

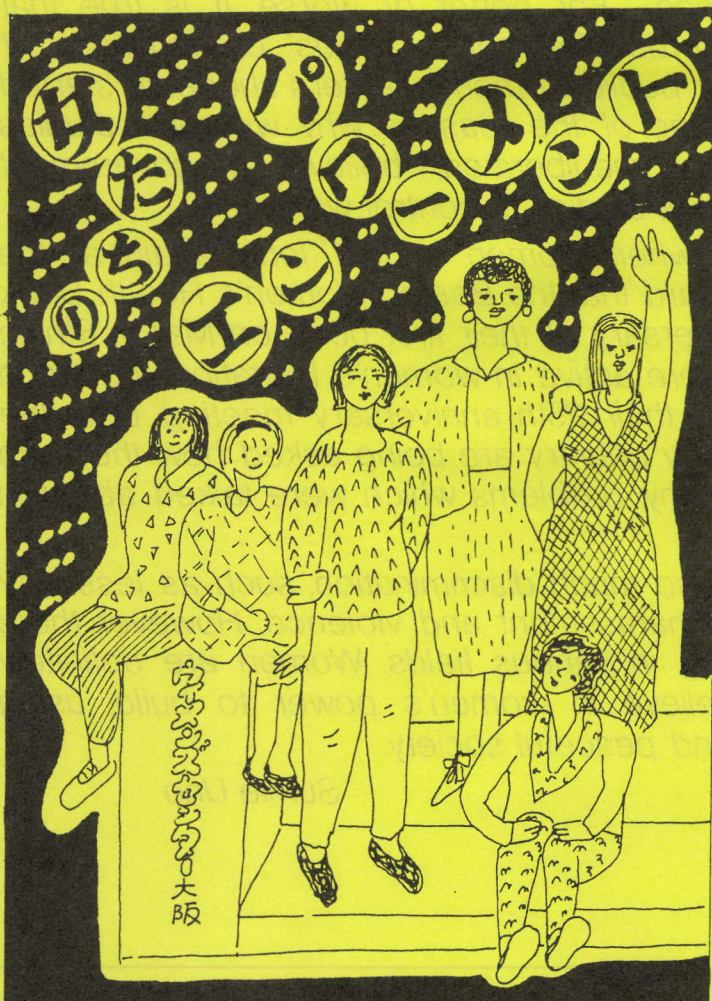
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# Women Health and in Japan

## FINAL ISSUE!

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# Women Are Definitely Stepping Forward

*"Women and Health in Japan" was started in the summer of 1991, the year following the 6th International Women and Health Meeting in Manila. Although it may not have been enough, I hope that this newsletter has helped people outside Japan understand Japanese women's view of reality.*

*In this final issue, we've tried to show some of the changes in the situation of women's health in the past twenty years, from the World Conference in Mexico City to the one in Beijing last year.*

*More women are working outside the home, but they are actually very tired and this is not good for their health. Although the government encourages women to bear children and supports them in this, governmental support for other women's health issues is lacking. Reproductive technology is considered to be becoming more advanced, but there are some questions as to whether or not this is of benefit to women. We should not forget the Fujimi case when we talk about obstetric/gynecological issues in Japan. It is a very symbolic case which showed how Japanese society views a woman's body. The movements started by women who experienced breast cancer are still growing and becoming more active. Japanese society seems finally to have recognised the existence of sexual violence, but still no particular attention has been paid to domestic violence. For better or worse, it is true that governmental groups worked to spread "women's studies" or "feminism," if only in name. Starting in 1985 many public women's centers suddenly started "women's studies classes." That's one of the reasons why women's studies didn't really help women in Japan become liberated, I believe. The government should not be allowed to use women's studies to control women.*

*This year might be the year when women should look again at the women's movements. I have just heard that the Boston Women's Health Book Collective celebrated the 25th anniversary of their first book on March 8th. In Osaka, Japan, many women who were active in women's liberation groups in the 70's and 80's just recently had their 25th anniversary meeting. Both the women and the governments in every country are being asked how they can bring into reality solutions to the many problems which were talked about in Beijing.*

*Women are still surrounded by so much discrimination, such as less pay for the same work as men, sexual harassment and violence. However, there are definitely more women working in various fields. Women are definitely stepping forward every day. I believe in women's power to build, using everyone's good sense, an equal and peaceful society.*

*Sumie Uno*



# The Lives and Health of Working Women in Japan

by

Seiko Hayashi

Assistant General Security Director

Osaka Local of the Japanese Trade Union Confederation

Ten years have past since the 'Law Concerning the Promotion of Equal Opportunity and Treatment Between Men and Women in Employment and Other Welfare Measures for Women' [otherwise known as the Equal Employment Opportunity Law] came into effect in 1986. This law is not enough to ensure women's equal opportunity with men in all areas of employment. However, the enforcement of it did affect women's employment. After the enactment of that law, and supported by good business in the 1980's, women's involvement grew in various fields of work. In the 2-3 years following the bursting of the bubble economy, it has become more difficult for women to find a job. In spite of that, There has been a marked increase in the number of women workers from 15.84 million in 1975 to 20.09 million now, 38.6% of the work force.

The Japanese Trade Union Confederation is the only national organization to have sent out a questionnaire to 10,000 women union members in 1993. According to the results of that questionnaire women's service with their companies tends to be longer than before. This is gratifying in itself, but the fact is that they work overtime for long hours in order to work as men both in name and in reality. As a result, they can not afford to rest. Those who feel 'tired' amount to 80% of the respondents. I recently organized a retreat at a certain company villa. The participants were all in their late 20's or early 30's. Known as the 'Equal Employment Opportunity Law Generation,' they had started their careers not long after the enforcement of the law. To my surprise,

those young women rushed to be the first to sit on the six massage machines and soon fell asleep. They are really too tired for their age. Will they still be in good health by the time they reach 60?

According to a survey conducted by the Labor Ministry, the average length of women's service became longer, from 6.3 years in 1983 to 7.3 years in 1993. That of women working for companies which are Union members is 10.6 years. This is probably because those companies provide better incentives for women to continue working than non-member companies. The

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enforcement of the equal Opportunity Law enabled women to participate in new sectors of industry. Though clerical work is 40% of the total of women's occupations, the number of women working in sales, construction work and technical work [research activities, information processing, etc.] is increasing. It is delightful that women have found their way into those sectors which until now had been thought of as men's work.



## **Average length of overtime work 10.9 hours per month**

There is a big difference in overtime work. People in sales and technical experts in particular work more overtime than others. Monthly overtime for sales workers is 21.1 hours, and that of technical experts is 23.9 hours, while the average for all occupations is 10.9 hours.

Most Japanese companies had employed men separately from women. This system disappeared superficially when the Equal Employment Opportunity Law was enacted. Instead they set two career paths, a general management path and a clerical path, and have hired people for one or the other. Concerning the average length of overtime, that of the clerical path is 10 hours per month and for those in the general management path is 16.9 hours, about 7 hours longer.

The ratio of women working more than 150 hours overtime per year amounts to 25% of all respondents. This is a big problem from the point of view of having an enjoyable life, affluence and health.

Women responding to the questionnaire mentioned the following as main reasons for overtime: "Sudden work often cuts in," "I have too many responsibilities," "The company does not allocate enough staff for the amount of work."

## **Time put in per day for housework and childcare**

The graph on the opposite page is a comparison of how wives and husbands in double income families spend 24 hours. We can see that women still take on the heavy burden of housework and childcare.

Wives' total working hours which include their work, commuting, housework, childcare and carework are 13 hours 5 minutes. This is longer than their husbands', which is 11 hours 24 minutes. On the other hand, wives' sleeping hours are shorter than their husband's by 23 minutes. These figures reflect the real lives of working women. They are too busy with their work to have enough sleep on weekdays. On holidays, they manage housework and childcare, and catch up on sleep. The husband's weekend

spare time amounts to 10 hours 19 minutes, 4 hours longer than wives'.

This fact is closely related to the health of working women.

## **80% of respondents feel 'tired'**

Two-thirds of women take medical leave in a year because of injury or illness. The average days on leave are 3.6 days. The common reasons are colds [90%] and fatigue [35.5%]. Besides, 80% of respondents always feel tired. 19.8% of them are under physical strain and 23.1% are under mental strain. Those who feel tired both physically and mentally amount to 37.5%.

Looking into the effects of overtime, the ratio of women feeling tired physically and mentally rises up to around 50% when their overtime work exceeds 30 hours per month.

Quite a few women suffer from minor symptoms, but only 5% reported that they did not feel any symptoms. The leading minor symptoms are as follows:

Stiff shoulders	55.5%
Eye strain	48.5%
Languidness	26.5%
Always tired	23.2%
Always sleepy	23.0%
Lumbago	21.3%
Irritability	20.7%

It is clear that a lot of women have problems with their health. The above symptoms are danger signs pointing towards the possibility of more serious illness.

## **Requests for menstrual leave decrease, requests for maternity leave increase**

A survey by the Labor Ministry shows that the number of requests for menstrual leave, which is one of the protective rules for women workers, is dropping off. In 1976 it accounted 16.6% of all requests for leave, but it declined markedly to 7.0% in 1991.

As for leave concerning pregnancy and



childbirth, leave before childbirth increased from 36.4 days in 1976 to 38.5 days in 1991. Leave after childbirth increased by about 10 days from 47.8 days in 1976 to 58.1 days in 1991. The ratio of companies with other rules concerning maternity is also rising as follows:

	1976	1991
Leave for hospital visits after childbirth	18.6%	27.5%
Compensation for commuting	15.2%	20.0%
Leave for disorders caused by pregnancy	10.8%	18.9%

One of the administrative policies of the Labor Ministry is to promote the protection of motherhood, which is directly related to pregnancy and childbirth, instead of doing away with protection for women. The above mentioned trend might reflect this policy. We can put our hopes in the fact that the number of women quitting their jobs because of pregnancy declined from 38.7% in 1976 to 31.2% in 1991.

### Both men and women must change their working style

During the current economic depression in Japan, the pressure on working women has been strong, and women students have faced more difficulties than ever in finding a job. It is sure, however, that the number of women with

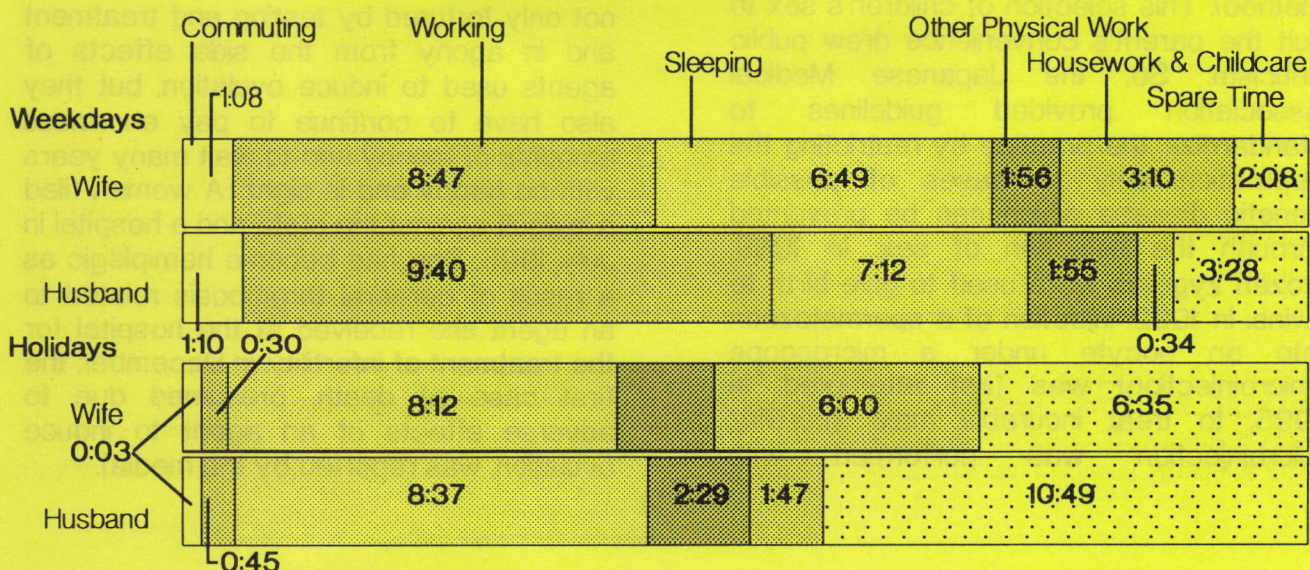
the hope of continuing to work is really increasing. I think this is a matter of course in order to make our society equal for men and women. Japanese women never want to serve their company by dying from overwork. They wish to change both men's and women's working styles, to share work and housework, for both men and women to be independent from each other, and to build a good relationship between both sexes. In order to realize such a society, working women are now demanding "shorter working hours per day" and "more holidays, more leave."

There are two different views among women. One side wants to lift all sorts of protective rules for women, such as limits on overtime and work on days off, as soon as possible. They think that such rules work against the establishment of equality, preventing women from displaying their full talents, causing women's abilities to be under valued. The other side insists that women can continue to work because of these protective rules, and that it is still too early to lift the restrictions on women's working conditions because those who are responsible for housework are, as ever, women.

From my point of view, it is most important now that the government restricts unlimited men's overtime by law so that men and women can share the responsibility at work as well as at home. Legal controls must be imposed on both sexes. This would form the basis of equal rights for men and women.

If women are exhausted, we cannot face the 21st century.

## How 24 Hours Are Spent - Comparison between husbands and wives in double-income families





# The Current State of and Problems with Reproductive Technology in Japan

by Miho Ogino

**A**rtificial insemination using the husband's semen (AIH) and, in case of infertility of the male partner, donor insemination (AID) have been performed for many years in Japan. Couples having children by AID have registered them as their own. The system is so designed that any child born by AID can never know the donor.

At Keio University Hospital, spermatozoa obtained from medical school students have been used to give birth to more than 10,000 children by AID since 1949. When asked a question on the chance that a boy and a girl having the same biological father could get married, a doctor jeered, saying: "The possibility is as low as that of space craft colliding in space. It's nothing to worry about."

In 1978, the first test-tube baby in the world was born in Britain. In Japan, the first successful in-vitro fertilization was performed at Tohoku University Hospital 5 years later (1983). The number of test-tube babies began to increase rapidly in the latter 1980's. In 1986, a technique developed at Keio University made parents capable of having a baby of whichever sex they wish by centrifuging semen (Parcol method). This selection of children's sex to suit the parent's convenience drew public criticism. So, the Japanese Medical Association provided guidelines to standardize the practice by restricting the application only to cases of possible genetic disease which can be prevented through the selection of sex. In 1989, frozen zygotes were used to give birth to twins. In 1992, injection of a spermatozoon into an oocyte under a microscope (microinjection) was first attempted. In 1995, to treat incurable male infertility, microinjection was performed with

spermatozoa collected from a patient's testes. His wife received the zygote and became pregnant, and succeeded in delivering a child.

Test-tube babies born in Japan totaled 3,408 at the end of 1993. Currently the number exceeds 10,000. There is a movement to use the technique of extracorporeal fertilization not for the treatment of infertility, but for gene diagnosis on zygotes.

Successful childbirths by in-vitro fertilization have been applauded by the media as encouraging, good news for infertile women. Because the birthrate has been declining, treatment of infertility is a new source of income for gynecologists and obstetricians. More and more infertility clinics have been opening across the nation.

The term 'success rate' used to report extracorporeal fertilization represents the rate of successful implantation. The success rate was 235 on average in 1991. However, only about 11% of women treated by artificial fertilization can complete the pregnancy and give birth to a child. In addition, the treatment is not without complications. Many infertile women are not only tortured by testing and treatment and in agony from the side effects of agents used to induce ovulation, but they also have to continue to pay enormous amounts of money and to wait many years with no happy end in sight [A woman filed a lawsuit against the state and a hospital in July 1995. She had become hemiplegic as a result of cerebral thrombosis related to an agent she received at the hospital for the treatment of infertility. In December, the first case of death, presumed due to adverse effects of an agent to induce ovulation, was reported by the media].



"Women become truly mature adults when they have their own child." "Any couple is not a true couple until they have their own child." These statements are usually considered true in Japan, placing strong pressure on couples having no children, particularly the female partners. As a result, they are forced to visit gynecologists to seek help. Once the treatment for infertility is started, it is difficult to quit.

The public is anything but sympathetic toward infertile women. On the other hand, many Japanese dislike or oppose technological intervention in natural reproductive processes. Consequently, such women try to conceal their situation and become more and more isolated from others.

In Japan, there are no laws regulating the clinical application of reproductive technology. Selection of methods to be used in the treatment of infertility and whether the patient should receive such treatment are left to the professional's judgement. The Japanese Society of Gynecology and Obstetrics prepared guidelines for extracorporeal fertilization in 1988. These guidelines request gynecologists not to use frozen zygotes if the donor has passed the reproductive phase or has discontinued her marriage. In addition, they are also asked to register themselves with the Society as practicing artificial fertilization. Because there is no authority to enforce these policies on doctors, the use of in-vitro fertilization has resulted in more and more problems. For example, the occurrence of multiple pregnancies such as quadruplets and quintuplets has been increasing as the use of agents to induce ovulation and the practice of extracorporeal fertilization have increased. The number of offspring has often been reduced in the uterus by injecting potassium chloride. Such controversial adjustments raise questions of ethics. Current Japanese law would regard the 'adjustment' as an illegal abortion, but in fact this treatment is performed in many hospitals. To cope with this problem, although too late, the

Japanese Society of Gynecology and Obstetrics has recently provided guidelines to the effect that more than three zygotes should not be transferred back into the uterine cavity at a time.

The Society approves of in-vitro fertilization only for married couples, and has not approved extracorporeal fertilization with donor's oocytes or semen. Some gynecologists have criticized this policy because the Society has given tacit approval the use of donor's semen for artificial insemination for so long. They ask: "Why shouldn't it be used for extracorporeal fertilization? Isn't it contradictory to the conventional practice to inhibit the use of a donor's semen only for extracorporeal fertilization?"

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*These procedures have not yet been fully discussed from the view points of ethics and their social ramifications among persons representing various groups including the public at large.*

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In the summer of 1995, in a hospital in western Japan, a mixture of portions of semen from four men including the husband was used for in-vitro fertilization. In this case, the husband's spermatozoa were almost incapable of fertilizing oocytes. The three other donors had the same blood type as the husband and had given semen as a gift. Because spermatozoa from the four men had been mixed, the biological father of the child is unknown.

In 1992, the Information Center for Childbirth by Surrogate Mothers was founded in Tokyo. This center helps



couples find surrogate mothers for a procedure which has not yet been approved in Japan. A considerable number of Japanese couples, sent to the United States by this center, succeeded in having children with the husband's semen with the help of American women. In some cases, oocytes obtained from the wife's sister or American female students were used for in-vitro fertilization with the husband's semen, and the zygote was transferred into the wife's uterine cavity. An unmarried woman in her forties visited the United States to receive artificial insemination, a procedure which, in Japan, has not yet been approved for unmarried women.

A couple must pay about 5,000,000 yen including expenses for traveling and lodging just to receive oocytes from a donor in the United States. In the case of childbirth by a surrogate mother, the cost ranges from 6,000,000 to 20,000,000 yen. It is difficult for a couple to pay this amount unless they are considerably wealthy. The same procedures cost much less in Korea than in the United States, so there are also couples who have visited Korea to have children. Having noticed this trend, a gynecologist in Nagano Prefecture planned to make childbirth by surrogate mothers available at his hospital if a sister of one of the members of the couple agrees to act as the surrogate mother. He made the plan public. This doctor was once widely known for disclosing that he had once performed embryonic adjustment for multiple pregnancy.

In Japan, there are no clear legal standards regulating the practice of reproductive technology. These procedures have not yet been fully discussed from the view points of ethics and their social ramifications among persons representing various groups including the public at large. However, the use of reproductive technology is on the rise, and the practice has already become a reality in Japanese society. Such prominence of technology alone has been criticized. This criticism is counteracted

with the stereotyped explanation used to justify the practice of reproductive technology: "We can not disregard the wish to have a child expressed by couples having no children." As for infertile women, some oppose the view against the practice of reproductive technology, saying: "The pain which infertile women have cannot be understood by women who can give birth."

Is it such an unhappy thing for women to be unable to have their own children? Many feminists, including me, concerning themselves with women's health, think that the progress made in reproductive technology increases the pressure on infertile women and limits women's lives by restricting their roles to child bearing alone. Even if women or surrogate mothers are satisfied, considering oocytes and spermatozoa as materials for reproduction of offspring reduces women to mere machines to produce children. The present state of reproductive technology involves so many so many serious issues that we must consider more than simply infertile women's right to have children. All women - those who can and those who cannot give birth - should reexamine our desire to give birth. Why do we wish to give birth to our own children? Is there some power being exerted which convinces women it's important to have children? It is important to change the needs for reproductive technology themselves through this reevaluation.



*Miho Ogino is an historian of women and women's bodies. In April she will change her place of work from Nara Women's University to Kyoto Bunkyo University. She is currently working on a comparative study of abortion controversies in Japan and in the rest of the world.*



# The Case of Fujimi Gynecology and Obstetrics Hospital

by

Atsuko Konishi

Alliance of Fujimi Ob/Gyn Hospital Victims

**O**ur group was organized and made up of the women who suffered from medical injuries at Fujimi Gynecology and Obstetrics Hospital.

In Autumn '80, Sanae Kitano, the chairman of the board of trustees of this hospital, was arrested charged with practicing medicine without any qualifications. He had diagnosed women with ultrasonic tomography and recommended operations. This event triggered the discovery of numerous medical disorders at this hospital.

When this news was reported, the health center and city hall of Tokorozawa-city, where the hospital was situated, were flooded with phone calls from worried patients of the hospital including a lot of women who were urged to have operations for uterine myoma and ovarian cystoma by this same doctor, but were told that there was no need for such an operation at other hospitals. A lot of women's uteri and ovaries were extracted. The number of reports was 1,138 including the cases of women had a part of thier ovaries removed or were admitted to hospital for a long term after having an operation to prevent miscarriage. Most of the patients had believed the chairman was a qualified doctor. Some of them had pictures of their extracted uterus and ovaries and brought them to specialists for examination. The result was that no myomas or cystoma were discovered.

After the Alliance of mistreated patients was organized, the investigation was started by the patients themselves. Medical records and laboratory test results were obtained through legal means, and examined by doctors. Our doubts about having our uteri and ovaries removed unnecessarily turned into conviction. The

accused are the chairman of the board of the trustees, the director of the hospital, 5 doctors working for the hospital and the sanitataion department of Saitama Prefecture and the Ministry of Health and Welfare which are considered competent authorities of medical institutions.

## The People Who Kept the Secret

The most shocking point about this case was that those unjustified operations brought no controversy over seven years. It was made clear that events inside the hospital were not revealed to the public. Some of the patients had questions about their own operations, but they had no way to obtain the true information about the conditions of their disease and the operation, information held only by the hospital. Some of them went to the health center, police station and city hall to complain without any clear proof. "I was operated on unnecessarily", "The fee was too expensive" and "Is It true that the chairman is no doctor?" they complained.

However, the authorities rejected their complaints, saying that such a big hospital would never make medical mistakes. The authorities have never changed this position. Their point of view is that they have no rights to supervise medical details or facilities.

After the case became public, we asked medical associations and the organizations of obstetricians and gynecologists for cooperation. While they admitted the medical disorder at Fujimi Hospital had been controversial among doctors for years, they refused cooperation. Their reason was that they had no right to speak out against other doctors.



Actually the operations were performed by qualified doctors, but they were following the chairman's policy. Unnecessary operations are not medical treatment but injury. We sued the chairman and doctors for bodily injury, which was the first such case of malpractice in Japan. Once the trial began we expected a big change would happen in the medical field which had been permitting such a medical disgrace. However, the trial was never held. The Prosecutors Office explained that judged it was within a medical practitioner's discretion to operate on a patient if they judged it necessary!

Beforehand, it was established that the chairman had made big political donations to members of the municipal and prefectural assemblies, Diet members and the mayor. Especially, tens of millions of yen were donated to The Minister of Health and Welfare, the chairman of the Public Safety Commission, which is the top of the police organization, and The Minister of Home Affairs respectively. It was rumoured that the chairman and doctors were not prosecuted because the donation worked in their favor. However, no one could prove it.

Patients repeatedly tried to open the closed doors of the hospital in which the irresponsible medical performances were made. In spite of their efforts the door was firmly locked by a complicated safety system.

### **What We Can Do**

Most of the women who had their uterus and ovaries removed were in their twenties to thirties. They had serious aftereffects because their ovaries, which had been producing estrogen actively, were suddenly removed. This resulted in

strong menopause-like symptoms. They received no explanation about such aftereffects before their operations. No explanation about uterine myoma and ovarian cystoma were given. Some women even did not know they had two ovaries! In the eighties there was not as much information available about women's bodies as there is today. We could not even say words like 'uterus' and 'ovary'

aloud in public. On the other hand, the uterus was believed to be a symbol of womanhood, and some men asked the injured women, "Are you no longer a woman?" One of the reasons why women could not argue the hospital's medical injustice was because of lack of information and prejudice against women's bodies. Just

after this case, a hotline for obstetrics and gynecology was started by The Japan Women's Conference, and a lot of calls came in from all over Japan. There were a lot of women who were in trouble, and alone.

After this incident, people started to say, "One hospital is not enough. You should go to at least two hospitals if you have questions." It sometimes works, but going to several hospitals without such information as medical records and test results is of questionable utility. Now some doctors have begun to make duplicates of medical records voluntarily. The idea that the patient-doctor relationship should be improved through a doctor's explanation of the advantages and disadvantages of an operation and by obtaining the patient's consent is now gaining acceptance. The terms 'patients' rights' and 'informed consent' are now being used more often. The medical system has not changed, but the consciousness of patients has widely changed. I hope everyone will remember this event so as to give energy to the patients' rights movement, and so patients themselves can open the closed doors of the hospital some day.

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# The Women's Movement and Its Role in Breast Cancer Survivor's Groups

by

Nobuko Tanaka

Niji-no Kai

**S**elf support groups including breast cancer groups in Japan have a very short history, unlike in the US. People have not been concerned with breast cancer until quite recently. Meanwhile women who have breast cancer have had no opportunities to talk about their problems and share their experiences. so they have kept to themselves and have often suffered from depression.

Now finally there are some groups in Japan which are actively involved in breast cancer issues. "Akebono-kai" ( At Dawn Circle ) is the oldest national organization, having local departments and over 3,500 members. It was first started in 1978. The organizer of this group, Ms. Takako Watt, got breast cancer in 1977 when she was 37 years old. She wanted to talk with women with similar experiences and so she wrote a letter suggesting this to a newspaper's column. Her letter was the start of "Akebono-kai." The main purpose of this group is:

- a) To act as a support group
- b) Promotion of early detection of breast cancer
- c) Related volunteer activities

The group is active in focusing on these points, especially in promoting the detection of the disease at an early stage. Every September, which is Cancer Prevention Month in Japan, the group members hand out stickers promoting self-examination to passers-by in the streets. In order to get more information about breast cancer, they invited the director of the American Cancer Society to their group. They have learned what women experienced breast cancer support other women with breast cancer, and they have

started to volunteer by visiting breast cancer survivors.

Several survivor's groups started after "Akebono-kai" and now do similar work although each group has a different focus. Some of these groups include: "Soleil" in Yokohama, "Idea For/Four" in Tokyo and "Niji-no-kai" (Rainbow in Japanese) in Osaka. In addition, many hospitals have their own patients groups, and some doctors have private patient's groups. However, it is very unfortunate that there is not close communication among these groups. We should strengthen the network of survivors' groups.

Breast cancer survivors' support groups provide members a place where they can talk freely about their anxieties and troubles, share their emotionl and physical problems and support each other. Survivors can express themselves freely in the group and come to heal themselves in mind and body, instead of remaining isolated. Depressed women can also find support and a way to deal with their problems, so they can take positive steps forward in their lives again.

Survivor's groups were first started to provide a place for women to share their common experiences, and support each other. However, our group, "Niji-no-kai" was started to improve medical treatment. For that purpose the members of the group believe that it is most important for women with breast cancer to change their way of thinking and learn to get along on their own in order to be true survivors. Therefore training women with breast cancer to be independent is a top of priority in our activities.

It is the traditional way in Japan that



doctors decide unilaterally how to treat disease and whether to perform surgery or not. Patients are expected to follow doctors' decision without complaining. Even now most patients try to get necessary information by reading books instead of asking a doctor questions. Actually the book entitled **Byoin de morrata kusuri ga wakaru hon** (The Medicine Provided by Hospitals Handbook) recently became a best seller in Japan.

Why does this situation persist? It is because doctors have absolute leadership and Japanese are not very self assertive yet. Especially women have traditionally followed and depended on their husbands. It is not uncommon for some women to decide to have an operation for breast cancer following their husband's advice or order. They depend on their husbands and leave the decision up to them even at a time when they might lose their own breasts from a mastectomy.

I have heard that the Patients' Rights movement in the US is connected to the human rights movement. It is a basic idea that your body belongs to you, and that medical personnel concerned should respect patients' rights to decide what treatment patients want to have (self-determination) and also to get any information concerned (right to know). Self-assertiveness is a key point, too, I think. Also I suppose that the idea of the patient as consumer (medical consumer) is derived from consumers' advocate groups.

It is very difficult to accept the idea of being a medical consumer and of purchasing medical services in Japan because patients are not considered to be on equal terms with people in the medical profession. What is worse is that they have not recognized patients' rights yet. However, at least there are some trends toward that idea.

As for our group "Niji-no-kai", we have talked over the matter again and again at every meeting, to gain understanding little by little, and we have studied "patient's independence" and "patient's rights." We are sure that we could improve medical

care by cooperating with people in the medical field if we can expect our work to get results. That is the idea of self-esteem as well as patients' rights. To give an example, we are getting much more telephone calls than before asking for information about hospitals giving "lumpectomies", and that leave breasts as intact as possible, instead of performing radical mastectomies. We can tell that patients are becoming more and more independent. Some even try to get necessary information by themselves.

Besides concerning ourselves with specialists in the medical field, we have also tried to develop positive contacts with them. Consequently the number of persons who can understand our intentions is increasing, even though it is still just a start. Almost all medical specialists, especially doctors, have had the idea that patients' groups are a kind of pressure group hostile to them, and so we have been kept at a distance by them. Because we have talked over the issue with some cooperative people in the field, they have begun to appreciate what patients' groups are and changed their attitude. Now they consider it important to listen to what patients are really thinking and feeling. The Breast Cancer Society in Japan invited a member of our group to be a panelist at their meeting. Some of us have also been asked to give lectures at meetings of medical professionals. We were asked to check items on a questionnaire for breast cancer patients which doctors give to find out more about their situation. We have been on the outside for a long time. However, now we are sure that breast cancer survivors' groups are given more attention than before and have a certain influence over the medical field as well as on society.



# Violence to Women and the Current Legal Recourses Available

by Tamie Kainoh

Tohoh Gakuen Junior College Teaching Staff

**P**eople have ignored domestic violence against women following the saying that "even the dog ignores family quarrels." All lawyers who handle divorces acknowledge that domestic violence is almost always committed by husbands. However, it seems so natural to them that they haven't paid any special attention to it. Women who have been abused are unable to understand the meaning of their experiences. All they can do is grieve about bad luck with men, while society sympathizes with stories of unhappy women.

However, 'domestic violence' or 'mental cruelty' always rank high among the reasons given by women for seeking divorce. Also one third of the women who have used women's shelters in each prefecture are those fleeing the violence of their husbands. Moreover, these official statistics represent only the tip of the iceberg.

We recognise that the problem of domestic violence also exists in Japan, and since most women have been forced to keep silent about this, we organised "The Domestic Violence Action and Research Group" in 1992. We conducted our first national survey that same year. [see table on page 15]

The purpose of the survey was to ascertain the actual incidence of domestic violence and the effects of that violence on women. This data could then give us information useful for creating social structures to help prevent domestic violence as well as provide a forum for women to talk about their own experiences. Fortunately, we received nearly 800 responses from women throughout Japan. Their average age was 43.5; 60% were legally married and they are relatively highly educated, yet fairly representative by both employment and class. The survey asked about the substance and effects of each incident of violence; physical, mental and sexual. We asked for details of the incidents physical violence considered the most serious by the victim; the cause of the violence, the relationship between the assailant and the victim, any injuries and the degree of those injuries, whether violence was done to children or third parties and how the respondent felt and reacted when the third parties were injured.

## The spread and the seriousness of injury

The incidence of injury by domestic violence is far wider spread and more serious than we could have imagined. 80% of the respondents said they have been injured, and more than 40% have suffered various forms of violence: physical, mental and sexual; also strangled, threatened with a knife, cut by a knife, beaten with a baseball bat or golf club, and various other types of injuries. Life threatening incidents are a daily occurrence.

One woman was seriously injured in her jaw, ribs, coccyx, suffered a fracture of her cartilage and was battered all over her body after her husband beat and kicked her about the face, head, back and loins and dragged her around by her hair. She was told the injury to her spine would never completely heal and she still experiences pain. Another woman was beaten by her husband when she was resting after starting to miscarry. He beat her because "dinner wasn't prepared."

Just as with physical violence, other forms of violence were recorded: insult or threat by words or manner, humiliation and fear of neglect or indifference, mental violence such as restrictions on freedom of speech and action, economic restrictions such as refusing to turn over money for household expenses, and sexual violence such as forced sex. The assailants are ordinary men commonly called "good husbands" or "hard workers." Not all violence was caused by drinking. 10% of the reported cases happened without the women being able to understand why they were being beaten.

## The effect on women

Although we prepared ample space for writing answers to this survey we received some in which the space was insufficient and the answers were continued on second sheets. We couldn't read them without feeling anger. Violence seriously affects women's minds and bodies. For instance, when it's time for the husband to come home, anything can happen: the wife's heart beats rapidly, she gets feverish, trembles with terror or is constantly nervous. Other effects include

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suspension of menstruation, whiplash, insomnia or autonomic imbalance, loss of vision, and attempted suicide among others.

Of course not all were resolved to live passively without self-assertion, caught up in a feeling of helplessness or self hate. Some decided on separation or divorce. They stopped being just housewives and began actively seeking work with the aim of becoming self-sufficient.

However, more than half of all respondents continue to live with their violent husbands. Why don't they separate if they are abused? In this investigation, we paid attention to this point, but there seems to be no easy answer. We might be able to explain this phenomenon as individual pathogenesis such as codependence or proclivity, but such explanations would put the blame on the women, saying: "You women too must be part of the problem."

The biggest problem, however, is the social fact that it is extremely difficult for women to support themselves in Japan. Who will guarantee enough money to support a woman with children

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*In Japan, if a husband violently forces his wife to have sex with him even though she doesn't want to, is he guilty of rape? The answer is "no."*

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and no work experience? In addition, it's never easy to find an apartment. She is filled with worries and doubt: Uneasiness or fear of living alone, the feeling that she must solve her own problems, the forlorn hope that her husband will change someday, and many other uncertainties. Moreover, when she makes up her mind to divorce, the husband often refuses. [ In Japan, the husband must agree before a divorce can take place ] Threats may be pointed at the children or the wife's family. Many wives just give up, saying "the only way is to be patient." But even if a wife runs away from her husband, terrible violence may be waiting for her after she is taken back home. Husbands often murder their wives after separation or after the wives have run away.

## **Current legal recourses**

"It's not an offence for a man to beat his wife or children." This myth is a common belief in Japan. Everyone knows it's a crime to strike another person in public. However, once we step into our house, we're in a place of extraterritoriality.

The national report which the Japanese government announced at the World Conference of Women in Beijing says "the violence which occurs inside each home can be punished as crimes of assault, battery, illegal confinement and so forth," but police action actually differs from the report. For instance, they don't come to the scene, arrest those caught in the act of committing a crime, or take a statement of loss or injury. Police policy is "the law doesn't reach into the home." The duty of the police is the "protection of individual life, body and property" [ article 2 of the Police Code ]. If they detect violence, they should treat it as a crime according to the law and do their duty to protect the victims.

The courts are just as important as the police. But it seems that the members of mediation committees in family courts don't properly understand the problems of domestic violence. We must suppose that judges are prejudiced and biased, and that they are insensitive to the human rights of women. There are many judges who think that "a little violence" by husbands is unavoidable. On the other hand, they question women closely, asking questions like: "What did you do to make your husband angry?" They search for provocation or rebellion on the part of the wives, but they don't pay any attention to the injury women suffer from violence at the hands of their husbands.

In Japan, if a husband violently forces his wife to have sex with him even though she doesn't want to, is he guilty of rape? The answer is "no." Both scholars and judges don't recognise that the crime of rape can happen in marriages. They accept the theory that "marriage bestows the right to expect sex and the duty to accept that demand." So, when a husband asks his wife to have sex, she can't refuse. To make matters worse, some judges seem to take the surprising view that it's natural for some acts to occur while having sex. They won't say it is illegal for husbands to use violence to force wives to have sex unless extremely abnormal acts are committed.

Violence by husbands sometimes results in murder. In the United States data shows the number of women murdered by their husbands exceeds the number of traffic accident deaths. In Japan, 27% of female murder victims are killed by



## Details of Physical Violence

Total 467

Type Of Violence	Number	%
Slapped face or body, hit with fist	398	(85.2)
Kicked or knocked down	315	(67.5)
Seized blouse front or shoulder, twisted arm	264	(56.5)
Threw objects	262	(56.1)
Pulled hair or dragged around by hair; Cut hair	177	(37.9)
Strangled or nearly strangled	146	(31.3)
Beat with baseball bat, golf club or belt	62	(13.3)
Threatened or cut with knife	61	(13.1)
Burned with cigarette	24	(5.1)
Others:	70	(15.0)
Locked out of house	10	
Broke things	9	
Splashed with water or other liquids	9	
Threw against things	8	
Splashed with boiling water or hot tea	4	
Overturned with sofa or chair	3	
Thrust face into water or covered mouth	3	
Nearly ran down with car	3	
Pushed down steps	1	
Splashed with detergent or chemicals	1	
Threatened with gun	1	

Source: Investigation and Study Report

"Violence to Women by Their Husbands or Lovers" March, 1995

from The Japanese Journal for Midwives Vol. 49 No.8

their husbands. This proves that violence by husbands is very dangerous.

Once in a while a wife who has suffered violence for a long time murders her husband, not knowing what else to do. We suppose, in almost all cases, the wives could only find release from the violence of their husbands by murdering them. But the law is really severe to wives in such circumstances. If self-defence is proved, the wives needn't stand trial. However, in the courts, the law ignores the record of violence by the husbands.

Self-defence is declared when a woman counterattacks her husband to protect herself because there is a clear danger that she will be murdered by his violence. Wives must prove that there was nothing else to do and that they had no other means of escape.

However, it's too difficult for wives to counterattack husbands who are bigger and stronger than them. Only after the husband falls asleep or when he drunk himself insensible do the

wives have a chance to take aim in an unguarded moment. Often they take a rope or knife in hand only because they feel forced into a corner and fear for their own lives if they miss this chance.

You may think they should have escaped before going this far. But are there any places nearby where wives can run for help? Do the police arrest violent husbands? Are there any counseling or educational systems to help husbands desist from violence? Are the lives of wives and children guaranteed after they have escaped from their husbands?

So many problems surround us. First, we should begin creating a social consensus against violence to women. Many women feel they have no choice but to remain silent even now, and society makes it difficult for women to be on their own. To change these conditions, we must see those women's experiences as a part of our own problem, and not treat them as some unfortunate third party.



# Policies Set for Women by Japanese Government Administrations

by

Reiko Yoneda

Toyonaka, Osaka Municipal Official

**T**he Japanese government began to take action for women's issues in 1971. Reportedly, this had to happen because 1975 was the International Women's Year. Twenty years have passed since then. Has sexism been overcome in Japan? Among many countries, especially First World countries, Japan is the lowest in the number of women legislators (40% in Sweden, 2.3 % in Japan), wage difference (about 90% for women, 100% for men in Australia; 50% in Japan), working hours (1490 hours in Sweden, 2080 hours in Japan and the consciousness of equality between the sexes (87% in Sweden are against the idea that "men work outside and women work at home", 38% in Japan). Despite these terrible statistics, progress has been made. The Japanese government drew up the National Plan of Action (stating women's issues to be addressed and the government policies forward women), and has offered information to each municipality. According to a national survey conducted in 1993 by the Prime Minister's Office, more and more prefectures, designated cities, special districts and cities in Tokyo promoted measures to solve women's issues as an administrative task, though only 10% of the municipalities did. Now as a first step, the administration has established a promotion system. They are entering the second stage where all administrative measures are reviewed from the viewpoint of solving women's issues. In Japan, where the government take the initiative, the elimination of sexism depends on how central and local governments promote measures relating to women's issues.

In Japan, nothing proceeds without systems. This is true of policies for women as well. In 1975, the government established widespread organization through the Office for Women Affairs within the Prime Minister's Office. The National Plan of Action was drawn up on the basis of advice by an Advisory Council, and the National Women's Education

Center opened the same year. The government ratified the Convention on the Elimination of All Forms of Discrimination Against Women in 1985 after the amendment of the Nationality Law and the enactment of the Equal Employment Opportunity Law. In 1992, the Child-Care Leave Law was enacted.

In 1993, the Chief Cabinet Secretary held an additional post for Women's Affairs. In 1994, policy means were legally organized and the UN's recommendation, "A State Party to Convention shall form a legal framework by 1995" was fulfilled after twenty years. The establishment of the Ministry for Women, the center of the promotion system and the enactment of the Equal Rights of Men and Women Law, still remain to be accomplished. For the first time in twenty years, a financially supported system was set up to establish policies for women by the local governments. Belatedly, the Government began to cooperate with NGOs for the World Conference on Women in Beijing.

In line with action set by the central government, some prefectures, such as Tokyo and Osaka, established sections for promoting measures for women in 1976 and held meetings with each municipality to explain these policies. But most municipalities did not start any activities until 1980. It was from 1985 on that they took up the policies for women as their task. Even as of 1993, only 10% of all the municipalities had set up an office exclusively for women's policies and had drawn an action plan for women.

However, in Tokyo, Osaka and Kanagawa prefectures, which had started earlier, most municipalities are now carrying out policies for women as a task in various ways. The following are the results of the prefectures' influence on municipalities and efforts by municipal officials in charge of women's problems: to offer "Study Courses for Women's Issues", to hold symposiums and forums, to tend children, to publish information



books, to increase the percentage of women's participation in advisory councils, to mix the names of boys and girls on school roll books (traditionally, in Japanese schools, boys' names are listed first alphabetically and then girls' names), to make out education handbooks, to train officials in charge of women's problems, to make a system for settling labor problems, to offer counseling services, review expressions on posters and pamphlets, and to build women's education centers.

Some have charged that the administration did nothing but offer the Study Courses for Women's Issues and that the slogan, "women's participation in social activities" was distorted to "women's participation in social education", but you have to look at the role played by the Study Courses for Women's Issues. It heightens the awareness of what women's issues are and verbalizes problematic oppression, helping women to find "invisible" sexism. It is important for women to realize sexism is not personal but a common problem.

It also paved the way for women to express that sexism is injustice. Local grassroots women's activities have grown. Especially, women officials working in municipalities have been influenced and in some cases, they spoke out on issues such as "institutional sexism", "serving tea for men", "sexual harassment", "equal opportunity for training", "equal assignment" and others.

I was in charge of the Study Courses for Women's Issues for seven years from 1984 to 1991. As I was groping my way toward an unfamiliar field those days, the job overlapped how I lived and how I worked. Now I realize that the more I understand women's issues, the more interesting I find them. Above all, I am glad to accept myself for "just the way I am".

I often think that the consciousness of municipal officials, including myself, in charge of women's policies have changed greatly, though some people considered their work just another job. It does not make sense if we talk about the ways to eliminate sexism and encourage women residents to "learn" without talking about ourselves. In the Study Courses, I showed how I had changed during the process.

The top-down formula prevails in Japanese administration. So it is taken for granted that officials make and offer programs for the

Study Courses and offer them. But I thought it was important for local women to participate in planning the Study Courses if residents are considered the main part of municipal administration, and I publicly recruited women members and carried out the planning of the Study Courses with them. This is a type self-government. I had a lot of interesting and pleasant experiences discussing and making up programs. The planners, including myself and local women, could improve ourselves. I could become better at grasping women's problems, looking at the whole administration, improving human relations and presiding over meetings. Women participants became more involved in various citizens' movements, businesses and jobs.

I realize now that the elimination of sexism has not been focused on enough in local groups because most programs of the Study Courses were intended for housewives and there was little offered addressing the problems of working women. There was no definite linkage between women's policies and the Study Courses.

In fact, the Study Courses for Women's Issues were more like a circle for personal "study" and not a meeting to "take action together." Now we hope the Study Courses lead to action and pursuing new programs to promote the social empowerment of women. Various sorts of people have been attending the Study Courses for support of continuing jobs for working women and for housewives' re-entry into the labor market.

In Japan a municipal corporation has traditionally been a society where men gain the upper hand over women. When I was engaged in the Study Courses for Women's Issues twelve years ago, there was no room to address women's issues and discuss the plans for the Study Courses as one of the measures to be taken in order to solve women's issues. With strenuous efforts, I could carry out the Study Courses amid a lot of negative comments like "There is no sexism." My only solace was the fact that the central and local governments set a target of elimination of sexism. Under such conditions, I wanted to examine and discuss what I had done. Responding to a suggestion by Mioko Fujieda, an expert on Women's Studies and instructor of the Study Courses for Women's Issues who is familiar with the activities by municipal



officials, I formed the self-active group named "Group Mikoshi" seven years ago. This is a network of officials in charge of the Study Courses for women's issues and women's policies of neighboring municipalities. Now the number of members increased to forty-nine.

We exchanged information and talked about planning the Study Courses. Above all, we encouraged and helped each other. After we published a book titled "Policies for Women and the Study Courses for Women's Issues by Municipal Corporations" that was a summary of our discussions in February 1994, we held a study meeting "Forum Policies for Women", which drew three hundred people.

Now we are studying new approaches useful to the promotion of women's policies such as "development of programs to enhance the career of working women" "drawing up indicators for promoting women's policies" and the "development of study programs for officials in charge of women's issues". These will be a step toward the second stage of development.

Today in administration offices where there are many male chauvinists who are reluctant to solve women's issues and many men who like to give directions and orders, we can call for the elimination of sexism. I think that the only way to change the situation is to demand and carry out measures, persistently. I am convinced that persistence is the source of power.

According to a survey regarding joint participation of men and women conducted by The Prime Minister's Office in 1987, 37% of Japanese women supported the idea that "Husbands work outside and housewives work at home" while 52 % of Japanese men did. In 1995, the percentage decreased to 22% for women and 33% for men, though it was a big percent compared to other First World countries. This change is due to a variety of enlightenment activities by the administration as well as powerful activities by NGOs.

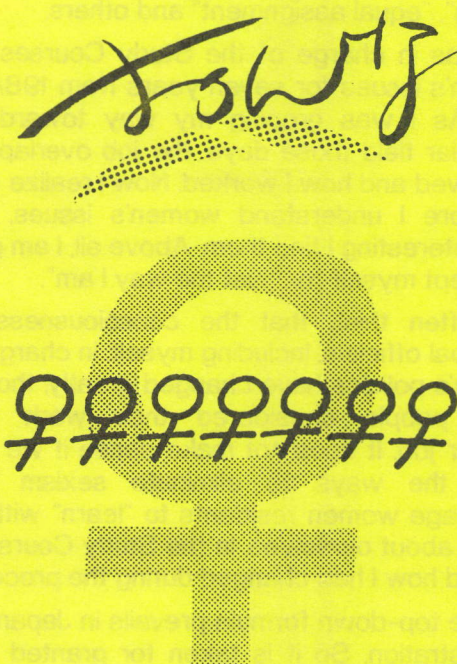
The central and local governments have striven for women's participation in various advisory councils to attain a goal to accelerate women's participation in policy decision-making. However, the rate of participation is 14% in the central government and at most 23% in local governments. It falls

far short of 50%.

Furthermore, we are faced with many tasks such as setting up a monitor and ombudsman system on the equality of men and women, establishing the Ministry of Women, ensuring financial resources and enforcing the Law of Equal Rights of Men and Women.

As for women's health problems, health care services are offered for mothers and children, with emphasis on childbirth covering "pregnancy, childbearing and child-care". As a result, concrete measures have not been taken using the popular Western ideas of "Knowing our bodies, Self-help, and Reproductive Health / Reproductive Rights." Promotion of these ideas is necessary to reach the second stage of women's policy.

It is women who lead the movement opposing sexism in municipalities. I hope that women will strengthen their network and rally for change of the administration's policy means to reform the structure of sexism.





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# Letter from the Editor

by Sumie Uno

I am glad that this newsletter enabled the Women's Center Osaka to communicate with many women and women's groups outside Japan, such as Women's Global Network for Reproductive Rights in the Netherlands, the Asian-Pacific Resource and Research Center for Women in Malaysia and the Endometriosis Association in the USA, to name a few. Although we've ceased publication of this newsletter, we will probably keep sending more specific information to various groups as a consequence.

It was not as easy as I had imagined to publish a newsletter in English, a language we don't usually use in Japan. This newsletter was able to be published through the help of many people; the people who wrote the articles, the people who translated them, the people who checked, coordinated, edited, typed, drew illustrations, and helped with mailing. I wish to truly thank all of these people and all of you who read this newsletter. We will all see each other at conferences sometime in the future. Good luck to all of us!

## Women and Health in Japan

is a quarterly newsletter published by Women's Center Osaka which provides information about women and the women's health movement in Japan.

## Women's Center Osaka

has been offering health and counseling services for women, with an emphasis on self help, since 1984. Although not a medical clinic, we offer services in two sections: feminist counseling and feminist health. The feminist counseling section provides assertiveness and consciousness-raising training, as well as private counseling. The feminist health section incorporates a women's health information hotline, education in contraception, acupuncture training, study sessions and "teach-ins" on women's health.

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