursing homes for the elderly, intensive care homes for the elderly, low-cost homes for the elderly and fee-based homes for the elderly.

**Home**

Includes group homes and housing for the elderly with home care service, apart from home.

**Type of occupation for household**

**Agriculture**

A household in which the highest earner is engaged in farming or other work along with farming.

**Self-employed household**

A household in which the highest earner individually manages a freelance business, commercial business or service business.

**Employee (I)**

A household in which the highest earner is employed in a corporation or private concern (excluding public institutions) with 1 to 99 employees (Employees with daily contract or contract for less than one year are categorized under "Other households" ).

**Employee or director (II)**

A household in which the highest earner is a regular employee in an organization not included in Regular employees (I) above and household of an employee of a group of companies (Employees with daily contract or contract for less than one year are categorized under "Other households" ).

**Other**

Households in which the highest earner is engaged in other work not included in the above categories.

**Not working**

A household with no working members (includes households living on pension, interests or other sources of income).

(Reference)

| Category from 1995      |                              | Category from 1968 to 1994  |
|-------------------------|------------------------------|---|
| Agriculture             | Agriculture only             | Household engaged only in farming   |
|                         | Agriculture with other works | A household which is engaged in other work along with farming   |
| Self-employed household | Self-employed household      | A household which individually manages a freelance business, commercial business or service business through a shop or office.  |
| Employee (I)            | Employee (White collar)      | Household of employees engaged in management, administration, teaching, sales, diplomacy, health care technology, engineers graduated from former Vocational Training School or higher institutions among other work (Employees with daily contract or contract for less than one year are categorized under "Other households" ) |
|                         | Employee or director (II)    |   |
|                         | Employee (Blue collar)       | A household engaged in work not included in Employee (I) (Employees with daily contract or contract for less than one year are categorized under "Other households" )   |
| Other                   | Others                       | Households not included above   |
| Not working             |                              |   |

## Types of divorce

### Divorce by mutual agreement

Comes into effect by notification in accordance with family registration (Civil Code 763, 764, 739), but the husband and wife must agree to the divorce to make it valid. The divorce is invalid if there is no consent.

### Judicial Divorce

This divorce comes into effect through the involvement of the court. It is further divided into five types: divorce by arbitration, divorce by judgement, divorce by reconciliation, recognized divorce and divorce by decree. The divorce is valid when arbitration, reconciliation or approval of claim is successful, or judgement or decree is finalized.

### Divorce by conciliation

Arbitration begins when one of the parties files a petition or the family court refers the case to arbitration (Domestic Relations Case Procedure Act 257 I/II and 274 I). The arbitration is successful when both parties agree to a divorce during arbitration and it is included in a written statement. Such entry shall have the same effect as a final and binding judgement (Domestic Relations Case Procedure Act 268 I).

### Divorce by adjustment

When arbitration is not successful, the family court can make a ruling in lieu of arbitration (Domestic Relations Case Procedure Act 284 I). Where a party files a lawful objection, the ruling loses validity. However, if there is no objection, the ruling shall have the same effect as a final and binding judgement (Domestic Relations Case Procedure Act 268 I, V, 287).

### Divorce by compromise

Settlement is possible during divorce litigation (Personal Status Litigation Act 37 I). If settlement is successful and included in a written statement, then the

statement shall have the same effect as a final and binding judgement (Code of Civil Procedure 267).

**Divorce by acknowledgement of claim**

A claim can be acknowledged during a divorce suit (Personal Status Litigation Act 37 I). If a claim is acknowledged and included in a written statement, then the statement shall have the same effect as a final and binding judgement (Code of Civil Procedure 267).

**Judicial divorce**

If arbitration is unsuccessful and no final and binding ruling can be made, then judgment of divorce is made by the filing of an action by a party if there is a statutory cause for divorce (Code of Civil Procedure 770, Personal Status Litigation Act 2, 4 onwards)

(Articles cited from Civil Code, Domestic Relations Case Procedure Act, Code of Civil Procedure, Personal Status Litigation Act, and Article numbers mentioned as 1,2 and Clause numbers as I, II)

Note: The old Domestic Relations Trial Act was abolished on January 1, 2013 and the new Domestic Relations Case Procedure Act was enforced.