

Women Health and in Japan

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The New Japan - A Drug Over Diet Culture

Western medical PR and advertising boast of the potency of modern diagnostic/surgical technology. Pharmaceutical medicines are creating serious public misperceptions about what constitutes good health care. The advertising communicates that there are endless curative possibilities for any disease a person may contract. Although unstated, it leaves the impression that we may treat our bodies as we wish and when we fall ill, medical science is always there to save us. The truth of the matter is decidedly different when we notice that there has been a steady increase in virtually incurable chronic and degenerative diseases in Japan since the mid-sixties.

Japanese women who buy into this high-tech propaganda pay a high price indeed. In addition to increasing obstetrical/gynecological problems, women with "modern" lifestyles and diets now find themselves as prone as men to diseases previously considered predominantly masculine such as stomach and lung cancers, cardiovascular diseases, etc.. For virtually all their current health complaints, average Japanese women of my acquaintance have been so completely "medicalized" that they are not aware of the simplest Japanese home remedies.

Women's sexual health in particular depends on dietary factors. Menstruation, childbearing, lactation, menopause - all draw nutrients from the female body and can cause serious depletions. Japanese women need to be especially careful in this regard. Their increasingly hectic schedules often tempt them to skip meals and make do with snacks, fast foods, and canned meals that are both nutritionally inadequate and full of additives and preservatives.

Even those who are wary of junk foods frequently succumb to the advertised "convenience" of modern vitamin/mineral complexes and food supplements, and now often eat them instead of balanced meals. The balance and interplay of vitamins and trace elements in our bodies are delicate. Nutrition care studies clearly demonstrate that the random ingestion of vitamins and minerals may, contrary to the advertising, lead to dangerous nutritional deficiencies. Also, due to the recent shift to a more Western diet, breast cancer - which was previously quite uncommon in Japan - has become surprisingly prevalent.

Japanese women have much to lose if they do not soon begin to thoughtfully review their eating habits and life styles. The Japanese medical establishment has based its entire practice and economic well-being on curative therapies; it therefore requires a constant supply of diseased patients to survive. Japanese pharmaceutical companies, like large corporations everywhere, are only concerned with creating a demand for their products. Therefore, they too would be economically threatened by a possible outbreak of public health caused by effective preventive health care.

There will, of course, always be a place for drugs, surgery, and curative therapies in any society, but they can never replace preventive care in maintaining the long-term health of the population. Unfortunately in Japan the influence of medical professionals and corporations has swung the country so far in the direction of curative medicine that there is now a general amnesia as to what constitutes preventive care. Thus the onus is truly on women to rediscover the true foundations of good health, and through this rediscovery to start reforming a health care system that has swung so far away from tradition, wisdom, and sanity.

The Meaning of Menopause and HRT for Japanese Women

By Miho Ogino

The HRT Boom

In recent years more and more articles about menopause have appeared in Japanese newspapers and magazines. Also there is an increasing number of books about menopause, most of which are written - not for professional use - but for general readers. In the single year of 1993, more than 10 books were published. Most of these articles and books introduce Hormone Replacement Therapy (HRT). At the same time, hormone-containing skin care products are being widely advertised targeting middle-aged women. It appears that menopause, together with HRT, has become the center of attention.

Increasing Numbers of Women Over 50

There are three factors which could be considered promoting this phenomenon. First, the number of women around the age of menopause is increasing, especially because of the "baby boom generation." At present, the number of women aged 50 or more is more than 20 million (one sixth of the whole population). It is estimated that this number will increase by 10 million within the next two decades, and such an increase will continue for the next half century. On the other hand, the birthrate has been declining. The total fertility rate was recorded at less than 1.5 in 1993. Under these circumstances, obstetricians and pharmaceutical companies regard medical treatments for menopause as a prospective business which can compensate for the loss of their patients or consumers caused by the baby bust. This is the reason why new clinics specializing in menopause are starting up one after another. This also explains why a lot of hospitals are rushing to open new divisions for the treatment of menopause. This growing attention to menopause is not because its symptoms have become more serious these days; there were women in the past who suffered from just as serious symptoms as women today. It is because the medical sector, which has had little interest in menopause so far, has to name it as one of the diseases for which they can provide medical treatment.

A New Way of Thinking About Women's Roles

Secondly, women today around the age of menopause have a very different way of thinking from those in the past. Formerly, ladies in their 40's who dressed in bright colors or wore excessive make-up were inevitably criticized with words such as "That style is too young for your age. Shame on you. You should act your age!" In those days, it was widely believed that housewives should stay home all the time to manage the household and serve their families. They should not go out for their own pleasure. They were not supposed to complain even when they were in a bad mental and physical state related to

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menopause. That was the way women were expected to carry themselves. On the contrary, today's women reaching menopausal age have a very different way of thinking. They learned about democracy after World War II, observed the rise of student movements and

women's liberation movements, even if they did not join in them. They have enjoyed consuming goods in an affluent society which has developed along with high economic growth. After marriage, most of them have played important roles in their families including the part which their husbands, too busy working as "corporate warriors", should have taken. They make a desperate effort to help their children not drop out of a society in which one's educational background is top priority. Thus we can consider these women the modern version of traditional good wives and wise mothers. Nevertheless, they can more strongly assert themselves and express their desires in a more straightforward way than women of their mothers' generation. Such women are at present in their 40's and 50's. It is very natural that they would be concerned about how to spend the time of their menopause in good condition, and that they would seek any information, goods, and services which are helpful for this purpose.

The Era of an Aging Society

Thirdly, the growing attention to HRT has much to do with other issues related to the aging population. Japan, entering the era of the aging society, has serious problems in that the number of older people who are bedridden or suffer from senile dementia (or Alzheimer's disease) is increasing. Since public care facilities are very poor and insufficient, individual households have to be responsible for the care of their aged family members. In most cases, wives and daughters are the ones burdened with such heavy tasks. Women who are going through menopause are now confronting this problem. They are expected to care for their own and their husband's parents. They are conscious of the fact that if their parents became bedridden, not only would the parents themselves feel unhappy, but the family would become disrupted as well.

There are many aged women with fragile bones or suffering from osteoporosis; these women easily become bedridden after they fall and break their bones. Middle-aged and older women are well aware of these facts and are afraid of becoming bedridden themselves in the future. In order to capture their attention, it has been emphasized that HRT is effective not only as a medical treatment for menopause, but also in preventing osteoporosis.

BUT...

On the other hand, some women, targeted as potential consumers of HRT, are critical and cautious of advertisements which introduce HRT as if it were good news for all menopausal women. I, 48 years old and at the threshold of menopause, am one of these women. Of course I do not oppose the decision to use HRT for alleviating serious symptoms of menopause. I know there are some women who need HRT, and I can not deny the possibility that I could become one of them. Nonetheless, I can not accept the attitude of the medical community which quickly recommends HRT as a panacea preventive measure, emphasizing only the most serious symptoms of menopause and scaring women to try HRT, in spite of the fact that for the majority of women, menopause is not a "disease" or an "abnormality."

A Need for More Information

It has been said that Japanese women, who traditionally eat a lot of soy bean products suffer less serious menopausal disorders and have a lower possibility of getting osteoporosis than American and European

women. If this is true, each woman can control her physical and mental health during menopause through various countermeasures such as a careful diet and exercise. Contrary to pharmaceutical companies' claims, women seem to avoid using HRT if there are alternatives. What they require is not only HRT, but more comprehensive information about menopause. Before administering HRT, doctors should inform us of the alternatives (such as herbal or Chinese medicines) and thoroughly explain the characteristics of HRT, including its negative side effects. Otherwise, distrust of HRT will grow.

It has been emphasized that hormone drugs have effects on aging skin, such as preventing wrinkles and keeping skin fresh and beautiful for a long time. However, this does not seem to persuade many Japanese women to use HRT. While in Japanese society, people tend to judge a woman based on how young or beautiful she is, we also have a positive idea of aging. There is a traditional belief that we should accept our age since it is natural that appearance as well as generative functions become old as one ages. The expression "the beauty that can be found at any age," which often appears in women's magazines, means that aging is not synonymous with becoming unattractive.

There has often been criticism that Japanese women's strong rejection of hormone drugs may keep them from having a wide variety of choices, as in the case of the oral contraceptive pill. One of my friends, a feminist and foreigner living in Japan shares this opinion. Japanese like medicines and easily rely on medicines such as digestive aids, cold medicines, and health drinks which are easily available at pharmacies. On the other hand, Japanese also fear the harmful effects of medicine, especially when a drug is very effective. It is easy to see why we have this attitude. It is because we take a digestive aid or a cold medicine simply to allay our anxiety, like an incantation, and we do not really expect that they will have any strong effect on our sickness. Previous lawsuits for medical damage caused by chloform and thalidomide strongly impressed upon Japanese people the fear of medicine. Under these circumstances, we think that it would be dangerous to continue for many years to habitually take hormone drugs, such as oral contraceptives or HRT. We feel all the more anxious because we know that hormone drugs have really strong effects. Should such a way of thinking be criticized as being too nervous and unscientific? I believe it is the natural response necessary to protect ourselves.

HRT for Menopausal Symptoms :

Including a Comparison with Chinese Medicine

By Dr. Takashi Kano, OB/GYN

Introduction

Nearly twenty years have quickly passed since I started practicing the treatment of menopause. Taking into account both the merits and the demerits of the two extreme methods - Chinese medicine and hormone therapy - I have used many types of therapies, including these two, in my practice. The term 'hormone replacement therapy' (HRT) was not used at the beginning. However I choose to treat my patients, the therapy is always administered according to symptoms. This approach of attaching importance to the symptoms has been my invariable practice. I'm proud of it. When I started practicing the treatment of menopausal symptoms, Chinese medicine was far more prevalent than HRT, partly because Chinese medicines had been approved for menopausal symptoms by the Health Insurance system in Japan and partly because many people were uncomfortable with hormone treatments. This relationship has suddenly been reversed. HRT is predominantly used now. An outpatient clinic for menopause in a university hospital in Tokyo is thronged with patients seeking HRT. It is so crowded that new patients are often on a waiting list for one year before they can see a doctor. This growing popularity of HRT embarrasses me because I know its history.

In view of this current trend, I will present a review of the merits and demerits of HRT.

Diagnosis and Drugs for HRT

Menopausal symptoms, in a narrow sense, consist of symptoms which become manifest as a result of an autonomic nervous system disorder.

Psychosomatic diseases, masked depression, and depression are not included in this category. The symptoms arise mainly from two sequential hormonal changes due to ageing : there is a decreased functioning of the ovaries as a result of a reduction in primordial follicles and, therefore, there is an increased pituitary function (i.e. increased secretion of FSH and LH). Estrogen replacement therapy (ERT) aims to supply these lacking hormones and so causes a reaction which inhibits the secretion of FSH and LH. The combined use of estrogen with progesterone, which is added to prevent the adverse effects of the former, is a logical approach. Androgens, male sex-hormones, were once used with estrogen because "hot flashes" responded to this combination. This therapy is hardly used now due to the potential adverse effects of androgens.

Different pharmaceutical preparations of estrogen exist, including a combination of methtranol and ethinyl estradiol (used in oral contraceptives), conjugated estrogen (natural estrogen), and estriol (the estrogen secreted amply by pregnant women). I'm cautious about administering HRT with the former two preparations. When starting HRT, it is important to determine whether the symptoms the patient complains of are associated with endocrine dysfunction in a cause and effect relationship. Symptoms associated with low levels of estrogen include : flushes, perspiration, a sensation of coldness, numbness, difficulty in falling asleep, excitability, nervousness, and stiff shoulders. Those associated with high levels of FSH are : flushes, perspiration, difficulty in falling asleep, light sleep, excitability, and fatigability. Those

associated with high levels of LH are : flushes, difficulty in falling asleep, excitability, nervousness, fatigability, stiff shoulders, and headaches.

Before HRT is administered, the serum estradiol, FSH, and LH concentrations should be determined to confirm endocrine involvement.

It is well known that estrogen is effective in reducing the loss of bone minerals, improving lipid metabolism, and preventing cardiovascular disease and Alzheimer's disease.

Comparison of HRT and Chinese Medicine

Chinese medicines are very effective for the treatment of menopausal symptoms. When making a diagnosis using the methods of Chinese medicine or "Zheng", the two extremes ("Yin" and "Yang"), and others should be determined by examining the tongue and abdomen and considering various symptoms and signs including the type of bowel movement. The effectiveness of individual compounds will not be cited in this review because of space limitations. A comparison of the effectiveness of Chinese medicines and HRT revealed that HRT has a higher rate of effectiveness with symptoms related to endocrine functions but otherwise Chinese medicine has a higher rate of effectiveness.

The beneficial effects of Chinese medicines on bone minerals, lipid metabolism, cardiovascular disorders, and in the prevention of Alzheimer's disease are not as well recognized as those with estrogens. This lack of knowledge may be the major reason for the current popularity of HRT over Chinese medicine in the treatment of menopause. My research to evaluate Chinese medicines is underway, however, because I have high hopes for the results.

Problems with HRT

The association of estrogen with uterine

and breast cancer has posed problems. Although carcinogenesis (causing cancer) has not been fully assessed, negative views now prevail. As for concerns about endometrial carcinoma of the uterus, prescribing progesterone with estrogen practically solves the problem. HRT can not be administered if the patient has cancer.

Conclusion

Both HRT and Chinese medicine are important in the treatment of menopause. A complete rejection of one of them is by no means beneficial for women. Considering both methods, we must administer a treatment based on the patient's symptoms. If endocrine involvement is known, HRT is prescribed; if not, Chinese medicines are used.

Some people opposed to HRT prefer Chinese medicines, considering them more natural. According to a classic text book of Chinese medicine, in women, certain hormone-controlling functions occur at age 7 and then menstruation begins at age 14. These enable then to give birth to children, followed by menopause at around age 49 and cessation of menstruation at about age 56. At the time when this book was written, it was common for women to die before the age of 60. Currently, however, the average life span for women exceeds 80 years in Japan. This means that women usually live for more than 30 years after menopause. Medicine should help them have a good later life. Estrogen is the most important among the hormones provided in a healthy female body. In light of these points, I would like to advise people opposed to HRT to reconsider its advantages and disadvantages. Gynecologists who practice the treatment of menopausal symptoms wish for all women to enjoy longevity, good health, and happiness.

Editorial staff note: Although Dr. Kano wanted to use the term "climacterium", the editorial staff used "menopause" with his acknowledgment since it is more commonly used.

Estrogen Replacement Therapy - An Opposing Viewpoint

By Dr. Reiko Takeda, OB/GYN

Do All Women Get Ill After Menopause?

The basic idea of those who insist on estrogen replacement therapy (ERT) is that menopause and the state of a woman's life after menopause are illnesses of "ovarian failure", and that therefore estrogen should be given.

It may be necessary for some women who are bothered by strong menopausal disorders to be treated with exogenous estrogen for a while. Estrogen, however, is not the only treatment that can improve this condition. It is possible in Japan to choose alternative treatments, including Chinese medicine, administered according to the individual woman's condition. It is wrong to consider a healthy woman's menopause and the state of her life afterwards as an illness; therefore there is no need to find a cure. Women experiencing menopause or those who have experienced it are not ill; they merely no longer ovulate. The use of the term "illness" implies that all women are just baby-producing machines.

The Ovaries Still Function After Menopause

The ovaries do not cease functioning completely after menopause; they are still functioning although they do not ovulate anymore. The ovaries of some women who had been going through menopause for more than five years were examined by blood tests for LH (luteinizing hormone) and FSH (follicle-stimulating hormone) and were found to have post-menopausal shrinkage (the absence of follicles or corporal lutea in the cortex) but had in fact active enzymes which were producing several kinds of steroids. (1) If these enzymes had completely ceased producing steroids, they would not have been active. However, some enzymes were as active as they had been before menopause although others were inactive. Ovaries still work for the sake of a woman's body even after menopause. Although at present it is not known in detail how ovaries actually work, future research should provide some answers.

There are no useless organs in our bodies - for our bodies have many functions and each organ has its own role. Some organs, which in the past were thought to be useless, came to be known as useful. For example, the appendix which used to be considered worthless and was readily removed, has been proven to have an important role in monitoring the immune system. The purpose of the active enzymes which produce steroids after menopause has not yet been clearly determined, but I believe they will be found that the ovaries after menopause are not worthless, either. It is nothing but human ignorance and

absurdity that encourages women to have their ovaries removed without any knowledge of how ovaries work after menopause or to be prescribed one hormone only.

Adverse Side Effects of Steroid Hormones

The exogenous hormones (estrogen and progesterone) which are used in HRT are steroid hormones. They are corticoid and closely related to adrenocortical steroid hormones. We know a lot about their bad side effects. When an adrenocortical steroid hormone was developed and permitted to be used as medicine, some people said that every disease will be cured by it and there will be no more disease. But we soon came to know about its many side effects. This is mainly because exogenous hormones cause the adrenal gland to function poorly. Likewise, there are many reports which say that estrogen and progesterone have numerous side effects. The reason these reports are not made public must be related to the fact that pharmaceutical companies make big profits or that most doctors who deal with them are male and do not observe women's bodies carefully, or female doctors who were taught by male doctors have no idea how to think things out for themselves.

"It is wrong to consider a healthy woman's menopause and the state of her life afterwards as an *illness*; therefore there is no need to find a cure. Women experiencing menopause ... are not ill; they merely no longer ovulate. The use of the term "*illness*" implies that all women are just baby-producing machines."

Estrogen - A Cause of Cancer

The obvious side effect of estrogen is cancer. Estrogen is often used in medical experiments to create cancer. Estrogen enters the cell nucleus of almost every cell and then promotes cell division. That is why some organs look rejuvenated. However, promotions of cellular division cause the DNA to misarrange, which in turn can lead to cancer. Some years ago there was an experiment where estrogen was used on human bodies. That had to be stopped soon after its initiation because cancer appeared in many organs of the bodies. The estrogen used in that experiment was a conjugated estrogen, the same kind that is usually used in ERT. (Conjugated estrogen is called "natural estrogen". However, it is extracted from pregnant horses' urine, so we can not say that it naturally exists in the human body, as it is a foreign matter.)

This experiment was carried out from 1966 to 1968, during which 1101 men who had previously suffered from myocardial infarction (heart attack) were given conjugated estrogen doses of 2.5 mg per day to prevent a recurrence. The experiment was abandoned in 1973 because cancers appeared in many parts of the subjects' bodies, especially in their lungs. (2)

The quantity of estrogen given per day was more than that of ERT which is only 0.625 mg/day. However, if ERT is taken for a prolonged period, we can expect the possibility of cancer being produced somewhere in the body, as we can ascertain from this human experiment and also because of the fact that estrogen actually is used in animal experiments to produce cancers artificially. Not only cancer of the uterus (endometrial cancer) and breast cancer, about which there is now much controversy, but any kind of cancer could develop. As for endometrial cancer, it is already clear that ERT increases the risk of producing this cancer. Whether or not ERT is related to breast cancer is currently being debated. Recent meta-analysis of a study administering HRT for more than eight years shows that there is a higher risk of cancer associated with it.

We can surmise that there is a possibility that ERT increases the risk of cancer in every organ of the human body. We acknowledge the fact that estrogen, combined

with progesterone (called HRT) protects the womb against cancer. But we can surmise that progesterone, as well as estrogen, promotes breast cancer. We can not yet come to a final conclusion as to whether estrogen combined with progesterone has any bad side effects since there are only a few research projects which extend over a long period of time. But three research projects have already shown that HRT can promote breast cancer. (4)

Osteoporosis

Some doctors insist that estrogen helps combat osteoporosis, too. An understanding that women's bones become brittle and break easily after menopause has caused many women much worry. Bone fractures do not always occur due to a lack of calcium in the bone. A survey in Niigata Prefecture (in Northern Japan) revealed that people over the age of 80 seldom had fractures of the femoral neck. Only 100 people in 100,000 had this injury.

The rate is only 0.1%, although most of them were regarded as having osteoporosis since they were over 80 years old. (5)

Bodies with a higher bone mass are not necessarily healthier than those with lower bone mass. For example, people are bedridden mostly

due to vertebra paralysis caused by intervertebral stenosis or ankylosing spinal hypertosis, conditions caused by higher bone mass. There are many people who are diagnosed with osteoporosis but who actually have no related symptoms. Should doctors treat them as patients? Is medication needed for most people? We must study more about why many people with osteoporosis don't break their bones when they fall and what type of people easily break their bones. If most people's bone mass decreases as they get age, then this is not abnormal bone loss.

Cardiovascular Disease

Some doctors insist that exogenous estrogen is effective against cardiovascular diseases. But is it really necessary for patients to take exogenous estrogen? Cardiovascular diseases such as arteriosclerosis or myocardial infarction (heart attack) are caused by factors in everyday life - one's diet, smoking, or stress, for example. The Japanese diet is clearly good for the treatment and prevention of these conditions. (6) A survey shows that

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fewer Japanese women than North American women are bothered by menopausal disorders; this may be partly because of the traditional Japanese diet. It is how we live our life, what we eat, drink, and breathe and how we use our brains and bodies that will determine our health.

About the Average Life Span

Those who support ERT say that it is risky for women during and after menopause to do without hormones because the average life span of Japanese people are thus so has the post menopausal period. I think they are mistaken in using the term "the average span of human life". The decrease in infant mortality is what has lengthened the average life expectancy. It wasn't true that most people in the past died at the age of fifty. The statistics of the population in the Edo era (1600-1868) calculated from data found in the Kinki (mid-western Japan) and Tokai (mid-eastern Japan) districts has proven that there were a lot of people who lived to an advanced age. (7)

Chinese Medicine

Chinese medicine can be considered part of one's daily diet. It is quite important to choose Chinese medicines to suit each individual's condition. Chinese medicine has an advantage in that side effects are lessened and reduced as they are combined with natural medicinal herbs. Other advantages are that the Chinese herbal medicine called licorice, for example, has properties similar to adrenocortical steroid hormones because it controls its enzymes in order to promote the body's own hormones.

In addition, there are no such side effects as those caused by exogenous steroid hormones. There are some Chinese medicines which are not good for "hot flashes" but the indications described do not mention "hot flashes" at all. This is probably because those involved in the study and administering Chinese medicines are male doctors only. It is quite necessary to review not only Chinese medicines but also Western treatment from the female viewpoint.

No More Artificial Preservatives

Most people don't want any chemical additives or preservatives in their daily rice, vegetables, meat, and fish. Similarly we don't want our fellow females to be treated with additives or preservatives called exogenous estrogen or progesterone.

Notes

- (1) H. Kamiyama et al. (1992) "Changes in steroid enzyme activities with age in the human ovary". *Acta Obstetrica Gynaec Japan*, Vol. 44 No. 4, 419-426
- (2) The Coronary Drug Project (1973). "Findings leading to discontinuation of the 2.5 mg/day estrogen group". *JAMA*, Vol. 226 No. 6, 652-657
- (3) G. Grady and V. Emster. (1991). "Invited commentary: does post menopausal hormone therapy cause breast cancer?" *American Journal of Epidemiology*, Vol. 134 No. 12, 1396-1400
- (4a) P. Kaufman, J. Palmer, J. de Mouzon et al (1991). "Estrogen replacement therapy and the risk of breast cancer : results from the case-control surveillance study". *American Journal of Epidemiology*, Vol. 134 No. 12, 1375-85
- (4b) M. Ewertz (1988). (Influence of non-contraceptive exogenous sex hormones on breast cancer risk in Denmark". *International Journal of Cancer*, Vol. 42, 832-938
- (4c) L. Bergkvist et al (1989) "The risk of breast cancer after estrogen and estrogen-progesterone replacement". *New England Journal of Medicine*, Vol. 321, 293-297
- (5) Y. Sugioka, T. Inoue, and T. Kurokawa (1993). "Osteoporosis from the point of view of an osteopaedic" (original title in Japanese). *Japan Medical Journal*, No. 3634, 3-10
- (6a) H. Nakamura (1993). "Arteriosclerosis in diet" (original title in Japanese). *Journal of the Japan Medical Association*, Vol. 110 No. 14, 13-16
- (6b) G. Schuler, R. Hambrecht, and G. Schertf (1992). "Regular physical exercise and low fat diet". *Circulation* 86, 1-11
- (6c) O. Blankhorn et al (1990). "The influence of diet on the appearance of new lesions in human coronary arteries". *JAMA*, Vol. 263, 1646-1652
- (7a) S. Hanray and Y. Yamamura (1977). "Economic and demographic change in pre-industrial Japan 1600-1868". *Minerva Shobo*, 197-199
- (7b) T. Matsuda (1978). "A statistical observation on a diamyos pedigree". *Studium Historicae Medicae*, No. 49, 231-238

EDITOR'S NOTE : In order to prevent the side effects and risk of endometrial cancer caused by estrogen, progesterone is added to estrogen to make HRT. HRT is becoming well known in Japan but ERT alone is still often used.

Dr. Takeda opposes the idea that HRT is substantially safer than ERT. Because how HRT works and its side effects are not well known, she wrote this article about ERT.

Looking back upon my Menopause

By Ritsuko Kyo

I am 62 years old now. I have managed to get through the 10 years of my menopausal period, thanks to my rather easy living circumstances as the housewife of a businessman. Getting through those mental and physical troubles was like suffering hell on earth, and I even hoped for death. From my experience, I don't have any perfect medicine or healthful exercise, Oriental or Occidental, that I can absolutely recommend to other women. I myself still have some continuing troubles. Though some people say "life is like that," it's tough to take all those troubles with such a philosophical view. So, I would like to offer some thoughts on what I have learned from my experience.

Correcting Social Prejudice Toward Menopause

Quite a few people advised me to be conscientious and to put up with the problems of my menopause. However, I think that is an old-fashioned view of women. They would also say, "you are going through menopause. That's why you're acting like that, right?"

During the past 10 years, with more and more women starting to work and the Women's Center Osaka having opened, women's problems and women's health have become even more important social issues. With these social changes, I feel that the way people think about menopause has been changing gradually. However, a certain prejudice still remains.

Institution of Official Health Counseling Centers for Women are Needed

I would like there to be multi-functional centers which we can visit and where we can easily seek advice, that would offer opportunities for women to share their feelings with each other, and would have an information network.

There should be information available about the situation in foreign countries. It is necessary to study the problem of menopause in other countries from a historical point of view.

Social Security benefits should be available to women who cannot work because of severe menopausal troubles. For working women, when menopausal troubles are severe, there is nothing to do except stay home from work. For others who are housewives, they wouldn't be

able to care for handicapped or older family members.

When going through menopause it is important to have a support network of understanding and cooperative people around to help you. However, when people are overworked, sometimes to death, and children are in a highly competitive educational system, you cannot expect them to be considerate of others. This kind of stressful life is a serious social and political problem which can lead to debilitating phenomena, including various diseases.

My Opinion of HRT

HRT is a recently discussed treatment for the troubles of menopause. I would say, as a layperson, I would have chosen HRT as a last resort regardless of its incidental problems such as troublesome tests, its fallibility, and the possibility of cancer. It seems to me that the seriousness of one's troubles and one's view of life are factors which determine whether or not to choose HRT. Human beings are mortal, and no one can tell when these serious troubles will disappear. In that case, why not have some hope, even though it might be transient? Why not be nice to others and yourself as much as we can?

The other day, I saw a TV program on menopause. Dr. N said in the program that she has chosen HRT because her menopausal troubles had been so serious that she hadn't been able to work. I really knew how she felt. As to some of the imperfections of HRT, further studies are needed, of course, as a matter of urgency.

On the other hand, I also have a regard for the critics. Companies shouldn't be allowed to abuse the use of HRT to slow the aging process in women to maintain a strong female workforce from which only companies benefit.

For me, if HRT had been available 10 years ago, I am not sure if I would have chosen it with no reservations. The reason is that only after I had gone through all the troubles and bitter experiences of menopause have I come to think of this problem the way I do now. It is next to impossible for me, one female patient, to ascertain how women in the menopausal period are treated by the medical establishment and what thoughts there are behind HRT. I earnestly wait for a society where female patients' rights are respected.

My Experience in Japan by Camille Kotani

Having a baby in Japan was quite an unforgettable experience. When I first discovered that I was pregnant a year ago I was both elated and apprehensive. Not only was it going to be my first baby, but I was about to have my baby in a country where I could neither read nor speak the language sufficiently.

I wanted to be prepared for the most important event of my life so I immersed myself in maternity and childbirth literature and joined a Lamaze Childbirth class that was being taught in English. I began hearing advice from my Japanese friends, neighbors, and relatives (my husband is Japanese), on what I should eat, wear, do, and not do. I was surprised at some of the things that I heard. For instance I was told to wear an "obi" after my fourth month to "inhibit the baby's growth in the womb to ensure an easy delivery" or "prevent the umbilical cord from wrapping around the baby's neck" and so on. I tried to wear one but it fell off within a half hour of my mother-in-law wrapping it around me. Reasons for wearing an obi are based on custom and superstition rather than on fact. Then I was told not to ride in a car, fly in an airplane, ride a bicycle, exert a lot of energy, swim, or lift my arms above my shoulders (the umbilical cord might wrap around the baby's neck). Many of these old wives tales were unfounded and contradictory to what I had previously read. In the US, an exercise program is encouraged, in moderation, to maintain physical and mental well-being. I was amazed that many women were not well informed about pregnancy and still believe these superstitions.

Prenatal checkups were far from what I had anticipated. After waiting an average of 1.5 to 2 hours, it was my turn to shuffle in and out of

the examining room like a faceless being. A curtain shielded my head rather than my "private parts" from view by passing nurses and doctors. Within minutes the cold impersonal exam was over, to be followed by a semi-public consultation with the doctor. My husband/translator and I had a list of questions and a tentative birthing plan. (Birthing plans, which combine the parent's wishes with what the doctor and hospital find acceptable, are becoming increasingly common in the US because parents-to-be want to be involved in as many decisions as possible). We wanted the birth to be as natural as possible, with little or no pain medication, with my husband present and active (we wanted him to cut the umbilical cord), and without an episiotomy if possible. I also requested that the baby only be given my breast milk and that it room in with me so that the bonding process could begin as early as possible. The doctor took one look at our list and laughed. He patronizingly remarked that I was overly concerned about my pregnancy. Obviously he wasn't used to getting many questions or having anyone specify her desires. He confidently informed us that all our requests were against hospital policy, which could not be changed. I left the hospital feeling very frustrated and disappointed. It seems that too many women in Japan accept these kinds of conditions and let the doctor make all the decisions. They don't realize that they are the ones giving birth and that the doctors are only hired to assist. If they don't speak up and voice their concerns and wishes their passive role in the birth of their child will be perpetuated.

P.S. After months of searching I did actually find a doctor who agreed to accept me as his patient just before my child was born. He agreed to all of the requests that my husband and I had made in our original birthing plan.

Speaking Out

By Sumie Uno

Hormone Replacement Therapy for menopause has been a recent topic of interest among women in Japan. The Silent Passage by Gail Sheehy, which was a best seller three years ago in the United States, was translated into Japanese last year. After reading this book, I had a certain sad feeling, because it seems as if the attitude of people involved in the women's health movement has retrograded or at least changed somewhat in the past 15 years.

Sheehy's book about menopause reminds me of another one called Menopause - A Positive Approach by Rosetta Reitz, which was published in 1977. The processes by which these two books were written - starting from the authors' experiences and supported by many interviews with doctors and women - are quite similar. However, their main points are quite different. First of all, the understanding of menopause was radical in the latter book. It also promotes self-esteem and a positive life for aging women. I recommend this book for women of all ages. The former presents a shallow understanding of menopause, I think. It says that with appropriate treatment some painful symptoms can be cured, and you will be happy.

More people, including women and doctors, have probably become more interested in Menopause in the last 15 years. However, as a women's health issue can not be treated from a radical and social perspective, treatment won't have any significant impact on women and will not be able to change their lifestyles; it will only be just another short-lived fad.

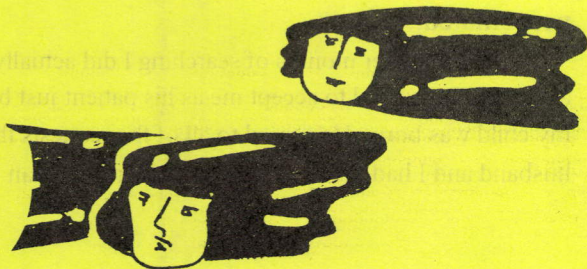
Women and Health in Japan is a quarterly newsletter, published by Women's Center Osaka, which provides information about women and the women's health movement in Japan.

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, advice on Chinese medicine, study sessions, and "teach-ins" on women's health.

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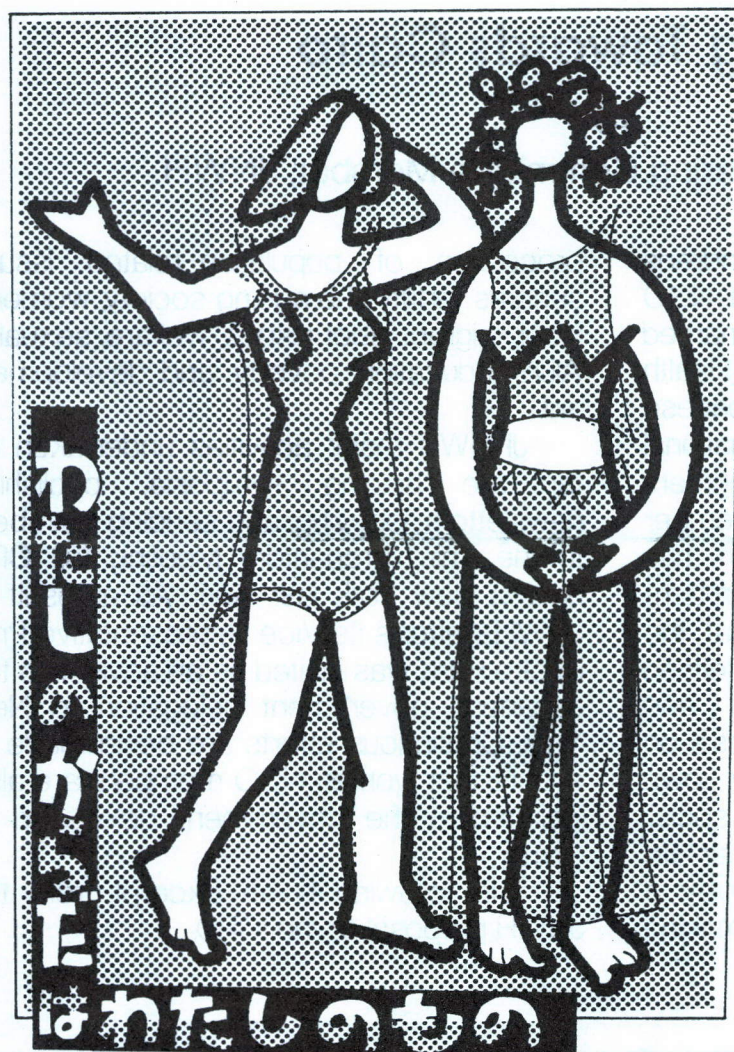
Summer
1994

Women Health and in Japan

SPECIAL ISSUE!

What Are Reproductive Rights?

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What Are Reproductive Rights?

In this issue, we take up the theme of "reproductive rights". Many readers interested in women's health issues probably know about the International Conference on Population and Development to be held in Cairo this September. This is a worldwide conference organized by the United Nations to discuss population issues. It is held every decade. The first one was held in Bucharest in 1974; the second was in Mexico City in 1984.

The third will be in Cairo. Population matters related to the economy and environment, the birth rate, international migration, abortion and other reproductive health issues will be discussed at this conference. Therefore a consideration of the concept and definition of "reproductive rights" is very important.

It is an obvious fact that women's reproduction influences population. Nevertheless, issues related to reproduction have been discussed and decided mainly by men. We women should take notice that our bodies and our lives are a topic of debate in places where no women are present.

We would like to consider what "reproductive rights" means for Japanese women by looking at the proposals of 'Japan's Network for Women and Health' (an NGO which will be present at the Cairo conference) as well as at the present circumstances of Japanese women. Each of the contributors to this issue of Women and Health in Japan has tried to approach this issue from her own unique perspective.

Looking Towards Cairo

by

Yuriko Ashino, Steering Committee Member, JNWH

In January of this year some hundreds of women in Japan formed an NGO (non-governmental organization) named Japan's Network for Women and Health with the purpose of letting Japanese women's voices be heard in the International Conference on Population and Development (ICPD) to be held in Cairo in September 1994. So far the "population problem" has been mainly discussed in terms of numbers or statistics. JNWH feels strongly that the "population problem" should be redefined from the perspective of sexual and reproductive health, placing an emphasis on women's self-determination of their own fertility, as well as women's physical, social, and mental wellbeing throughout their life cycles. It is essential that women play a central role in the actual policy-making

processes of population-related issues such as fertility, the ageing society, women's labor, migrant labor issues, welfare, sexuality, AIDS, education, poverty, and development aid.

JNWH's major activities undertaken so far are holding symposia, publishing newsletters, lobbying, and sending members to the Third Preparatory Meeting for ICPD held in New York last April. As a result of JNWH's efforts its Vice Representative Prof. Hiroko Hara was invited as an advisor to the Japanese government delegation to New York. Continuous efforts are being made to ensure that women NGO members are also included in the government delegation to Cairo.

The following is an excerpt from the JNWH proposal to the ICPD.

〔日本語訳〕

はじめに

今号ではリプロダクティブ・ライツ／ヘルスをテーマにあげてみた。女の問題に関心のある読者の多くにとっては周知であると思うが、今年9月にカイロで「国際人口開発会議」が開かれる。これは人口に関する国連主催の世界会議で、10年に一度開かれており今回はその3回目になる。(1974年ブカレスト、84年メキシコ) この会議では環境・経済と人口との関係、出生率、国際人口移動、女性の妊娠・出産にかかわる問題中絶などについて議論される予定で、リプロダクティブ・ライツ／ヘルスの概念・定義は重要なテーマになっている。人口に直接的な影響をもたらしているのは女性の生殖機能である。個人の女の意志とは無関係に、人口「問題」が、男を中心に語られ決められていく。

日本でも今年1月に「女性と健康ネットワーク」が正式にNGOとして発足し、少しでも日本の女性の声を日本政府に、そして会議に持っていくべく、短期間に精力的に活動している。では、このR・Rは日本の一般の女にとってはどんなふうに受け止められているのだろうか。JNWHの提言と共に、現実の日本の女の意識や状況について編集者それぞれで考えてみた。

カイロ会議に向けて結成された

「女性と健康ネットワーク」

芦野由利子 (JNWH運営委員)

今年9月にカイロで開かれる「国際人口・開発会議」(ICPD)に、日本の女性の声を届けようと、数百人の女性によって「女性と健康ネットワーク」(JNWH)が今年の1月に結成された。「人口問題」はこれまで主に数字や統計の観点から議論されてきた。しかし、JNWHは、「人口問題」をセクシュアル・リプロダクティブ・ヘルス(性と生殖に関する健康)の視点から見直すべきであると痛感している。そこで重視すべきは、産む産まないに関し女性が自己決定権を持つことと、女性が生涯を通し身体的、社会的、精神的に良好で豊かな状態(well-being)にあることである。また、出生率や高齢化社会、女性労働、外国人労働問題、福祉、セクシュアリティ、エイズ、教育、貧困、開発援助など、人口に関連する様々な課題に対し、実際の政策決定の過程において、女性が中心的な役割をはたすことが不可欠である。

JNWHがこれまで行ってきた主な活動は、シンポジウムの開催、ニューズレターの発行、ロビー活動、そして4月にニューヨークで開かれたICPDの第3回準備会議にメンバーを送りこんだことなどである。JNWHの努力の成果のひとつとしては、副代表の原ひろ子さんがニューヨークへの政府代表団に顧問として招請されたことである。

以下はICPDに向けたJNWHの提言の抜粋である。(以上訳、編集部)

〔*英文は以下の日本語を基にしています*〕

カイロ94' 国際人口・開発会議、第3回準備会に向けての提言

カイロ94国際人口・開発会議 女性と健康ネットワーク

私たちは、全ての国・社会において、女性が自らの生き方を自らの意思で選択しうる状況と、性とからだの自己決定権が確立されるために必要な政策が、速やかに実行されることを希望します。これは何人も、自分のからだや健康を、他人に侵害されたり管理されたりしてはならないという、基本的な人権にあたるものです。

女性の性とからだは、人口政策や優生政策の媒体ではなく、自らの人生を生きるための主体となるべきものです。なぜならば、妊娠や出産という出来事は、生きている女性のからだで起こるものだからです。

私たちはまた、途上国の人口急増が世界の貧困、食料、経済開発、環境を悪化させる唯一、あるいは主要な原因であるとする考えを受け入れることはできません。より根源的な問題は、国と国、一国内、人種・民族間、男と女の間にある資源の不公平な配分です。

先進工業国や多国籍企業の利益を優先させた従来の経済開発によって、途上国では劣悪な労働環境の中で酷使されたり、激変する生活環境のため、精神的・肉体的ストレスに苦しむ女性が増えています。そしてその結果、女性の健康に様々な障害が起きています。また、不公平な開発は、貧富の差をいっそう拡大させ、移民・難民を増やし、女性をますます弱い立場に追いやっています。経済開発は、環境を保全し、持続可能なものであるべきことはいうまでもなく、それが女性に益するもの、女性に力をつけ自立を可能にするものでなければなりません。

女性たちが必要としているのは、人口政策ではなく、女性に対する性差別をなくして、女性が真に力を持つことができるような保健、労働、教育、福祉、経済政策です。それは女性が人生をどう生きるかを自己決定できる環境を整えることであり、男性中心の価値観やシステムを変える原動力になります。人生の選択肢を広げることは、女性を多産から解放する必須要因です。

これらを達成するためには、性、年齢、セクシュアリティ、婚姻関係の有無、障害や病気、人種、宗教、社会的・経済的階級、住んでいる国や地域などによって生ずる差別や不平等のために、女性の生命や、身体的・精神的な健康が損なわれている現状を改善しなければなりません。

したがって私たちは、9月にカイロで行われる、国際人口・開発会議に向けて、以下のことを提案したいと考えます。

1) 性差別のもととなっている制度や法律の見直しを行うこと。

特に墮胎や避妊を禁止、または制限するすべての法律を廃止し、避妊や妊娠中絶を含むリプロダクティブ・ヘルスを、女性の権利として保障する法律を、新たに作ること。

2) 女性のからだに対する医療やヘルスケアやサービスが、産む性、すなわち母性として保障されるのではなくて、産む産まないや、婚姻関係の有無にかかわらず、また不妊の女性や生殖年齢を過ぎた女性たちに対しても、公平に与えられること。

3) 性やからだに関する公平な情報が与えられること。

特に、性器の仕組みや性やからだのリズム、思春期、更年期など、自分の性やからだを知るために必要な知識、避妊や人工妊娠中絶、妊娠や出産、A I D Sをはじめとする性感染症、女性特有の病気などに対応するための情報の普及。

また男性に対しても、女性のからだに対する責任を理解させるような知識を普及させること。

4) 有効、かつより安全で安価な避妊手段と安全な妊娠中絶の場を保障すること。

避妊については、多様な方法が提示され、かつそれらの作用・副作用・確実性などについて、当事者である女性が理解し得る形で明確な説明がなされることが重要である。女性が使う避妊法は、本人が中止を希望したときに、速やかに中止できる方法が望ましい。また、男性の避妊への参加と責任が強く望まれる。避妊法は経済的にも受容し得るものであること。困窮者に対しては経済的援助が与えられること。

合法で安全な妊娠中絶は、女性の心身の健康を守る上で不可欠である。中絶が、女兒の選択的中絶などのように性差別を助長する手段、あるいは優生政策の一環として使われる状況をなくすこと。

5) 安心して子どもを育てられないために産むことを諦めざるを得なかったり、またその反対に、乳幼児死亡率が高かったり、家計を助けるために、あるいは跡継ぎを作るために、子どもを産まざるを得いという状況を改善すること。

また育児のための疲労によって女性の健康が損なわれるのを防ぐために、保育所などのサポートシステムを充実し、子育ての環境を改善すること。

6) 性別役割分業廃止に向けた意識作りと、制度作りを進めること。また男性の家事・育児参加を促し、育児休業や介護休暇など家庭責任を果たすための権利を女性と男性が同等に取得できるよう働きかけること。現在は、性別役割分業が存在するために、賃金労働や家内労働に加えて、女性には家事労働の負担が大きい。

7) これらのことを行うために、マスメディア、学校教育、社会教育の場を利用するほか、必要なときにだれもが利用できるようなウーマンヘルス・センターのような施設を設置して、これらのプログラムを実施すること。

8) 女性に対する性暴力や性的虐待、セクシュアル・ハラスメントは女性の性とからだの自己決定権を侵害するものであるので、その再発防止のための法律を作ること。また、被害者となった女性を保護し、社会復帰できるようにするための施設（シェルターのようなもの）を作り、カウンセリングや職業訓練の提供を行うこと。

9) 先進工業国、途上国を問わず、国は、教育や適切な政策、法律を通し、女性を“買う”男性の責任を明確にし、拡大する女性の商品化と人身売買をなくするための努力をすべきこと。

特に売春婦として売買される途上国の女性が増えており、その結果彼女たちの多くがAIDSをはじめとする様々な性感染症に罹患している。また望まない妊娠も頻発しており、これらが女性のリプロダクティブ・ヘルスを著しく破壊している。

10) 女性に対する教育および職業訓練、雇用の機会機会均等を計ること。

また女性の健康に有害な風習、労働条件、居住環境、家族関係などの改善を計り、安全な水、食料、衛生設備、住宅を確保すること。

11) 経済効率本位の開発から、社会資本の充実に向けた社会開発や、人々、特に女性がその能力を最大限に生かせるような人間開発に、開発の重点を移すこと。

12) 最先端生殖技術に対し、なんらかの歯止めをかける法律を早急に作ること。

なぜならば、生殖技術が広く行われるようになったために、産めない女性に対する抑圧がますます強まっている。その副作用やストレスのために、心身の健康を害している者も少なくない。また子どもの性を選別する技術によって、財産と家名を継ぐ男児、あるいは高齢家族の介護要因としての女兒が選ばれたりするため、女性差別が助長されている。さらに他人の卵子や精子を用いたり、代理母のように他の女性のからだを用いて子どもを作る技術は、金銭授受の有無に関わらず、ドナー女性のみでなく、提供を受ける側の女性のリプロダクティブ・ヘルス／ライツをも脅かす。

13) 情報やサービスの提供者に対する訓練プログラムを、リプロダクティブ・ライツの視点から組み直すこと。同様に、追跡調査や評価を行う際にも、ジェンダーの視点を取り入れること。

14) 政策決定、プログラム実践、評価の全ての段階に、援助国・被援助国双方の女性を60%以上の割合で参画させること。そしてその女性は、リプロダクティブ・ライツに対し十分な理解を持ち、その推進に従事するものであること。また女性の健康のために活動しているNGOを対等なパートナーとして最大限活用すること。

(1994年4月)

日本にはもともと、reproductive rights とか reproductive health にあたる日本語が存在していなかった。それはつまり、この言葉が表そうとしているような考え方自体も存在していなかったということである。海外での国際会議でこの言葉に出会った日本のフェミニストたちは、「女（わたし）のからだは私のもの」という日本語のフレーズを考え出して、この言葉にこめられたメッセージを日本の女たちに伝えようとしてきた。また最近では、reproductive rights は「性と生殖に関する権利」とか「性と生殖に関する自己決定権」と訳されるようにもなっている。だが、例えば sexual harassment が「セクハラ」という日本語に姿を変えてすっかり普通の日本人の語彙の中に定着したのに比べると、reproductive rights の方は言葉も考え方も、あまり一般の日本人の注意を引いているようには見えない。一部のフェミニストを除いては、日本の女たちの多くはこの問題を自分に直接関係のあることとは受けとめていないのである。

それにはいろいろな理由があるだろうが、私は、第二次大戦後の日本でいち早く国家の手で人工妊娠中絶の合法化が行われたことが、最大の原因だと思っている。戦前および戦中は厳しい人口増強政策をとっていた政府は、敗戦後、過剰人口問題に対処するために、掌を返したように避妊による家族計画を奨励し、さらによりてっとりばよい方法として中絶を事実上自由化したのである。貧しさからの脱出を望む男たちや、多産と子育ての重荷からの解放を望む女たちには、この天下り式の決定に反対する理由は何もなかった。以来、日本人は主としてコンドームとリズム法に頼りながらカップル当たりの子供数を二人程度に抑え、避妊に失敗した場合には中絶手術を利用してきた。つまり日本人は生殖をめぐる権利を意識する前に、表面的には抵抗すべき抑圧を取り除かれてしまったのである。

実際には、日本では今でも戦前に制定された堕胎法が存続しており、もし現在中絶を合法化している優生保護法の改定が行われれば、日本の女たちが自明のものとして享受している「中絶の自由」が奪い去られる恐れはある。現に過去には国会にそうした改定案が提出され、女たちの反対運動でつぶされたこともあった。しかし最近では、少なくとも表面的にはそのような動きは見られず(1991年には合法的中絶の期限が2週間短縮されるということはあるが)、大多数の女たちはとりたてて自分の利益が脅かされそうだという危機意識を持ってはいない。また、日本は現在第三世界に膨大な人口・家族計画援助を行っているが、それがどこでどのように使われているのか、本当に外国の女たちの役に立っているのかにも、彼女たちはほとんど関心を持っていない。残念ながら政治・経済と同様、生殖の問題に関しても日本人の外への無関心、自足的な態度は変わりにくいのである。

だが、日本でもいくつか違った方面で、女の性や身体的自由、自己決定権に対する関心が芽生えつつあるのも事実だ。不妊治療の流行とそれをめぐる賛否両論もその一つだし、出生率低下をめぐる政財界からの「産めよ殖やせよ」キャンペーンとそれに対する女たちの猛反発も、多くの女性たちに自分の生と生殖について考える機会を提供した。またセクハラ問題や従軍慰安婦問題も、女だけでなく男も含めた性のありかたを問い直し、再定義するためのきっかけになりつつある。どのような訳語を使うにせよ、reproductive rights の概念が日本人の間に幅広く受け入れられていくかどうかは、こうした問題に日本の女たちがどれだけ自分の問題として取り組んでいけるかにかかっているだろう。

日本以外の世界は急激な人口増加、すなわち家族計画が崩壊する恐れと必死で取り組んでいるというのに、日本政府は出生率の低下と高齢人口に気を揉んでいる。1989年以降、出産適齢期の女性による平均出生率は1.53人を示している。日本政府と産婦人科学会は人口統計学上これを逆転させようと死に物狂いになっているが、効果はほとんどあらわれていない。地方自治体によっては、第二、第三子に対して児童手当を支給しており、ところによっては第一子にさえ提供しているところもあるが、にもかかわらずおおかたの日本女性は国のよびかけに対して聞く耳は持たないというように見える。

『女が子どもを産みたがらない理由』の著者である吉廣紀代子さんによると「独身時代に振り回されるような結婚生活などまっぴらだと思っている」と。また、環境の悪化と将来子供たちを待ちかまえている激しい受験や就職競争を女たちは望んでいない、ということ了他の理由としてあげている。理由が何であれ、冗談ではなく出産適齢期ギリギリの25～29才の女性の37.8%は依然として未婚のままである。

女性団体に所属している友人たちと同様に私の勤める短大の女性の同僚たちも、日本の人口問題について特に懸念したりなどしていない。出生率の低下と高齢人口の問題は政府が勝手に騒いでいるだけと思っているようである。彼女たちは冗談めかして、出生率の落ち込みと高齢人口増加のせいで日本は否応なく外国人労働者を受け入れ、その豊かさを僅かでも開放せざるを得なくなるのではないかという。

外国人労働者はすでに日本に上陸しつつあるが、彼らは日本人に耐えられないような辛い仕事をこなす低賃金の労働力として運びこまれているのである。労働者としての外国人の権利は曖昧で、帰化することは不可能である。日本の女性の友人たちが言っていることを私なりに解釈すれば、彼女たちは日本政府が外国人を十分な雇用と便宜が計られ、人権が保証された日本の労働力とすることを望んでいる。私は出生率の低下と高齢人口をかかえる他の国々において、一体どれくらいの女性たちが、彼女たちの社会に外国人を積極的に受け入れるべきだと考えているだろうか。そしてどれくらいの女性たちが実際にこの考えを現実のものにしようと行動しているだろうか、と思う。

日本においては女性組織が、まさに世界的な人口問題と国の責任について深く考え始めたところである。しかしほとんどの女性たちがいまだにこの問題に対して全く無関心であることを知らされる。自分自身にとって子供は要らないのだということ以外、日本の女性たちは人口問題や家族計画についてほとんど関心を示さない。一般に日本女性は社会問題に対して態度を決めることに慣れていないため、世界的な人口危機に関しては、国民の意識を向上させることは骨が折れる仕事だと、女性組織は感じている。特に政府が国民に対して「もっと子供を産みなさい！」と言うだけのときには。

それにもかかわらず、現在でも人口問題と家族計画を呼びかけている日本の女性組織というのは、日本独特な人口問題に対する「国際的解決」と同様に、（大）成功した日本国民の家族計画に関して、ユニークな将来の見通しを、世界に対して持っている。

堂守澄子

人口問題は世界が解決すべき緊急課題の一つだと言われているが、一般の日本人にとってはわかりにくい問題である。

たとえテレビなどで人口問題についての番組が流されても、一方的な見方で作られたものであったりする。たとえば、四月にNHKで『満員の地球号を救え』という番組が放送された。この番組は人口超過に苦しむインドや中国のビデオとシンポジウムで構成されていた。ナレーションは「人口超過のせいで深刻な環境破壊や資源の枯渇が起きている」と述べていた。ビデオはそれなりに説得力があり、見た人が環境破壊は資源のほとんどを消費している先進国より、発展途上国のせいだと思っただとしても仕方がないだろう。

この番組の問題点は、ビデオだけでなくシンポジウムにもある。パネラーは全員男性でアメリカの科学者アルビン・トフラー、国連の役人、タイの大学教授、日本の研究者や専門家といった、いわば「賢人」たちである。一言でいって、このシンポジウムには女性の観点が決定的に欠けていた。パネラーたちは日本の産児制限と経済発展の成功を評価し、国連の役人は「日本が人口問題で主導的役割を果たすべきだ」と主張した。タイの教授は、それぞれの国には文化や社会状況の多様性があり、日本や西欧の例があてはまるとは限らないと反論したが、リプロダクティブ・ライツという観点は見過ごしていた。パネラーたちは女性の教育が必要だと述べたにすぎない。人口を減らすには女性の識字能力と教育が不可欠なのだと。しかし、リプロダクティブ・ライツという観点は誰ももっていないようだった。発展途上国の強制不妊手術や有害な避妊薬の使用、中国での女児殺しや女の胎児中絶といった実情はパネラーの誰も見ていなかった。

たしかに日本は子供の数を減らすのに成功した。しかし、結果としては、政府が社会福祉という負担をなるべく負いたくと考えている中では、将来への不安しか残らない。政府は、明るい未来は子供の数を増やすことだと主張している。教育の普及は女性の地位をあげたと言われているが、企業はいまだに女性の昇進を渋っている。不妊と、それにまつわる家族や社会の圧力に苦しんでいる女性がいる中で、子供の教育費や保育費、住居費の高さに苦しんでいる女性も多い。

パネリストたちは女性の地位の向上は、発展途上国の出生率を下げると結論づけているが、どうすれば女性の地位が向上するのか、については詳しく議論されなかった。もし教育が（人口を減らすことに）必要だというなら、男女平等におこなわれなければならないし、もし日本など先進国で教育が普及したというなら、こうした議論に女性が参加しているべきではないのか。もちろん教育は女性の意識の向上やリプロダクティブ・ライツに関する選択肢をもつうえで重要である。女性自身が、健康やリプロダクティブ・ライツを含むあらゆる側面で、教育の主導権をもつべきである。

女性の健康問題に関心のある人々の間では、リプロダクティブ・ライツが単に中絶や避妊に関する権利だけを意味するのではなく、たとえば女性特有の病気に対する十分な情報を得て選択できる権利、安全な治療が保障される権利などを含め、性と生殖について女性が自分で選択、決定できる権利を意味するという解釈は、かなり広まっている。にもかかわらず、日本女性にとってリプロダクティブ・ライツが身近なものに感じられないのは、ほとんど合法的に行える中絶も大きな原因であるが、それ以前の問題があると思う。

それはまず「権利」意識の問題である。女性問題に限らず、一般的に「権利」という言葉自体がこの国では受け入れられにくい。言葉がわかりにくいということは、つまりその概念そのものが理解しにくいということである。人としての基本的で当然な権利を意識し、それを主張していくことは、ある意味では権力に対して物申すことである。だから皆権利を主張することを恐れるのである。また、それは「自分を持つ」「個を大切にする」ことでもある。

これらの概念や行動様式が日本の中では十分確立していない。その上に女は、男よりもさらに抑圧を受けているという状況が常にある。そういう中で女の性と生殖の権利などというものは、とうてい話題にすらならない。

毎日の私の通勤電車の中で見る多くの若い女性は、みんな同じように高価な衣服や持ち物に身を包んでいる。車中のおびただしい女性雑誌の広告はどれもファッション、料理、ダイエット、に関するものがほとんど。それらに費やすお金やエネルギーは相当なものであるはず。私自身も含め多くの女たちにとって、世相や固定観念にとらわれず、ライフスタイルを本当に自分自身の感覚や価値観で選択していくことは容易ではない。

他人からどう見られるかという意味からではなく、自分のからだに関心を持ち自己管理したり、子供をいつ、何人、どんな方法で産むか産まないか、希望しても産めないとしたらどうするのか、避妊の必要があればどんな方法をなぜ選ぶのか、女性特有の病気にかかったら、どんな方法で情報を得てどんな選択をするのか、誰とどんな性的関係を持つのか、持たないのか、どんな働き方をしていくのか、などなどの選択、決定をしていくためには、けっきょくのところ、もっとひとりひとりの女性が「私はどのように生きたいのか」を自分で考えるところから出発していくしかない。女が「私はこんなふうに生きたい」と意識し始めればきっと「権利」にぶつかるはずである。それは、より抑圧されているぶん男よりももっと早く、気づくだろう。

カイロ会議ー北京会議へと伝わっていくリプロダクツァイツはどの様に私の意識の中におさまっていくのか？を考えていきたいと思う。最近読んだ本の中で「身体といのはもとをたどれば受精した卵に始まり、この世に生まれて育ち、成体となったのち、やがて老い、疲弊して土に帰していきます。私とは、この卵から土までのはさまを生きる身体^{からだ}の現象以外のものではありません。」と書かれている、自我形成「私」というものの成り立ちに目を止めた。このことに何故関心を持ったかという、体を取り扱う時に、いつも「体」の中に入り込むか、又客体視してしまうか、二者択一の行動にしか走れない女達によく出くわす。私は「女の健康運動」をやってきたものとしてこのことを感じる事が多い。特に、生殖機能に関する事についてはさいたるもの、日本の女にリプロダクツァイツの存在などは、最も遠いのではないかと思う。しかし、現実の中ではそのことの重要性を感じ直観的に自分の中に取り入れようとする人がいないでもないが、文化が発達すればするほどこの亀裂がもっと深くなっていくのではないかと懸念する。この本の中の「私」と言うものは体と自我形成の発育の関わりを障害児を通じて唱えてあるのだが、私はこの中に私たちがよく使う「からだと心」ということを重ね合わせてみた。例えばケースとして一番わかりやすい「私」の一生をみた時、まず発達という名の基に新生児期、乳児期、幼児期、思春期、成熟期、更年期と入っていくのだが、この中で生殖機能が活躍をしはじめる時期と「私」が女としての人生に目覚め、行く道のスタートを切る時期とは大きくきはなれている。それに厄介なことにここにいつも登場するのが倫理観、社会の常識ということに振り回される。最初に生殖機能の活躍に出くわすのが「初潮」。ある意味ではこれは、社会の常識からいけば「産む」ことの肯定で女としての評価につながっていく。しかし、日常生活の中では、毎月起こる月経というものは、「私」にとっては、肉体的苦痛、日常生活を困難にする、時には精神的落ち込みなどで不安を併発したりする。体としては、このことのくりかえしで淡々とおこる出来事として自分のなかで処理していく。これは「うんこ」や「おしっこ」と違って命に別状はない。しかし、女の人生にとってこのことがスムーズに事が運ぶかどうかで人生を揺るがすかどうかのことでもあるのに。たとえば、これが「心とからだ」の自我形成の発育の一つなのだということをテーマにでも捕らえれば、もう少し意識の中での関わりがあったはずだと思う。

ある時私が「月経」のテーマで話をした時こんなふうに言われた。「へえーこんなに女の体ってリズムがあるの、こんな大事な役割を果たしているの」とその後で「月経って結構社会的に市民権を得ているんじゃない、テレビにコマーシャルされる時代になったのだし、私はみじかと思っていたけど」…。こんな答えで返ってくる。何処かおかしい「私」の体なのに程遠い。この意識の感覚は平行線をたどったまま何処までもいくのかという自分の「問題」になってきた時離れなくなってしまう。この丁度良い距離間を上手に保つ方法はないものだろうかと思う。

私はリプロダクツァイツという言葉聞いた時、直観的にこの言葉だと思った。翻訳の中で使われていた「性と生殖の権利」、何か言葉は自分達の生活から程遠い距離のようだが、大きな意味の中で「女」の一生のライフサイクルをつくる時に「からだと心」が、私たちの生殖機能のリズムと全く無関係にはつくりあげられない。むしろ、いままでは自我形成の中で「からだと心」を分離するように育てられてきているのではないだろうかと思う。私たちの一生は中途から出現する生殖機能に振り回されて「産む・産まない・産めない」そこだけに焦点^{フォーカス}があたり、下手をすれば女の責任にでも成り兼ねない勢いで、私たちをおそってくる。このことは女たちが生きていく中で、痛切に感じてたから、この権利については「女の人生」にスポットライトをあて、中途から出現する生殖機能についての手厚い保護が必要だと当然のごとく考えられるようになってきたのではないかと思う。この地球「男」の社会構造だけでは考えられない時期にきているのではないだろうか？

日本でも女性たちは、自分が今ある状況に居心地の悪さを感じたとき、まずなぜなのか、どうすればいいのかと自らに問いかける。家族や社会での状況を拒否し始め問題を解決するために闘い始めている。世界中で女性は、自らの痛みを黙って耐えることをやめようとしている。受け身の姿勢で解決を待ち続けていてもチャンスはない。だから女性の人生はまるで闘いと挑戦、行動と運動の連続のようだ。

親や家族からの独立、仕事、経済的自立、結婚するのかなど、母親や父親との関係、子供、パートナーとの関係、健康、心の問題と女性の抱えている問題はもりだくさんだ。一見プライベートなものと思われるこれらの問題もすべて、実は社会的問題であり、世界の問題ともつながっている。

問題を抱え込んでいるのは自分だけではないと実感できると女性は行動し挑戦していく力が生まれるものだ。日本の各地で女性のつながりの輪、共に学び合う場が広がっている。まだ不十分だが、お互いに支え合い始めたのだ。

公立や私立の女性センターが誕生し、女たちが集い、活動する場となっている。しかし問題が解決したわけではない。立派な建物や設備が充実した中味を保証するわけではないからだ。4月の朝日新聞の記事によると、いくつかの自治体の女性センターでは様々な問題が起こっており、利用者が少ないことが悩みのたねだとか。センターが主催する女性問題の行事や講座に女性たちが必ずしも満足していないのだ。

最近大阪府はこの11月にオープン予定の「ドーンセンター」の職員を募集した。40才以下の日本人女性、1年契約の条件付きだった。年齢制限、国籍制限、1年契約に対して抗議の声があがっている。

公立の女性センターは、女性学をさらに学び、国の内外の抑圧された状況にある女性たちと経験を共有し、手を携えて行動していくための場、若い世代へ歴史を伝えていく根拠となり得ると思う。だが、センターが実際に機能を果たせるかどうかは、女性の力にかかっているのではないだろうか。行政サイドに対し、女性政策とその青写真を明確にし、有能な人材を早急に養成するように、要求していかななくてはならない。

ところで私にはひとつの夢がある。いつか「女たちの家」を持ちたいのだ。親しい友人たちと新しい「家族」を作って共に住む家、女性センターのように共に学び合える場であると同時に、問題をかかえた女性たちのシェルターでもある家だ。

少女漫画が提起する課題

井上はねこ

生き方や価値観の土台を作る時期＝小学校から高校ぐらいまでの少女たちに大きな影響を与えている日本独自のメディアとして「少女漫画」がある。現在発行されている雑誌はおよそ40種類。毎日1～2冊の最新号が出ている勘定だ。人気の高い連載漫画は単行本として再発行されるので、のべ読者数は数百万人にものぼる。

恋愛、学園もの、コメディ、ギャグ、ミステリー、歴史ロマン、スポーツ、同性愛、ホラー、つっぱり、SF等々、少女漫画には何でもありだ。少女たちは、あるときは生き方の教科書として漫画を読み、また、現実逃避のために漫画の世界にのめり込む。

いま一番人気の高い作品は「セーラームーン」（武井直子作、月刊『なかよし』に連載中）だ。TVアニメになってアジアやヨーロッパ数カ国で放映されているので、読者の中にも知っている人がいるかもしれない。

主人公は「勉強が苦手なドジで泣き虫」の中学2年生の女の子。平凡な学校生活を送っていたが、ちょっとしたきっかけで、自分の前世は月の王国のプリンセスであり、宇宙征服をねらう悪の組織と戦うために、美少女戦士セーラームーンとして現世に甦ったことを思い出す。共に戦うのは、同じ中学2年生の美少女戦士たちだ。

前世に月基地で暮らした記憶を共有する男女が主人公の、「ぼくの地球を守って」（隔週刊『花とゆめ』に87年より連載中、日渡早紀作）が人気を呼んで以来、少女漫画に「前世もの」とでもいうべきジャンルが誕生した。80年代末には、前世を知りたいと願う少女たちが、登場人物（マンションから落下したのを機に前世の記憶を取り戻す）を真似てビルから飛び降り、死んでしまうという事件も相次いでいる。「セーラームーン」は、この輪廻転生ブームの延長線上にある作品だ。

戦火も飢えもない国・日本に生まれ育ちながら、生きる喜びや充実感を持ってない少女たちがいる。自分は何のために生まれてきたのか、その意味を知り、世界に積極的にかかわりたいと望む少女たち。彼女たちの思いを受けとめた作者は、プリンセスを「守られるお姫さま」ではなく「たたかう少女戦士」として現世に甦えらせた。

日本の少女たちの多くは、たとえば恋人とセックスするとき、「嫌われたくないから」「可愛い女の子でいたいから」と、避妊についてさえ話し合えないでいる。けれども同時に、「愛する男の子を守るために戦う」という主体的な生き方への望みも抱いている。

だがフェミニズムは、矛盾を抱えた彼女たちを十分に受け止めきれていない。少女たちの「リプロダクティブ・ライツ」意識の低さを嘆くことはあっても、自立への意志を引き出し、支える回路を見いだせていない。

現実の少女たちと正面からちゃんと向きあうこと。そこから、私たちが対話と協働の糸口を見いだしていくこと。それが日本の女性運動の現在の課題の一つだ。

昨年度の日本女性の合計特殊出生率が、これまでよりさらに下がり過去最低の1.46になったことを厚生省が発表した（6月24日付朝日新聞）。出生数も1,188,317人で、明治32年以来、最低であるという。

個人的なことであるが、この過去最高の出生率に「貢献？」した私の出産体験から、女が子供を産むことについて少し考えてみた。私が子供を産みたいと思ったのは、子供のいる暮らしをしたかったからであるが、どこまで真に自分自身の選択によるものかはわからない。「女が子供を産むことはごく自然」「子供のいる家庭は楽しい」などの思い込みが私の深層心理に植えつけられているのかもしれない。意識としては、子供を産まない、産めないことも自然であると思っているし、子供がいるために楽しくない家庭もあることは理解できるのだが。そして、もうひとりを産むかどうかになると、単純に子供が欲しいという思いだけでは決められない。二人目の子産み、子育てに必要なと思われる経済、体力、時間の三つが現在の私には十分ではないと思うから。

実際に子産みというよりも子育てを体験してみると、いろんな意味で現実の制約がみえてくる。上にあげた三要素と関連して、子育てが女により負担がかかってくることを始め、現在の日本社会の中では子育てをゆとりを持って楽しむことは難しい。しかし一人目から経済などを理由に子供を産むことを「あきらめる」女は実際には少ないのではないかと思う。二人目あるいは三人目からが思案のしどころのように思う。

*編集の都合上、日本語訳は正確な英文訳になっていないところがあります。どうぞご了承下さい。

We hope that all countries and all societies will implement as soon as possible a policy that both creates an environment where women can determine the way they live their lives by their own will, and establishes the right of women to control their own bodies and sexuality.

Up until now development has been driven by developed countries and multinational corporations ... As a result, an increasing number of women in developing countries are forced to work in exploitative poor working conditions, or are suffering from both mental and physical stress ... Women's health is thus seriously threatened ... Needless to say economic development should be conducted sustainably, but it should also be a process which benefits and empowers women ...

It is also critical that we improve situations where women's health and lives are endangered by discrimination and inequality due to gender, age, sexuality, religion, race, marital status, or socio-economic class; discrimination based on whether one is handicapped or sick; or discrimination based on the country or region in which one lives.

PROPOSALS

- 1) Current legal systems based on gender discrimination must be reformed. Specifically, all laws prohibiting or restricting abortion and contraception should be abolished, and new laws which guarantee women's reproductive and sexual health as basic rights, including access to contraception and abortion should be drawn up.
- 2) Medical and health care for women must be made fairly and equally accessible to all ... encompassing all aspects of their health regardless of whether or not they bear children, or whether or not they are pregnant. It would further include care for women who are infertile, or are past child-bearing age.
- 3) Information about human bodies and

sexuality must be made freely accessible to all ... information should be distributed and made readily accessible to men so that they can understand the responsibility they have towards women's bodies and sexuality.

- 4) Safe, effective, acceptable and affordable methods of contraception, and access to safe, legal abortion must be guaranteed to all women ... It is also imperative that should women wish to stop using a certain method of birth control, they have the power themselves to immediately stop using it ... it is strongly hoped that men will begin to participate in and take more responsibility for contraception ... Customs that prolong discrimination against girl children by, among other things, selective

***"Emphasis should be shifted
away from development
based on economic efficiency
to social and human
development"***

abortion by sex, or customs that can be used as a form of eugenic policy, must be eliminated.

- 5) Conditions that hinder women from executing free reproductive choice must be improved ... child care centers and other kinds of support systems must be set up, and the environment in which children are brought up must be improved.
- 6) Traditional gender roles must be eliminated and redefined, and new social and political systems created.
- 7) Mass media, school education, social education, and other related facilities should be harnessed to fundamentally shift the way people think about reproductive health issues ... in certain situations, women's centers which are available for use to anyone should be established.
- 8) It is necessary to make laws to prevent

sexual violence, sexual abuse and sexual harassment against women. Also, in order to protect and help rehabilitate victims, facilities such as shelters should be set up to provide counselling and job training to these women.

9) Whether of developed or developing countries, governments should make efforts to eradicate the increasing trafficking of women by exploitative sex industries by clarifying, through education, appropriate policies and laws, the responsibility of men who buy women ...

... an increasing number of women have contracted STD's and HIV/AIDS. Unwanted pregnancies have also been increasing in number. All of these have contributed to the destruction of women's reproductive health.

10) There must be equal opportunity for women in education, job training and employment. Customs, labor conditions, living environment and family relations which are hazardous to women's health must be improved. The safety of water, food, sanitation facilities and housing must be ensured.

11) Emphasis should be shifted from development based on economic efficiency to social and human development.

12) Laws should be made to enable some

measure of control against advanced reproductive technologies. This is because social pressure on infertile women has been increasing as a result of widespread reproductive technologies.

Also, discrimination against women has been encouraged on account of sex selection technology ... Moreover, the use of eggs and sperm of others or the technology to conceive children in other women's bodies, namely surrogate mothers, violate the health/rights of not only the donor women but also the women who receive the services, regardless of whether money is involved.

13) Training programs for the providers of information and services should be restructured from the perspective of reproductive rights. Likewise, gender-conscious monitoring should be introduced.

14) Women's participation in development assistance programs, at each level of policymaking, implementation and evaluation must be more than 60% for both the donor country and the receiving country. These women must have sufficient knowledge about reproductive rights, and be involved in activities to promote these rights.

Will 'Reproductive Rights' Be Accepted In Japan?

by
Miho Ogino

In Japan, there originally did not exist the right word or phrase to describe "reproductive rights" or "reproductive health". This indicates that the thought suggested by it did not exist, either. Under such conditions, some Japanese feminists encountered the term at international conferences overseas and created the Japanese phrase: "My body belongs to myself" to transmit its proper message to other Japanese women. Recently, "reproductive rights" is transferred

into Japanese as "the rights concerning sexuality and reproduction" or "the rights of self-determination concerning sexuality and reproduction". However, compared with the term "sexual harassment" which is already so familiar to the general public as "*Sekuhara*", the phrase "reproductive rights" and even the thinking connected with it have hardly drawn much attention. It seems that most Japanese women, except for some feminists, do not seriously consider

reproductive rights as something which concerns them

Why? The biggest reason, I believe, is the fact that the Japanese government immediately legalized abortion just after World War II. In the pre- and mid-war period, the government had followed a strict policy in order to increase the population. But after the war, it had to solve the problem of overpopulation. Therefore, the Japanese government suddenly began to encourage

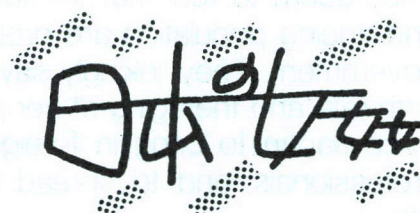
"...most Japanese women, except for a few feminists, do not seriously consider reproductive rights as something which concerns them"

birth control by contraception, and abortion was liberalized as the easiest way to reduce the population. Because both men and women at that time wanted to escape from the sufferings caused by having too many children, they willingly accepted this policy. Since then, many couples have tried to have only two children on average by depending mainly on the use of condoms or the rhythm method. In case such methods of contraception failed, they would have had an abortion. Considering this history, we can see why Japanese women have not shown much interest in "reproductive rights" so far. This is because they were spared the trouble of fighting for these rights.

In fact, however, the anti-abortion law which was enacted in the pre-war period has not been annulled to date. Therefore, if the Eugenic Protection Law, which legalizes abortion, is amended, there is a fear that "the right to abortion", which Japanese women take for granted, might be taken away. Although a bill to amend the law was twice introduced in the Diet, it was crushed by the women's counter movement. Recently, however, there have been no such attempts – superficially at least – to amend the law

(even though the period of legal abortion was shortened by two weeks in 1991), and many Japanese women never imagine their privilege might be taken away some day. Also, they are not interested in Japan's extraordinary aid to developing countries regarding population and birth control. In other words, they have no inclination to know how and where the aid is used, or how much it is helpful for the women living in other countries. Sad to say, many Japanese are indifferent to other people outside Japan, not only in the field of politics and economics, but also in the matter of reproduction.

In some different ways, they are beginning to pay attention to matters such as women's sexuality and bodies, or their right to self-determination. For example, big arguments have risen among them about the popularity of reproductive technologies such as in-vitro fertilization, and the recent campaign to "have more children" waged by the political and financial circles with the aim increasing the birth rate. As a result, they have been given a precious opportunity to think about their own sexuality and reproduction. Furthermore, due to the current topical problems of sexual harassment and "comfort women" (war-time sex slaves), men as well as women have been reconsidering the problematic definition of sexuality and all it entails. Whatever the Japanese translation may be, whether or not the concept of "reproductive rights" will be widely accepted in Japanese society depends on how much Japanese women can tackle these problems as their own matters of concern.



Facing Japan's Population Issue

by

Rita Dixit-Kubiak

As the outside world grapples with a rapidly increasing population and complex family planning crises, the Japanese government is primarily concerned with the country's falling birth rate and aging population. Since 1989 the average number of children for a Japanese woman of child-bearing age stands at 1.53. The Japanese government and the Obstetrics/Gynecological Association are desperately trying to reverse the demographic changes, but to little effect. Although several local governments now offer financial assistance for second and third children, and some even for the first, Japanese women in general seem to be paying a deaf ear to their country's call.

According to Kiyoko Yoshihiro, author of *Reasons Women Don't Want To Have Children*, "Japanese women, having tasted freedom while single, are reluctant to conform to the kind of marriage Japanese men offer." Other reasons she lists for women not wanting children are the general degradation of the environment and the fiercely competitive future in store for Japanese children both in education and employment. Whatever their reasons, 37.8 percent of Japanese women between 25 and 29 remain unmarried, seriously limiting their child-bearing years.

My female colleagues at the junior colleges as well as friends in the women's organizations here do not feel particularly worried about Japan's population issue. They seem to feel that the falling birth rate and ageing population are problems for the government. They jokingly say the plunging birth rate and the aging of her population will force Japan to bring in foreign labour and professionals, and to spread her wealth a little.

Foreign labourers are already coming to Japan, but they are being brought in as cheap labour to perform jobs that Japanese will no longer do. Foreigner's rights as workers are ambiguous, and naturalization an impossibility. However, if I understand what some of my Japanese female friends are saying, they would like their government to introduce foreigners into Japan's work force with full employment benefits and human rights. I wonder how many women in other countries with falling birth-rates and ageing populations actively consider the option of importing foreign populations into their societies. And how many women in these countries are actually working to make this a reality.

In Japan, women's organizations have just started to consider the global population problem and their nation's responsibilities. But they find most Japanese women are still quite indifferent to the issue. Except for not wanting children of their own, Japanese women express little concern about population or family planning issues. Since Japanese women are, in general, unused to taking a stand on social issues, women's organizations feel it will be an uphill task for them to raise consciousness amongst citizens regarding the global population crisis, particularly when the government's only message to its citizens is "Have more kids!"

Nonetheless, Japan's women's organizations now addressing population and family planning issues have a unique perspective to present to the world community regarding their nation's (too) successful family planning program, as well as their "international solution" to their country's unique population woes.

The Symposium On The Population Problem

"Save The Overpopulated Earth"

by

Sumiko Domori

The overpopulation problem is said to be one of the most urgent tasks the world faces. However, most ordinary Japanese are not well informed about this problem.

When the Japanese media presents a program concerning this problem, it may sometimes be slanted. For example, in April **NHK** (Japan's national broadcasting network) broadcast a TV program entitled "Save the Overpopulated Earth" consisting of a symposium and a film which showed how India and China are suffering from overpopulation. The narration over the video said that serious degradation of the environment and depletion of natural resources were mainly attributable to overpopulation. The video was so convincing that many viewers might well have believed ecological degradation should be blamed on developing countries, not industrial countries which consume higher proportions of resources.

The problem with this video is not only the biased video but the symposium itself. The panelists were all men including Alvin Tofler, an American scientist, a UN official, a university professor from Thailand, Japanese academics and experts, so-called 'wise men'. In short, the discussion crucially lacked women's perspective. The panelists evaluated the success of birth control and economic growth in Japan. The UN official said that Japan should take a leading role in settling this problem. The Thai professor protested against the idea, saying that among different countries there are such wide diversities in culture and social situations that Japanese or other western examples could not always be adopted. Even this professor failed to take reproductive rights into account. These men just commented on the necessity of education for women. Literacy and education are inevitable precursors to a decrease in the population, accord-

ing to their theory. It seemed to me that they have no notion of reproductive rights. They failed to notice the situations involving coercive sterilization and the use of harmful contraceptives in developing countries, or infanticide and abortion of female fetuses in China.

In fact, Japan has succeeded in lowering the birthrate. However, this has resulted in the government's fear that coming generations will not be able to support the already overburdened welfare system for the aged. The government insists that comfortable and prosperous futures for both men and women are dependent on increasing the birthrate.

It is said that the prevalence of education has improved women's status in Japan. However, companies are still reluctant to promote women on an equal footing. Some women are suffering from infertility or pressure from family and society. On the other hand, there are some women suffering because of the high costs involved with raising and educating their children, as well as housing.

The panelists concluded that improvement of women's status would surely lower the birthrate in developing countries. However, they failed to define how improvement of women's status could be achieved. If they insist on the necessity of education, it should be targeted at both men and women equally. Also, if the education of women is as developed in countries like Japan as the panelists said, then women should have been included in this kind of discussion.

Of course, education is important for raising the consciousness of women and making choices concerning reproductive rights. Women should take an active role in all aspects of education, including health and reproductive rights.

When Women Learn To Live Their Own Lives

by
Sumie Uno

The idea of reproductive rights means not only the right to abortion and contraception but also the right of a woman to decide about her own sexuality and to have reproductive choices. This includes the right to access information about reproductive diseases, or to choose safe treatment.

Nevertheless, the term "reproductive rights" is not a familiar one to most Japanese women. This is not only because abortion is (practically) legal and easily available, but also because of another fundamental factor we must consider before even thinking about the interpretation of the word "reproductive."

This factor is people's consciousness of the idea of "rights." Not only in women's issues, but in all matters of concern the term "rights" itself is not an acceptable one here in Japan. In other words, people here generally do not understand the concept of "rights." To be conscious of the basic rights of human beings and to assert yourself is, in a sense, to protest against authority. Japanese society offers no support for those who protest against authority, so many are afraid to assert their own rights, and unwilling to show their own unique human individuality.

Such ideas and behavior styles have not yet established themselves in Japan. Moreover, women are always oppressed by men. Under such circumstances for women, the idea of reproductive rights will not be taken

up as a social topic in Japan.

Every day I see young women commuting on trains, dressed up in expensive clothes, carrying expensive bags and accessories. The numerous train advertisements for women's magazines deal mostly with fashion, cooking and diet. Women must be investing lots of time and money in those things. It is not very easy for women, even myself, to choose our own lifestyles based on our own true feelings and value judgments without being caught up some fashion trend or socially acceptable 'common sense.'

In order to become interested in your own body and to control it without caring what others may think about it; and before you can answer such questions as: Whether or not you want to have sexual contact with anyone, what kind of contraception do you want to use and if it is necessary, whether or not to have a baby, when and how many children you want to have, how you want to work, etc.; you have to think about how you want to live your life. Once a woman begins to think in terms of: "I want to live my life *this way*", she will then be able to come to the idea of 'rights'. Since women are more oppressed in this society than men, they should be able to realize this more easily.

The Concept Of Reproductive Rights

by
Yasuko Ako

Recently I have been thinking about the concept of "reproductive rights," which will be discussed at the international conference in Cairo, and how this concept can be accepted into my own way of thinking.

In a book I recently read, the author writes, "When we trace the origin of our body's development, we can find that there is first a fertilized egg, which is then delivered and later raised. After it becomes an adult, it ages, expires, and returns to the

earth. "I" is nothing but the physical phenomenon living in the space between egg and earth." I have come to pay more attention to the process by which we establish our sense of selfhood. The reason is because I sometimes meet two types of women. One type is the kind of woman who cannot separate the idea of her body from "I"; the other type is the woman who only regards her body as a mere object. These women cannot choose an alternative way to see their bodies. As an activist for women's health issues, I have been very much aware of both ways of thinking.

Especially concerning reproductive functions, we can see how this dichotomous thinking can play an influential role. I am afraid the idea of reproductive rights is far beyond Japanese women's reach, although this concept is regarded to be significant by some women and efforts to accept it and understand it are being made. However, the more developed a culture becomes, the deeper the gap between mind and body becomes, I think.

In the above mentioned book, the author likens this "I" to a handicapped child whose growth of body and mind are correlated to each other. I believe an analogy can be drawn to a woman's body and her mind.

One of the best examples of this separation between a woman's body and her mind can be seen during the progression of a woman's life – all the way from the neonatal period, through infancy, childhood, adolescence and menopause. During this period, the reproductive functions begin to work at a different time from when "I" is aware of herself as a woman and enters the adult world. Moreover, ethics and common sense also play a role in a woman's complete development. Menstruation is the first reproductive function that "I" meets. In some ways this is a social affirmation of a woman's reproductive role, and "I" starts to be considered to be a woman by society. However, in real life, with the menstrual period comes physical pain, difficulties in daily life, and emotional disturbances like depression and fear. A woman's body must deal with this as a recurring physical phenomenon. Menstruation itself,

even when it ceases, does not harm a woman's health – not unlike other wastes which leave the body. Nevertheless, whether the menstrual cycle is smooth or not can greatly affect the life of a woman. If we considered the phenomenon of menstruation as just one of the many processes of both our mind and body, then we could perhaps more easily accept it.

Once when I was talking with another woman about menstruation, she said, "That's surprising! I didn't know that menstruation has such a rhythm and that it plays such an important role in a woman's body." She continued, "I thought it was already a familiar part of our lives and widely accepted because we often see TV commercials about sanitary products." I felt like there was something wrong with her thinking. It sounded as if her body were some other person's and not her own. Does she always maintain this gap in perception between her body and herself? I do not think so. Once something bad happens to her the two would work together as one. I wonder if there is not some way to maintain that "proper" distance between body and mind?

When I first heard the expression "reproductive rights," I instinctively felt these were the words I had been looking for. In Japan this term is translated as "the rights of sexuality and reproduction," the term itself sounds like something very far away and unconnected with our real lives. However, I think that in a bigger sense it seems to represent the fact that during the life cycle of a woman, our body and mind cannot act separately or be irrelevant to the reproductive cycle. On the other hand I am afraid we have been raised to regard our body as something separate from our whole self in the process of establishing our own sense of identity. As a result, we are greatly affected by the reproductive functions only as they apply to the questions of whether or not we can have children and whether or not we choose to have children. This attitude places an unnecessary burden on women. In this modern world, a social structure in which women can live comfortably cannot be achieved in a male-dominated society.

Dreaming Of A Women's House

by

Sekiko Kikushima

Women in Japan feel that our present situations are uncomfortable and unsatisfactory. So we ask ourselves first of all why we feel this way, and then how we deal with our problems. We have started to reject our traditional domestic/social roles and to struggle for a solution to our frustrations.

Women all over the world are refusing to bear their pain in silence. If they are only waiting passively and patiently for change to come, there will be no chance for change. Women's lives seem to be a series of struggles and challenges, of actions and movements.

Women have always had serious problems concerning independence from parents or family, jobs, finances, married and

"Women become encouraged enough to take action...when they are sure that other women share their problems"

single life, relationships with parents and partners, health, and emotional problems among others. Such problems seem to be individual and private but actually they are related to social issues as well as foreign affairs.

Women become encouraged enough to take action and to challenge the status quo when they are sure that other women share their problems. Everywhere in Japan, women have gotten together, shared their experiences, and learned various lessons. They have started to support one another but still not enough.

Now in Japan we have many public women's centers as well as private ones which we can use for meetings and various

activities. However, several problems still remain. It goes without saying that beautiful buildings and facilities do not guarantee fruitful activities for women. According to an article in the **Asahi Shimbun** (a newspaper), some public women's centers have various troubles, one of which is that only a few women make good use of the centers. However, I think this also indicates that not all women are contented with the events and/or courses concerning women's issues now provided by these centers.

Recently Osaka prefecture was looking for staff for its "Dawn Center", a prefectural women's center to be open this November. The qualified applicants should be under forty years old, Japanese, and expect to sign a one-year contract. We, of course, protested against an age limit and nationality restriction, as well as the one-year contract.

I am sure that public women's centers could serve as places where women learn women's studies, and furthermore could share experiences with and act hand in hand with oppressed women (at home and overseas), and moreover could pass down their life histories to younger generations. In order for women's centers to truly function well, I believe it is important for women to take action themselves. Women should demand that the government have clear policies and blueprints concerning women's issues and also that they train excellent staff as soon as possible.

In addition to this, I have a dream: we will have a "women's house" someday. That will be a women's house where we can live with our new 'family' of intimate women, a place where women can learn and develop together, similar to the women's centers; and also a shelter for women in trouble.

In Consideration Of Girl's Comics

by

Haneko Inoue

Girl-oriented comic books are a form of literature peculiar to Japan. As many as forty magazines of this type are currently published. This means that one or two new issues appear daily. In addition, those titles which become tremendously popular during serial publication are usually published as monographs. As a result, as many as several millions of girls in their teens are reading girl's comics. Of course, these young readers have not yet firmly established their own lifestyles or their own sense of values. The significant impact of these comics on girls cannot be ignored.

Girl-oriented comics deal with many aspects of life: love, school life, humor, homosexual love, unrequited love, mystery, historical romance, sports, horror and science fiction among others. Many Japanese girls get much knowledge about life from these comics and are often immersed in the world of cartoons in order to avoid facing reality.

Currently **"Sailormoon"** by Naoko Takei, which appears in **Nakayoshi** (Friends) is the most popular comic book series. The television version has been on the air in several countries in Asia and in Europe. You may have already heard about this story.

The leading character of "Sailormoon" is a girl in her second year of junior high school. She had been unstudious, clumsy, and whiney. Her school life had been uneventful until she happened to remember her previous life. She had been a princess, but then came back as a beautiful girl to fight alongside four other beautiful girls against a group of villains who are planning to conquer the universe.

A biweekly magazine called **"Hana-to-Yume"** (Flowers and Dreams) publishes another comic series entitled **"Please! Defend My Earth"** the leading characters of which are a man and a woman. They share the memory of living on a lunar base in their previous lives. This story, first published in 1987

by Saki Hiwatari, heralded in the current popularity of girl's comics and introduced a new genre of cartoons – Previous life stories. In Hiwatari's story, the characters remembered their own previous lives when they jumped off of a high building. Following them as a model, many girls eager to know their own previous lives jumped to their deaths during the latter part of the eighties. "Sailormoon" is a similar "previous life" story.

There are some girls who are unable to feel the joy of being alive, or to experience a sense of fulfillment although they were born and are growing up in Japan, a country where there is neither war nor starvation. They are eager to find out what their role in life may be, so that they may take an active part in society. Knowing these desires well, the author of "Sailormoon" had the princess come back as a fighting girl soldier. Now the reborn princess is no longer a mere object of protection.

Many Japanese girls cannot even discuss contraception with their boyfriends when they make love because they are afraid they will lose their boyfriends, and also because they want to act the way they think "cute" girls do. On the other hand, they look up to the princess character who says "I shall fight to protect the boy I love." This means they are also longing for a more independent life.

Feminism has not yet been accepted by these young girls who are full of inconsistencies. Feeling sorry for them because they are not aware of their "reproductive rights," we haven't even provided them support systems in which they can become aware of their own sense of independence.

The first thing we feminists have to do is to be able to approach such girls in an appropriate way. Presently, our own way is to draw them into conversation through confrontation. This is one of the problems faced by Japanese feminists today.

Speaking Out

by Sumie Uno

According to the June 24th, 1994 Asahi Shimbun, one of Japan's leading newspapers, the birth rate (the average number of children each woman of reproductive age will bear in her lifetime) dropped to 1.46 last year. This was the lowest rate in Japanese history. The total number of births was 1,188,317. This was the lowest number of births in Japan in a single year since 1889.

My own experience with childbirth last year, which could be called (but maybe not by me) a "contribution" to the efforts to raise Japan's low birth rate, have given rise to some thoughts on child-bearing that I'd like to share with you.

The reason I wanted to have a baby was simply that I wanted to live with a baby and share the experience of life with one. However, I'm still not sure how much this was my own idea, and how much was due to some subconscious social influence, telling me: "...It's natural for women to have babies..." or "...having a child makes for a happy family..." My actual conscious beliefs are that it is natural to have a baby or not, and that family life with a baby can be an unhappy situation.

It will not be easy for me to decide to have a second child because I don't know where the time, money, and energy needed for child rearing will come from.

By raising a child, not just giving birth to a baby, one can see first-hand how many are the various limitations and difficulties involved. In addition to the triple problems of time, money, and energy it is more difficult to raise a child in Japan than some other places because of the additional responsibilities women bear in Japanese society.

Even so, I doubt that most Japanese women are giving up plans to have a first child for economic reasons only. A second or third child is a different matter altogether.

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, advice on Chinese medicine, study sessions and "teach-ins" on women's health.

Coming Topics!

Letters from our readers about male midwives and more

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After we published some articles about male midwives in issue number 10 (Autumn 1993) we received several letters from readers. Most of them questioned and objected to the articles against male midwives. We would like to print excerpts from those letters, and some other related articles. It is not easy to answer 'yes' or 'no' to male midwives. We have to think it over from many different viewpoints.

■■■ Letters From Our Readers ■■■

Dear Editor,

I must confess to being both angered and pleased by the autumn issue (no. 10, 1993). On the one hand, I was pleased because arguments both for and against male *midwifery* were given. On the other hand, all the writers were women. As I said in my opening sentence, I believe in alternatives. Clearly, alternative arguments were given. But where was the alternative male voice?

Sadly, the fact that this debate is even taking place shows that medicine in Japan is being polarized by politics and economics. In times past men of 'science' and religion condemned women healers as witches in order to create a political and economic monopoly. I wonder if some women are trying to create the same monopoly in midwifery. The goal is not to reduce alternatives, but to expand them. Indeed, maybe many, or even most, women prefer a female midwife. But what if they would prefer a male midwife? If there is even one woman who would prefer a male midwife, she should be encouraged to seek out that alternative. (Likewise, men should not be barred from professions on the basis of gender, anymore than should women.) I have never presumed to speak for *all* men, and I am shocked when someone presumes to speak for *all* women. Patronization is patronization, whether it is men patronizing women on the basis of gender, or women patronizing women on the basis of education, class, status, or power. All of us must have access to alternatives in medicines without being made to feel guilty for having different preferences, emotions, or needs.

Jerome F. Shapiro

Dear Editor,

As a subscriber to the *Women and Health in Japan* journal quarterly, I have read with interest many of your articles. I am a supporter of increased awareness about women's issues in Japan and elsewhere. However, as a nurse practitioner from the United States, I was dismayed to read the latest issue of the journal (Autumn 1993). The articles about midwifery were strongly biased against men. I find this very strange, coming from an organization which would condemn sexism against women. We can't have it both ways. If we are for equal rights, we cannot exclude men from jobs which are traditionally female. It is really frustrating to read such arguments as those found in your journal. Having worked with men and women in the medical field, I have found them equally capable of discretion and empathy in dealing with gynecologic issues. I wanted to express my views, and I thank you for your kind consideration.

Laurel Ostrow, RNC

Well-qualified, Reliable Midwives Are What Are Needed

• Why I support the proposal that men be approved as Midwives •

by Takahashi Akiko

I have long been restricted, or expected to do something, just because I am a girl, or now, a woman. Since I strongly reject this, I would never use the 'argument' "because you are a male". I believe it can never be just to discriminate against someone because of gender -something beyond one's control- and I do not want to help promote such discrimination.

At hospitals, clinics, and childbirth centers, the gender of the care provider should not be a matter for concern. That person should be judged not by gender but by ability. Pregnant women want reliable helpers, especially when they choose to play a major part in their own childbirth, not leaving everything to a doctor or midwife. Such women use a lot of energy finding the most suitable facility (hospital) which meets their requirements for childbirth. If only females are allowed to be midwives, obviously, pregnant women can only choose from among female midwives, and, inevitably, the supply will be limited. However, if pregnant women can choose a midwife -not on the basis of gender, but considering the person's character and talent- then a much wider variety of choice will be available to them.

At present, gender prevents a man from becoming a midwife, even if he has strong motivation and aptitude. This situation is disadvantageous, not only for all men who might wish to become midwives, but for all pregnant women.

I understand there are various misgivings about the proposal that the door of midwifery be opened to males. However, I believe there must be some way to dispel such negative attitudes.

I would like to discuss here the opinions expressed in "No to Allowing Men a Midwife's License" by Ms. Kiyoko Okamoto in the 10th issue (Autumn 1993) of *Women and Health in Japan*.

Ms. Okamoto stated that "even though women are the ones to be directly influenced by the decision [to allow males to become licensed midwives, ed.], their opinions are being

disregarded." If this is true, the situation can be improved by listening to what women think. Now is a good time to collect opinions from women since such issues are currently topical. To begin with, midwife associations could conduct a large-scale survey.

Second, based on the figures from a survey in Miyagi Prefecture in 1991, she

That person should be judged not by gender but by ability. Pregnant women want reliable helpers, especially when they choose to play a major part in their own childbirth . . .

concluded that "a lot of women still reject" the idea of granting men licenses to work as midwives. The survey shows that "53.7% of 404 pregnant women opposed it, 19.1% were in favor, and 27.2% were neutral." To me, however, it is remarkable that 46.3% were not opposed (in fact were quite positive) to the idea of male midwives.

Reforms are not always something of which the majority approves. In this case, we should note that the proposed reform will be made only for the purpose of opening up a job opportunity. Considering the fact that the survey showed almost 50% support for the proposal, we could say that this proposal received strong enough support.

Third, Ms. Okamoto argued that midwives "have direct contact with a woman's genitals

over a long period. This being the case, I think that female midwives are more suited to taking care of female patients, as surely most women are able to relax more with a female midwife." However, one of my friends once said, "I didn't go to the hospital on the day when the female obstetrician was on duty, because I was more afraid of her." Another friend said, "I was able to relax during the delivery only because of the presence of a male friend who had learned about childbirth with me." Of course I accept the fact that a lot of women can relax more with a female midwife. However, I would like those opposed to male midwives to realize that there are many women who do not care about the gender of their midwife. For them, the most important things are the character and talents of their midwife, and the quality of the relationship between their midwife and themselves.

Ms. Okamoto also stated that "if a male midwife examines a pregnant woman, a female nurse should be present as a moral consideration" and "it is the same as when a male obstetrician examines his patient." What does "a moral consideration" mean? Having been examined by a male obstetrician and having received breast massage from a male therapist, I cannot understand what she means by this expression. Is it commonly felt among medical people that men are dangerous to women? If it is, and if this prevents men from working as midwives, then all we have to do is to make sure that male midwives be accompanied by female nurses.

Fourth, she stressed that "it is not likely, at this stage, that a woman will be guaranteed the right to choose a female midwife." This is a very significant point. The right must be guaranteed. In order to remove any cause for anxiety, the most important thing is to create a new system which can protect the right of a pregnant woman to choose a female or a male midwife. It might help to put up a notice saying: "Our hospital has male midwives." Before thinking about this new system, there is room for improvement in the current situation, in which information concerning midwives is very limited. At present there is no way of knowing how many midwives there are in a hospital, or their names.

Fifth, she emphasized that "before initiating midwifery training for males, the curriculum first needs to be evaluated." Being an outsider I am, of course, not familiar with the actual details of midwifery training. Nevertheless, I still feel that I

cannot agree that much change need take place.

These opinions I have stated come from my own thoughts on this issue. I will welcome any opinions which differ from my own.

The circumstances surrounding childbirth have been changing greatly in recent years. More and more women have come to have their babies in hospital. This is because more people attach greater importance to safety and convenience than to any other consideration. However, the personal needs and the human rights of women have also been disregarded. Some hospitals treat them as objects, rather than human beings. In reaction to this, there are many cases (quite many, even) where a pregnant woman chooses to give birth at a midwife-run facility or at home instead. The current childbirth situation clearly reflects today's increasingly diverse attitudes, values, and women's emphasis on their need to assert their rights.

I ardently hope to see women given a wider variety of choice, by opening up opportunities to all qualified candidates who want to become midwives, whether they are male or female, so that women can make whatever is the best choice for themselves.



No, Again to Male Midwives

-In Reply To Takahashi Akiko-

by Kiyoko Okamoto

Lecturer, Osaka Prefectural Midwifery College

Women and men are not equal as far as biological sex is concerned. It is women who are compelled to have abortions if they get pregnant unwillingly. Women are at a disadvantage, unequal to men in this respect.

In *Women and Health in Japan* No. 10 (Autumn 1993) I presented an opposing viewpoint to giving men a midwife's license for the following reasons:

1) Women's opinions haven't been fully regarded in the process of arguments either for or against.

2) Most women are against the idea.

3) All things considered, women are better qualified to do specialised duties as a midwife.

4) It is not likely, at this stage, that a woman will be guaranteed the right to choose a female midwife at a hospital.

5) Practical training in maternity nursing for male nursing students and its merits have yet to be thoroughly examined.

Ms. Akiko Takahashi gave her arguments against my points. I have taken her objections into consideration, and have concluded "no" again to the issue as follows:

1) Takahashi insists that women's opinions will be regarded through further discussions beginning now. However, a hasty decision was already reached without discussing all sides of the issue when it was decided last autumn to allow men only a health nurse's license, not a midwife's license. In fact, people concerned with this issue didn't have enough time to give their opinions through surveys and forums on this issue.

2) Takahashi considers pregnant women who answered "neutral" (27% in a survey in Miyagi Prefecture, 1991) to be in favor of the issue. However, most of them admitted that they were in favor of it only in theory -meaning they support the idea of equal employment opportunities- and that they themselves did not want male midwives to become reality. This means that they were really against the idea rather than in favor of it. Therefore, in fact, 80.9% in total (53% against plus 27% neutral) were against. That is, most women do not agree with allowing men to be midwives.

3) I still believe that female midwives, being of the same sex, are better qualified to do this work. Possibly there are some bad female doctors and midwives as Ms. Takahashi claims. Also I suppose some women may want their husbands or some other men to be with them during delivery. However I wonder if they truly want to be held for a long time, to be rubbed on every part of their body and to have their genital area touch directly by men. Don't they feel embarrassed by pelvic examinations given by men, even if by trusted ones?

Besides, when I talk about moral considerations I mean that people working in the medical fields as well as women patients, should be protected from troubles. How can it be possible, from an economical point of view, to have a female nurse always present while a male midwife does the specialized work?

4) It is difficult for a pregnant woman to be guaranteed the right to choose a female midwife at any hospital, because there are not

enough midwives at this time. Moreover, considering the present state of midwifery training we cannot expect a rapid increase in the number of midwives in the near future.

5) The advantages of allowing men to do midwife work have yet to be examined thoroughly nor have women's opinions. Practical training in maternity nursing for male student nurses includes attending to the genitals and breasts of would-be mothers. Pregnant women's feelings about this situation may hint at their reactions if cared for during delivery by male midwives.

For these reasons I believe women are better qualified and much better suited to be midwives. Not allowing men a midwife's license

does not mean sexual discrimination. It is natural for women to be midwives because they share the same reproductive function as pregnant women. Midwives have always been women throughout history.

Some fear that a male midwife might hold a supervisory position and control the work of female midwives as is sometimes the case with male and female nurses. However I do not fear this will happen. Women have been considered fit for nursing work, and by a natural process there are only a few male nurses. There is nothing to worry about, I believe, as long as female nurses do their best to develop themselves and to be better qualified to become supervisors.



Comment by editor:

Childbirth is, or should be, an intensely private event. It is also a sexual event, and a midwife can be (and indeed should be) thought of as taking the role of an intimate sexual partner to a laboring woman. However, we must reject any assumption that childbirth is in any way a shameful act; or one that should be hidden away, barely acknowledged and never commented on. Touching the genital area is a small but necessary part of the job of assisting a woman to give birth, and to over-emphasize it above all other considerations is to give a very narrow and distorted view of childbirth.

I know that many women say they want to be taken care of by a female midwife rather than by a male one. It must be hard to imagine that such a trusted man could exist in this society where women are surrounded with sexual violence. However, the suggestion that most women would automatically regard any intimate contact with any male midwife to be shameful and immoral and that therefore men should be barred from legal accreditation as birth attendants does not seem entirely credible. Also, the fact that midwives have always been women throughout history does not mean that only women are suitable to be midwives. Few feminists would argue that the fact that housewives have traditionally been women proves that only women are suited to housework. We want to build a world where men and women are truly equal, and can live and work together without fear.

Instead of pointless argument about whether or not it is possible for a man to be an effective midwife (it is), perhaps we should be asking whether or not it is possible to provide pregnant women with the kind of long-term support that would allow them meet several midwives often enough to develop a trusting relationship with at least one of them; or even if it is possible to provide a midwife to every woman who wants one.

Why Not Have Male Midwives?

• The Opinions of Male Student Nurses •

interview by Haneko Inoue

Should men be granted licenses for midwifery? This issue has been frequently discussed, so far mostly among medical specialists and women. However, the views of male students who are studying to become midwives, a group of people who are closely concerned with this issue, have not reached our ears. Are there really male students who want to become midwives? Information from several nursing science schools reveals that while there are currently no male students studying in the midwifery courses, the number of men in the nursing courses is increasing.

A staff member from the Women's Center Osaka interviewed four male students from the **Kyoto Chuo Nursing School**. They will start working as nurses next spring.

Women and Health in Japan: *In the fields of medicine and health care, there are many occupations which have been mainly occupied by men. Examples include doctors, medical engineers, and physical therapists. In spite of this, why did you dare to choose the field of nursing which used to be solely a woman's occupational domain?*

Mr. Masatomo Muraoka
(twenty-one years old)

When I was a child I was in poor health. I was taken to an emergency room by ambulance and then had to go to the hospital every three days. When I was a high school student and considered my own career after graduation, I realized that it was my turn to repay the nurses for their long-term help and support. My

parents completely agreed with me.

Mr. Eigoro Tanami (twenty-one years old)

My mother is a nurse and since I was small I often visited her hospital so I'm familiar with the work of nurses. It's not enough for a nurse to treat a patient like an example of an illness. He or she must also care for the patient's emotional needs. This is the part that makes me feel encouraged. My mother was very happy to share her experiences me.



Mr. Hideki Okuzono
(twenty-three years old)

Recently more women are becoming doctors but the field of nursing is

Masamoto Muraoka, Eigoro Tanami, Hideki Okuzono, Yasuyuki Onishi

overwhelmingly occupied by women. I want to test my ability to work in a traditionally female field. I hope to work in surgical theaters after graduation as a med/surg nurse.

Mr. Yasuyuki Onishii (twenty-four years old)

I want to work in pediatrics. In fact I intended to go to a university after high school but I couldn't decide what to study there. Then one of my girl friends told me about the kind of work that nurses do and I had a great interest in it. I thought, "Hmmm, this work really agrees with my interfering nature!" (laughing)

WAHIJ: *I heard that you had several practicums (supervised training in the field). Please tell me what you felt (about being a male nurse) then.*

When a female patient is being helped to bathe or excrete, her sense of shame (about needing help) seems to change gradually to humiliation (about being helped by a man).

On the other hand, male patients have born the same sense (of humiliation) about being cared for by female nurses.

If the number of male nurses becomes equal to that of female nurses, patients can be guaranteed the right to choose the gender of their nurse.

Work such as helping patients bathe or move which requires more physical strength is suitable for men, I think. Male nurses are usually connected in the public mind with the image of care workers in psychiatric wings of hospitals. In the near future male nurses should be assigned to other sections such as pediatrics and obstetrics that have been closed to men until now.

According to Ms. Noriko Watanabe, a teacher at Kyoto Chuo School of Nursing, quite a few male students drop out and the proportion of men who drop out is higher than that of female students. "All of the men who complete the whole course are tenderhearted men," she said.

That's right. The four men I interviewed are also tenderhearted. What impressed me about these students was not their gender but their professionalism.

Male nurses and male midwives. Only after completing a suitable course of education and training, and passing the national examinations can people be engaged in nursing. If the people who go through this preparation become professionals, it doesn't matter whether they are male or female. This interview has made me of the firm opinion that this is true.

WAHIJ: *Some people worry that a male nurse might look at female patients with sexual interest. What is your response to this?*

Even though I was taught that after childbirth a mother feels her breasts filled to the point that it seems they might burst, I could not really understand this without touching (a new mother's breasts). I believe that if male nurses respect each patient as a human being, sexual harassment will never happen.

What shocked me during the practicum was that some women in their fifties or even in their seventies asked me to keep them company and some even proposed marriage!

WAHIJ: *What is your opinion about the possibility of male midwives caring for pregnant and nursing women?*

At the hospital where I had my practical training eighty of the fathers attended their wives during childbirth. Male midwives can do many things to help new fathers. For example, they can listen to the father's worries, give advice from the male perspective, and teach fathers how to bathe infants...

Although no one currently seems to want to be cared for by a male midwife, it is best if pregnant women can choose the gender of their midwives. It is the same as (choosing the gender) of their nurse. (Other members agree with him.)

WAHIJ: *Thank you for your frank opinions. I wish you success in your work after you graduate next spring.*

Job and Gender

by Miho Ogino

Why is there persistent opposition to male midwives in Japan?

The biggest reason for this opposition, as seen in discussions in *Women and Health in Japan* Vol. 10, are that the bodily parts cared for by midwives are such special parts -the genitals- that women would feel embarrassed to show their genitals to male midwives. Before going on to discuss these reasons, however, I would like to describe the general problem regarding the concepts of job and gender in Japan. This will provide a broader framework for understanding the issues concerning the opposition to male midwives.

First of all, it has often been pointed out that the Japanese people, in comparison with those in other developed nations, have a stronger idea of sexual role division: "Work outside the home for men and housework for women." The idea of sexual role division, when applied within the work world simply means that there are men's jobs and women's jobs. Midwives, nurses, kindergarten teachers, nursery school teachers, house-helpers, caretakers for the aged and sick, nutritionists, and teachers of homemaking are traditionally women's jobs; all these jobs are regarded as variations of a woman's job of taking care of babies and other family members at home. Also these jobs, though sometimes lauded as "indispensable and valuable" for society, share common features with women's house-keeping and child-raising labor: low pay, poor labor conditions, and low social prestige.

Second, there is a gap in rank and salary between men and women who have the same or similar jobs. For example, in the information industry, men account for the outstanding majority (98.8%) of the "good jobs" such as system engineers and senior programmers, whereas 95.7% of the "low job" holders, such as operators, are women. In the teaching field, although women account for the majority (60%) of elementary school teacher positions, 13.3% of the vice-principals and only 4.9% of the principals are women. (Even this is a very significant improvement relative to the past.)

Moving up to higher educational institutions, the ratio of women teachers decreases, 38.4% at junior colleges, and 9.4% at four-year colleges. Furthermore, among those women employed by four-year colleges, 60% are assistants and lecturers, less than 20% are professors, and only 0.2% are presidents and vice-presidents. Similarly in private companies, too, men are guaranteed by the seniority system automatic promotion in accordance with their age. However, compared to men who joined the same company in the same year,

*How can feminism, which
has struck at the root of
sexual stereotype . . . say
that assistance of
childbirth is an exception
and that the sex of the
midwife is critical?*

women are slower to be promoted to be section heads and department managers; and more that 60% of companies deny women any further promotion. Thus when men and women have the same kinds of jobs women are almost always ranked lower than men, it is harder for women to gain managerial positions, and consequently it is typical that women in industry can get neither access to important information nor decision-making rights.

Within such a social situation, what would people think if men were to try to enter a job field that has been considered feminine, or a woman's? For example, nurses in general are ranked lower than doctors, although both of them are equally specialists in the health care services; however, at least within the nursing field women have managerial and

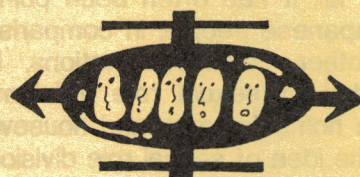
senior positions. If men are allowed to enter the nursing field, there is a possibility that they may take over those senior positions which have been enjoyed by women so far. This prospect may not be welcomed by some women, who wonder: "Since men are favored over women in most jobs, and they can find many other well paying jobs, why do they have to invade the small territory left over for women?" This is, as I understand, women's thinking in opposition to male midwives. Women's opposition to male midwives is a manifestation of their frustration at the present job world, which is gravely sexist; therefore many people, even though not truly opposed to the idea of male midwives, could still sympathize with these women's frustration.

I do not mean to say that the patient's embarrassment at having their genitals touched by men, which is a major cited in opposition to male midwives, is not an important matter. However, is the sex of the midwife so critical as to override any other considerations? As already pointed out by many people, it is inconsistent to reject male midwives while allowing male obstetricians and gynecologists (ob/gyns). Some may say that midwives and ob/gyns are different in the time length of the contact with the patients. But as a matter of actual practice, the ob-gyns who examine and treat women for reasons other than childbirth, often touch the women's genitals for a long time. In my own experience, it is equally embarrassing to expose one's genitals to some unknown person, whether male or female. Whether the patient feels uncomfortable and humiliated, or safe and relaxed is largely dependent on the doctor's

Since men are favored over women in most jobs, and they can find many other well paying jobs, why do they have to invade the small territory left over for women?

attitude toward the patient rather than on the sex of the doctor. If we are to consider embarrassment, what about men's embarrassment at having their genitals touched by female nurses? The wish that our bodies be treated not as mere objects, but as human bodies by those in the reproductive and other health care services is not limited to women.

Another point I feel is strange in the argument against male midwives is the presupposition of the sexual stereotype that men are essentially dangerous to women, like wolves; whereas women, whatever type of midwife they may be, are better for women. In the workplace as well as in education, women have suffered innumerable episodes of unjust treatment from this sexual stereotype, which does not respect the individual person's uniqueness. How can feminism, which has



struck at the root of sexual stereotype and maintained instead that each individual should be respected for her/his uniqueness, say that the assistance of childbirth is an exception and that the sex of the midwife is critical? Certainly only a biological female can give birth to babies, but what is essential for the work of the midwife is the individual person's training, ability, and compassion, and these are qualifications different in kind from sex.

In recent years, in Japan as well as in other countries, women have been gradually entering job fields which were considered men's in the past. Women are airline pilots, baseball players, bus drivers, and carpenters. Although these cases are still so few as to make the newspapers, they have a big impact in shaking society's 'common view' that "women are not fit to do such jobs." At the same time, some men are desiring to enter job fields which were limited to women in the past.

For example, it is becoming fairly common to see male nursery school and kindergarten teachers taking care of infants and small children, and those men seem to have been accepted favorably by the parents as well as the children. Recently, in a newspaper, there was a large report with a photo on a male college student who was taking a baby-sitter training course. The number of men who want

environment, and welfare, and so if the principal aim of education is to make people's lives better, homemaking is the appropriate place to start education." The problem in this case, however, is that 73% of the junior and four-year colleges which have homemaking faculties and departments do not admit male students for the reason that "homemaking teacher positions should be reserved for women" and that "coeducation can cause undesirable love affairs between male and female students," thus men are effectively blocked from getting a homemaking teacher's certificate.

To change the deeply rooted sense of sexual role division among the Japanese people, it is indispensable to abolish sexual discrimination in hiring and promotion against men as well as against women. In discussing the problem of male midwives, too, the sex of the midwife should not be given priority over

the question of the real qualifications of the midwife.

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男にも託児任せて!!

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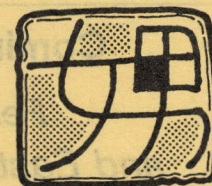
女 3

ベビーシッター養成講座の藤原

Asahi Shimbun May 4, 1994

to be caretakers of the aged and the sick is also increasing slowly but steadily, particularly among retired people.

Moreover, the number of male homemaking teachers has been rapidly increasing in recent years. Most junior and senior high schools in Japan divided some classes by sex in the past, teaching girl students cooking and sewing in the homemaking class while giving boy students handicraft, physical education, or college preparatory classes. Needless to say, homemaking teachers were women. Such was the school environment which produced workaholic men who knew neither how to sew on a button nor how to make tea. However, a coeducational homemaking program has been required for junior high school since 1993 and for senior high schools since April 1994. An increasing number of men, both teachers and education students, are hoping to teach homemaking. One man said, "Homemaking is directly concerned with contemporary problems such as family, child care, aging, the



Speaking Out

by Sumie Uno

Endometriosis, a disease which affects a woman's reproductive system, has been gaining public attention in recent years. Endometriosis occurs when the lining tissue normally inside the uterus is found in other areas and grows and sheds under the influence of the menstrual cycle. This leads to various problems such as menstrual cramping. The cause and treatment of this disease are still unknown. Recently, it has been recognised that there is a relationship between endometriosis and the immune system, and it is possible that dioxin could be related to the cause of this disease. Apparently, approximately 5.5 million women in North America have contracted this disease. Although there are no such statistics in Japan yet, many physicians and professional health care workers here admit that it is increasing in occurrence. At the Women's Center Osaka "Women's Body Hotline" calls asking about this subject have also been on the rise. There has also been a big response to the seminars we have given on endometriosis.

Last July Women's Center Osaka invited Ms. Mary Lou Ballweg, president of the Endometriosis Association (headquartered in Milwaukee, Wisconsin, USA) to speak at such a seminar. At an informal meeting with her, she said something which impressed me very much and which expressed my own sentiments exactly. It was that people involved in women's health movements did not really care about how important this kind of issue was for women. Before discussing rights to abortion or birth control, we should realize that there are many women who have serious personal health problems related to reproduction and fertility. We should not ignore this reality. People should recognise that this disease significantly influences women's lives.

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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*Feminism
and Eastern Medicine*

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About this issue . . .

In Japan, acupuncture has long been considered a useful alternative health care method, especially for women. There are several reasons for this. Menstrual cramping, for example, which does not really have any radical treatment other than pain killers unless it is caused by some other disease can be relieved by acupuncture. Poor blood circulation or coldness, especially in the lower half of the body is thought to cause various reproductive troubles and can also be improved by acupuncture. The Women's Center Osaka has been offering acupuncture treatment services since it opened.

Although there are many books and materials about acupuncture or eastern medicine, a thorough study from the women's point of view has yet to be done. So in this issue we asked an experienced acupuncturist, KAZUKO NOMI, to explain the relationship between acupuncture and women's bodies. We also asked two other acupuncturists, MOTOKO SASAKI and MUTSU KURIHARA, both of whom have been involved in the feminist movement to tell us why they wanted to get involved in Eastern medicine.

An Acupuncturist's View of Eastern Medicine

By Kazuko Nomi

Eastern medicine has a long history. In the Han dynasty, this medicine was systematized and described in a classic Chinese book. It is based chiefly on the principles of "Yin and Yang" and "Wu Xing Shuo".

According to Chinese philosophy, every creature belongs to one of the two categories : Yin and Yang. Namely, nature is controlled by these two forces. In the same way that day becomes night and night gives way to day, Yin and Yang rise and then fall rhythmically. As illustrated in the figure of Yin and Yang, Yin elements can be found in Yang and Yin elements also have the force of Yang. For example, the sun, a Yang element, can light everything but sunlit things produce shade, a Yin element. In eastern medicine, functions of the body and diseases are explained in terms of Yin and Yang.

Typical things having the power of Yin are

the Earth, night, winter, and women. In contrast, the sky, daylight, summer, and men are Yang. Yin has a dark negative image but in the classic book on Yin and Yang it is defined as follows: "Yin is a king inhabiting the body. The king exerts vital power to make the Yang elements work. Yang is men outside the body. They receive vital power from Yin and work to defend the body from harm". The roles of these two elements are thus different from those commonly imagined.

With humans, Yin and Yang appear variously in individuals. The power of Yin is predominant in some, whereas the power of Yang is predominant in others - even in women. The balance between Yin and Yang is more important than which tendency as individual has. In short, it is vital to maintain a balance between Yin and Yang.

It is not unusual to find patients who turn to acupuncture and moxibustion when western medicine fails to help them. Imagine that there is a woman with a headache. Her family doctor prescribes some drugs to treat her head pain and dizziness. She gains some relief from this therapy. When the effect of the drug disappears, however, the headache returns. Afraid of having some sort of tumor, she visits a brain surgeon. None of the various examinations reveal any abnormality which could have caused her headache. The doctor prescribes wet packs saying, "You have stiffness of the shoulders". That is all. Wet packs are useless for a headache. As a result, the patient has to seek relief by visiting an acupuncturist.

In Eastern medicine, therapists direct their attention not only to the patient's complaint of a headache but also to the course of an invisible line of energy connecting effective points on the body running through the point of the relevant pain to identify the organic part (zo-fu) which gives rise to the pain. This organic part is not the same organ as defined in Western medicine even when the name is the same. For women, involvement of vitiated blood should be considered. Vitiating blood is a portion of blood which is retained in some part of the body. This is a condition characteristic of Eastern medicine and gives rise to a variety of diseases.

Vitiating blood has been considered responsible for symptoms of menopause including "Chi-no-michi" syndrome or "Ki-no-michi" syndrome in eastern medicine. Irregular menstruation before menopause causes stagnation of the blood leading to a stagnation of a woman's vital energy. Namely, the flow of vital energy becomes sluggish resulting in

manifestations attributable to disorders of the nervous system. (Ki means energy and activity while Chi means blood.)

Many women complain of symptoms resembling those of menopause: stiffness in the neck and shoulders, hot flashes, dull headaches, dizziness, perspiration, numbness in the extremities, heart palpitation, and nervousness. These are often associated with menstrual irregularity or menstrual pain. In other words, "Chi-no-michi" is the same as "Ki-no-michi". This means that there are a variety of symptoms which are psychogenic.

A female pianist in her late 30s became unable to stand on the day after her concert. Supported by her family, she came to my clinic suffering from coldness in her back muscles and heart palpitations. She cried as she told me of her complaints. When I saw her,

I thought that a diagnosis of hysteria would be made if a doctor trained only in Western medicine saw her. At that time I felt that Eastern medicine could help a variety of patients.

Menopause has no bothersome symptoms for many women who have been treated regularly by acupuncture and moxibustion over a long period of time.

In addition to menopausal symptoms, Hie-sho (oversensitivity to cold) is a condition which afflicts women and seems to be particularly prevalent in Japan. Although many women complain of body coldness, Western medicine has not explored its pathology or pathogenesis in detail. The cause of oversensitivity to cold is a condition which cannot be diagnosed even if modern medical instruments and drugs are used. Western medicine cannot prove where and how the body is malfunctioning when it is oversensitive

It is not unusual to find patients who turn to acupuncture and moxibustion when western medicine fails to help them.

to cold. Consequently no animal experiments have been performed to increase understanding about this condition.

This oversensitivity to cold is a borderline condition between disease and good health. In eastern medicine Hie-sho can be classified into several categories:

1. Coldness due to weakness of the stomach or a lack of energy generated in the stomach. Such patients eat only small amounts of food, tend to have diarrhea, and feel generally cold.
2. Some patients feel chilly because the amount of blood in their bodies is inadequate. Many patients in this group are thin, feel cold in the lower half of their bodies and hot in the upper half, and pass hard stools.
3. Oversensitivity to cold may occur due to the presence of too much water in the body. These patients are obese and perspire freely. Water is retained in a superficial layer of the body.
4. Oversensitivity to cold may happen because the flow of energy is impaired. Lack of exercise can cause this.

My mother is an acupuncturist and a moxa-cauterizer under whom I studied. She learned by experience that one woman from a Western country had essentially no knowledge of oversensitivity to cold. When the Twentieth Century Ballet troupe led by Morris Bejour visited Japan ten years ago, my mother treated a prima donna, Shona Milk, at her hotel. This woman

who danced in a skimpy costume was exhausted. Because her extremities were numbed with cold, my mother recommended that she warm her lower back with disposable body warming packs. The translator accompanying the dancer could not make her understand this treatment because she could not translate it. Namely, he could not explain what oversensitivity to cold is. In addition, the patient had no knowledge of it. My mother used to remember that case, telling me that it was really difficult to treat her.

Unlike the Japanese, people in Western countries don't take frequent hot baths to warm the body and therefore they seem to feel coldness of the body in a different way than we do. Because all of the dancers including Shona Milk were vegetarians, her coldness might have arisen from lack of energy generated in the stomach.

To protect the body from oversensitivity to cold, bikini panties and T-shaped underwear, which cannot cover the bowels where one third of all blood in the body is retained, are not suitable. Tight underwear, including girdles, impairs blood circulation which accelerated the production of vitiated blood, rendering the body oversensitive to cold or resulting in diseases related to "Chi-no-michi".

AUTHOR PROFILE

I'm a member of the third generation in my family to practice acupuncture and moxibustion.

Why Chinese Medicine, Con't from p. 9

Western medicine, emphasizing curative care, is too disease and doctor oriented to allow a patient command over her own body or healing process.

As a woman with children, I find it is very

important to have a health philosophy and a practical system with which I can take care of myself and guide my children to take care of themselves.

Is Eastern Medicine Inherently Sexist?

by Motoko Sasaki

Eastern medicine is based on the "yin yang dualism", believing that the world consists of two groups of elements "yin" (dark) and "yang" (light). "Yin" symbolizes negative, passive, static, or feminine characteristics, while "yang" symbolizes positive, active, dynamic, or masculine characteristics. Because of this, people sometimes say to me that Eastern medicine is very sexist. I myself used to get mad when a teacher at my acupuncture school tried to justify sex roles by referring to the "yin yang theory" during classes. He argued that women should always be as feminine as possible and men should never forget their masculinity. According to him, the imbalance between "yin" and "yang" created by the recent empowerment of women is responsible for many of today's social problems.

In those days I was very sensitive to the issue of sex discrimination because I was fighting in court for job equality in my work place, so I became angry at this teacher. However, that teacher was one of the typical "naive" ordinary men (those who are raised in and go on to perpetuate deep-seated discrimination) and discussion with him was unfruitful. Looking back now I can see that I only wasted my energy. But my anger was so strong that I failed to recognize what should be labeled as sexist: Eastern medicine itself or those ordinary men who take advantage of the "yin yang theory" to justify their own sex discrimination.

It took me a lot of time and energy to realize that I have to make my own journey to find out the true meaning of the "yin yang theory". However, it was an important educational process that helped me become aware

that I had also been trapped in the same trap that holds ordinary men like that teacher. Their understanding (or misunderstanding) of Eastern medicine is restricted by their own values; I did the same and suspected that oriental medicine might be based on a sexist philosophy.

Before, I assumed that being aggressive, active, or cheerful are more desirable attitudes than being passive, quiet, or pessimistic. I worked very hard to behave in those desirable ways; I think that the efforts that I made can be judged, but on the other hand, I had to stop and think, "did I fully love my tendency to feel lonely, become lazy, weak, or easily depressed?" Yes, the most important thing is acceptance of my entire self. In pursuit of what I should be, however, I didn't admit the part of myself that failed to meet my idealistic image so I felt bad about myself. I saw the "yin yang theory" in a similar light, thinking that yang is superior to yin (as masculinity is considered to be superior to femininity) and got angry about it. Now I understand that if you start to accept yourself as you really are, you may come to realize that "superior" and "inferior" do not apply to yin and yang. Neither quietness nor activity is superior or inferior and so it is with yin and yang. They are equal in their value. The "yin yang theory" is not sexist at all; what matters is how people interpret the theory.

I first received an Eastern medicine treatment while I was busy fighting for equal employment rights. At that time I was almost burned out and splitting into two different selves: one was a brave strong woman standing up for her rights and accusing an employer of sex

discrimination at work, the other was an exhausted harassed worker with no job assignments at all but who was pressured to be always alert. On the surface the strong persona dominated the other: at work I was extremely tense and on my guard against my enemy and with my friends I tried to be as cheerful as I could. However, gradually getting up in the morning became difficult. One day I felt a pain in the sole of my foot and could not take even a single step but I did not know what had happened. The medical examination that I received at a hospital didn't help me at all so I decided to get acupuncture and moxibustion treatment.

The treatment seemed to say to me, "you would feel better if your stresses were gone. You have been bearing a lot more stress than usual. Relax and take it easy". These messages soothe my whole body and I felt healed indeed. That experience opened my eyes to the importance of accepting my whole self including my weak parts. After learning to feel good about myself even when I got depressed or annoyed, the symptoms disappeared, although the trial continued and the situation I was in remained the same.

When we look at our society, it is not too much to say that the world is ruled by standards that highly value being active or aggressive. As a result young men and active people, who represent yang, have become too powerful and are destroying our environment and creating a diseased society that also threatens their own lives.

In a previous paragraph I said, "I was wrong to assume that yin is inferior to yang" because Eastern medicine never says which one is more important. I would like to add that in fact yin should be considered more important than yang.

Have you ever seen the symbol of yin and

yang? You see that the end of yin touches yang and the end of yang touches yin. That means when yin grows and achieves it's greatest breadth then it changes into yang and vice versa. So, if one dominates the other, the circle collapses. Today our society is one-sidedly dominated by yang or male power. Don't you think the world is like the yin yang symbol, on the verge of collapsing because of an overgrown yang?

That is why our society urgently needs the strong healthy influence of ying or female spirit. Until we can make a fair balance between yin and yang we should put more value in yin.

So, in this sense, for the time being, my yin yang theory becomes very sexist in that it favors yin. However, we should be careful to avoid the previous mistake of respecting yang and yin in a poorly balanced way.

Reflecting on my experience, I feel that the human body is really great. My body becomes tense due to my mental imbalance but this was a signal from my body warning me that I need to change. It enabled me to realize that acceptance of one's true self leads to healing. Eastern medicine sees everything in the world as composed of two sides, yin and yang. When the balance between the two is lost, things go wrong or people become ill. So, when considering diseases, it tries to understand diseases by paying attention to the mind as well as the condition of the body or bodily functions. It takes both body and mind, yin and yang, into account. That is why Eastern medicine helped me hear the alarm sent by my body and interpret it correctly.

When I'm with a client, I try to carefully listen to the signals from her body that something needs healing. I accept them with no pushing and calmly observe the course until the desires of her true self become clear. Daily interactions with



various clients are good lessons for me to learn the value of just waiting and being passive or calm. In this way, I feel that ying or those elements I undervalued before are now in the process of being cultivated and are growing little by little inside me.

I would say that a society that respects the elderly, women, children, and the physically and mentally challenged understands the importance of yin very well. Now I feel more convinced that Eastern medicine must play a large role in healing our diseased society.

Eastern Medicine and Feminism

by Mutsu Kurihara

The newsletter editors proposed this theme to me, a practitioner in acupuncture and moxibustion. To be frank, this theme is too difficult for me to take up fully. Feminism has developed by criticizing and tackling the problems of modern societies, modern science, and modern thinking in the context of women's oppression. I understand that the theme may imply the question, "Isn't Eastern medicine an exception? How can you review Eastern medicine from a feminist viewpoint?". Answering these questions is difficult for me.

There may be two reasons for my difficulty. The first reason is that discussions of this theme should include issues concerning the human body. Feminism has made clear that an individual's psychological make up is determined by external social and cultural patterns rather than from the biological differences between the two sexes. It has been made clear that biological differences are not the real sources of sexism and sexual discrimination.

We still have not sufficiently understood the minute biological differences between males and

females. A book entitled Sex Brain was published in the US. The author writes that there are differences in the brain structures of males and females but that there are still many questions as to whether these differences are the result of the environment in which women live rather than innate. To what extent are these differences between men and women the result of being raised in a sexist society and to what extent are the differences biological? It is obviously a false statement that women are emotional because of their hormones but I think that it is worthwhile to examine whether certain kinds of drugs have different effects on females and males. Furthermore, I want to develop this kind of study in feminist medicine.

The second reason for my difficulty is in Eastern medicine itself. Eastern medicine is based on clinical experiences over more than 4000 years. It is not based on the concepts of Western science and medicine. Eastern medicine gives importance to the communication of feelings in diagnosis and therapy. In short, it can be said

that the treatment method depends on the therapist. For example, the principles of Eastern

**"How can you review
Eastern Medicine from a
feminist viewpoint?"
Answering this question
is difficult for me.**

medicine are based on In-Yo-Gogyo, a name for the basic principle of the old Chinese philosophy; In-yo, shade and light, stand for the interaction of positive and negative energies (yin and yang in English) while gogyo means the five natural elements - fire, plants, earth, metal, and water.

There are diverse viewpoints about the theory. Some people criticize it by saying that the theory is one of mechanical materialism; others continue to praise the theory. Therefore I felt that this subject remains very unclear. However, as I have said that this theme is too big for me, I want to explain about how I became involved in Eastern medicine.

When I was in my late twenties, I developed a renal disease. As a result of treatment in a hospital I suffered no more problems from my kidneys or bladder but I still felt an oppressive pain in my back and made frequent trips to the toilet. I saw many different doctors but they all agreed that there was no physical problem and suggested that these symptoms might be psychosomatic. Those doctors could not find an effective treatment.

Next I visited an acupuncture and moxibustion clinic where I got new insight into my illness. While in Western medicine hospitals, the doctors just asked me about my symptoms and examined my body, the acupuncture and moxibustion practitioner inquired about various aspects related to my body such as my lifestyle, my favorite food, the frequent trips to the toilet, my sleep patterns and so on. She checked the sensitivity of my skin all over my body. I then realized that my illness came from an imbalance with my body was caused by the troubles outside my body. I was deeply impressed with the fact that I had lacked understanding about my own body, especially from the perspective of self identity.

Before that time I believed that I had been

doing what I wanted to do. However, through Eastern medicine I realized that there was a large gap between the role that I had played and my real self, including my body. I recognized that this had been decreasing my energy. Feeling deeply that I must learn about my body as if I were learning some foreign language, the one I needed to listen to by body, I entered a school for acupuncturists and moxa-cauterizers and subsequently became a practitioner of acupuncture and moxabustion.

In conclusion, I would like to explain what I am trying to do when I treat patients and what I am not trying to achieve in my life. In Western medicine, there is a tendency in recent immunology studies to view the body organically in a way that I think is somewhat similar to the perspective of Eastern medicine. The immunologists are throwing light on the fact that the neural, endocrine, and immune systems transfer information over a network. The immunologists are also trying to make it clear that mental tension and emotions influence this network. For example, suppressing your emotions can decrease your immunity to disease. This effect depends on the individual. Eastern medicine has already explained these effects though its accumulation of clinical experience. However, the foundation of these explanations is very different between Eastern medicine and Western immunology.

Therefore, I base my final treatment goals upon finding out the rules and functions of each individual human body. What kinds of stress does each patient have? How does each patient's spirit react to stress? I would like each patient to understand their own body. Because I think that it is a necessary condition for successful treatment, I help each patient to understand that "my body is my self". Unfortunately understanding my patients' spirits and bodies

takes us all my time at present so I cannot help my patients understand their bodies as thoroughly as I would like. I also believe that it is

necessary to provide the patient with information on how to communicate effectively with her body.

Why Chinese Medicine?

by Rita Dixit-Kubiak

Chinese medicine is not a new system in Japan but has recently been making a much needed comeback as an alternative to Western medicine. Chinese medicine is a holistic science that provides a practical and philosophical framework within which to understand the human body, mind, and spirit.

A major philosophical difference between Chinese and Western medicine is that the responsibility for health care begins at home with the individual with Chinese medicine and not at the hospital with the doctor as with Western medicine. The Chinese medicine system emphasizes preventive care. Its central concept is that energy (ki) pervades all existence. Our health and the well being of all living things is maintained through the flow and interplay of the dual and paradoxical energy forces yin and yang. In the human being, the flow of this vital energy force is indeed effected by our daily living habits and our interplay with all other life. Therefore, the primary focus of health maintenance is diet, rest, movement, toilet and bathing habits, human interactions, work, and environmental surroundings. Daily living habits are ignored in Western medicine. The preventive focus however, sensitizes us to our bodies and makes us more responsible towards our bodily needs. With at least a century of curative Western medicine and fifty years of national health care, in general, the Japanese seem to have forgotten the fundamentals of the Chinese medicine emphasis

on preventive care. People have sold out their responsibility for caring for their own bodies to the Western medical experts.

Ideally, the Chinese medicine therapist is someone who restores the energetic flow in the body with acupuncture, moxa, and herbs to rid the body of disease symptoms. The clinician is someone who can counsel the patient back to a healthy way of living as well as administer treatment. The Chinese medicine physician must carry out elaborate personalized diagnostic procedures. The diagnosis methods include taking the pulse, abdominal palpitation, checking the condition of the tongue, assessing body odor, noticing skin texture as well as the patient's complexion and breathing patterns. Diagnosis also includes questions about the patient's lifestyle. Treatments with Chinese medicine are not meant to be standardized. No two patients with the same disease necessarily get the same course of treatment. The physician is not treating a specific disease but rather helping the patient to restore their overall state of health.

The Chinese medicine approach to diagnosis and treatment makes the this therapeutic system patient centered. The patient plays as important a role as the physician in the healing process. For a positive prognosis, the patient must be very active in following the course of their treatment, understanding their body, and making lifestyle changes.

Continued on page 4

TOWARDS A DEFINITION OF SEXUAL HARASSMENT

By Kelly Lemmon-Kishi

SEKU HARA. Sexual harassment. These words are used frequently in Japan - by the media, by the feminist movement - and by women around the world. As awareness about sexual harassment and law suits brought by women who have been harassed increase, many articles have appeared in the English language press in Japan¹ on this topic.

However, while the word "seku hara", meaning sexual harassment, has been adopted into common usage in Japan, it is my impression that it has not been well defined. While Japanese feminists have done an excellent job of teaching the public and the media about what sexual harassment is, I think there is still some confusion about what it is not. All discrimination against women is not sexual harassment although all acts of sexual harassment are discriminatory. Also, all harassment of women is not automatically sexual harassment. Quite a few of the English language articles that I have read seem to confuse other forms of sexual discrimination with sexual harassment. My concern is that without a thoughtful definition of sexual harassment, any unpleasant or unfair incident involving sexual discrimination will be incorrectly labeled as sexual harassment. If this happens, the term "sexual harassment", which helped open so many people's eyes by giving a name to a common but nameless problem, will lose its true meaning and consequently its power. Behaviors that are not clearly defined cannot be organized against or declared illegal.

Sexual harassment is a patriarchal punishment for women who join the workforce, seek equal education, or walk "where nice girls shouldn't go". Sometimes just being a woman in a "man's" world is enough; highly publicized cases of stranger rape are brutal reminders that we are unsafe but turn our attention away from those men who are most likely to

cause us harm (the ones we live and work with).

An implication of the preceding paragraph is that sexual harassment has very little to do with sex; it has everything to do with POWER and VIOLENCE, however. Violence can be both physical and emotional. Deliberately making someone else feel uncomfortable, threatened, afraid, or angry is an abuse of power. An emotional and spiritual attack that creates feelings of shame and powerlessness, such as sexual harassment, does real damage and can have long-term psychological impacts similar to those found in survivors of rape.

But what is sexual harassment? A definition goes a long way towards clearing up some of these matters and focuses the debate over the nature of sexual harassment. The definition of sexual harassment that I used for four years as a counselor and community educator in an anti-sexual harassment program is ***"any action, statement, or condition of a sexual nature that makes the target feel uncomfortable or creates a hostile environment."***

A flexible definition is better than even the longest list because harassers can be very clever; if a list exists, sexual harassers will find some way to accomplish the same ends - exert power over their target based on the target's gender or sexuality. Any activity not specifically prohibited becomes implicitly acceptable. A definition that outlines a way to judge what is or is not sexual harassment is easier to use and puts the onus on the harasser, where it belongs, rather than on the target.

A wide variety of behaviors and conditions can be called sexual harassment under this definition. If we list all the things that meet this definition, we can arrange them on a continuum of violation ranging from rape and attempted rape, coerced sex, unwanted touching, verbal abuse, and inappropriate comments

THE CONTINUUM OF VIOLATION FOR SEXUALLY HARASSING BEHAVIORS

Rape and sexual assault,	Coerced sex	Unwanted touching	Verbal Abuse	Inappropriate comments or public sexual behavior	Pornography in public places
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and/or public sexual behavior (such as leering and sexual jokes) to the posting of sexually explicit or suggestive materials in public places (businesses, trains, newspapers). See the diagram above.

The question then becomes where to draw the line between penalizable sexual harassment and tolerated sexual harassment. Penalizable sexual harassing behaviors or conditions are those that are clearly prohibited by an institution with the authority to punish offenders; for example, rape and attempted rape are clearly crimes that will be punished (under some circumstances, at least) by the state. Whether or not those institutions actually punish offenders is another matter altogether. Tolerated sexual harassment includes all other behaviors that meet the definition but which are not clearly both prohibited and penalized on an institutional level; pornography in public places (such as the ubiquitous porno magazine vending machines and the advertising so commonly found in trains, telephone booths, and the mass media that sexually objectifies women) makes many women uncomfortable but is legal. Any negative consequences are meted by individuals who decide to take independent action such as boycotting bookstores that prominently display pornographic materials or slapping a pervert on a crowded train.

The above definition is more specific and therefore more useful than definitions such as the one adopted by the Social Democratic Party of Japan in May, 1993. Their definition is "a violation against an

individual's dignity by means of sexual words or acts"³

The key difference is that in the first definition, sexual harassment is defined by the target of the harassment, not the harasser. Even standards such as "what the average person would find to be unacceptable behavior" are used against women because such social standards are usually created by male policy makers and implemented in a sexist society. The intention of the harasser is irrelevant; ignorance is not an excuse. What matters is the impact of the sexual harassment.

All forms of sexual discrimination cause distress in the target(s), but not all meet the above definition. The recent trend for Japanese companies to publicly refuse to even interview qualified female graduates is clearly discriminatory, but it is not sexual harassment. Unequal pay for equal work (such as the common practice of paying "homeowners" [primarily men] more than people who don't own homes), gender based job assignments, and glass ceilings are also sexual discrimination but are not sexual harassment.

Sexual harassment is a serious problem in and of itself. It is not necessary to expand its definition to include other forms of sexual discrimination or harassment. Thinking about the interrelationship between various strategies of oppression and carefully defining and studying each one will help us better understand our world and make sound plans for changing it.

1. My Japanese skills are insufficient for normal reading. My comments are based on the assumption that the English language press reflects the information, biases, and opinions in Japanese language press relatively accurately.

2. The "target" is the person who is sexually harassed. The word "victim" has so many connotations of powerlessness that I choose to not use it. "Target" avoids the issues of gender and time sequence.

3. *Asahi Evening News*, August 19, 1993

It seems as if movements protesting violence against women and supporting women's rights have been on the rise, especially since the World Conference on Human Rights in Vienna in 1993. Women's reproductive rights were also clearly recognized at the International Conference on Population and Development in Cairo last year. These themes will be taken up again at the 4th World Conference on Women in Beijing this year.

In Japan, the expression "sexual violence" first of all brings to mind the "comfort women" who were forced to go to the battlefields of Asia during World War II in order to sexually service Japanese troops. I am concerned that people will think that sexual violence only applies to women in certain situations if only the issue of "comfort women" continues to get so much attention. Just like many women in other countries, women in Japan are surrounded by daily sexual violence.

For example, according to a report by NICHIBENREN (The Japan Lawyer's Association) which operates a "women's rights hotline", 377 of 1249 cases, or 30% of the hotline calls last year related to wife abuse. 39% of the callers had been experiencing domestic violence for more than ten years and half of the callers had visited doctors due to injuries inflicted by physical abuse (September 21, 1994, Yomiuri Newspaper). Certainly there are even more cases which go unreported and even cases where the women do not acknowledge the abuse even to themselves.

"Chikan" is the Japanese term for a man who commits obscene acts towards women in public, especially molesting them on very crowded trains. This is obviously a type of sexual violence against women. It is very common to see this in urban areas in Japan. Sexual violence includes not only physical violence; pornography, ubiquitous in this society, is another type of sexual violence. We cannot sincerely discuss the issue of "comfort women" without recognizing that we are all surrounded by sexual violence.

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, advice on Chinese medicine, study sessions, and "teach-ins" on women's health.

COMING TOPICS!

From Cairo to Beijing:
International conferences and
their implications for women.

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