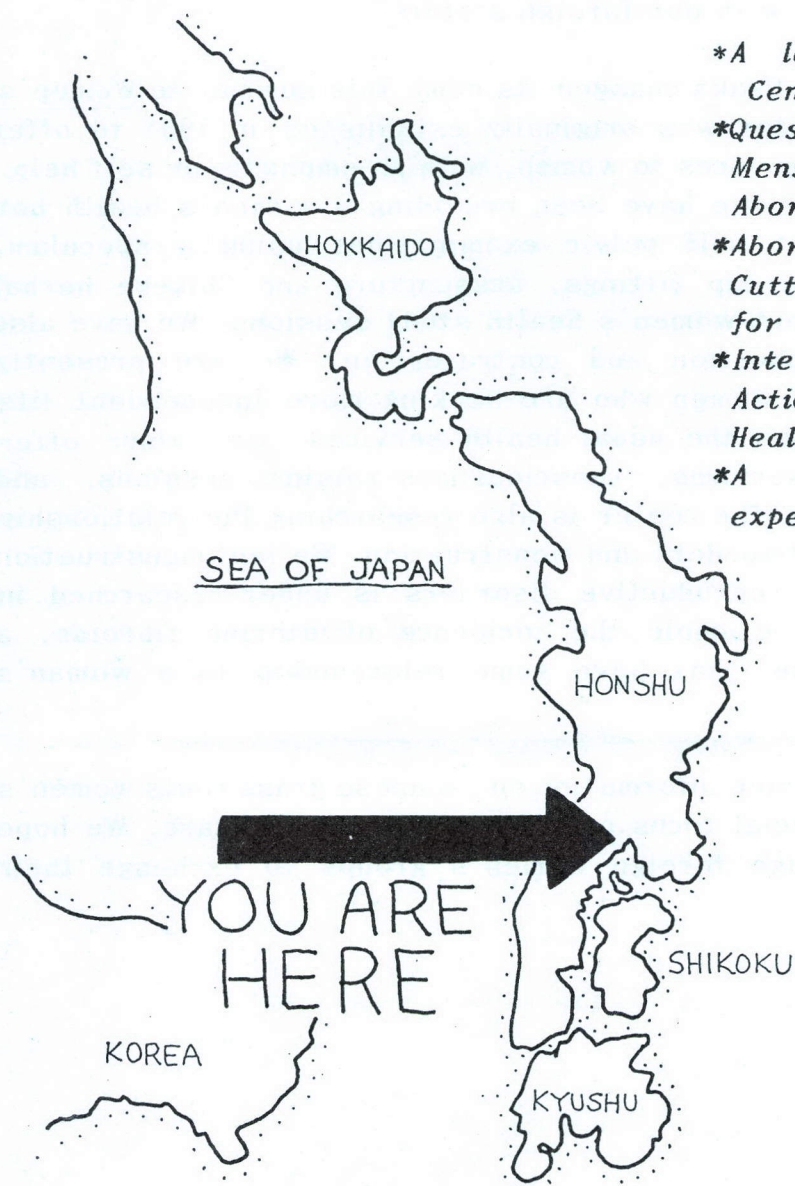


# Women Health and in Japan

Number 1  
Summer, 1991

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Published by Women's Center Osaka

Women's Center Osaka  
Japan

August 1991

Dear friends,

We are very glad to finally have the opportunity to send you this newsletter. Since attending the November 1990 International Women and Health Meeting in Manila, we have felt it is necessary we keep up communication with foreign women's health groups in order to exchange pertinent health information. The conference made it clear that we share common health concerns and interests with other foreign women. Till now we have mostly imported our health information from other countries, but it is time that we share our findings and opinions on women's health issues with our foreign sisters.

Women's Health Center Osaka changed its name this summer to Women's Center Osaka. The center was originally established in 1984 to offer health and counseling services to women, with an emphasis on self help. For the past six years, we have been providing a women's health hot line, pregnancy tests, self pelvic examinations using a speculum, diaphragm and cervical cap fittings, acupuncture and Chinese herbal treatments, and frequent women's health study sessions. We have also published books on abortion and contraception. We are presently focusing on counseling women who are seeking more independent life styles. So now, besides the usual health services, we also offer feminist counseling services, consciousness-raising sessions, and assertiveness training. The center is also researching the relationship between reproductive disorders and menstruation. We feel menstruation and its connection to reproductive disorders is under-researched in modern medicine. For example the incidence of uterine fibroids, a common female disease, may have some relationship to a woman's menstrual history.

We hope to continue sharing information on Japanese grass roots women's health issues with special focus on reproductive health care. We hope this will also encourage foreign women's groups to exchange their information with us.

With Best Wishes,

Sincerely



## QUESTIONNAIRE

### Menstruation, Sex, Abortion

For the  
6th International Women and Health Meeting held in Manila, 1990

Last year volunteers from the Women's Center Osaka for the first time took part in the 6th International Women and Health Meeting in Manila. It was indeed an exciting experience to meet women from all over the world to exchange views and to discuss women's health issues.

Our group was interested in learning foreign views on the subjects of menstruation, sex and abortion. We find raising these issues is a good way to elicit women's feelings about their bodies and themselves. Therefore, we circulated a three part questionnaire

regarding menstruation, sex and abortion among the conference participants. Fifty six women from twenty five different countries between the age of twenty to seventy answered the questionnaire. The results of questionnaire cannot be used for conclusive statistical evidence about what women in different countries think on matters of menstruation, sex and abortion. However we feel the questionnaire provides an interesting sampling of foreign opinions and therefore we present extracts from it in our first newsletter.

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### Questionnaire

#### Introduction

At the Women's Center Osaka we often discuss with our clients various aspects of the reproductive issue, especially their feelings on menstruation, sexuality and abortion. On the basis of our conversations with them we find perhaps a few things have changed in Japan in the last fifty or sixty years in regard to the general social attitude towards Japanese women. Over all, however, the Japanese society is still very conservative and women are hesitant to talk openly about their bodies and sexuality. We therefore, feel it is necessary to continue raising these truly personal topics to focus women on themselves. In focusing on women's bodies, perhaps we have a better chance of freeing ourselves from taboos so deeply ingrained within us.

Here at the International Women and Health Meeting we took the opportunity to present some of the questions we regularly ask our Japanese clients to discover what women from other nationalities think in regard to female sexuality and reproduction.

## **MENSTRUATION**

Do you have any menstrual cramping? If yes, what do you do?

(a) take medicine (b) rest (c) other

Ans: \* take homeopathic medicine(England)

\* do massage(Thailand, Costa-Rica)

\* do acupressure(U.S.A.)

\* hot water bottle(Australia)

\* hot compress(Philippine)

\* ignore the pain(Philippine, Fiji, Australia)

Have you missed menstruation for any reason besides being pregnant? If yes, did you have any change in your life then?

(a) getting or quitting a job (b) diet or eating disorder (c) other

Ans: \* post delivery(Indonesia, Belgium)

\* major moves(Canada, Brazil, Fiji)

\* short trips(U.S.A., Costa-Rica)

\* pernicious anemia(Philippine)

\* accident and heavy blood loss(Belgium)

\* medication for endometriosis(England)

\* taking depo-provera(Fiji)

\* marital problems(England)

\* tension among family members(Philippine)

\* stress(S.Africa, Australia)

\* irregular menstruation(Australia, Philippine, U.S.A.)

Do you take your basal body temperature(BBT)?

Ans: Yes(India, Australia)

How do you feel about your menstruation?

(a) something uncomfortable, and I wish I didn't have it

(b) something important, and one barometer of my health

(c) other

Ans: \* it's normal, I take it for granted(S. Africa)

\* I'm always excited to have it since it is very irregular(Philippine)

\* I feel very positively about my menstruation and shall probably miss it when menopause comes(Australia)

\* an opportunity to be in touch with emotions and information that come from within and are there all month but are not accessible(Mexico)

\* just a natural process(Chile)

\* makes me more in touch with being a woman(U.S.A.)



## **SEX**

Do you enjoy your sex life?

(a) Yes (b) No

Ans: yes (45 women)  
no (2 women)

Are you (a) lesbian (b) heterosexual (c) bisexual ?

Ans: \* lesbian (3 women)  
\* heterosexual (34 women)  
\* bisexual (7 women)

Do you masturbate or have you ever masturbated before?

(a) yes (b) I prefer having sex with a partner than masturbating (c) other

Ans: \* do not enjoy masturbation (Philippine, Australia, Indonesia, Nigeria, India)  
\* I cannot touch my genital (Canada)  
\* I don't need to masturbate (Guam, New Zealand)  
\* I never thought of doing it because there are so many interests in my life that I devote my time for (Philippine)  
\* it's hard work and boring alone (Australia)

## **ABORTION**

Is abortion legal in your country?

Ans: \* Abortion is illegal (Philippine, Indonesia, Mexico, Chile, Brazil, Costa-Rica, Fiji, Bahamas, Haiti, Nigeria, Uganda, S.Africa, Kenya)  
\* In Australia, abortion is defined as a crime, but the law has been interpreted to allow abortion for physical and psychological health of mother  
\* In Canada, it is partially legal so a woman must go through many legal formalities to get an abortion  
\* In Guam, now it is under appeal to stop abortion

Have you ever experienced abortion?

Ans: \*Yes--19 women (11 of the women who answered yes live in countries where abortion is illegal)  
\*No---35 women

If you have any comment about abortion, please write it here

(We classified the answer into three groups pro-choice, anti-abortion, other. We list here some of those comments)

## Pro-Choice

Ans: \*I believe the choice to have cost free, safe, legal abortion should be possible in all countries for all women. I also believe that some women who have abortions under cost free, safe and legal conditions feel support in their choice (Bahamas)

\*I think abortion should be legalized because women have the right to decide what they want done with their bodies. It's not murder, it's every woman's choice (Fiji)

\*If people want to end abortion, they should do it by ending those things that make abortion a necessity, i.e. poverty, rape, lack of birth control education, etc. (U.S.A.)

\*I support the right of women to have free access to abortion. In South Africa many women die from back-street abortions. Other wealthier women go to England to have abortions. It is usually the poor women who die (S. Africa)

\*In some cities it is very difficult to get one and many women have to pay, and get two doctors' signatures. We would like abortion on request, (that is one doctor's signature) for up to 12 weeks. My personal view is "as early as possible, as late as necessary" (England)

\*I feel abortion should be considered on the basis of woman's free choice. If a young girl is involved, she should be advised on the pros and cons of abortion. Preferably she should have moral and psychological support from her parents. (Guam)

## Anti Abortion

Ans: \*I have many questions about this. I have not settled this issue with in myself. At the moment, I am not for it though I am open to discussion on the different issues surrounding abortion (Philippine)

\*I cannot accept abortion because it's a sin for Catholics. Having abortion is like saying, you just want to enjoy sex, but don't care for the baby's life. (Philippine)

\*Abortion should be decreased because I believe it is taking away innocent life. Rather we should take steps to control unwanted pregnancies (Kenya)



## Other

Ans: \*Not enough attention is given to post abortion counseling (South Africa)

\*In Nicaragua, where I work it's not legal, but at the time was allowed by former Sandanista government who legalized abortion (Costa-Rica)

\*I am very interested in knowing how othe feminists are thinking about it. We(CIDHAL) feel that women who don't have a good relationship with themselves and their bodies tend to abort more (U.S.A.)

\*In Poland the abortion is shameful. It's not somuch her own guilt but how the society sees it makes woman feel guilty about it (Poland)

\*Induce abortion is a method of menstrual regulation for family control is prohibited in my country (Nigeria)

---

## Conclusion

We are very glad to read that most of our respondents feel very positively about their menstruation. We think menstruation is a very essential female mental and physical health indicator. As one woman answers, "the menstrual cycle gives women an opportunity to be in touch with emotional information that comes from deep within them" We feel understanding the biological and psychological impact of menstruation on women will give us a clearer insight into ourselves. It is therefore unfortunate that menstruation is such an under researched subject in medical science.

In the second section of the questionnaire on sex, most women answered positively. Contrary to many of our Japanese clients most of foreign women who answered our questionnaire seem to enjoy their

sex life. In Japan women consider talking about sex as low talk. Many women think that masturbation is taboo. Some of our clients believe their genitals are abnormal because of masturbating.

In the last part of our questionnaire on abortion we find women from countries where abortion is illegal tend to take an anti abortion stand. It seems clear here that our ideas are greatly influenced by our education.

To conclude, we at the Women's Center Osaka are greatful to the fifty six foreign women who took the time to answer our questionnaire and thus widen our perspectives on the issues of menstruation, sex and abortion. Thank you very much !



## Abortion in Japan

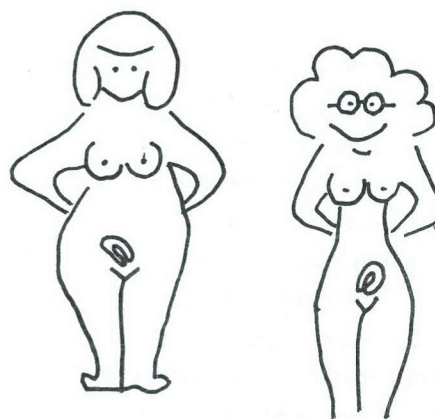
(by Rita Kubiak)

Abortion is illegal in Japan. However abortion is permissible under Japan's Eugenic Protection Law. Initially passed in 1941, the law permits women abortions only if pregnancy becomes life threatening or if there is a history of physical or mental illness in the family. The extreme poverty in Japan after World War two, however, prompted the government and the National Association of Obstetricians & Gynecologists to amend the Eugenic Protection Law in 1949. The amendment (Article 14 -- Paragraph 4) allows women the right to abortion if pregnancy becomes health threatening for either physical or economic reasons. Abortion in Japan today must be performed by certified Ob/gyn specialists and most are carried out under the amended Article 14.

In 1972, however, members of ruling Liberal Democratic Party mounted a campaign to revoke the 1949 amendment, claiming that Japanese were no longer poor enough to justify economy-related abortions. In 1982 LDP members belonging to religious faction Seicho-no-Ea in collaboration with American pro-life forces also made a determined effort to revoke Article 14. On both occasions, however, Japanese women organized successful protests to protect the amendment, arguing that further restrictions to the law would make it difficult for women to have safe and legal abortions.

One reason Japanese authorities want to tighten abortion laws is because of the continued decline of the Japanese birth rate since the

1970's and the rapid aging of the Japanese population. In 1990 Japan's average birth rate stood at 9.9 per 1000 population, making Japan's population growth one of the slowest in the world. From the government's perspective, the low birth rate and consequent "greying" of the society pose fundamental economic and social problems for the nation's future. From a woman's perspective, however, official efforts to restrict abortions, without adequate sex education programs or safe contraceptive choices, is both unfair and potentially dangerous. Although abortion remains culturally unacceptable in Japan, many women within the reproductive age group must resort to contraceptive abortions to avoid unwanted pregnancies.



## Cut the time limit for abortion

(by Sumie Uno)

Many women in Japan have from the start opposed the Ministry of Health and Welfare's newspaper announcement (July 1989) to change the upper time limit for abortion from twenty four weeks to twenty two



weeks. Women opposing the decision demanded the Ministry carefully weigh the pros and cons of the issue before amending the abortion law. However, in December 1989 in the Ministry of Health and Welfare's final report under the Eugenic protection section, the Ministry went ahead and recommended the change in the time limit. The decision was taken because the viability of a fetus surviving outside the womb even before a 24 week gestation period has greatly improved because of the progress in modern medicine. The decision was also influenced by World Health Organization's recent definition of the perinatal period which extends from 22 weeks of pregnancy to 7 days after birth.

We feel the Japanese Ministry of Health and Welfare has overlooked several important factors in cutting back the abortion time limit. First of all, although this is obviously a women's issue, their participation in the decision making process was inadequate. There were only two women present in the ten member commission. And the decision to cut the abortion time limit short was taken after only three hours of discussion! Secondly, what many women do not realize is aborticide is still punishable under Japanese criminal law. This law is not being enforced presently because of Article 14 of Eugenic protection code. However, if abortion time is cut, aborticide will become a punishable crime.

The "Abortion criminal law" goes against "the Convention on the Elimination of All Forms of Discrimination against Women" which was adopted at United Nation general meeting in December 1979. In the 4th part of article 16 of this

convention, it is mentioned that a woman has a right to decide when and how many children she wants to have. In July 1980 the Japanese government became a signatory to this U.N. convention.

Incidentally the Japanese Eugenic Protection Law was made for the purpose of strengthening the nation through a "superior" population. This law was patterned after the Nazi sterilization law. We hope to repeal the Eugenic Protection Law itself and decriminalize abortion.

Finally, it is said that there were approximately 2000 reported cases of abortions during the 22nd and 23rd weeks of pregnancy in 1988. Most of these women were in the teens or early twenties. Women in these age groups unfortunately are not given adequate information about their bodies. Frequently due to social taboos they also have no one they can consult with regarding their pregnant state. Women who have late abortions run serious health risks. And the Japanese Health Ministry's decision will force them to take greater risks like unsafe back-street abortions or infanticide. It is unwise of the Japanese government to make changes in the abortion law without providing adequate counter measures to educate women about their reproductive health.

The twenty two week abortion time limit became law in January 1991. It seems that the actual application of this law is left up to each physician. Although we haven't heard of any trouble because of it yet, we feel that we must alert women that they may be prosecuted or face some other difficulty. It is obvious to us that the Japanese government seems bent on tighter abortion controls.



## International Day of Action for Women's Health -- IN JAPAN

Women's Center Osaka had its annual "Women and Health Festival" to celebrate the May 28th International Day of Action for Women's Health on May 26th this year. On this day we also had a house warming party for the new Women's Center Osaka office. We offered pap-smear tests, ob/gyn counseling[see the related article on this page], a yoga demonstration and a charity bazaar. It was a good way of introducing Women's Center Osaka to the neighbors.

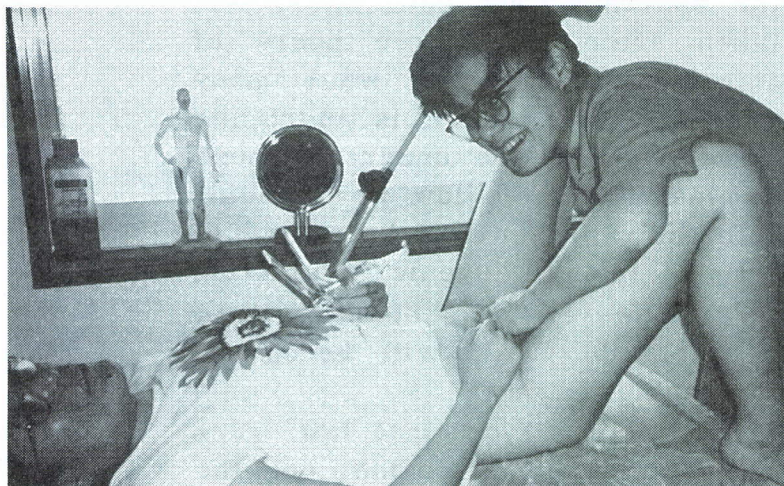
We also conducted a discussion on how to use consciousness-raising(C-R) techniques to promote women's health. Two women related their experiences with C-R. One woman, who worked with an anti-nuclear group in 1970s reflected how difficult it was to learn C-R properly without any knowledge, technique, or the help of a trained facilitator. The other woman who had some C-R training in Canada told us how the training influenced her decision to become a feminist. Unfortunately C-R has not spread in the Japanese grass roots movement. However we feel the time has arrived to lay more focus on C-R. Therefore, the WCO center is going to start a C-R group on "infertility" and "mother/child relationship" first.

### An Ob/Gyn counseling case study

(by H.Kato, M.D.)

One woman who came in for counseling was a woman worried about her daughter's lack of menstruation. Although she has already taken her daughter to three different doctors and received much information, she has been terribly anxious about her daughter's health condition, and she felt that her daughter was not healthy enough to marry. "I don't think my daughter can even go out with a man, if her condition is so difficult to treat" Of course, the mother's anxiety is related to the possibility of her daughter's infertility. The mother believes a woman must be fertile to marry, and that if her daughter is infertile, it is truly the mother's fault. In other words, she believes that there must be some fault with her own fertility that somehow cause her daughter's problems.

It may not be a joke that in the future a woman must undergo an "infertility test" in order to marry. Particularly since these days we are tested for our normalcy from the time we are just a fetus, through grade school and into adulthood.



*At Women's Center Osaka we allow women to see their cervixes and touch their uteri during the pap smear tests. Women are always surprised to find the placement of their cervixes vary from the text book examples. Cervixes may tilt up, down or sideways, but they are all normal!*



# My Experience in Japan...!

## The difference between a Women's Clinic and a Ladies Clinic?

(by L.N.)

I knew I was in the right place, every thing was in shades of pink and floral, even the music. It couldn't have been a Men's Clinic! But it didn't look like a Women's Clinic either. Women's health centers in Australia have walls plastered with bright posters and shelves stocked with pamphlets and literature covering topics as diverse as osteoporosis, rape counseling and child care services.

But this waiting room was more like the foyer of a beauty parlor, very coy and no sign of interest in women's issues. The consultation room and the doctor, in contrast, were in bright white. After a brief interview I undressed behind a curtain (also very coy!) and sat on a chair which looked like a dentist's chair but had holders for my feet, splaying my legs apart. Then woosh! I was suddenly whisked upwards and back into a horizontal position, the panel under my

buttocks dropped away and a face appeared between my legs! Then another curtain dropped down--perhaps to shield me from seeing my genitalia or rather to shield me from seeing someone else seeing my genitalia! Highly unnecessary--after all, I went there expecting to be looked at!

The smears and ultrasound were performed quickly and without fuss but I was thankful that the doctor explained the procedures and the reasons behind them. Then the chair dropped me down again, I dressed and emerged from behind the curtain. Arrangements were made for collection of test and results and I was done with.

I missed the "Any problems?" consultation afterwards. In my experience at home, even in private clinics doctors customarily inquire about contraception, breast-examination and general health and wellbeing. But I guess in Japan that private clinics are a long way from caring about general women's health issues--it's more cost efficient to deal with clinical gynecology only!





**\*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 care services for women since 1984. We provide both feminist health and feminist counseling. Feminist health consists of a women's health information hotline, contraceptive education, acupuncture treatment, Chinese Medicine, study sessions and teach-ins on women's health. The feminist counseling section provides counseling, assertiveness training and consciousness-raising groups.

<<COMING TOPICS!>>

**\*Welcome Judy!** Judy Norsigian from Boston Women's Health Book Collective had meetings with Japanese feminists!

**\*Birth Control Pills:** Soon to be legal in Japan!?

**\*What it feels like to be a vegetarian in Japan**

<AND MORE!>

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# Women Health and in Japan

No. 2  
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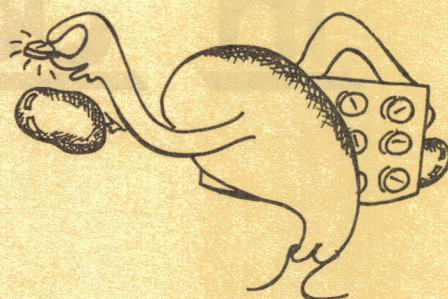
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# WILL JAPANESE WOMEN

First, I'd like to explain why birth control pills are now banned in Japan. The Japanese Ministry of Health and Welfare (*Kosei-sho*) allows oral hormone pills, which contain more hormone than the so-called birth control pills, to be used for the treatment of dysmenorrhea, menstrual disorders, endometriosis and etc., but not for contraception. However, each doctor is allowed to prescribe any drug for reasons other than its effects as established by law, so doctors have been prescribing these higher-dosage pills (they usually contain 0.05~0.1mg of estrogen and 0.5~5mg of progesterone. Birth control pills usually contain less than 0.05mg of estrogen) for the purpose of contraception. Approximately three-hundred thousand Japanese women are taking these pills as a contraceptive.

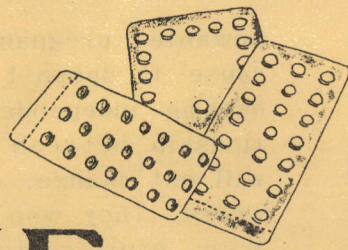
In the '70s women's groups advocated lifting the ban on birth control pills, but nothing was changed because of *Kosei-sho*'s worries about side effects of the pills and the "unmorality" of sexual activity. Since that time relaxation of controls on birth control pills have been rumored several times, but the ban remains in effect. Each time *Kosei-sho* issued a favorable report about the pill, it also seemed that the Japanese Eugenic Protection Law was about to be amended, making abortion illegal. And so, women's groups have become suspicious about the connection between legal pills and illegal abortion.



In 1987, a document called "Guidelines for medical evaluation of oral contraceptives" was released by *Kosei-sho*, and a three-year clinical trial was begun. It's said that the reason why *Kosei-sho* may recommend lifting the ban on oral contraceptives is the development of lower and safer dosage hormone pills. It's also ashamed of being the only country in the world where the pills have not been officially approved, even though there actually are Japanese women who use them. Most of the trials have now concluded, and twelve pharmaceutical companies (actually Japanese companies working in partnership with foreign companies such as Schering, Syntex, Wyeth, Ortho, etc.) have applied for approval so far. However, it seems that official approval is always being delayed. There may be some connection between this and recent reports that the birth rate in Japan is declining rapidly. In other words, many people have speculated that the government wants women to have more babies, rather than protect themselves against unwanted pregnancies. In any case, birth control pills should finally be approved for sale in Japan next spring.



# USE THE

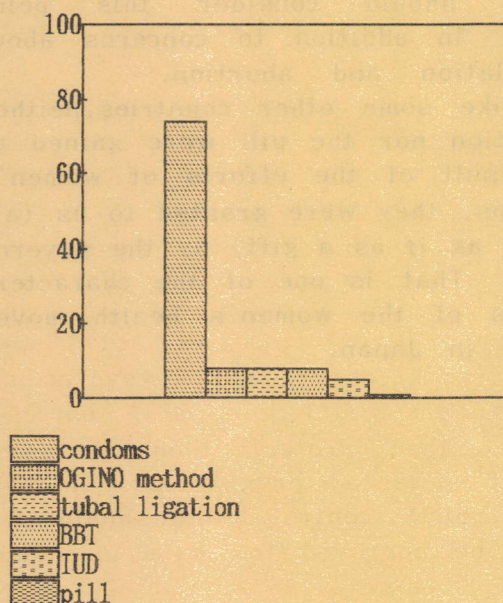


# PILL?

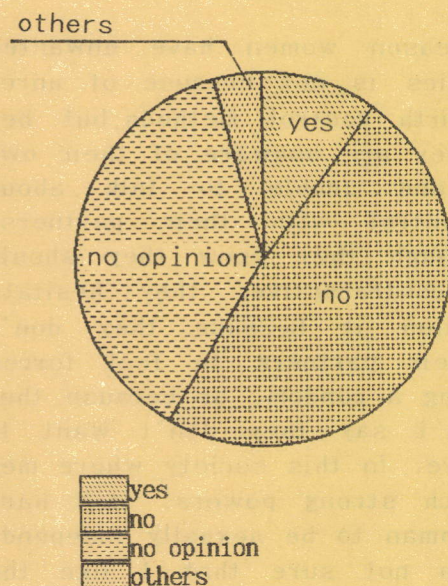
by Sumie Uno

<Will Japanese women use the pill?>

In 1990, the Mainichi Newspaper published a report entitled "The 20th public opinion poll of national family planning". (Mainichi Shimbun, June first through the third. 5270 questionnaires were sent to women between sixteen and fifty years of age. The response rate was 71.5 percent). According to this report, condoms are the most widely used form of contraception in Japan, with 74 percent of responding women using them as their main form of birth control. The basal body temperature method, OGINO method, and tubal ligation were each reported by 7.8 percent of responding women, IUD's were used by 5 percent while only one percent of the women responding to this poll reported using oral contraceptives.



The report also states that 28.5 percent of the women polled believed that the pill should be legalized, 20.5 percent were against legalization, and 49.2 didn't express an opinion. Women gave various reasons for not supporting legalization of the pill, including : concerns about side effects(71.9%); questions about the morality of sexual activity(33.5 %); men having no responsibility for contraception(20.8%). Another question in the poll asked if women would use oral contraceptives if they became legal. Only 9.9 percent answered positively, 48.6 percent said that they didn't want to use them.



Will you use the pill ?



While it will certainly be better for the women who are now taking the mid-dosage pills to have access to the lower hormone dosage pills, and that the necessary tests for taking the pills will be required (some doctors prescribe hormone pills without blood tests or providing any form of explanation), I don't expect the number of women using oral contraceptives will increase dramatically. One reason is that Japanese people have strong negative feelings about taking synthetic hormones into their bodies. This is partly cultural and partly the result of history severe side effects from medicine such as SMON or thalidomide. Another reason is that most women are not sexually independent so they don't perceive controlling contraception as an important issue for women. Women are not eager to seek new forms of contraception, condoms are just fine. Not many women in Japan claim to enjoy sex, but of course nobody enjoys unwanted pregnancy, either. It's not difficult to obtain an abortion here, though needless to say nobody likes to have one. But if the pill becomes legal, will the number of abortions decrease? I don't really think so, or perhaps by a small amount.

The reason women have unwanted pregnancies is not because of unreliable birth control methods, but because they are unaware of their own bodies and unable to talk about birth control with their partners. Even though they know they should use a contraceptive, they hesitate to mention it because they don't want their partners to feel forced into using a condom, or because they feel can't say they don't want to make love. In this society where men have such strong powers, it's hard for a woman to be sexually independent. I'm not sure that I like the idea that a doctor will give pills to a woman to protect her from

---

unwanted pregnancy and abortion, because it doesn't help that woman to become independent at all. The relationship between a man and a woman will not change, and may even become worse. They won't need to talk about their contraception at all, they only need to make sure that she takes her pill everyday without fail. A pill which is, incidentally, more or less harmful to the woman.

I would also like to point out that the pill is becoming less popular than condoms since AIDS and other STD's have become such a big issue worldwide. The Japanese government's approval of oral contraceptives now seems to be somewhat anachronistic.

In other countries, many women believe that getting the pill is the way to get reproductive rights, but here in Japan few women are yearning for them. If a woman can tell her partner to use a contraceptive, she would rather use the safer condom. I feel that the most important issue about contraception in Japan is that women should be independent before they decide to use the pill, and merely lifting the ban on oral contraceptives won't really help. Sexual education is very important, doctors and government officials should consider this point also, in addition to concerns about population and abortion.

Unlike some other countries, neither abortion nor the pill were gained as a result of the efforts of women's groups, they were granted to us (almost as if as a gift) by the government. That is one of the characteristics of the women's health movement in Japan.



# Judy Norsigian in Japan !

from

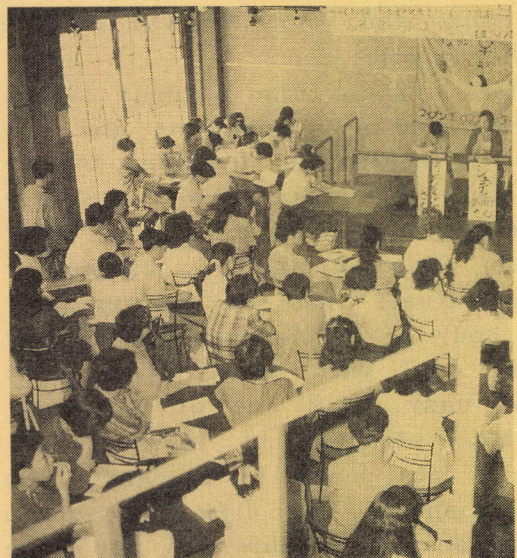
BOSTON  
WOMEN'S  
HEALTH  
BOOK  
COLLECTIVE

*Women's Center Osaka held a symposium entitled "How women have changed in the USA and Japan in the last twenty years: The role of C-R (Consciousness-Raising) and women's health movement" on July 28th, 1991. The symposium was a talk between Judy Norsigian and Kiyomi Kawano, who is a feminist counselor at Women's Center Osaka. We would like to present some extracts from it.*

Kiyomi: One of the things which I was quite impressed by "Our Bodies, Ourselves" was that there were various women's feelings and concerns on their own bodies in that book. When I read expressions such as "We think, or I think", I felt a sharing with many women behind the authors. A woman's body has historically belonged to the nation, the house or someone else who is not the woman in Japan. Maybe it was the same in the USA. The Women's Liberation Movement must have been quite an astonishing thing when women's bodies were defined by women themselves.

It's great that Boston Women's Health Book Collective started as such a small group, and valued the process, not the result. What I'm interested in is that this group has survived for over twenty one years. There must be something which we should learn from this.

OSAKA







**Judy:** Not very many feminist groups in the USA have lasted for twenty one years. It's unusual. I think one of the reasons that we have lasted so long, and we are pretty much the same group that we were, is that we have always felt that it was important to connect personally, politically, and to connect our lives. So many of us who worked together, also helped each other in the family and personal crisis.

There was no boss, no executive director, there was nobody who was at the top, who decided for everybody else. This is very difficult process because very often we had never done this before. And we wanted to value each individual woman's contribution, but at the same time, this process, what we call collective process, was very long and sometimes very difficult. What we have done over the years is we have modified our own process in our group. We don't have as many long long meetings. We decided that if we disagree, we won't take hours and hours. We will let the majority rule.

I think one of the hardest things for the women's movement and any group of women is learning to respect any differences. And these differences can be, have to be, color of skin, fat or skinny, lesbian or hetero sexual, older or younger, unabled body or temporarily abled body, but to deal with these differences is not easy. It's one of our most important struggle to learn to be inclusive, to learn to recognize the contribution of the different women and to deal with our own prejudice that we have ourselves.

**Kiyomi:** Judy said that the members of the collective have been supportive to and intimate with each other. I hear that Japanese women gathered in such groups in '70s were the same way, too, but it didn't last long. She also said that her group doesn't have a leader but have co-directors and senior staffs. It's really ideal from the feminism perspective, but it's actually very difficult for any kind of group to take same process. I have experienced that difficulty



myself, so I listened to Judy's talk with a lot of understanding and sympathy. We feminists still have a kind of allergy to the issue of leadership which makes us hard to honestly talk about it. But I hope that we establish new concept of our own leadership. Women's Center Osaka has been operating without any leader, either.

Another point that I want to make is about respect for each other's differences. If I say "you are you, and I am I", doesn't it sound as if there is a great distance between you and me? If I say that I'm different from you, do you think of me as uncooperative? But, in turn, if you have everything in common, there is no distance at all. It's actually very difficult to work together while keeping a comfortable distance. We are not used to having equal relationships in Japanese culture. If I would name the something that Judy's collective worked through this struggle was probably the process of C-R. We should learn to get used to speaking frankly through C-R group.



Question from the audience to Kiyomi :  
What do you think is the greatest difficulty facing  
the spread of C-R groups in Japan ?

kiyomi: The reason why C-R didn't become as popular as it did in the USA, even though some people experienced it in early '70s, could be attributed mainly to Japanese culture. For example, in the course of discussion when somebody talks about A, and you switch the topic to B, followed the third person to C, and the talk get confused, there is no suitable person to initiate the return to topic A. We Japanese can't recognize that we are in a relationship with others. We also don't often use the "nominative case (like 'I') " in

our speech. We usually speak for someone else or the majority. At least we don't feel responsible for our talk.

If we can learn how to recognize other's feelings and opinions in our C-R group, we will be more aware of our relationships with others in our daily life including our children, husbands or friends. This is also means that we can be aware of ourselves more clearly. C-R is not easy, but we are going to try to have several C-R groups in different theme.

Question from the audience to Judy and Kiyomi :  
Do you see anything special in Japanese feminism ?

Judy: One thing is, I think, it's extremely hard to be in a movement that is very small, because you are more easily isolated. And sometimes, you have to make big sacrifices until the movement is bigger. I have a sense that the Japanese feminist movement is smaller than the ones in other countries like the Philippines, or many other Asian countries that I know about. So it's hard to be a feminist when the movement is smaller.

The other thing is that you are in a very polite society. Part of what feminism about is making very big changes, and that means you have to be willing to speak up, even it's very nicely, you still have to say you don't like the way things are, you want things to be different. Even if you say it in a very nice way, you will be considered impolite. I think you have to challenge something very culturally ingrained, when you start doing feminist work, I'm sure there must be some difficulties. But the other thing is, I believe that the tools and skills you have are actu-

ally significantly greater than the tools and skills some women have in other countries. So I think maybe the biggest thing you need is patience. If it's true, as a woman told me, that patriarchy is extremely strong here, it may just take little longer.

kiyomi: Men haven't changed so far, not like in the USA. It seems that young men tend to admit that equality for women is necessary, but once they become soliders of enterprise, they totally change. It's true that men stand in the way of women liberating, but it's also true that women support such men.

There are some people who dislike feminism, but at the same time this could mean they think about feminism and it's becoming more widely known. We don't need to hurry. Changes can not be expected in a short time. Feminism advances inch by inch. We step ahead and sometimes step back. Let us also allow ourselves to enjoy walking along with another women on feminism.



## KYOTO

This July, Judy Norsigian was invited to give a presentation at the International Symposium "Our bodies, Our Medicine : Autonomy in Medical care and The Role of Citizen" in Kyoto. She explained how the women's health movement in the USA helped the consumer health movement by sharing several success stories including establishment of a PPI(patient package insert)program for the pill and other commonly used drugs in '70s.

## TOKYO

Judy had a meeting sponsored by several women's groups, including "KARADA NO OSHABERI-KAI"(talking about women's bodies group) and "SOSHIREN"(the committee against Revision of the Eugenic Protection Law) in Tokyo. She talked about the conditions faced by women in the USA, especially concerning abortion. Abortion laws seem to be getting stricter in some states. She also said that she wanted Japanese women to strengthen their ties with other Asian women, and to educate men about reproductive rights. (from "Women's Democratic Journal" of Aug. 9, 1991)

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# " YOU ONLY EAT VEGETABLES !!?? "

*What it feels like to be a vegetarian in Japan*

by Didi Manisha

"You only eat vegetables?" Again the same astonished replay came after I had informed a Japanese friend that I was a vegetarian. I then patiently explained that, no, I ate many things--beans, fruits, nuts, cheese, tofu, milk, yogurt, bread, rice and vegetables. And then her reply came, "Oh I couldn't do that. I have to eat fish (or meat) ." In the 6 1/2 years that I've been in Japan I must have had this same conversation hundreds of times.

I have been a vegetarian for over 14 years. I've spent the last 6 1/2 of those in Japan. I must say that it is not easy, in fact, I would say

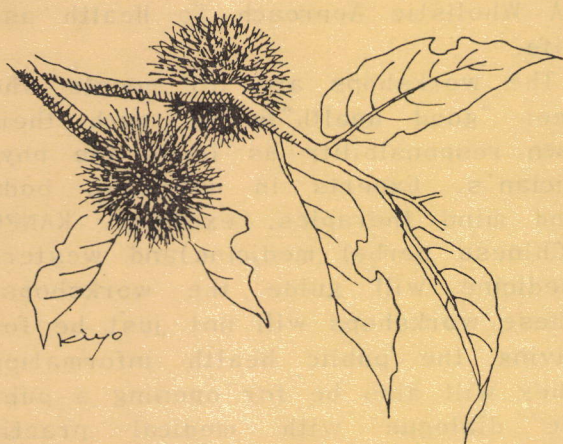
it is difficult to maintain a vegetarian diet here. The primary reason for this is that most Japanese people have little knowledge or consciousness about healthy food and how it affects one's body and mind.

Since WWII, the Japanese diet has become "westernized". The traditional diet consisted of rice, vegetables, and a little fish. After the war, meat and increased fish eating began to become popular because the people had the idea that it would make children grow more. And that it has. Every year the average height of school age children is increasing.



The number of MacDonald's, Kentucky Fried Chickens and Baskin Robbins has also increased. The number of people dying of cancer and heart attacks and suffering from obesity is also increasing. But no one seems to make any connection between these things.

Another difficulty is finding vegetarian food. The Japanese seem to put fish into everything. Vegetables and noodles almost always are cooked in a fish stock. Everything from pickles to soy sauce to rice crackers may be seasoned with fish. Potato Chips are often chicken or beef flavored. Most Japanese people won't realize that you won't want to eat these things and will not, in fact, even realize that they contain fish or meat unless you specifically point it out to them.



Most packaged and prepared foods have ingredients listed but they are written only in Japanese characters. Since I can't read Japanese (It takes years to learn because there are thousands of characters.), when I want to buy something, I do one of two things. First I try to ask a clerk who may or may not understand what I mean. He might not understand because my Japanese isn't so good or he might not understand because he can not imagine why anyone would be

asking if the rice crackers contain fish. In his mind, they are rice crackers and have nothing to do with fish. Therefore, anyone who is asking such a question must be mad. If asking the clerk doesn't work, sometimes I take a chance and buy the item anyway and have a friend read it when I get home. Needless to say, this can make shopping a frustrating experience. Your kitchen may also become filled with things you do not want and can't eat.

When I first came to Japan I started eating a Japanese style breakfast --rice and miso soup. Most miso does not have fish flavoring, but the one I was eating did. I didn't realize it for more than a month later until one day a friend of mine happened to read the package and told me.

It is also difficult to eat in restaurants or even at well-meaning friends houses because a little meat or fish is bound to slip in. In such cases I generally try to escape by eating only fruit. Bread is even not always safe because it often contains animal fat.

Yet somehow over the years I have survived. I've also learned what is edible and what is not. Once I find something that is OK, I memorize the package so that I can buy the same thing again.

And on the bright side, tofu can be found in abundance in Japan. It is made fresh everyday in small neighborhood shops. Many kinds are available --hard, soft, thick fried, thin fried and tofu dumplings, tofu by-products --soy milk, tofu skins and okara are also readily available and delicious.

The popularization of vegetarian food in Japan seems to be a few years down the road. In the meantime, anyone for a piece of tofu cheese-cake?



## ((( VIEWING OUR BODIES )))

### Workshops for A Wholistic Approach To Health & Life

by *Rita Kubiak*

A year ago, I was asked by the Kyoto Foreign Feminist group to prepare a medical guide and directory for foreigners living in KANSAI (west central Japan). Their demand was mainly for doctors who are sympathetic to their patients and are wholistic minded in their clinical approach.

It turned out that my search for such doctors in KANSAI was not an easy project. The main reason for this is that main stream medicine in Japan is primarily western curative medicine. So, the majority of practitioners don't use a wholistic approach or prescribe preventative care for their patients. A second reason is that doctors do not spend more than three to four minutes with their patients, so that it is almost impossible for a sympathetic relationship to develop between doctors and patients.

I found that to find medical alternatives for the people I was writing the directory for I had to look towards traditional, thousand year old Chinese wholistic medical practices and seek those doctors who were applying these systems to their clinical work (in some manner). Unfortunately, I found that the few medical doctors who were using traditional therapies were applying them on a curative basis and not in a preventative and wholistic manner, as the traditional medical texts advice.

The purely curative nature of present day Japanese medicine is due to the way in which the medical system and education in Japan is organized. However, the phenomenal rise in chronic, enviromentally caused diseases is causing some doctors to change their mode of practice. However, consumer pressure in this country is not strong enough to

change mainstream medical practices. So, we have a situation where even though some mainstream doctors employ the traditional therapies they don't use the wholistic philosophies that are a part and parcel of that medical system.

My talks with patients and doctors concerning Japanese medicine leads me to believe that perhaps we are entering a phase where both patients and doctors are looking for a change in the mode of medical practice, and that it is the medical consumer who must set the tone of what they want from the health care system. It's for this reason I and a group of Kyoto women are planning to start a series of health workshops next March titled: Viewing Our Bodies - A Wholistic Approach To Health and Life.

The workshops are for people who feel "good health" is as much their own responsibility as it is the physician's. Experts in nutrition, body and mind therapies, exercise, KANPO (Chinese herbal medicine) and western medicine will guide the workshops. These workshops will not just be for giving the public health information. They will also be for opening a public dialogue with medical practitioners from the various health disciplines.

These workshops will in the long run assist the medical community to bridge the present gap between themselves and medical consumers. The variety of medical views we hope to present from the various health disciplines will give the consumer a fair view of what is available and what course of care they must choose for themselves. And most importantly, these workshops will raise both medical and consumer consciousness towards the importance of wholistic measures for health care.



# MARRIAGE HYSTERIA?

by Benedicte Ilugens

from  
Norway

In the beginning of my stay here in Japan there were many things in this culture that surprised me, but there is one particular value, or view, seemingly held by a high percentage of Japanese female population, that after even three years, doesn't cease to astonish me. The view I am thinking of is that of marriage.

I still feel somewhat uneasy when I see girls on television interviewed about their dreams and future plans, and more than 50% answer that their biggest ambition is to get married. I don't know how many times I have heard people say that "the biggest happiness for a woman is to get married", and I still can't believe my ears. Do Japanese women really believe this? And what about the men? Why isn't getting married the biggest happiness for them?

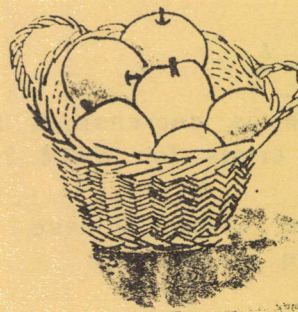
If it means that being with the person you love is the greatest happiness, I can follow to a certain extent, but what does married life in Japan? In most cases her husband will be a "salary-man" working maybe a two-hour train ride away, from early morning till late at night and with a maximum one week holiday in summer, usually less. So getting married doesn't mean spending a lot of time with your beloved, on the contrary, it means seeing less of him than ever before. And what is so "happy" about that?

Also there is the pressure from family and society, which not exactly makes the "marriage hysteria" any weaker. International politics scholar Masuzoe Yoichi's comment

## My Experience in JAPAN—! 2

during the last election about Socialist Party leader Doi Takako's bad skills as a politician ("she is not even married!") illustrates how firmly this view is rooted in society. (Nobody seems to make a fuss about Masuzoe being a divorced man.) Considering the fact that Japanese housewives usually have to do everything in the house and have full responsibility of bringing up children I guess an unmarried woman would make a better politician than a married one—at least she would have more time to concentrate on her job.

Coming from a country where living together before getting married has become more usual than not, where marriage is considered a private matter that has nothing to do with your abilities to do a good job, where choosing not to marry at all is socially accepted and where marriage is just a natural result of a longlasting relationship and not a goal in itself, I can't help feeling a cultural gap when talking about this with Japanese.





< FROM A WOMAN'S BODY HOTLINE >

"My problem is that I have a large amount of discharge. I have to change my underwear several times a day. Although I don't have an itch, I'm afraid that I might have some kind of STD, so I haven't taken a bath for a year because I do not want to infect anybody else." "I sometimes have an uncomfortable discharge which is just like having a runny nose. I wonder what could be causing it."

Women's Center Osaka often receives calls like these. The women who consult us about such "problems" are usually normal, even healthy! These days shampooing in the morning(*asa-*

*shan* in Japanese) which used to be quite uncommon is now quite popular, especially for young people. They care very much about cleanliness, sometimes too much! There is also new type of sanitary napkin made expressly absorb normal discharge, in addition to the ones meant for use during menstruation. The advertising makes it seem as if women need to use a napkin everyday! Do people really expect a woman to wear diapers for her entire life?

Although some may find it hard to believe, a woman's discharge is just as natural as sweat!

**\*Women and Health in Japan**

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**\*Women's Center Osaka**

has been offering health and counseling services to women, with an emphasis on self help since 1984. We provide both feminist counseling and feminist health. Feminist health consists of a women's health information hotline, contraceptive education, acupuncture treatment, Chinese Medicine, study sessions and teach-ins on women's health. Feminist counseling section provides assertiveness training and consciousness-raising groups besides private counseling.

**COMING TOPICS !**

\*The birth rate is decreasing! It's now 1.53 in Japan -- a crisis for WHOM ?

\*Self-help care from Chinese Medicine for common women's problems

\*A spirited Japanese women's group ! " Women against sexual harassment"

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