

# Current Status and Issues of the Local Government Home Page to the Public about Allocating Maternal and Child Health Coordinators

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# Current Status and Issues of the Local Government Home Page to the Public about Allocating Maternal and Child Health Coordinators

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## Abstract

To determine the allocation status of maternal and child health coordinators in local governments, and examine the status of opening and contents about maternal and child health coordinators informed in home page (HP in the following), information regarding these coordinators posted on the HPs of all 1741 local governments nationwide were examined. This research focused on dissemination of information by administrative social media is high rate of utilization, these were explored via local governments HPs that (1) whether maternal and child health coordinators are allocated and their number, (2) the support person in the role, and (3) detailed duties of maternal and child health coordinators. The results showed that 48 local governments (2.8%) published the allocation of maternal and child health coordinators on their HPs. The job categories of maternal and child health coordinators included health nurses in 14 local governments, midwives in six local governments, and health nurses and midwives in four local governments. Twenty-four local governments did not specify job categories. Their duties were mainly "consulting" and "seamlessly supporting child-raising." No HPs presented details of specific activities. Almost no local government HPs used an icon for maternal and child health coordinators. The majority of HPs only referred to coordinators in meeting minutes and project plans, and their presence and activities were not indicated unless "maternal and child health coordinators" was input into the search engine. These findings indicated that the allocation of maternal and child health coordinators has not progressed, access to them in local governments where they are deployed is still difficult, and they are therefore not recognized and utilized as indicated.

## KEY WORDS

maternal and child health coordinator, local government homepages, website information

## Introduction

The recent unrestrained low birth rate can be attributed to issues stemming from mothers' isolation and anxiety during the nursing period, and we intend to try overcoming this by giving continuous support for from pregnancy to postpartum period<sup>1)</sup>. It is the one of the strategy to face these issues as pregnancy and childbearing inclusion support model service "NEUBOA"<sup>2),3)</sup>.

Finnish "NEUBORA", which is pregnancy and childbearing inclusion support model service is expected model as that low birthrate improvement by maternal and child health possible improvement<sup>2),3)</sup>. This is the

contents such as caring, making the support for isolated cancellation and the sterility treatment support a pillar, giving birth from pregnancy according to the special quality of all part area and doing the support which has no breaks until a child rearing period after the coordinating role "maternal and child health coordinator establishment connected with necessary support as well as maternal and child health service of existence and fortune. It's said that it's "to put the support by the "adjustment role" of linking a necessary place without a break, need" among these, and it's "maternal and child health coordinator" that I appeared newly<sup>3),4),5),6)</sup>.

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According to the Japanese government, the roles of a maternal and child health coordinator are (1) to provide information based on the needs for supporting pregnant women and their family, (2) to connect them to necessary support by coordinating with relevant organizations when they use multiple services and need continuous support, and (3) to follow-up regularly as needed, and since 2014, to request government-appointed health nurses and midwives in municipal health centers and non-profit organizations in response to local circumstances<sup>5)</sup>. This new role of "maternal and child health coordinator" maternal and child health field in Japan, is intended to act as someone who closely supports mothers<sup>7)</sup>. However, in the current state of the field, we still do not even see the existence of a maternal and child health coordinator very often.

In this study, researcher paid attention to the government's recent increasing practice of providing information through social media<sup>8)</sup> for the purpose of exploring the activities and actual status of maternal and child health coordinators. This study also investigated and analyzed information that was posted on official home pages that local governments prepared and managed and where they were the source of information regarding maternal and child health. The researcher further investigated the present status of the allocation of maternal and child health coordinators in local governments nationally, and examined the issues at hand.

### **Purpose of Study**

The purpose of this study is to grasp presence of opening to the public and the contents on the home page (HP) by Japanese local governments about a maternal and child health coordinator.

### **Method**

#### **1. Survey subject and method**

The subject of this study was HP which belonging to local governments. In the recent tendency, social network service (SNS) has been used frequency in many occasion. Government also tends to deal with SNS casually as the means of the information opening the general public<sup>9)</sup>. In the field of maternal and child health and welfare, governments increase the cases to use SNS for the informing by which governments made people who are in pregnant, peripartum and postpartum period, and child raising period are

targeted increasingly<sup>10)</sup>. It was also possibly assumed about a presence of the contents and establishment of a maternal and child health coordinator opened to public as information.

This study was tried to investigate about a presence of opening to the public and the contents targeted for managed SNS as the one of means to know the installation situation of the maternal and child health coordinator in Japan. With regard to the reason why only home pages were targeted, although more and more local governments employ new PR media using social network services (SNS) such as twitter, Facebook, mail magazine, and YouTube, the utilization rate is still uneven<sup>11)</sup>, and some local governments still do not use them. Therefore, we limited ourselves to home pages.

Social media refers to "bi-directional media in which anyone can send information and communicate with each other easily using the Internet"<sup>9)</sup> (Ministry of Internal Affairs and Communications) .

To analysis of HP of All local governments in Japan were searched by 2 researchers in this study. A part about a maternal and child health coordinator were selected and checked the presence of the contents by more than plural number of researcher there, understanding the contents and mean of the chosen word every numerical value and item be fixed finally.

The study investigated home page details regarding maternal and child health coordinators focusing on (1) whether maternal and child health coordinators are allocated, (2) their category of business, (3) detailed roles, and (4) ease of home page search.

#### **2. Survey Period**

This investigation was conducted during November 2014 to February 2015.

#### **3. Ethical Consideration**

As these homepages are systems of publishing information in the Internet environment<sup>9)</sup>, we considered the information posted on "home pages government administrations make public" as of a public nature and of public interest. We took great care in handling information taking personal information protection, fairness, defamation and falsification into consideration. Also, researcher kept candidates' privacy in this research conducted. The researcher certainly reconfirm the word dealing with in

this paper, was presented their opinion, was kept their privacy enough each time.

## Results

1. Conditions for allocating maternal and child health coordinators according to local governments.

(1) Number of maternal and child health coordinators

The total number of local governments that were registered in Japan as of November 2015, was 1741, combining 790 cities, 745 towns, 183 villages and 23 special wards<sup>12)</sup>. As a result of searching for all local governments on the Internet, all had home pages but not necessarily Facebook or Twitter.

Forty-eight local governments (2.8%) published information regarding allocating maternal and child health coordinators on their home page among 1741 local governments. The breakdown by prefectures was 0 in Hokkaido, 7 in Tohoku, 13 in Kanto, 8 in Chubu, 7 in Kinki, 8 in Chugoku, 3 in Shikoku, and 2 in Kyushu. There was no clear trend among the municipals in terms of allocation.

(2) Category of Business for Maternal and Child Health Coordinators

The allocated business category for maternal and child health coordinator was either health nurse or midwife.

① 14 local governments allocated only health nurses, ② 6 local governments allocated only midwives, ③ 4 local governments allocated both health nurses and midwives, and ④ 24 local governments did not specify who were allocated. (table1)

(3) Duties of Maternal and Child Health Coordinators

When the content of “the role of maternal and child

health coordinators” introduced on the home page was extracted and categorized, there were four items indicated concretely: “coordinating,” “consultation,” “support,” and “reception of material and child health handbooks.” (table 2)

The home page introduced “coordinating” as “coordinating postpartum care,” “coordinating service use,” and “coordinating with related organizations.” “Support” included “providing service information,” “total support,” “seamless support,” “total support,” and “meticulous support.” “Consultation” included “consultation for receiving necessary services,” “response to concerns and worries,” “general consultation,” “consultation service,” and “telephone consultation.” “Issuance of maternal and child health handbook” included “issuance of maternal and child health” as its content.

Targeted were “individuals” from pregnant women and women postpartum period, to more specific categories such as “maternal and child/parent and child/family,” especially indicating “people who need” support including “those who have concerns and worries.” The “life stage/period of time,” where they were situated, was specified “from the time of pregnancy to child-raising (approximately until children go to school)” and “pregnancy/childbirth.” (table 3) The national government used expressions such as “seamless support before and after childbirth”<sup>21)</sup> by emphasizing the target of the program.

(4) Ease of Search

While investigating, it was extremely difficult to search for “maternal and child health coordinators” from local government home pages. The researches had to click on “child-raising,” “welfare,” and “birth,” from which we had

Table 1. The number of Maternal and child health coordinator in local governments.

	No. of local governments		Industry category of maternal and child health coordinators			
	Total no. of local governments	Allocating Maternal and child health coordinators	Public health nurse	Midwife	Public health nurse/ Midwife	Unknown
<b>Hokkaido</b>	179	0	0	0	0	0
<b>Tohoku</b>	227	7	1	0	0	6
<b>Kanto</b>	316	13	1	3	1	8
<b>Chubu</b>	316	8	4	0	0	4
<b>Kinki</b>	227	7	3	2	2	0
<b>Chugoku</b>	107	8	3	1	0	4
<b>Shikoku</b>	95	3	1	0	1	1
<b>Kyushu</b>	274	2	1	0	0	1
<b>Total</b>	1741	48	14	6	4	24

※The number means the local movement establish maternal child health coordinator.

Table2. Role and contents of maternal and child health coordinators

Role and contents of maternal and child health coordinators	Items posted regarding the roles of maternal and child health	
<b>Coordination</b>	<ul style="list-style-type: none"> <li>• Coordinating for service use</li> <li>• Providing information</li> <li>• Introducing services</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinating with related organizations</li> <li>• Consultation</li> <li>• Coordinating for using after birth care business</li> </ul>
<b>Support</b>	<ul style="list-style-type: none"> <li>• Support</li> <li>• General &amp; usual support</li> <li>• Child rearing aid</li> <li>• Seamless support</li> <li>• Intervention</li> <li>• Holding child rearing classes</li> <li>• As needs arise</li> </ul>	<ul style="list-style-type: none"> <li>• Preparing for support plans</li> <li>• Providing service information</li> <li>• Support for child raising life</li> <li>• Total support</li> <li>• Understanding support needs</li> <li>• Meticulous support</li> <li>• Alleviating anxiety and burdens</li> </ul>
<b>Consultation</b>	<ul style="list-style-type: none"> <li>• Response to consultation</li> <li>• Consultation (including Giving advice)</li> <li>• Interviews</li> <li>• Response to worries and concerns</li> <li>• Common consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Consultation services</li> <li>• As the consultation arises</li> <li>• Telephone consultation</li> <li>• Consultation support system</li> <li>• Consultation for necessary services</li> </ul>
<b>Issuance of maternal &amp; child health handbook</b>	<ul style="list-style-type: none"> <li>• Issuance of maternal and child health handbook</li> </ul>	

Table3. Support objects in maternal and child health coordinator program which local government shows.

Individual	Maternal and child/parents and child/family	Life stage/period of time	People who are in need
<ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Each individual Women</li> </ul>	<ul style="list-style-type: none"> <li>• Mothers and children</li> <li>• Pregnant women and their family</li> <li>• Parents and children</li> <li>• Mothers and children from pregnancy to child raising</li> </ul>	<ul style="list-style-type: none"> <li>• From pregnancy to child raising</li> <li>• Pregnancy/childbirth</li> <li>• Before/after birth</li> <li>• During pregnancy</li> <li>• Pregnant women</li> <li>• During pregnancy until child raising (approximately until children go to school)</li> </ul>	<ul style="list-style-type: none"> <li>• Those who have concerns and worries</li> </ul>

to check many places. Alternatively, the term was only used in “administration records” such as meeting minutes and project plans published on the home page. It was difficult to come across the term unless we knew the term and had a clear sense of direction. It took researchers an overwhelmingly long time.

As the table 4 shows, out of all 48 local governments that introduced maternal and child health coordinator deployment on their home page, only two local governments displayed “maternal and child health coordinators” on the top page of their home pages during the survey period. Fourteen local governments showed maternal and child health coordinators from the keywords in banners such as “pregnancy/childbirth” and “child-raising”. Twenty-six local governments, which was more

than half the home pages introducing the allocation of maternal and child health coordinators, did not provide information about the existence or activity of the coordinators until “maternal and child health coordinators” was specifically input in the search engine of the home pages. Six cases included the term in the policy and program introduction of the local administration. The program for the allocation of maternal and child health coordinators is still a new commitment, as stated above. It is necessary to advertise and inform the presence and role of these coordinators in order to obtain users. However, because searching is difficult, women, especially those who are fatigued after childbirth, will have trouble using the home page and this will prevent an expansion of women in postpartum period.

Table4. Process of finding out maternal and child health coordinator in homepages

Search process	Hits※
There is an icon for “maternal and child health coordinators” on the top page	2
After moving to a related page using the “pregnancy/childbirth” icon, there is an immediate link to “maternal and child health coordinators.”	11
After moving to a related page using the “child-raising” icon, there is an immediate link to “maternal and child health coordinators.”	3
In the description page concerning comprehensive child-raising support center, there is an immediate link to “maternal and child health coordinators.”	3
“Maternal and child health coordinators” are found by searching items concerning child-raising and pregnancy from the local government introduction pages.	2
Located from related pages on maternal and child health programs under implementation (such as postpartum care program) related pages	1
The information is not found, so searched by inputting “maternal and child health coordinators” in the search engine on the website	26
The term is only used on the page introducing policies, meeting minutes and project plans	8
Found in the city bulletin (PDF file)	6
Found in past “What’s New?” pages	2
Located from current maternal and child health related program pages	10
<b>Total</b>	<b>48</b>

※the number of the local government

## Discussion

1. Transmitting government information by taking advantage of the high utilization rate of social media as an information source

Japan has been proactively committed to the promotion of and familiarization with Information Communication Technology (ICT) in order to respond to policy issues in various fields, including low birth rate and an aging society, realizing collaborative education and enlivening the local economy. In fact, the utilization rate of social media in society today is high, and the government pays attention to trends and is inclined to using social media as a means of offering information<sup>9)</sup>. During and after pregnancy, women and their families are also inclined to use social media as a means of collecting information and exploring communication and child raising methods<sup>10), 13)</sup>. Local governments pay attention to this tendency and promote providing information regarding maternal and child health before and after childbirth using home pages. However, the home pages of local governments require large amounts of information to be uploaded for all citizens with various needs in their lives. In reality, the number of posts and layouts are limited. Official agencies such as the national and local public authorities (henceforth, “official agencies”) receive guidance as to how to ensure, maintain and improve web accessibility so that anyone, including elderly people and the disabled, have easy access to the sites, and each local government complies with this guidance<sup>14)</sup>. This survey revealed that in actual fact it is

difficult to search for information about maternal and child health coordinators. Even if researcher searched from the icon considerable words, it was strikingly difficult to find “maternal and child health coordinator” in HP. Finally, the researcher input the word “maternal and child health coordinator” to a search engine in HP directly, then 26 cases were found out of 48 cases, it means more than half of the result was not easy. In the early postpartum stage, while support is required, it is presumed that mothers find information regarding coordinators by accessing home pages since they may have a hard time expressing claims (requests for support) concerning support needs, i.e., having anxiety, making situational decisions and shortage of knowledge in making decisions<sup>15), 16), 17)</sup>. The program of maternal and child health coordinators was established to realize the goal of “reinforcement of seamless pregnancy/childbirth support<sup>7)</sup>”.

However, user concerns such as “it was difficult knowing who to consult,” “services are not provided according to individual circumstances” and “it is difficult to understand the system.”. It shows the reasons why maternal and child health services, though they are prepared by various organizations, do not reach where support is necessary<sup>13)</sup>. The description of the maternal and child health coordinators in publications can be adjusted depending on the current status of web accessibility, issues that each local administration has, and on where the maternal and child health issues are positioned, but it can be said that making this a priority is

currently difficult.

There is one consideration supposed, it is a necessary issue to storage to substantiality of public relations promotes use. It was difficult and complex to use at that public information via HP are one of problems on the use promotion. This system is a newly strategy yet, so that HP for public information issue should be considered to develop this system that researcher presumed.

2. To see current status with maternal and child health coordinators in local government HP

The “maternal and child health consultation support project” among “the pregnancy/childbirth comprehensive support model program,” which was the origin of maternal and child health coordination, was implemented in 29 municipals nationally in 2014<sup>1),5)</sup>. The national government expected this to be a constructive plan, secured finances starting in 2015, and presumed this project to settle as stable and continual. The project was consolidated as a “pregnancy/childbirth comprehensive support project” and is planned to be implemented in 138 municipals by the end of this year<sup>3),11)</sup>. Forty-eight local governments, which is 2.8% nationally, posted on their home pages information on “allocating maternal and child health coordinators” as extracted in this survey. It is presumed this almost matches the number of local governments where maternal and child health coordinators are working, based on the publicity of the program currently available online.

The maternity and child health coordinator system has been 2 years pass from starting, possibility of these institutional continuation and expanse is in the current state which can't be regarded as optimism. The reasons are assumed that the diversification of the maternal and child health administration with the low awareness<sup>18)</sup> by that. A policy of a bird clapper chooses the future and the chance to get close support for a mother and child, and the study in which is more necessary than the factor which promotes introduction and an obstructed factor to be spread and continued<sup>18)</sup>. According to this result, this

study further ahead to clarify and grasp of the continual situation will be needed from now on.

In summary, as a useful role for care of a mother, maternal and child health coordinator, what and how we should do. What is a factor about promotion and obstruction of introduction the system of maternal and child health coordinator, that is still unknown by this research so far. More concrete and clearer current situation survey should be conducted and targeted for local government in the whole country as a next stage of this research task that the researcher set.

#### **The limitation of the study**

In this investigation, it's limited to grasp of the current state about the confirmed establishment of a maternal and child health coordinator via information on HP belonging to local governments, and I don't come to make the real state of affairs by the actual fieldwork clear, the installation situation which is a maternal and child health coordinator because I don't also have many examples of reports yet, grasp was limited.

#### **Conclusion**

Maternal and child health coordinator establishment and activity in HP of local government in Japan was 2.8% of the whole. According to this result, A few of the opening to the public about a maternal and child health coordinator became clear as the subject of investigation seen from HP. This implies the low awareness and osmosis in the current society with the high rate of web utilization. As the further study, it is necessary to make it clearer about installation and the effect, and to research continuously maternal and child health coordinator's effective utilization.

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## 母子保健コーディネーターに関する地方自治体ホームページでの公開の現状と課題

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### 要 旨

近年、切れ目ない母子保健支援の必要性とそれによる施策が活発化されている状況の中、母子保健コーディネーターの設置が検討されている。本研究は、全国自治体における母子保健コーディネーターの設置状況を知るために、自治体が公開するホームページの内容を分析した。国内の全 1741 自治体(790 市 745 町 183 村と 23 特別区合わせて)を対象に、ホームページ(以下 HP)を検索し、公開されている母子保健コーディネーターに関する掲載内容から(1)設置の有無と人数、(2)担当者の業種、(3)役割に関する内容を調査した。対象とした 1741 自治体すべて HP を開設しており、そのすべてを調査対象とした。母子保健コーディネーターの設置を HP 上で公表していたのは 48 自治体(2.8%)であった。配置されている母子保健コーディネーターの業種は、保健師は 14 自治体、助産師は 6 自治体、保健師と助産師は 4 自治体で、担当について明記していないのは 24 自治体であった。役割に関しては、「相談役」「切れ目ない子育てを支援する」といったものが多く、具体的な活動内容を示しているものは見られなかった。また、母子保健コーディネーターについてのアイコンを設けていた自治体は見られず、会議録や事業計画書の中のみ掲載され、「母子保健コーディネーター」と入力しなければその存在や活動について知ることができないものも多数見られた。これより、母子保健コーディネーターの設置は進んでおらず、設置されている自治体においても母子保健コーディネーターへのアクセスが難しいため認知・活用されにくいことが示唆された。