

Women Health and in Japan

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An Editor's Note

Condom, Condom

by Miho Ogino

The condom has been the most widely used form of contraception in modern Japan to date, and it has been in the spotlight all the more recently because of AIDS.

Not a day goes by when the message "Use a condom for safe sex" is not seen in newspapers and magazines. In the past even the word 'condom' was taboo, but it has now made its way on TV news programs along with samples of the real thing. In one instance in 1992, it appeared on a special music program which is aired all over Japan on the last day of each year and watched by millions. Audiences were surprised to see a popular young male singer campaigning for AIDS prevention come on wearing a necklace made of condoms around his neck, and holding a condom blown up like a balloon.

Furthermore, on January 15, the day in Japan when 20-year-olds celebrate their coming of age, a lot of government bodies held lectures on AIDS for the young men and women, and distributed pamphlets explaining how to put on a condom. One town planned to give out condoms to just the men. Indeed, it seems the condom has come out from the wings all of a sudden to take center stage.

That's the story in the adult world. There is another for children. Last year, students from a girl's high school in Kobe made a video entitled 'In Search of Real Sex Education,' which won a nationwide contest run by NHK (Japan Broadcasting Corporation). However, NHK broke their original promise and tried to cancel the national screening of the video. Their reason was that one scene showed high school girls learning how to use a condom by putting it on a test tube.

In addition, plenty of elementary, junior high and senior high school teachers are against teaching about contraception in any detail and actually showing condoms in sex education classes for children. They say that giving children too much information about sex is dangerous because it would only encourage them to start sexual activity earlier.

How illogical. In Japan, there are heaps of comic magazines for children sold at any book shop or supermarket with sex and rape scenes in them, and we are swamped with porno movies and videos all over the place. And some teenage girls do get pregnant. Even so, too many adults insist on believing that children should be kept 'pure' and innocent, even when they live in a society already bombarded with information about sex.

So, even though everyone knows there are very real problems with sexuality, it is not uncommon for people to try to cover them up, as if they didn't exist. Whenever nude photographs of famous actresses go on sale, the mass media get all excited about whether or not any pubic hair can be seen. Before foreign movies are screened in Japan, any sign of sexual organs or pubic hair are shaded out. As long as it can't be seen, it doesn't exist.

In Japanese culture, outspokenness is shunned and there is a tradition of respect for 'unspoken beauty.' In the world of Haiku and Zen, that is fine. But for issues concerning young people and sex, the attitude of a lot of Japanese people is to simply avoid reality. So for all its fanfare about the condom, I'm worried the AIDS prevention campaign won't really change much at all as long as the Japanese have this false sense of security. ■



"Attack First" Lives Again!

by Kangja Hwanbo

Nineteen-ninety-two was the year that at long last the issue of comfort women* turned international. Talk revolved around the first-ever compensation suit filed by former comfort women from Korea, the Asian Liaison Conference held on the comfort women issue, testimony from North Korean and Filipino comfort women, and an international hearing on the issue. Just as I was looking back on the year thinking that the attitude of the Japanese government hadn't changed at all, I heard some astonishing news.

"Attack First," the condoms distributed for prevention of sexually transmitted diseases to Japanese soldiers who queued up at 'houses of comfort' (brothels) during World War II, are available today. Okamoto Co., Ltd. has shamelessly used "Attack First" in their marketing of the "Rubberman" condoms they have on the market. Annual production in 1987 was 4700 gross.

I am a member of a group dealing with the issue of Korean comfort women, and am a Korean brought up and living in Japan, and my first thought when I heard this was how hurt the former comfort women in Korea and other Asian countries would be when they heard about it. For these women, violated and suffering still from terrible nightmares from fifty years ago, "Attack First" must surely be the very symbol of the atrocities of the Japanese army. At any rate, all I wanted to do was get those condoms off the market immediately.

Okamoto had revived them, and I was shocked by the vulgarity of it. On the other hand, I realized that there is nothing strange about "Attack First" being brought back when you think of Japanese society at present, which neglects its WW II and postwar responsibilities, and where discrimination of ethnic Koreans in Japan and merchandising of female sexuality are covertly maintained and supported.

The Public Prostitution System established in the Meiji Era (1868 – 1912) set the precedent for the 'comfort women system' in wartime. After the war, institutionalized prostitution continued. The RAA (Recreation and Amusement Association for the occupational forces) was set up to protect the nation at all costs; and in the ensuing years, prostitution at United States bases, sex tours to other Asian countries, and the forcing into prostitution of foreign women who came to Japan to work were to follow. Thus, sexual control over females has been maintained here without a break.

Meanwhile, the same old 'breakwater theory' that prostitution protects the average woman in the street has been put forward, and in this way, female sexuality has been divided into two concepts. Many Japanese women believe it is their 'privilege to be protected' and that only others, not they, will ever be abused. They do not relate to recent incidents in Japan such as a Thai woman trying to escape forced prostitution being caught up in a murder case; nor do they understand the implications of abusive statements made by some people such as "Supply the PKO (Japanese Peace Keeping Operations) with condoms! Send them comfort women!" Perhaps such distinctions in Japanese women's consciousness are covering up the existence of Japanese comfort women, and preventing them from coming forward. In cases where Japanese women were sent overseas as comfort women, they would have been, on one hand, assailants by virtue of their nationality, and on the other hand, victims.

By delving into this issue, I have learned a lot. Okamoto Co. is not the only one to have conspired with the Japanese army during the war and accrued excessive profits as a monopoly, then after the war balloon into a

corporate giant off the Korean War. Besides, almost half of condoms manufactured today are exported. I understand how Japanese companies continue to reap profits by setting up factories in Asia under the name of ODA (the Japanese government's Official Development Assistance).

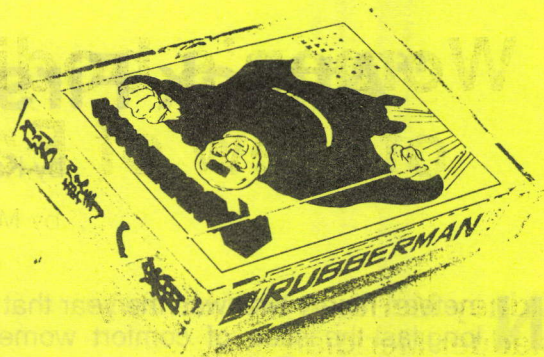
Furthermore, I've given a lot of thought to the state's control over Japanese women's sexuality. Leading up to and during the war, Japanese women were told to "Bear more children, multiply," to ensure the replenishment of the fighting forces. Condoms were under government control and general contraception was held in check. Even today, as the birthrate drops, the government is advocating changes (for the worse) to the Eugenic Protection Law. When I see that even today the ban on the Pill has not been lifted, and how they have tied up the Pill with their big campaigns for AIDS prevention, I can't help feeling that some things are being done intentionally and the government is up to something.

There are some demands I would make of Okamoto Co., who continue to avoid their responsibility even more so than the government. They are:

1. Take corporate responsibility for the comfort women issue;
2. Apologize to former comfort women; and
3. Acknowledge the wrong of using "Attack First," which people associate with rape, on Okamoto products.

The issue of comfort women cannot be resolved unless, I believe, sexual abuse as well as the merchandising of sexuality are rooted out.

I take the view that the issue of Korean comfort women for the old Japanese army is based on racism and sexual discrimination. These two points alert us to various problems that need addressing. By creating a movement that does not allow categorization of comfort women based on whether or not they were tricked into going to the battlefields to prostitute themselves, whether or not they were virgins, whether or not they received any pay, and whether or not they resisted, we can, in the process, defend the rights of victims of rape and sexual harassment in general today. By knowing the trauma of former comfort women, we can care for the victims



of sexual violence.

I am glad to have come to meet Japanese women through this cause; until now we had turned our backs on each other. Regardless of nationality, age or class, anyone can be a victim of war and rape which are not accidents that befall us all of a sudden. The foundations for them are ever-present in society. When you think that they are really extensions of elements already existing in our everyday lives, we must be sure that we do not let anything slip by unchallenged if we want to prevent them occurring. That is why as long as "Attack First" still exists, I will not ease up on loudly and angrily condemning Okamoto Co. ■

Postscript:

On February 25, we met with Okamoto Co. for the second time. In their official reply to our written protest, they did not have the good faith to acknowledge their shameless acts. Furthermore, during the meeting they were defensive. They made such statements as "We shouldn't have to put an apology in the newspapers," "The Japanese government won't apologize to former comfort women, so why should we have to?," and "Protests only come from Osaka, and the press aren't reporting it except for the Mainichi News and Kansai TV."

We need to urgently step up our protests, and we need your help to do it!

* Comfort women is the term used in Japan for those women forced to serve the sexual needs of Japanese soldiers during World War II. They were mostly Korean and Filipino, with some other Asian and presumably Japanese women.

Women's bodies from the point of view of Eastern Medicine

by Mutsu Kurihara

Kidney Meridian and Urinary Bladder Meridian

In Western medicine, the kidneys are urinary organs, but in Eastern medicine, 'the kidneys' are not only urinary organs but they also have generative, hormonal and immunizing functions. They also work to build bone. (This has already been proven in modern medicine. Calcium, which is found in fish and milk, is absorbed by the bones through the workings of active vitamin D3. Vitamin D3 is produced by both the kidneys and the liver.) And through the bones, the kidneys work on the bone marrow and the cerebrum. If the kidneys have too little 'chi' (energy), our lower back gets sore, our bones become soft, our movements slow, we become absent minded, our memory fails, and we lose sexual desire. This also causes tinnitus (ringing in the ears), hardness of hearing, and an increase in gray hairs, because the kidneys also affect the hair and ears.

As kidneys are the source of life, as it were, emotions in life-threatening situations such as fear and shock weaken the kidney's function.

Urinary bladder is connected with the kidneys through a meridian, and they are affected by yin (the passive or negative energy) and yang (the active or positive energy). An irregularity in the function of the kidneys may cause

dysuria (difficult urination).

See diagram for the direction of the kidney meridian and urinary bladder meridian.

Pericardium Meridian and Triple Warmer Meridian

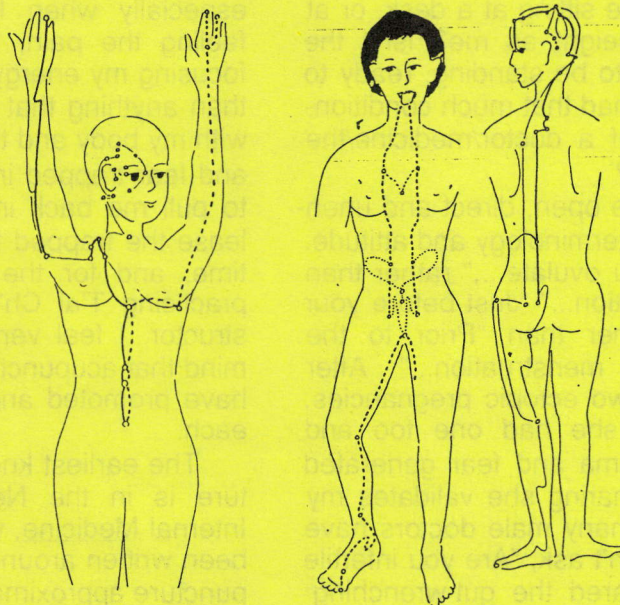
The pericardium has no substance. It has the function of covering the heart and protecting it. If there is some irregularity in the Eastern medicine's 'heart,' this is reflected in the pericardium. As mentioned before, 'heart' is associated with the workings of the brain, and also the pericardium.

To treat an epileptic fit or mental stress, the pressure points on the pericardium meridian are used.

The Triple Warmer and the pericardium are connected through a meridian. The Triple Warmer also is without substance, but it has a function. It is divided into upper, middle, and lower. The three parts, the upper diaphragm, from the diaphragm to the navel, and below the navel, combine to drive the flow of 'chi' (energy) and water.

See diagram for the direction of the pericardium meridian and triple warmer meridian.

These are the twelve meridians I wanted to introduce, but the Governing Vessel and the Conception Vessel are also important parts of a women's body. I will tell you about them next. (to be continued...) ■



My Experience with Acupuncture

by Dawn-Lee Ricard

Warmth envelops the room. Traditional Japanese style walls and ceiling surround us. Thick blue carpeting lies on the floor. Colored blankets and towels cover the two tables (just like at my house!) and three well worn meridian charts hang on one wall. A large translucent window has curtains pulled to either side. An acrid scent permeates the room. On the small cabinet under the window are various small jars, containers, trays, things – I have no idea what they are (where are the needles? That's what I really want to know).

Sumie (Uno from the Women's Center Osaka) sits beside me on top of one of the tables and acupuncturist Ms. Kurihara kneels on the floor using our table as a desk. I'm telling the story of how I came to be where I am, physically and emotionally – ovarian dysfunction showing up as bleeding in the middle of my monthly cycle. It's definitely caused by stress from living in Japan and is probably being maintained by the intense counseling I'm receiving for sexual abuse and alcohol addiction. I feel pleasantly odd – isn't the doctor supposed to be sitting at a desk, or at least at the same height as me? Isn't the 'assistant' supposed to be standing, ready to serve? Have I really had that much conditioning about the role of a doctor/medicine/the medical environment?

The questions are open, direct and unencumbered by clinical terminology and attitude. They ask, "When you ovulate..." rather than "At the point of ovulation..." "Just before your period starts..." rather than "Prior to the commencement of menstruation..." After explaining I've had two ectopic pregnancies, Sumie shares how she had one too and understands the trauma and fear generated by it. Through her sharing she validates my experiences. As so many male doctors have in the past, she doesn't ask, "Are you infertile now?" and I am spared the gut wrenching

process of wanting to say, "Of course you idiot – that's generally what happens when you've had two ectopic pregnancies – thanks for the reminder." But instead I politely respond, "Yes" and begin to move into the dead zone – that place I go when I'm treated like an inanimate object rather than a living, feeling human being. As I continue telling my story to Ms. Kurihara through Sumie, the smell of the smoke and the murmur of their voices begin to relax me.

A year has passed since I began going for acupuncture at the Women's Center Osaka. What an incredible experience it's been. The two primary reasons I started were: a) physical treatment for ovarian dysfunction; and b) body/mind work. The physical reason is obvious – to stop bleeding mid-way through my cycle. As for body/mind work, by the time I went for acupuncture treatment I was involved in a variety of therapy contexts through which I learned how much I spent out of my body and living in my head. There had been a lot of pain in my life, especially when I was a child. To avoid feeling the pain, I developed the habit of focusing my energy on mental pursuits rather than anything that might bring me in contact with my body and the feelings of sorrow, rage and fear trapped inside. I needed something to pull me back into my body and help release the trapped feelings. Around the same time, and for the same reasons, I began practicing T'ai Ch'i, also with a woman instructor. I feel very clearly in my body and mind that acupuncture and T'ai Ch'i, together, have promoted and enriched the benefits of each.

The earliest known reference to acupuncture is in the *Nei Ching*, the *Classic of Internal Medicine*, which is estimated to have been written around 2,600 B.C., making acupuncture approximately 4,600 years old. The

ancient Chinese noticed increased sensitivity at certain points on the skin when a body organ or function wasn't working properly. The points followed a distinct pattern on the body and once linked were referred to as a meridian. Hence, a meridian corresponded to a specific organ and its function.

In Chinese medicine, meridians are the pathways for energy – ch'i (ki in Japanese) – that circulates through the body. It is energy imbalance – too much or too little energy at a given point or meridian – that causes illness. Imbalance can be caused by external factors such as excessive cold, heat or humidity, or by internal factors such as poor food intake or excessive emotions, anger or fear. Acupuncture works directly on energy, by dispersal or stimulation of too full or too empty points and meridians. Thus, acupuncture regulates the function of the internal organs that the treated meridians are related to.

Energy varies not only in quantity, but also in quality, showing itself in the polar forms of yin and yang energy. There is no absolute yin or yang. Each exists relative to the other, and their relativity and inseparability are symbolized by the inclusion, in the Chinese yin-yang symbol, of a small portion of each within the other. Diagnosing and treating illness with acupuncture consists of finding the relative imbalance of energy in the body. In other words, discovering which points and meridians are exhibiting an excess (too much yang) of energy and, concurrently, which are exhibiting a depletion (too much yin) of energy. The three main methods of diagnosis reinforce one another: reading the pulses at the wrists (each meridian has its own pulse); lightly touching the points on the abdomen; and observing the client as a whole – how does her skin look, what does her voice sound like, and asking pertinent questions.

After a year, I've learned my body is not a static object. It's not hard and rigid like a slab

of stone. Many elements cause the natural ebb and flow within my body and mind to fluctuate: stress; quantity and quality of food consumed; extreme emotions; menstrual cycle; the changing seasons; what's going on at work; how my husband and I are getting along; in other words – life, the universe and everything.

Specifically, I've learned how these elements affect my body in particular. By going for treatments over an extended period of time, I've been able to experience time and again how my state of mind can affect my body. For example, if I'm feeling a lot of anger for a few weeks or months, points on the liver meridian become really sensitive. This January, while on Christmas holidays, I went for treatment and had severe pain deep under my left shoulder blade. Ms. Kurihara began checking my body and pulses, but couldn't pinpoint why I had the pain. By that time I understood the strangest experiences could show up on my body, so I told her that the week before I had spent five long days writing three very "painful" letters. While writing them I cried and felt 'deep' sorrow and grief. I said, "It felt like my heart was breaking."

After telling her the story she checked my pulses again, had me lay on my stomach, then pushed certain points around my left shoulder blade. All the points outlining my heart were sensitive. The pain in my shoulder was from a 'breaking heart'! What I experienced emotionally was physically mirrored in my body.

The condition of my body also influences my state of mind. An obvious example is what happens prior to my period. Other points on the liver meridian, as well as points on the kidney and spleen meridians, become sensitive. If left untreated I feel more emotionally vulnerable than usual and feel more pain during my period. During the winter months, I've noticed that if my body gets too cold, for too long, I become 'brittle' in my

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thinking and in my emotional responses to those around me. Not only do I lack flexibility in my body, but also in my mind and emotions.

The environment where I presently work is stressful, and at times I lose touch with how much work I'm taking on. Before I realize it I'm overextended. I've noticed that when I have an acupuncture treatment, my body immediately communicates to my mind what state it's in. Points I've come to know as 'stress points' become very sensitive to treatment. These sensitive points act as a red flag to tell my brain it needs to slow down. With acupuncture I'm learning how to pull back and relax – how to take care of myself.

Body and mind can and do influence each other. At times the body has wisdom the mind doesn't have (or won't accept), and the mind has knowledge that can assist the body. The trick for me is getting my brain and body to work together. I have a sneaking suspicion that's what being balanced is about – our mind and body functioning together in harmony. Acupuncture, without a doubt, guides me in discovering what balance is for me.

At the Women's Center Osaka, Ms. Kurihara and Sumie Uno have provided a safe and nurturing place for me. In the quiet of that place, I have begun to listen to the sounds in my heart without fear. For a long time I've taken on the expectations of my culture and family at the expense of developing a healthy sense of self. In being accepted for just who I am at the Center and by Ms. Kurihara, I am now able to see and feel clearly that my life's path is in healing work with other women. I've

been given a lot by the women in my life and want to complete the circle by giving back to other women.

On returning to Vancouver, Canada this July, I'll apply for entrance to a private college specializing in massage and hydro therapy. As well, I hope to voluntarily instruct a stretching and ch'i building class at a shelter for battered women (past events have taught me that physical and emotional violence act like acid on self-esteem and confidence by slowly eroding them. T'ai Ch'i has taught me that a subtle, yet powerful, way to re-build self-esteem and confidence is by entering into dialog with your body through gentle and nurturing exercise). After completing school, I'll work in an alternative medical clinic for about a year to gain wider exposure to various forms of healing. Then, I'd like to move into a self-healing clinic for women. If one doesn't exist, I know that together with other women in the community we can create one.

*The Spirit of the Fountain dies not.
It is called the Mysterious Feminine.
The Doorway of the Mysterious Feminine is called
the Root of Heaven-and-Earth.
Lingering like gossamer,
it has only a hint of existence.
And yet when you draw upon it,
it is inexhaustible.*

From the Tao Teh Ching, by Lao Tzu
Translated by John C. H. Wu, 1961. ■



Women's Groups in Japan

Women's Center Okayama

by Junko Hayashi

The Women's Center Okayama was established last September. (Okayama is a major city in Western Japan.) We want this center to be a place where women can learn about themselves and their bodies, where women can help each other and become more self-sufficient. There is no other place like our center in Okayama. In Japan, women have been brought up to view their bodies with shame and suspicion, but it is now time to develop self-esteem and also stand up for our reproductive rights. By having control over our bodies we can develop self-awareness which in turn will help us play more active roles in our communities.

The Women's Center Okayama has provided us with various opportunities to achieve this in the past year. One is the frequent (every two months) women's health study sessions we have held on infertility, menopause, acupuncture, assertiveness, care and gender for senior citizens, divorce, self-help groups that study many issues of interest to women, and sexuality. The lecturers, who come from many parts of Japan, willingly give their services for these sessions despite low payment.

There are two support groups within the center. One is for consciousness-raising, and the other is for menopausal women. The consciousness-raising group bands together twice a month. They discuss their feelings and experiences, and help each other resolve their problems.

I take part in the group for menopausal women. We get together once a month. There are eight women who are menopausal or premenopausal. We have no experts but there is a lot of mutual support. We really listen to each other and laugh a lot. We rely on one another for information and understanding, and exchange information about our experiences, medical treatment, useful books, and ways to get through menopause.

Women's Center Okayama

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We plan to offer feminist counseling services at the center in the future. There is only one experienced counselor right now, but I am studying to be a counselor. Eventually we'll be able to offer more services.

Unfortunately, there is no concept of a "non-profit organization" in Japan, so the center is supported by private donations and membership dues, and operated at my house for a year. This year it was moved to its present location. Our staff is volunteer and we have low maintenance costs, so the center's activities continue quite economically.

The staff, which includes an artist, a civil servant, two teachers, and a homemaker, take turns to keep the center open twice a week. Our membership is now about 150, and we publish a newsletter with information about current and future events every other month.

Although we've only been operating one year, we have realized that so many women need a center like this where they can support each other. I am sure that this center has assumed the very important role of a base which provides useful information for women and connects women with each other.

There are some problems for the center, such as funds and personnel. In the future we hope to open the center every day, and offer more counseling services, as well as assertiveness training classes. But at this point, it is still just the beginning for us. ■

Contraception in Japan Today

by Sumie Uno

In March 1992, the Mainichi Newspaper Population Research Group conducted the '21st Public Opinion Poll of National Family Planning.' The survey has been carried out almost every other year since 1950.

I would like to point out some interesting results about contraception in Japan from this report. The subjects surveyed were 3,400 married couples where the wives' ages were between 16 and 50. The response rate was 70.3%. The couples who were using some contraceptive accounted for 64%, so the actual number who answered the questions about contraception was 1528.

(Table 1): Condoms are still the most widely used form of contraception among Japanese couples (75.3%). The Ogino Method is second, then the BBT (Basal Body Temperature) and withdrawal methods, but they account for less than 10% each. Even though clinical testing of the Pill had been encouraged in the last few years, only 1.3% of women responding to this poll were using it. Although you cannot tell if they changed their contraception after having an abortion, the interesting relation between contraceptives and abortion can be seen. It is to be expected that women who just douche for contraception have the highest percentage of abortion (61.5%), although the actual number of women using douche is quite low.

Withdrawal is also an unreliable form because it very much depends on whether or not the man can control himself. Depending on how aware a woman is of her own body, the Ogino Method can be effective, and 34.8% of women who use this form have had an abortion. The reason why the number of women who use the IUD, the Pill, or have been sterilized is high, is probably because they switched to these more effective forms of contraception after having had an abortion.

(Table 2): Let's look at how women's at-

titudes to the Pill have changed in the last six years. Although the Japanese Ministry of Health and Welfare eventually announced it would not approve the Pill, it was in March 1992, just ten days before this poll, but people still believed that the Pill would soon be legalized. But the number of women who don't want to use the Pill has increased, and more women are indifferent about its approval. It seems that women are becoming more and more confused.

The reasons why women don't think the Pill should be approved were: i) concerns about side effects (67.7%); ii) the issue of morality in sexual activity (21.9%); iii) women are left with sole responsibility for contraception (19.7%); and iv) concern about AIDS prevention (18.8%). The reasons why women think the Pill should be approved were: i) the woman can control contraception herself (54.6%); ii) it prevents abortion (46.1%); and iii) it is highly effective (38.2%). Although many Japanese women may be concerned about the side effects of the Pill, that doesn't mean that they really know much about the side effects, because there is barely enough information about the Pill available, in my opinion.

The number of women who don't want to use the Pill has increased, and more women are indifferent about its approval. It seems that women are becoming more and more confused.

As much as 54.2% of women actually have no opinion about approval of the Pill. They are perhaps concerned about having to take a drug, a synthetic hormone, and maybe they are satisfied with condoms and don't mind having just one abortion. But it is interesting to note that the abortion rate has been dropping steadily in the past twenty years in Japan. This suggests that the decline

of the abortion rate is not due to the Pill, which is said to be the most effective and help prevent abortion. The reason why condoms are so widely used here is, I think, because in Japan sex, including contraception, is something that men control. Women do not take enough responsibility for their own sexuality. ■

Table 1: Method of contraception and incidence of abortion

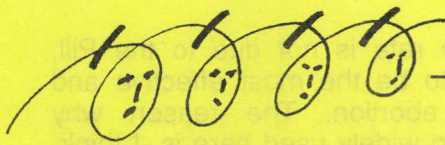
Method of Contraception*	%	Actual number	Incidence of abortion (%)
Ogino Method**	9.2	141	34.8
BBT (Basal Body Temperature)	7.3	111	29.7
Withdrawal	7.6	116	37.1
Condom	75.3	1151	29.0
Douche	0.9	13	61.5
Spermicidal (tablets, jelly, film)	1.2	18	33.3
Diaphragm	0.1	2	2.0
IUD	4.9	75	48.0
Pill	1.3	20	45.0
Sterilization			
Tubal ligation	5.0	76	34.2
Vasectomy	1.2	18	55.6
Other, no response	2.2	33	18.2
Total		1528 persons	

* The respondents could make a choice of up to two methods of contraception.

** Ogino Method: This is based on the idea that ovulation occurs 12 to 16 days before next menstruating, so between these days, plus a few days before and after ovulation, some form of contraceptives is needed.

Table 2: Opinions about the Pill

<i>Question 1: What do you think about approval of the Pill?</i>				
Year	1986	1990	1992	
It should be approved	35.4 (%)	28.9	22.7	
It should not be approved	12.6	21.3	20.2	
No opinion	48.0	48.0	54.2	
Other, no response	4.0	1.8	2.9	
<i>Question 2: Do you want to use the Pill?</i>				
Year	1986	1990	1992	
Yes	12.9 (%)	10.5	6.9	
No	44.2	53.3	63.0	
No opinion	37.0	32.1	24.7	
Other, no response	5.9	4.2	5.3	



Speaking Out

by Sumie Uno

A scandal involving a well-known politician (a former Deputy Prime Minister) and his acceptance of illegal political donations, as well as his chronic tax evasion, has been in the newspapers every day lately in Japan. By now, the Japanese people are probably used to political corruption to a certain extent.

There are very few women in Japanese politics, and I wonder would such an incident have occurred had that person been a woman. Though this kind of abuse of one's power and disrespect for the principles of democracy may be unrelated to gender, I cannot help but hope that the political climate in Japan would be better if more women were in positions of power. There should be more female Councillors to make up half the members, at least.

At present, only one of about twenty cabinet ministers is a woman, and only 2.3% of the Diet members are women! On a comparative basis, Japan ranks 110th out of 118 countries throughout the world in terms of the ratio of women in these positions. Japan is definitely an under-developed country as far as politics is concerned.

With such an imbalance, the arrest of a top female politician for her role in a huge political scandal such as Japan often witnesses these days, will not be, fortunately or unfortunately, in the foreseeable future.

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!

* Breast Cancer and its Treatment

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Women Health and in Japan

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An Editor's Note

Understanding AIDS

by Kiyomi Kawano

AIDS is for me a very difficult disease to comprehend. Being a psychological counsellor, I am probably more interested in mental health than the average person, and now that I've reached middle age, physical health, too, is of great interest to me. Not just individually, but socially, too, not a day goes by that I'm not concerned, more than most, about mental and physical health issues and problems. Even for someone like me, AIDS is difficult to understand, so I can imagine it would be even more difficult for the average person.

I understand the physiological aspects of the disease, of course. These days easy-to-understand explanations can be found anywhere, and in them we also learn about the wonders of the immune system. AIDS differs from cancer in this way, as the pathology and the infection routes are clearly understood. The problem lies in the treatment of AIDS, although all kinds of tests are being carried out.

So, why is AIDS still so incomprehensible to me? Rather than say I can't figure it out, perhaps I mean that it is ominous. Of course, that has nothing to do with the fact that it was first thought to be a homosexual male's disease. It's because this sinister disease directly affects our sexuality, and needless to say, our sexuality affects our lifestyle. It isn't that a lot of incurable diseases haven't affected lifestyle before, but until now, no disease has had such a merciless impact on our perception of life and death being equated with lifestyle as has AIDS.

To put it another way, AIDS seems to be controlling our lifestyle. For example, the message to use a condom when having sex to prevent HIV infection is coming loud and clear from all sides. Everybody knows that

condoms are one method of birth control, but we wouldn't like being lectured about using condoms for contraception the way we are about AIDS. We would tell someone trying to pressure us about contraception that we'll decide for ourselves, thank you very much, and to mind their own business.

Books about AIDS give detailed information about low, medium, and high risk sexual activity. They tell us that low risk activity includes embracing, and that high risk activity includes vaginal intercourse without a condom. Medium risk activity includes vaginal intercourse with a condom. Doesn't it all make you want to scream "Well, what are we supposed to do?!"?

This is an emotionally-charged way of writing, I realize. For women, sexuality and lifestyle are new territory. Women have at last begun to question how we can deal with this territory to achieve independent sexuality and lives. In this respect, it's really unpleasant to be told to "do this, do that."

I feel very sorry for people who already are HIV-positive or have AIDS. Of course, I don't want to get it. It's just that we can't understand AIDS by merely sitting and waiting for the massive flow of information. It won't all end because we think it has nothing to do with us personally. No matter how many facts we know about the disease, actually using the information constructively is another matter.

I haven't yet contracted AIDS, but I'm trying to understand it. Here as I curse it, I'm trying to draw it nearer. ■

Treatment of Breast Cancer in Japan and its Problems

by Yoko Suzuki

1. BREAST CANCER IN JAPAN TODAY

The incidence of breast cancer has continued to rise. Although so far the rate in Japan is reported to be lower than in Europe and the United States, it is expected to continue to increase from now on. There is no doubt that breast cancer will overtake stomach cancer and uterine cancer as the most common cancer in women in the next century.

- Regional differences in incidence

Major cities such as Osaka and Tokyo have a higher incidence than country towns, so breast cancer could be called a city disease. Breast cancer is apparently related to dietary fat intake, as the rate is lower in Shikoku, South Kyushu and the Hokuriku district where fat consumption is comparatively low. The international pattern is the same: countries with a higher fat intake have higher rates.

- Changes in women's lifestyles

It is well known that the later the birth of the first child, the higher the risk of breast cancer. Today, women are getting married later, having their first baby later, and also reaching menopause later. These are factors in why the incidence of the disease is now increasing.

- Hereditary factors

Hereditary factors have less relation to the incidence of breast cancer than to cancer of the large intestines. Nevertheless, for a woman whose mother or sister had breast cancer, the chances that she will develop breast cancer are double that of a

woman whose mother or sister has not had breast cancer. Furthermore, the risk increases four times for a woman whose both mother and sister had breast cancer.

2. GENERAL FACTS ABOUT BREAST CANCER

- Clinical stages

The stages of cancer are based on the tumor size and the condition of the lymph system.

STAGE 1 (the early stage): A small lump less than two centimeters; the cancer does not appear to have spread to the lymph glands.

STAGE 2: The lump has grown to between two and five centimeters.

STAGE 3: The lump is more than 5 centimeters.

STAGE 4: There is evidence that the cancer has metastasized in other parts of the body.

Treatment, surgery and prognosis differ depending on the stage.

It is important to detect lumps before they reach five centimeters

- Chances of full recovery

Of women whose breast cancer is detected in stage 1, 95% survive more than five years, and a little more than 90% survive more than ten years after diagnosis. For women with stage 2 cancer, the survival rate is still quite high at 85% after five

years and 75% after ten years. In stage 3, however, it drops to 50% after five years and less than 30% after ten years. Whether or not the cancer has spread to the lymph glands in the armpit is the crucial point determining prognosis (chances of recovery), but it is important to detect lumps before they reach five centimeters.

It is important that check-ups for recurrence and metastasis (spread) are done, especially for three years after surgery. After five years, the risk is quite reduced, but periodic check-ups are strongly recommended for ten years.

In many cases, the cancer occurs in both breasts. A woman with a personal history of breast cancer should be particularly careful because she is four or five times more likely to have breast cancer again than a woman who has not had breast cancer. (The risk in Europe and North America is 20 times.) This is because the construction and breast glands are the same for either breast.

- Age differences

The incidence of breast cancer starts to rise after age 35 and reaches a peak at 45 years. Most lumps found in women under 30 are not cancerous but in contrast, the probability that lumps found in women over 60 are cancerous is quite high.

- Breast self-examination

Recently, examination of one's own breasts is becoming more common at the urging of public health centers and the media. This has meant that more breast cancer is detected in the early stage, allowing for as little removal of the breast as possible. The simplest way to examine your breasts is at bath time. Using the three middle fingers lubricated with soap, search for any lumps, either soft or hard. During pregnancy and breast-feeding, women are liable to have some lumps, which may prevent the early detection of cancer.

- Treatment options

A feature of breast cancer is the many treatment options, such as surgery, hormone therapy, chemotherapy, and radiotherapy, so various treatments combining these methods are possible. This is a reason for the high success rate of breast cancer treatment. Recently self-examination and group check-ups show that as women become more concerned about breast cancer, the possibility of early detection and treatment in the early stages is increasing.

A reason for the high success rate of breast cancer treatment is the various combinations possible

3. HISTORY OF BREAST CANCER TREATMENT

In 1882, Halsted devised the "radical mastectomy", which is removal of the entire breast, the underlying muscles (pectoralis major and minor) and the lymph nodes in the armpits. This was long the standard medical treatment. However, the adverse effects of this treatment include cosmetic problems,



and swelling and decreased mobility of the arm. Later, the modified radical mastectomy was introduced especially for the early stages of cancer. The modified radical mastectomy can roughly be divided into two methods. In both methods, the entire breast is removed, but the Patey method leaves the pectoralis major and the Anchinclass method leaves both pectoralis major and minor. There appeared to be no significant difference statistically in the success rates between radical and modified radical mastectomies, so the modified radical soon took precedence. The modified radical has since progressed to treatments which do not remove the entire breast.

4. TREATMENTS WHICH PRESERVE THE BREAST

Segmental breast resection can be divided into the following three options.

1. Radiation therapy - for breast cancer which has been followed by another disease and complications; advanced breast cancer; patients who refuse to undergo surgery.
2. Preservation breast surgery - a quadrantectomy plus removal of the lymphs in the armpits.
3. Procedure preserving the breast - lymphectomy and quadrantectomy plus removal of lymphs in the armpits with radiotherapy.



The survival rate of the quadrantectomy combined with removal of the lymphs in the armpits and radiotherapy

is almost the same as a modified radical mastectomy, much to the surprise of specialists throughout the world. In Japan, treatments where the breast is preserved have been practised from about five years ago, and they account for 12% of operations for breast cancer now.

Treatment options that preserve the breast apply only to cancer in the early stage, which meet requirements concerning tumor size, location, and distance from the nipple, and which have no evidence of spread to the lymph nodes in the armpit.

Thus the newer idea of preserving the breast has changed the traditional medical notion that all cancer cells should be removed completely. Especially in the case of local breast resection, the possibility that some cancer cells may have been left is quite high, and breast irradiation should follow.

However, radiation therapy has several unresolved problems such as the possibility of side effects and the not yet completely understood effects of radiation.

REASONS WHY PROCEDURES WHICH PRESERVE THE BREAST HAVE TAKEN SO LONG TO BE INTRODUCED IN JAPAN

- Surgeons in Japan have considered the complete removal of the cancer as the best procedure, and considered treatment preserving the breast and perhaps leaving cancer cells to be risky. Consequently, patients greatly feared the cancer and accepted the removal of the entire breast without question.

- Male surgeons have not been concerned with how women feel about their breasts. They believed that "Japanese women do not have a strong attachment to the breasts as do Western women."

- Treatment which preserves the breast requires close cooperation between surgeons and radiotherapists, but there are no such flexible support systems available in medical institutions in Japan. Therefore, even if a surgeon would like to use the pro-

cedure, it is not possible without irradiation equipment or the full cooperation of such facilities. This means that the procedure can only be performed in hospitals which have highly specialized breast surgeons as well as an irradiation department with the necessary equipment and personnel.

Japanese doctors believe that "Japanese women do not have a strong attachment to the breasts as do Western women."

HOW TREATMENT PRESERVING THE BREAST BECAME WIDESPREAD

Western women declared they could not deal with losing a breast.

New ideas concerning breast cancer were confirmed and demonstrated medically in Europe and North America. That is, for women being treated for breast cancer, the cause of death is possibly the undetected spread of cancer to other parts of the body and not always the actual breast cancer that has already been treated.

Patients are more informed about the disease through the activities of groups such as "Niji no Kai (Group Rainbow)".

5. PROBLEMS WITH EMOTIONAL AND PSYCHOLOGICAL SUPPORT

According to "Vox Populi, Vox Dei" in the February 25, 1993 issue of the Asahi News, "Of the one thousand physicians who responded to a questionnaire by Japan Upjohn Co., Ltd., 55% do not inform patients of their cancer at all, or inform less than 40% of their patients. 13% of physicians want to inform terminal patients or patients with a recurrence that they have cancer." In medical institutions in Japan, still only a few doctors are ready to inform patients of cancer.

The reason is that they are afraid that emotional support systems are still far from adequate, and that informing them will destroy the patient's emotional well-being.

However, breast cancer patients have usually been informed because "the cure rate is high," and because patients diagnosed with breast cancer may only agree to undergo a mastectomy when urged and when compelled to decide which is more important to them, "life or breast". They are terribly shocked to be informed of the cancer, and fear for their lives. In such serious situations they may have no choice but to accept mastectomy while they feel both "life" and "breast" are important. It is understandable that the loss of a breast must be a pain difficult to endure for any woman. Patients have openly stated that they are not willing to lose a breast, and so treatment preserving the breast which has become popular recently in the United States and other Western countries is rapidly being introduced in Japan as well.

Only 13% of physicians want to inform terminal patients that they have cancer

Judging from the responses to questionnaires by Niji no Kai, patients' foremost worries are recurrence and metastasis. They cannot escape the fear even if they receive treatment in the early stages. Moreover, we cannot imagine the pain of being informed that they have advanced cancer.

Despite the many emotional difficulties faced by women with breast cancer, they are not usually considered to qualify for psychological care, because breast cancer is curable if caught early enough, and because the loss of a breast does not cause physical dysfunction. After surgery, they are physically nursed, but they are not looked after systematically from the psychological viewpoint with counselling

for the inevitable emotional upset to follow.

At present, psychological care of patients is left up to the individual.

"Despite the many emotional difficulties faced by women with breast cancer, they are not usually considered to qualify for psychological care"

6. ACTIVITIES AND SIGNIFICANCE OF THE SELF SUPPORT GROUP (NIJI NO KAI) FOR WOMAN WITH BREAST CANCER

Niji no Kai was established in Osaka in November 1991 when about thirty women

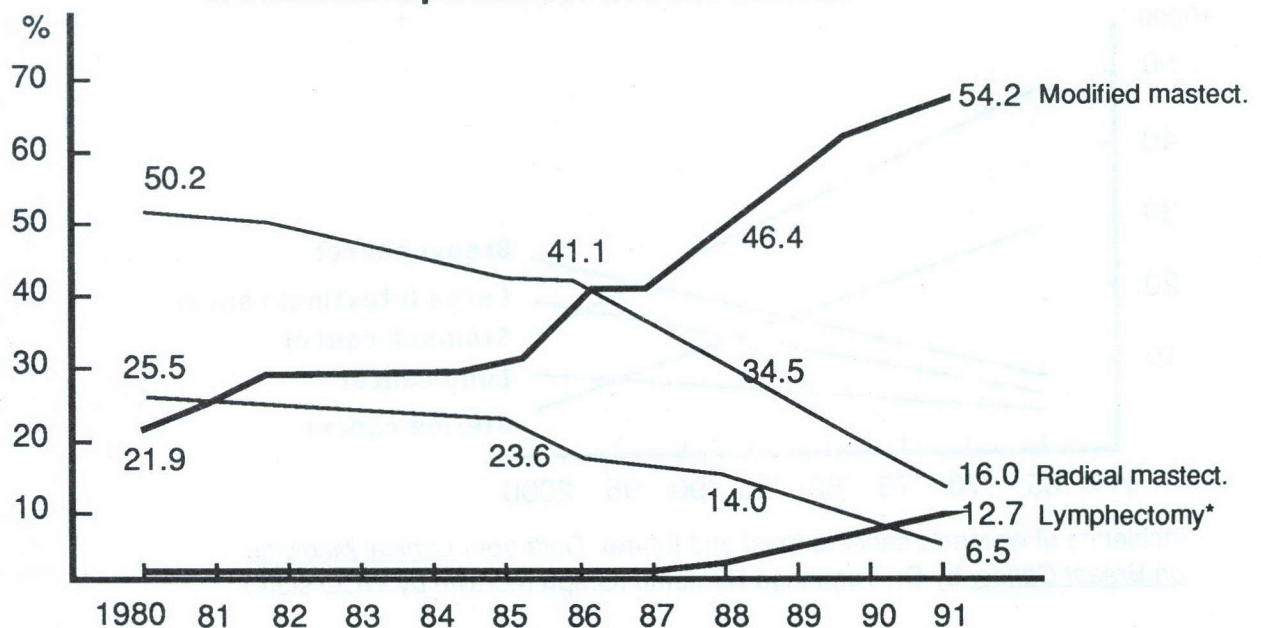
gathered to share their experiences of breast cancer as was proposed by a newspaper. (After a year and a half, the group has 60 members. For address see end of article.)

Since then, the group has gathered once a month, and the women talk about their problems in general meetings or small groups. Problems which emerge as each woman talks about her experience are anxiety after surgery and fear of losing a breast. The women continue to discuss and work toward greater self-awareness, to develop themselves on the example of other members, and also to tackle the unresolved problems surrounding breast cancer in society.

- Problems concerning treatment that have emerged in the meetings

Surgeons who operate on patients sometimes do not have the appropriate and necessary data for treatment because all or part of the lump has been removed in a biopsy by gynecologists or other surgeries nearby. Few women go to a specialist in

Treatment Options for Breast Cancer



*Procedure to preserve as much of the breast as possible.

(Graph reproduced by WCO staff.)

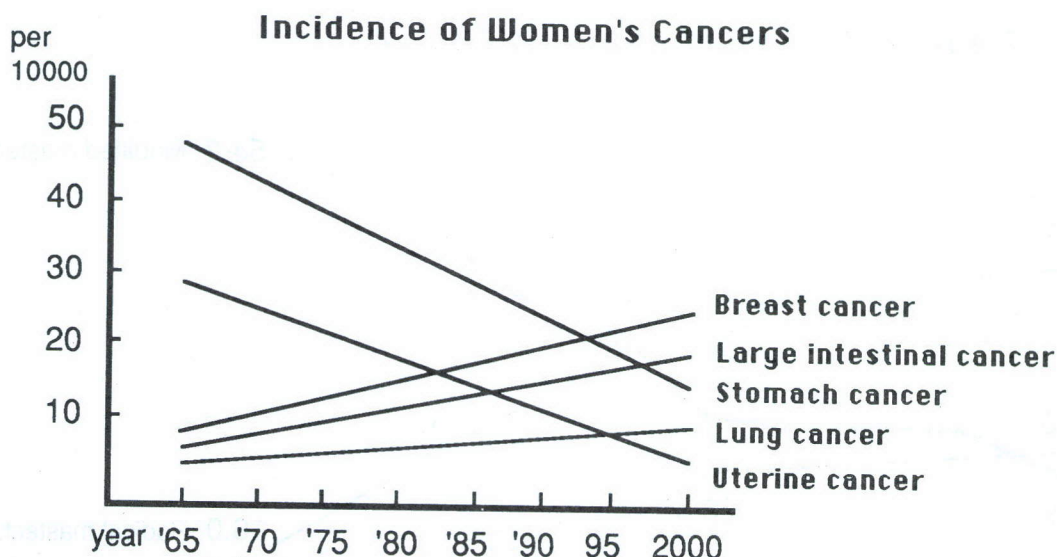
breast surgery the very first time, and so unfortunately not a few cancers have advanced to later stages while doctors who are not specialists in the field waste time on the diagnosis. In Japan, there are very few breast specialists.

Doctors do not involve patients with full explanations or appropriate information about treatment, and patients have no choice. This is the matter of "informed consent". Many women have negative feelings that they consented to removal of the entire breast without being informed about the possibility of optional procedures which preserve as much of the breast as possible.

Women have a lot of anxiety about medicines and other post-operation treatments. Patients are reluctant to ask their doctors questions during check-ups because they are afraid of bothering their doctors and keeping the busy doctors for long. Patients need to get up the courage to ask for full explanations. The meetings are very important for women to look further into the matter and share information about how to deal with their own bodies.

CR (Consciousness Raising) for breast cancer patients is:

- Acquiring more information about the treatment of breast cancer and understanding of the disease on the whole, as well as settling anxieties and fears.
- Being aware that all women alike feel anxiety, fear and worry; and overcoming feelings of solitude and depression.
- Looking inward to seek a way to live from now on that is right for the individual, in the process of talking about personal experiences. Also, thinking more deeply by listening to what others have to say.
- Increasing self-esteem by helping others by relating personal experiences to them.
- Developing closer relations with others in the group by talking together.
- Developing the valuable opportunity to make a complete change in the way of thinking, that although experiences may be unhappy ones, all can be put to great advantage.



Incidence of women's cancers (past and future). Data from *Clinical Medicine on Breast Cancer* by Dr. Tominaga Hirotami. (Graph redrawn by WCO staff.)

ADDRESS: Niji no kai, c/o Nobuko Tanaka, 2-18-33 Tushima, Toyonaka-city
Osaka Prefecture 561, Japan

Women's Liberation in Japan Recorded in Documents

by Sekiko Kikushima

During the 1960's and 1970's many women around the world lived the ideals of women's liberation and worked actively in the women's liberation movement. Women in Japan, too, stood up and spoke out against existing social values and the order of society.

Women formed groups in the workplace and on campuses, as well as in the general community, and began to put their feelings about everyday life into words. Some distributed handbills, pamphlets and other literature to communicate and share their ideas with other women. A lot of women put some of these away as precious keepsakes.

The Documentary History of Japanese Women's Liberation Movement is the record of what Japanese women did and what they learned in the movement. It is a compilation of literature edited by Akiyo Mizoguchi, Yoko Saeki, and Soko Miki. Volume I (1969-1972) was published in November 1992, and Volume II in 1993. A third volume is planned.

One of the editors says, "Women's liberation shouldn't be looked down upon as a temporary trend or just hysterical behaviour in the past. I'd like to tell the true story of the movement and what it was really like in those days to those who don't know about it."

That story should be told. The mass media, controlled largely by men, have until now often ignored or distorted women's ideas and claims, but the women's liberation movement needs to be evaluated in the context of history before it is handed over to younger generations.

We can read in one small magazine, From Women to Women No. 2, that some women were demanding as early as 1972 that college and university faculty provide women's study courses. That was twenty years ago, and today we see some colleges and universities give classes in women's studies. The Documentary History of Japanese Women's Liberation Movement shows readers such problems that were encountered in those days. Moreover, it tells us that women who care about the status of women are not alone. Lots of women felt worried and frustrated then, as now, but kept going. They kept the struggle going.

One reason the editors and other supporters wanted to compile the book is, I think, to share with women of today the passion they have felt for the cause. They hope other women will be encouraged by the book. Though memories fade, the documents survive as a reminder.

The Documentary History of Japanese Women's Liberation Movement starts the invaluable job of examining and reexamining the history of Japanese women from feminist points of view. ■

The book is in Japanese and edited by Akiyo Mizoguchi, Yoko Saeki and Soko Miki. It is available at the Women's Bookstore Syokado in Kyoto. Send 12,000 Yen by postal transfer to Kyoto 8-7950, Women's Bookstore Syokado.



LETTERS

To the Women's Center Osaka:

I find the attitude of a lot of Japanese women in Japan toward the Pill and the lack of responsibility for their own bodies frustrating. The most common form of contraception is the condom, and Japanese women are so scared of the side effects of the Pill because the possible risks have been blown out of proportion. The information they have may be about the high-dose Pill (the only Pill available in Japan and used not for contraception but for things like menstrual irregularities), and admittedly, the risks are higher than for the low-dose Pill. But in my experience, most Japanese women don't even know that a much safer low-dosage Pill is available in many countries, is used by millions of women, and is the most effective form of birth control bar sterilization and abstinence. What is more, they couldn't be bothered finding out.

The lack of information freely available to women astounds me just as much as this disinterest, and what appears to me to be the apathy of the average Japanese person to the huge number of abortions in this country.

Why don't educated Japanese women weigh up the pros and cons for themselves between the condom-use, anxiety and occasional abortion they experience now, and the relatively convenient low-dose pill? For the world's economic leader, freedom-of-choice is still in the dark ages in Japan. Why don't Japanese women demand the low-dose Pill, along with all the information for an informed decision, be made available to them?

(Name and address supplied)



We welcome any opinions on women's issues, and any comments or suggestions for the newsletter. Please send your contributions to the address of the WCO provided on the last page of this issue.

My Experience in JAPAN—!

A (German) Woman in Male (Japanese) Society

by Tina Nazarea

I had my first somewhat unusual encounter with the male society upon entering the laboratory at a university in eastern Japan where I was to do research work. As I was shown around by my future colleagues, my eyes were suddenly riveted on a topless woman pinned down on a lab bench with all kinds of research gadgets scattered around and on top of her. One of her breasts showed traces of spilled chemicals and her frozen smile was smudged with some careless magic marker strokes. My bewilderment must have shown, because I was hastily assured that the person who occupied the porno bench was a "feminist". This well-meant explanation only added to my confusion, and it was only later that I found out that "feminist" can correspond to what we would call "playboy" in English. Anyway, I don't know if my publicly proclaimed displeasure or my (private) arguments with the "feminist" were the cause, but the poster woman eventually disappeared. I tried to counteract the all-female nude calenders posted as densely as centrifuges, so essential to a laboratory, with some sexy hairy-breasted males to the effect that I was diagnosed *hen na gaijin* ("weird foreigner"). However, when the new calender season came around the new collection of female flesh was banished to less conspicuous corners of the lab.

Yet I write these impressions in this relaxed style because they have never been overshadowed by anything negative on a personal level that one might expect in a "pornographic lab". On the contrary, the conduct of my male colleagues, then and still now, has always been correct (sometimes in sharp contrast to that of some of my German colleagues back home) and I always feel I am being treated with respect.

What I had experienced inside the lab held true also for outside. Be it in a commuter train, at 2:00am in Shinjuku, an entertainment district in Tokyo, or nowadays in downtown Kyoto, I have never been molested or approached in a way I would have had reason to be afraid (contrasting again my apprehension while living in Berlin). I have a friend, however, who has had the unpleasant experience in a crowded commuter train of feeling an exploring hand creeping up her skirt. Her loud: "There's a hand on my body!" made the molester turn bright red and leave the train at the next stop.

Sometimes in trains, one happens to be sitting next to a person meditating on the kind of porno *manga* (the comic books read by both adults and children in Japan) where almost nothing is left to the imagination. On one occasion, I asked if the reader would mind if I joined in reading. It worked wonders; the *manga* was closed and the meditator disappeared in the crowd.

One thing I learned to appreciate early on in Japan is that there is no whistling in the streets, utterings of some stale compliment, or explicit invitations. Neither is there "ladies first", but that seems a cheap price to pay for twenty-four-hour peace of mind. Besides, it seems more apt in terms of equality that the order of proceeding through a door should not be decided by sex.

Compared to Europe (and probably the USA, too) I get the impression that many, more passive forces are at work here in Japan: watching rather than doing, consuming rather than acting out. I wonder for how long a human being can accumulate forbidden dreams without exploding, and how much longer Japan will remain among the safest places in the world. ■



Speaking Out

by Haneko Inoue

Ikebukuro, Tokyo. Foreign women from Southeast Asia and other countries around the world are coming to Japan to work, and a lot of them are living in this town. And the local citizens are protesting; they want to drive out these foreign women.

The citizens claim that the women have brought in AIDS and are spreading it among the Japanese people through prostitution, and they want them to get out. In fact, however, there's every possibility that the women were infected with HIV by their Japanese clients, men who can buy sex both in Japan and overseas as they please.

It is now time for us to take action and support these women, and come up with ways to prevent the spread of the disease, rather than just investigate where the blame for its spread lies.

"Get out! Prostitutes get out!" shout men at demonstrations who believe they are fighting AIDS. They behave as if they themselves are the victims of prostitution, disregarding their responsibility as the ones who have bought the services of prostitutes. Despite my strong will to support the cause, seeing these men makes me reluctant to join in AIDS support activities with them.

In countries where AIDS has become a social problem more quickly and more widely than in Japan, I wonder if there wasn't the same wall between men and female activists which confronts us. If there was, I'd be very eager to find out how women coped with it. Can anyone share their experiences with me?

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!

Male Midwives - Yes or No?

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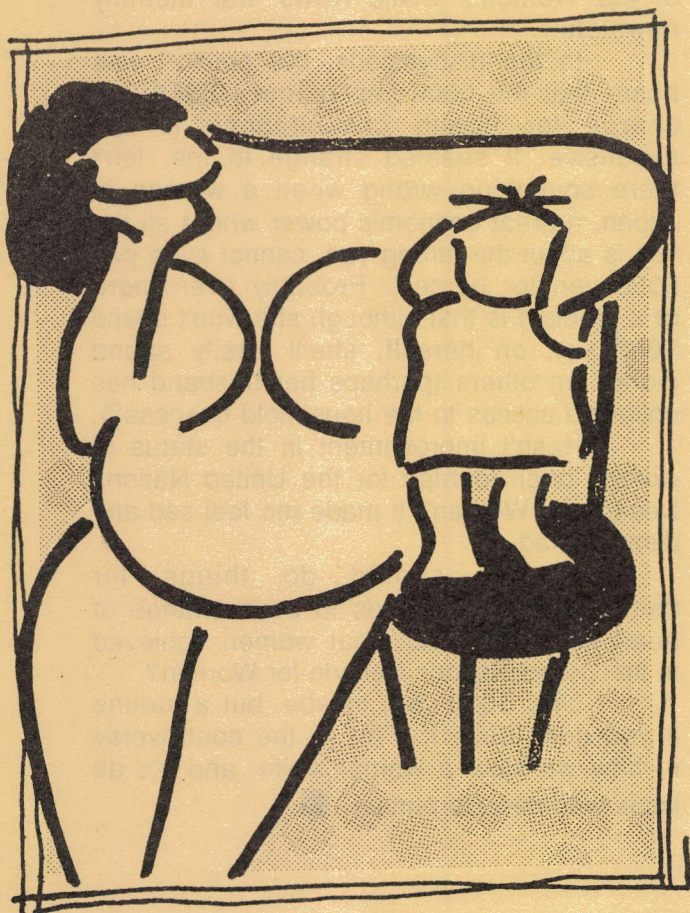
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An Editor's Note

Women Should Do Things for Themselves

by Yasuko Ako

In 1984 several women, including myself, got together and set up a group to establish a women's clinic in Osaka, and took up the challenge of things new and unknown. Even though we managed to get it off the ground, we didn't really know what a women's clinic involved. At the time, A New View of a Woman's Body by the Federation of Feminist Women's Health Centers, 1981, a book translated by some of the group members, made quite an impression on me. It seemed to express the essence of a woman. In the book, there were a lot of messages about how women really feel, which made me rethink our sexuality, an integral part of our lives based on our reproductive organs, and helped me rediscover my own experiences. I thought then that this was something I could get involved with and share with many other women.

Up until then, the only organized activity I had known was one where union officials (full-time representatives in Japan) work on behalf of other people, and those other people feel as if they themselves have achieved something, and that's the way it goes on. But when I first came across the term "reproductive rights," I felt it was a movement simply celebrating everyday life and sexuality, or in effect, how I myself want to live my life.

People from various fields, some with medical backgrounds, others having nothing to do with the medical profession, met and formed the "Provisional Committee for the Women's Clinic", and set up the movement based on what the assembled members were capable of doing. We wanted to carry it on for a fair while, hopefully without running out of steam, and really grow personally, and enjoy ourselves. I can't talk about this without a large part of me

coming into the story. It was curious to see "my life as a woman" become a model for others, and that so many others sympathized with me. And I think the reason I have been able to keep up with this work so long is because I didn't get too worked up about it.

The name of the group changed to the Women's Health Center Osaka, then to Women's Center Osaka, and we began to deal more with "life" in general rather than "sexuality" alone. However, as the organization got a little bigger, and more people became involved, so too the members' ideas came to differ. This became evident at the discussions commemorating 100 issues of the Women's Clinic News, our monthly newsletter.

In the discussions, the opinion was heard that the 5000 yen (about US\$50) we charge for health consultations is too expensive. It seemed strange to me. Isn't there something wrong when a woman in Japan, a great economic power where all the talk is about the strong yen, cannot even pay 5000 yen for herself? Probably even more of a problem is that although she won't spend 5000 yen on herself, she'll easily spend money on others (perhaps her husband has unlimited access to the household finances?).

Hasn't improvement in the status of women been lobbied for the United Nations Decade for Women? It made me feel sad and disappointed.

Women should do things for themselves; there needs to be a change of heart here. Isn't that what women achieved in the United Nations Decade for Women?

Only 5000 yen, maybe, but a fortune if you don't have it. This is the controversy in how we view a woman's life, and it's an issue we intend to pursue. ■

Childbirth in Japan

A Midwife's Perspective

by Kumiko Kotake

I am a midwife, and since I graduated from midwifery studies I have been working in a hospital. Almost all midwives in Japan work, as I do, under the control of obstetricians in hospitals or in practitioner's offices.

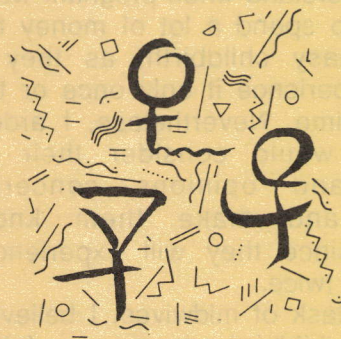
In Japan, midwives are authorized by law to assist in childbirth without a doctor present. This is allowed only if there are no complications in the mother's condition during the pregnancy or at the time of delivery.

Since around the late 1960's, the fertility rate has decreased in Japan. Under the circumstances, an increasing number of mothers have come to prefer having their children in modern hospitals, which have the most advanced equipment. Since the women are likely to experience childbirth only a few times, the cost of hospital treatment is not an issue to them, and obstetricians, who are in charge of the medical procedure, oversee delivery. Therefore, a lot of midwives have no choice but to work at hospitals and practitioner's offices.

Of course, I welcome the contribution of obstetricians to childbirth, since they have technical skills and knowledge, and they are sometimes a great help for the pregnant women burdened with the risks connected with childbirth. However, I cannot accept the present situation. In the name of "safe childbirth for both mother and baby," the date and time of delivery are controlled, and episiotomy (perineum incision) and vacuum extraction delivery are often performed without due consideration. At the moment I am caught in a dilemma as a midwife. Except for private practice, midwives who belong to facilities such as hospitals and practitioner's offices can do

nothing but follow the doctor's instructions. It should be noted that cases where a doctor asks a midwife for their opinion are very rare.

I have come to realize that simply thinking about safety alone leaves out other considerations for midwives as well as for the woman expecting the baby. I am aware in assisting in childbirth that quite a lot of women think they will have a good delivery as long as they leave everything to a doctor or a midwife. Noriko Yoshimura, the well-known author of "Encounter with Childbirth" and "Childbirth - Its Traditions", says in her book, "To Have a Baby", that she used to be one such woman. She recalls her experience of giving birth: "I was very happy to be in the situation which provided me with the rapidly developing technology of obstetrics which made my delivery so safe and good".



In fact, pregnant women and their families often say to us, "There is nothing to worry about as long as I am in a hospital. I will leave everything to you." I usually reply to them, "We can help you. But it is you who gives birth to the baby."

It is not a doctor or a midwife, but the person who will have the baby who plays the major role in childbirth. Even without our assistance, the process of childbirth - after labor pains, the uterus ostium opens and a baby passes through it - will remain unchanged. It might be even smoother than when we help. We have to consider the fact that our excessive care sometimes becomes obstructive to smooth childbirth, contrary to our intentions.

The most important factor for pregnant women to understand is that they themselves give birth to their baby. Even if they leave everything to the doctors or midwives their baby will still be born.

However, I am afraid that as long as they play such a passive role, their experience of childbirth will not be as fulfilling or as rewarding. Also, I believe that one's attitude towards childbirth has a strong influence on her way of child rearing.

It is not a doctor or a midwife,
but the person who will have
the baby who plays the major
role in childbirth

I understand when pregnant women are willing to spend a lot of money for a safe and easy childbirth, as they will probably experience it only once or twice in their lifetime. Nevertheless, I ardently wish they would consider their own thoughts and opinions concerning childbirth and make them known, especially since they will experience it only once or twice.

The task of midwives, I believe, is to support childbirth. It can be fulfilled with great significance when each woman has her own thoughts and considerations regarding the event. We also have to provide pregnant women with the information about childbirth, so that they can know about obstetrics; from the medical procedures, to the details of

changes in their bodies, the process of the pregnancy, and also the development of the fetus. Our assistance should be based on a sharing of feelings with the pregnant woman. It is also important to help a pregnant woman be able to feel that the pregnancy and the delivery are her own affairs.

I took part in the 23rd Academic Conference of ICM (International Confederation of Midwives) held in Vancouver, Canada, in May 1993. Midwives assembled from all over the world and the conference consisted of various lectures and discussions. During the conference, I heard a lot of our colleagues speak about taking the main role in childbirth from medical facilities and giving it back to midwives.

In the host country, Canada, midwifery is not authorized by the government as a profession. Seen from our Canadian colleagues' point of view, we midwives in Japan are wasting our abilities by shutting ourselves in hospitals and by just working according to a doctor's instructions, even though we are qualified to assist delivery in our own right. They wondered why we have not protested against the situation, and why we have not taken any action.

Unfortunately, it is hard to start a practice in the present day, even though I agree with their opinions. So for now, I will stand by my viewpoint that midwives support not a doctor, but the woman who is giving birth to the baby, even within medical institutions. I will do my best to assist pregnant women, respecting their individual thoughts on childbirth, in order to help them be completely satisfied and fulfilled with their experience. ■



"No" to allowing men a midwife's license

- why midwives are against it

by **Kiyoko Okamoto**

Lecturer at Osaka Prefectural Midwifery College

Whether or not men should be granted a license to work as midwives had been an issue in 1988, and at that time there was a lot of argument both for and against. The conclusion was that the time was not yet right for men to be midwives because women themselves did not want to be cared for by a male, midwives thought that women were better qualified to do a midwife's work, and practical training in maternity nursing wasn't required for male students.

The issue has come up again this year because the situation has changed concerning nursing studies. The nursing studies curriculum was revised in 1991, so practical training in maternity nursing is now to be completed by male students as well. And this spring those first male students educated under the new curriculum graduated.

I am a midwife, and I oppose the matter. I believe it is still too early to give men a midwife's license for the following reasons.

1) Even though women are the ones to be directly influenced by the decision, their opinions are being disregarded, as before. The law should not be revised (changed for the worse?) through an undemocratic process.

2) Women's thoughts on the issue have not changed in those few years and a lot of women still reject it. (In Nokubo and associate's survey in Miyagi Prefecture in 1991, 53.7% of 404 preg-

nant women opposed it, 19.1% were in favor, and 27.2% were neutral.)

3) Midwives have specialized duties - they 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. Delivery is often influenced by the would-be mother's emotional state, so being relaxed is a most important part of the process. Moreover, if a male midwife is to examine (particularly for a pelvic examination) a pregnant woman and attend to her genitals and breasts, a female nurse should be present as a moral consideration. It is the same for when a male obstetrician examines his patients.

4) It is not likely, at this stage, that a woman will be guaranteed the right to choose a female midwife at a hospital if she would rather be cared for by another woman.

5) Practical training in maternity nursing for male midwifery students and its merit have yet to be examined thoroughly, and any implications have not been given careful consideration yet. Before initiating midwifery training for males, the curriculum first needs to be evaluated. If it is not, we could be setting ourselves up for big problems in midwifery training.

Thus, I believe the issue requires more careful consideration. The decision

of how to deal with the issue can be made democratically only after thorough deliberation on all the problems, both apparent and potential, and with regard for women's opinions.

If men are indeed granted a midwife's license, we expect the presence of a male midwife will have a considerable influence on the process of

delivery. We would be wise not to carelessly and too quickly follow foreign examples, because each country has its own sexual culture. We cannot be too careful when revising laws and adopting a new system, as one small step in the wrong direction could have unfortunate repercussions for many years to come. ■

Care Work, Physicality, and Male Midwives

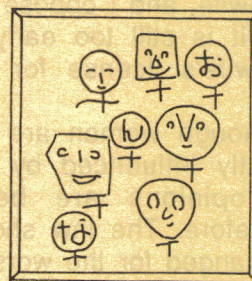
by Kisuyo Kasuga

I have been conducting my own aural research into home health care conditions for the bedridden aged for a few years now. In the process, I came to the conclusion that without drastically changing our views of the human body, it would be hard to abolish segregation of sex roles in care work. While housework deals with objects and is not defined by gender, care work deals with human beings - taking care of their bodies - and so gender is an issue in care work.

In care work, the dignity of individuals being cared for can only be retained when the "body image" of themselves as a man or a woman, into which they have been socially conditioned throughout their lives, is respected. The bodies of the aged are never sexless, like some people who consider them "withered bodies." On the other hand, children, particularly infants, are for the most part unconscious of their physicality, and their bodies are sexless as far as those who care for them are concerned. Care for the elderly and care for children are vastly different, even though they both experience the same

direct physical contact, for the reason that the elderly are not sexless beings.

Once I saw a letter from a woman in a nursing home in the Asahi newspaper. She wrote that she didn't like to be helped to bathe by a male caregiver, even if she was sick and old. Many letters saying the same thing followed. And handicapped women took up the issue of the need for caregivers of the same sex for bathing and going to the toilet.

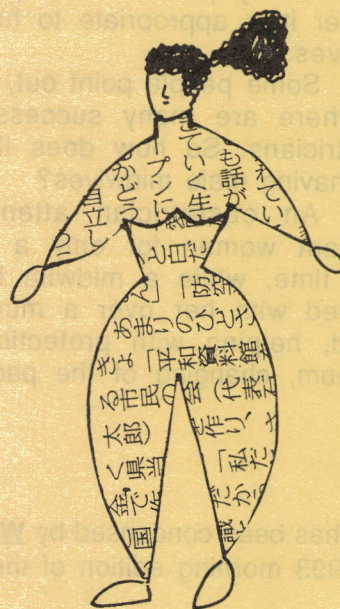


However, the reality is that aged women outnumber aged men because of the longer life expectancy for women and the age difference between men and women in marriage.

Another is to keep it short. To keep the awareness of both the woman and the caregiver from dwelling on her body, the work is carried out as quickly as possible.

However, this is the approach when the care worker consciously respects the individual. In many cases, they consider it simply as "work." What usually happens is that elderly people lose their sense of shame and must face being stripped of their human pride, as they are treated as "objects."

In maternity care work, workers must help support the perineum, which can't be done without direct contact with a woman's genital area, and care for the breasts, and these tasks require long hours of intimate physical contact. I wonder how a male caregiver would take the physicality away from a young woman. The only way is to divest the physicality from her entirely and deal with her merely as an object. Thus, in view of the sexual awareness predominant in today's society, allowing men to become midwives will completely dehumanize the body of women giving birth. It can only serve to offend the dignity and pride of women who are in the very prime of their reproductive lives. Their's is no "withered" body. ■



Can Males be Midwives?

by Michiko Obayashi

The field of nursing has been open to men since 1951 in Japan, but males account for only 3.2% of nurses today. This is because child care and care of the sick has been romanticized as women's work and the role has not been highly regarded. An issue here is, in fact, social and cultural discrimination against women.

There are two aspects to consider about men becoming midwives. One is the nature of midwifery, and the other is equal employment opportunity.

During such a serious event as giving birth, a woman must expose her lower body to others, the medical staff. The embarrassment and pressure she feels in this situation may influence her actual physical condition.

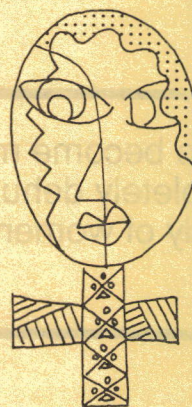
In medicine and midwifery very little thought has been given to the embarrassment many women feel about their sexuality or bodies until now. There should be more regard for a woman's feelings, however, as a matter of sexual dignity and human rights, and this is a key point in the question of whether it is appropriate to have male midwives.

Some people point out, however, that there are many successful male obstetricians. So how does that differ from having male midwives?

An obstetrician attends to a pregnant woman for only a relatively short time, while a midwife is closely involved with her over a much longer period, helping with protection of the perineum, changing of the pad for the

lochia (discharge from the womb following childbirth), and care of the breasts, for example. The two roles are in effect very different, and they cannot be considered as having equal influence.

Discrimination against women is rife in the fields of medicine and health care in Japan, as can be seen, for example, from the relationship between doctor and nurse. Equal opportunity is not a straightforward issue in medical and health care.



We hope to realize true equality by resolving double sexual standards and considering the differences and drawbacks of the sex of health workers, and at the same time we hope to establish equality not only among the medical staff, but between them and the patients themselves. ■

(This has been condensed by Women and Health in Japan staff from a column in the February 24, 1993 morning edition of the Asahi Newspaper, with the writer's consent.)

Male Midwives - Does It Sound Strange to You?

by Akiko Akamatsu

Why can't a man become a midwife or a health worker? I began to ask myself this question in the days when the law of equal opportunity for employment was the topic of conversation.

Increasing participation by women in work which used to be a man's domain gave rise to the question of whether a man could work in a traditional woman's role. The fact is, only a few men were working in Kindergartens or as nurses, and then in only limited areas such as psychiatric sections and operating theaters in hospitals.

The question arose again for me when I learned that men were not qualified to sit for the national examination for a registered nurse's license or to become a midwife even if they had finished the four-year nursing science university course.

On these two occasions, my questions were directed only to the system. I didn't pursue the root of such a problem. However, we need to get rid of the root causes to solve problems in the system.

Male midwives may be rejected on the following grounds.

1) Pregnancy and delivery are events which belong in the female domain.

2) A sense of shyness and embarrassment about the genitals makes women want to avoid men.

3) There is a possibility that male midwives will be open to sexual harassment.

4) Apprehension arises over the overcontrol of women's bodies by men if male midwives join the medical team led by male gynecologists in place of female midwives.

5) Male midwives will take over the leadership role because of the male preponderance in the social system.

All of the above are convincing reasons for rejecting male midwives. I acknowledge them, but I don't mind having

male midwives. I rather cherish the hope that men would want to become midwives some day, and I think such men would be true "feminists". I expect that such a change could lead to reformation of the old system.

This anticipation may stem from my outlook on women, as well as that on men.

I have been working as a counselor for 20 years at a gynecological clinic, and at the same time, I have long been a volunteer for counseling activities at "Life Line" and the "Women's Center Osaka". The experience leads me to say that problems arising from any aspect of a woman's body are related to sex in some way, and this is by no means an exaggeration.

Thinking or talking about things related to the sexes - relationships between men and women, for example - I usually try to replace the words for men and women with "humans" to test the equity of a statement, either written or spoken. If this replacement does not change its meaning, I think it must be OK.

"A woman can be a midwife." "A man can be a midwife." "A human can be a midwife." The word "human" doesn't sound strange, which convinces me that midwifery need not be restricted to women. Just as I felt this, I came across an interesting story in The Japanese Journal for Midwives issued in February 1991. It was an interview with a French male midwife, Willy Belhassen, a participant in a meeting of ICM (International Confederation of Midwives) in Kobe, Japan, in the ninth issue in the series Childbirth in France.

"In France", he says, "midwife schools began to admit male students in 1982. More than 50 males are working as midwives now (as of the summer of 1991). About ten new male midwives are employed every year."

The person who interviewed him was a woman who specializes in sociology and has been to France. To her question asking the merits of male midwives, Mr. Belhassen answered:

"Female midwives have an advantage being the same sex, in childbirth and pregnancy, and male midwives have to be more considerate in their work because they cannot become pregnant or give birth to a baby. They should review their work to see whether they have done well or whether they have been able to understand how the woman feels and thinks. Such consideration may bring them to an unexpectedly deep understanding of women. Because they cannot depend on their intrinsic knowledge derived from their own sex, they may gain a deep insight into human nature."

To a question about women's embarrassment with a male midwife, Mr. Belhassen answered indignantly, "If that's the case, why do you accept male gynecologists in Japan? Many of them don't treat women like human beings. They look down on women and treat them as if they are mere technical objects. This must cause the women to feel more ashamed. Humans deserve to be treated the right way. It is important that women and the medical and paramedical staff are equal."

I don't think Mr. Belhassen is an unusual person. It is natural for him to think that way because he has grown up in a society where men and women are raised

equally.

No Japanese man would think of behaving like Mr. Belhassen, nor can Japanese women have a relationship with men based on human equality. There are underlying problems rooted in the traditional relationship between men and women in Japanese society.

While I regret the lack of decent human relationships between men and women in Japan, I encountered a story entitled "I want to be a male midwife" in the latest issue of the same journal (the July 1993 issue). It is written by a pediatric male nurse, a graduate of a four-year university course. He said, "I am interested in the growth of human beings, and I want to work in some area which involves this. If there is any problem with me being male, I will cope with it as a professional by asking for the advice and criticism of both other male midwives and women who help in childbirth."

I feel the tide of the times in his words. I hope many young male feminists will be a part of our society before long.

Unless men are somehow inherently incompetent and cannot do a midwife's work, it should not be difficult to change the system.

As a woman, I look forward to seeing male midwives give some advice to the woman's partner to help him understand what to do as a man at the moment of the birth of a new human being. ■

My Experience in JAPAN—!

by Karen M. Matta

I am originally from a small suburb of Boston, Massachusetts on the east coast of the United States. Three years ago I came to Kyoto to study Japanese language and culture at a large university. I spent nine months studying and learning about Japan. Although I learned a great deal about traditional Ja-

panese culture such as the tea ceremony, I also learned about modern culture. The most shocking lesson I had was the serious lack of respect for women that I saw all around me.

In the U.S. I grew up in a very traditional family. My father always said

such things as, "You had better find a rich husband to support you." So, I wasn't surprised by the rampant sexism of Japanese society. I had studied a lot about Japan before I came and I knew that ideas about sexism here were considered old fashioned by Western standards. I was prepared to deal with that. I was not prepared to deal with being treated like a sex object on a daily basis. Before I came to Japan one of my professors who has spent a great deal of time in Japan said, "You'll feel like a movie star when you are in Japan." Far from that exciting prospect, I found myself being treated more like a walking, talking Playboy model. Western women are most often portrayed in Japan as sex for sale. Really, there is no other way to put it. We are in pornography magazines, our faces sell everything from English classes to cigarettes.

I was molested and groped on the trains. I was leered at and propositioned in ways I never could have imagined before I came to Japan. My blue eyes and light skin seemed to free the tongues of supposedly shy Japanese men. Coming from a society where women are also objectified, my first reaction was to blame myself for these situations. Perhaps my American style of dress was provocative or my manners suggestive. But, when I was honest with myself and talked to a number of women who had the same experiences I realized it had very little to do with me personally.

I wasn't real to the men who stared and propositioned. They didn't even know me. I was no more a human being to them than an ad in the train station or a model in a porno magazine. For most of these men I was probably the first Western woman they had interacted with. Somehow this explanation/justification made me feel better because I no longer felt personally victimized. I returned to the U.S. feeling stronger and able to deal with the sexism that was just as widespread in the U.S., although more subtle. After about one year in the States I found myself back in Osaka. My Japanese skills had improved vastly and I gained some interesting new insights into the problems of sexism in Japan.

Now that I was able to talk to Japanese women more freely I found that they also dealt with the same situations I found so repugnant. But most of them chose to ignore and not think about these problems. If someone groped them on the train they endured it or just moved, but they never complained. As for sexism in the workplace, one simply dealt with as much as possible then went home. I found the women in my office would continue to attend after hours parties despite the fact that the men at these parties were often drunk and sexually abusive. It was easier to go to the parties than to think of appropriate excuses for each event.

Very quickly I began to beg out of these parties. I simply could not bear to have one of my male colleagues paw me in the evening and expect me to be pleasant the next morning. I have found my methods of dealing with sexism in this society. Often I keep silent if the consequences of complaining are too great, but I do speak up when I think it is important. What is really important for me to remember is that I do not have to accept another culture. It is not part of Japanese culture to harass women. That is a convenient excuse for those who prefer not to examine their own behavior honestly.

I have become a much stronger person because I have learned to stand up for myself and not to accept unfair situations. When I first came to Japan and even after I left the first time, I was infatuated with Japanese culture and society. It seemed so ordered and peaceful to me. Along the way, my infatuation has developed into a more mature relationship. I still have strong feelings about Japan, but not all of them are positive. I feel fascination, interest, anger and frustration.

Discovering the Women's Center Osaka has been a real blessing for me because I also found women who cared about the same things I did and who were willing to fight for the same things I am. The time I spend at the Women's Center each week is one of the best parts of my week. I feel a peace there that is difficult to find elsewhere in Japan. ■



Speaking Out

by Haneko Inoue

Near my office there is a "fashion hotel." I'm sure the average English speaker wouldn't know what this funny Japanese-English means. A fashion hotel is a place to have sex. It's open 24 hours a day. From morning through the night, the rooms are available by the hour.

Most Japanese homes are so small they're called "rabbit hutches" and a room doesn't always mean privacy. So, young lovers and even married couples who live with large families take advantage of such hotels at times.

One afternoon on some holiday, a young woman in the street in front of my office asked me for directions to one of these hotels. I could feel my heartbeat quicken. She was speaking broken Japanese and obviously wasn't Japanese. She probably didn't know the hotel was used exclusively for sex, so she thought nothing of asking a stranger the way there.

I was a little upset not because I was embarrassed about sex. It was because I was imagining a Japanese man whom she'd never met before waiting for her at the hotel— a man who would buy her. In spite of myself, I was confused, and couldn't tell her not to go, so I just gave her general directions. I felt guilty.

Recently there has been hot debate about whether the Japanese government should compensate Asian women who were forced to the battle fields in World War II as "comfort women" for the wrong done to them in the past. A system whereby Asian women are sexually exploited by Japanese people still continues in the present day.

It was still daytime; the sun was still out. I couldn't look at this young woman as she walked away, on her way to prostitute herself, or so I imagined. How on earth do we begin to deal with this enormous problem of prostitution?

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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!

Sexual harassment in Japan
A report from the Women
and AIDS symposium

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AN EDITOR'S NOTE

Don't Call Me MADAM !

By Sekiko Kikushima

Middle-aged women in Japan are called "oba-san", which means Madam or Aunt, and which shows a lack of respect. The other day I was talking with some middle-aged women about how we feel when we are called "oba-san" by strangers. The word does not have good connotations, and almost all of the women felt degraded and insulted when they were treated as a no-longer-young "oba-san". Much to my surprise, however, some women thought that they had to accept being called "oba-san" because middle-aged women were not young or beautiful and behaved more impudently than younger women. In their opinion, young girls were forgiven even if they were impolite. They even suggested that if women dressed neatly and behaved well and improved themselves they would not be labeled "oba-san".

Don't you think that's a bit strange? I hate to be called "oba-san"; I want to be known as a woman, a human being. I told them that I could not agree with them, but I was hard to make myself understood and I felt uncomfortable.

Women tend to put the blame on themselves, a familiar pattern. That is, those who are oppressed and discriminated against often think that something is wrong on their part, and thus think that they have to work harder to be treated better and not be discriminated against.

Women in Japan are usually indiscriminately called "ojo-san", young lady, when they are young, then "oba-san", and finally "obaa-san", which means old woman, when they are older. What is more, it is our male dominated society which sets the standards; it is one way Japanese society and culture look down on women. The fact is, Japanese women are not given the right to be addressed with respect and honor. These forms of address - "ojo-san", "oba-san", "obaa-san" - are, I think, symbols of sexism as well as age discrimination here in Japan.

I say this because women are called "oku-san", which means a married woman, and people can tell if they should refer to a woman as "oku-san" or "oba-san" instantly based on appearance. "oku-san" is used respectfully for middle-aged, middle-class women regardless of their marital status. Obviously I would rather not be labeled at all.

Sexism is rife in Japan. Women are discriminated against and showered daily with sexist TV, advertisements, magazines, and so on. The media bombard us with the message that young and beautiful is best and tell us how women should be. Thus women have been brought up to be passive and dependent and not assertive. Unfortunately this is not unique to Japanese women; I know that.

Women everywhere tend to blame themselves first when they have troubles emotionally as well as

physically. However, women can be wise and strong enough to stop blaming themselves, express their own feelings openly, and say NO to sexism, age discrimination, and so on, if they know that other women everywhere have the

**I believe Sisterhood, that is
heartfelt relationships between
women, is the source of
empowerment.**

same experiences and realize the nature of the system they live in. Lots of women have managed to overcome their circumstances.

It is important, urgently so, for us to communicate throughout the world and share information and experiences. We must ask ourselves again why women are so easily segregated and why sexism is so extreme and deep rooted.

I hope that "Women and Health in Japan" and the Women's Center Osaka can be a place where women learn about themselves and share their experiences, where they can develop self-awareness and self-esteem. I believe Sisterhood, that is heartfelt relationships between women, is the source of empowerment.

Sexual Harassment in Japan

By Miho Ogino

In Japanese society, behavior which could be described as sexual harassment is nothing new; it has long been a part of life. In the workplace alone there are countless examples: touching a woman without her consent, embarrassing her or angering her with indecent comments and jokes, prying into her private life with questions like "So, do you have a lover?" and "You're not a virgin are you?", hanging nude calendars on the office walls, forcing women to act the hostess and serve sake and dance cheek-to-cheek at company functions, and peeping at female employees taking a bath on company trips. There are also too many cases of men abusing their position and authority by pressuring women into sex or raping them.

In most cases, however, the victims have not been able to resist. This is not only because, being quite powerless in the workplace, they had to worry about

being fired, but also because there were no suitable words to express the problem and integrate these many acts into a common concept. So without knowing how to deal with their own unpleasant experiences, the lonely victims bore it in silence ("It was bad luck") or blamed themselves ("Maybe I dropped my guard").

In the late 1980's a new term, "sexual harassment," was imported from the United States, and within a few years, it was being commonly used throughout Japan. The term was selected as the most popular "catchword"

in the press in 1989. It was shortened, as the Japanese tend to do with foreign words, to "seku-hara" and has since become firmly established in the language.

There are many reasons for its popularity. One is that the mass media picked it up half jokingly, and another is the sensational detailed coverage in the press of the Anita Hill/Clarence Thomas Senate Hearings in the U.S. in 1991 which created a big impact. However, the biggest reason is, in my opinion, that Japanese women embraced this foreign term as it so aptly expressed their "problem without a name" which had for so long troubled them. In discovering this term, they realized that there were many other

women with the same experiences and that the phenomenon is indeed a form of sexual discrimination.

Sexual harassment was first designated a social problem

"With sexual harassment, the point is not what type of woman the victim is.

Men and the working environment should be the objects of analysis."

when more women began to work outside the home. In Japan today 51% of women over the age of 15 have jobs and it is taken for granted that young women graduating from a college or University will work, just as men do. This is a big change, considering that until the 1960's it was not uncommon for young women with college or university educations to do domestic training at home while waiting to marry.

Still, the change does not mean that a woman is treated as a full-fledged worker today. Her salary is much lower than a man's, even if they are doing the same type of work. Besides, a female employee's job involves mostly serving male employees tea several times a day, washing cups and ashtrays, and photocopying, as well as private shopping for her superiors. Women are called "office flowers" and much is made of their youth and beauty at job interviews. Many companies employ women on the condition that they quit after marriage. Furthermore, women in the workplace are often referred to as "the girl in our office," regardless of their age. These customs are supported in many workplaces in Japan by the ideas that women are there to serve men and that women being seen as sex objects rather than workers is only natural. It is under these circumstances that sexual harassment occurs on a day to day basis.

According to a survey conducted by a women's group in 1991, 51% (3,881) of 6500 working women had experienced sexual harassment such as leering and indecent comments and actions at work. Of these women, 49.5% replied that as a result they hated going to work. In fact, not a few women broke down under the stress and quit their jobs.

But there are signs of change, little by little, in the workplace where men have a big advantage over women. In 1989, the first sexual harassment trial was held in Fukuoka Prefecture in Southern Japan. The plaintiff

was a woman working for a publishing company who incurred the envy of her superior and editor because she exceeded him in ability. For two years he damaged her reputation, spreading rumors that she was having an affair and that she became sick because of her loose morals. She complained to an executive of her company, but it was she who was forced to retire instead of him. She finally quit the job in 1988. Nineteen female lawyers participated in the trial as process attorneys and a nationwide women's group was set up to give her their utmost support. As a result, the accused and his company were handed down a verdict of guilty on almost all counts in April 1992, although the term 'sexual harassment' was not used there. Without a doubt this verdict was a great shock to the

mass media and ordinary men who were observing the trial half for fun and it was an encouragement to women.

Without a doubt this verdict (of guilty on almost all counts) was a great shock to the mass media and ordinary men who were observing the trial half for fun and it was an encouragement to women.

In October 1992, a woman working in a

major securities company sent a message to 120 local branches of her company by computer. The message read: "On the company trip, male employees, nude and pressed against the window, were peeping at the female employees taking a bath."

In December of that year, Kiyomi Kikuchi, another young woman, brought a lawsuit against a former superior. She had just escaped being forced to go to a hotel room and was forced to quit her job because of sexual rumors. Despite leaving herself open to invasion of privacy and other harassment, she made her real name public. The motive behind her choice was: "I am not afraid

because I have done nothing wrong. I hope my actions will encourage other women having the same trouble."

Kikuchi's courage deserves praise because it is a fact that female victims are blamed and are hurt more severely than their assailants because of accusations. In 1991 in Kumamoto prefecture, notorious for its conservatism, Kitaguchi (a municipal assemblywoman) accused Baba (a prefectural assemblyman) of grabbing her right breast and bruising it badly. He had said, "This kind of thing should be done to women." However the Kumamoto District Public Prosecutors Office dropped the case and the prefectural assembly also turned down a petition for Baba's resignation from a group of women. At a press conference Baba said, "I can't understand why this cause is such a social problem." Moreover, right-wing demonstration vehicles continued to broadcast by loudspeaker, "Resign! Kitaguchi is a shame on Kumamoto!" outside the municipal assembly building and her home. Letters came one after the other, saying things like, "Attend the assembly if you dare, and you'll lose your life," and "We're gonna get you and rape you." An older woman blamed Kitaguchi:

"A woman trying to be an assemblyman; you asked for it." This is the same as in rape cases in that the victim is more injured at the 'second harassment' because she spoke out against sexual harassment.

Between a woman and a man, there is a big gap in perception of sexual harassment. Neither laws nor official guidelines have been made up yet about what constitutes sexual harassment.¹ According to the survey conducted by the Osaka Women's Labor Center in 1993, 61% of women thought that the decision on the above Fukuoka trial was

fair, while 41% of men thought so. 51% of men supported the opinion that sexual harassment was partly caused by the victim, while 28% of women did. 47% of men replied, "A stern attitude by women would probably prevent sexual harassment," with 26% of women thinking so.

Masaomi Kaneko, who is an expert in labor counseling in Tokyo and has handled many sexual harassment cases, points out that most men accused of sexual harassment cannot understand what was wrong with their behavior or do not want to. Kaneko suggests that the typical man guilty of sexual harassment is a manager or executive in his 40's to 60's who is a good worker. He is under a lot of stress because of tough work conditions such as long overtime work, having to entertain clients, and holiday work. He is married but does not have a good sexual relationship with his wife. He is rather good looking and the type of man many women find attractive.

Add to the whole situation the fact that the company's stance is to ignore indecent

behavior from men as long as they work hard and that companies see women as mere lubricators of the office wheels and you have an

environment where sexual harassment will readily occur. Kaneko says, "With sexual harassment, the point is not what type of woman the victim is. The villains are the men. Men and the working environment should be the objects of analysis." Regrettably, it will take quite some time for men and companies to adopt Kaneko's opinion as their own.

Note 1: In October 1993, the Ministry of Labor issued the official definition of sexual harassment for the first time.

Between a woman and a man,
there is a big gap in perception of
sexual harassment.

Report on the "Women and AIDS" Symposium

By Sumie Uno

The symposium "Women and AIDS" organized by the Kokoro Project was held in Osaka on October 30, 1993. It was the first AIDS symposium with women as its theme in Japan that I know of, so I attended with great expectations and interest. Frankly, however, I was disappointed. It may be because I couldn't really understand what the organizers' purpose or point was. Also, the symposium didn't seem to get the message that AIDS is a big concern for women across to the audience because most Japanese don't have a basic understanding of AIDS itself yet. Even so, 400 people, men included, attended, showing that people's concern about AIDS is spreading. I would like to summarize the symposium here and give my impressions of it.

The main speaker was Mark Katz, M.D., an American doctor who is active in research about HIV/AIDS. He told us why AIDS is such a deep concern for women and clearly pointed out that "women and AIDS" is a social issue. For instance, deaths from AIDS are rapidly increasing among women in the United States recently. Also, although it used to be said that once women get AIDS they die earlier than male patients, this is not because women are more susceptible to damage by HIV, but because women usually put off going to see a doctor to give priority to other family members' medical or physical needs. In effect, when a woman sees a doctor, her illness is already more advanced. In fact, research results show that male and female patients have the same death rates from AIDS if they have the same treatment.

Certain factors indicate that AIDS is a big social issue for women: AIDS research and support for people with HIV/AIDS are centered on men because women's status is low both socially and economically; women working as prostitutes are at high risk; and a pregnant woman who is HIV positive could pass the disease on to her baby.

Cervical cancer was designated as an AIDS-related disease at the CDC (Center for Disease Control and Prevention) in 1993. Dr. Katz said that since recurrent "yeast infections" (also known as vaginal thrush) can be seen in the early stages of HIV infection, it is possible to detect HIV infection earlier by the telltale sign of continual yeast infections. This is complicated, I think, because yeast infections are very common in women. Women sometimes do not really need a doctor's treatment because it can be caused just by stress and can be cured naturally. It's true that doctors often give unnecessary treatment for yeast infections so the Women's Center Osaka which I belong to sometimes advises women that they don't always need to see a doctor right away. However, we have to be more careful because yeast infections may be a sign of HIV infection. Once we know the link between yeast infections and HIV, it will be easier to imagine AIDS when a woman gets a yeast infection. I wonder how women will be able to handle it without being panicked.

Besides Dr. Katz's talk, there were five workshops, including: "Women with HIV/AIDS and medicine" and "HIV counseling." I attended the "Social issues related to women with HIV/AIDS" workshop. Three women, Ms. Mizuho Matsuda who is a member of HELP, a women's shelter in Tokyo, Ms. Juri Yukita, a lawyer, and Ms. Kiyomi Kawano, a counselor, talked about the issue from their own points of view.

Ms. Matsuda explained that the number of Thai women who came to the shelter for help has increased in the last couple of years. For instance, 190 Thai women called or came to HELP in 1990, and 270 in 1991. Almost 100% of these women were prostitutes. They were usually forced to get tested for AIDS and were not really informed of the results. When a broker finds out a prostitute is HIV positive, he tries to sell her to

another broker as quickly as possible. A woman who takes the test doesn't have any privacy at all. Thus, although Thai women take AIDS tests more frequently than Japanese women, people have strong prejudices such as "all Thai women are dangers."

Ms. Yukita pointed out some reasons why Japanese have such a strong prejudice and discriminate against people with HIV/AIDS. They include : 1) The fear of a fatal disease with no established treatment or cure. 2) The fear of infection which comes from not having correct knowledge. 3) Discrimination against homosexuals, prostitutes, and women from other Asian countries who come to Japan to work. These are the people who are depicted by the media as typical AIDS patients. 4) Negative views of sexual behavior which is the main route of transmission.

Ms. Yukita also mentioned that an equal relationship between men and women is needed for the use of condoms and also that she can imagine that

female patients would be discriminated against even more than male patients in Japan.

In Ms. Kawano's talk, she clearly stated that just by being a woman one is already discriminated against in this society. Controlled prostitution, a form of sexual violence, is commercialized and industrialized in male dominated societies. We should see this for what it is, otherwise it will be repeated.

People usually are afraid of those they are different from or those they don't really understand. People are afraid of getting close to "Others" or are afraid of "Others" even without contact and they diffuse their anxiety by projecting it onto minorities in society. That is how exclusion works and public order is kept and it is impossible for us to be completely free from discrimination. Nevertheless, Ms. Kawano would like people to at least be aware of the facts.

Although all three speakers addressed some problem about AIDS and women in

Japan, I think there was one important point missing. That is about Japanese women, wives and partners who live with the Japanese men who use prostitutes. These are women who think AIDS is not their concern because they are not prostitutes, don't use drugs, and have only one sex partner, but are still at risk. I doubt many Japanese women are aware of their risks.

There is a certain pattern which is often picked up by the mass media : A man who got AIDS from a prostitute is supported by his wife's love. The media depicts it as a beautiful love story. I wonder what would happen if it were the reverse or if the wife got AIDS from a love affair? Would her husband support her? I don't think it's right to disregard the question of prostitution by bringing up the idea of "love." It's important to face up to the

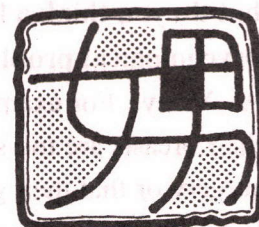
relationships of the past, in my opinion.

There were many women at the symposium. I wonder how much they accepted the AIDS issue as

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their own. Although the theme of the symposium was women, how women in Japan are linked with AIDS issues wasn't actually discussed. It was brought up only in the workshop I attended, but mostly we talked about the problems of foreign women and women with HIV/AIDS whom none of us know.

For myself, the only way I can start to face up to AIDS is by examining my own sexuality and lifestyle, and by thinking about whether AIDS is a concern for me or not.



THE HOTLINE --

Trying to Raise Body Consciousness through Telephone Counseling

By Kiyomi Kawano

The Women's Center Osaka has been holding a telephone advisory service for women for seven years. Three days a month, ten volunteers work on a roster to take calls for seven hours during the day. Approximately twenty calls are received each day covering all kinds of concerns about women's bodies and health, from simple requests for information to problems which require counseling. I interviewed one of the consultants.

Q: What is the most common problem encountered on the hotline?

A: Concerns about menstruation. Having it or not having it, too much or too often, menstrual pains. The next most common are women's diseases - vaginitis, uterine myoma (tumors), endometriosis. The third would be menopause.

Q: Are you able to give tangible advice to the callers?

A: Yes, if necessary. But we don't refer them to any doctors. If the callers aren't satisfied with our response, we ask them to come in and have a face-to-face consultation. In these cases, trained consultants take charge.

Q: The calls are about physical problems, but do you think a lot of them involve psychological problems?

A: Many. For example, they're worried that their breasts are too small so they want plastic surgery or that their genitals are abnormal. But these cases usually come from a lack of

self-confidence.

Q: How do you deal with them?

A: I try to explain that they are not normal, because each person is different. But it's very difficult to make them believe this. Some of the women have kept these things to themselves for more than ten years without a word to anyone, so it's not easy for them to be reassured. And that's not so hard to understand, is it?

Q: No. Still, just getting it off their chests is very important for the callers, isn't it?

A: That's right. Although not many, there are some women who decide to get counseling after talking to us. There was an interesting case recently. A woman, maybe middle-aged, was distraught about what she thought were her oversized dark labia. Another staff, not me, explained that that's not abnormal, but she couldn't convince her. Eventually the woman came here. She said that she had never showed her sexual parts to even her husband in fifteen years of marriage. After some counseling, she finally asked her counselor to examine her. So the counselor in this case suggested that they take a look at each other's genitals. Ordinarily, women wouldn't show each other, no matter how close friends they were. But this way, she finally understood that her body wasn't strange and she went away with peace of mind.

Q: That's a special personalized service that you can offer here, because the

consultants don't think of bodies as shameful or dirty at all, do you?

A: Not at all. For example, we have learnt all about our vaginas by self-examination using plastic speculums, so it is quite natural for us.

Q: In general, how do you think women feel about their own bodies? To me it seems that many women are not conscious that their bodies belong to them. Would you agree?

A: That's exactly right. First of all, they don't know their own bodies. Even though there is a lot of information to be had, they have not learnt it correctly. Learning at school or at home is not enough. If I ask a woman where she got some incorrect knowledge, she replies that she doesn't know. They believe misinformation without any doubts and consequently must rely entirely on their doctor. At this point, they've already given their bodies over to someone else.

By being dependent, women have a long history of having their own physical identity humiliated. The sense that the sexual parts are unclean, dirty, and shameful runs deep even today. That's why for women going to gynecologists is so very different from going to internists. Many women have let their diseases get worse because they hesitated to go to a gynecologist. Besides, they never touch or look at themselves, so they have no base on which to ask doctors questions, which makes them even more ignorant. They worry, "Am I allowed to ask doctors such questions?"

Q: It's the typical pattern of females not asserting themselves, isn't it?

A: Yes. They ask us whether the medicines they're taking are all right and whether or not it's all right to have the operation they have been told to have. How could I know? They should be asking their doctors. That's what I tell them, but even then they wonder if they're allowed to ask their doctors such questions. Then when I stress that "Of course you can; it's your body," they're surprised.

Q: When it goes that far don't you want to tell them to wake up?

A: Sometimes. Anyway, they get really worried about little things because they don't understand their own bodies very well. They seem to depend on us too easily, as though we can solve all their problems for them over the phone.

Q: Do you think the situation will change?

A: Not right away, but I think it will gradually. Probably more women are starting to wonder a little or want to know a little more, although it takes a long time for them to take action. Change could start from one phone call, though and even if they don't get all the answers the first time, they might want to call again. I really hope the hotline can be a starting point for women to know their own bodies better.

Report on "The First National Conference on Feminist Counseling"

By Nahomi Takahashi

On November 2-3, 1993, the First National Conference on Feminist Counseling was held at Osaka Municipal University. When I joined the Conference I received some friendly hellos and saw that the eyes of the many women (and a few men) there were bright with interest.

The Conference consisted of a symposium, three section meetings, and seven workshops. I was happy to come from Tokyo for the conference because I hope to see the idea of turning our attention to the inner feminism in our hearts and the ready acceptance of feminist counseling become widespread. It would be ideal if these ideas spread rapidly, but realistically we are far from it. But these days are the beginning of the future.

A child's life is forced to become that of a female as she is growing up. Each life not respected as an individual and pressed into a socio-political framework - how many women are suffering from this suffocating condition?

The theme of the symposium was "the sickness of femininity." This includes such occurrences as division of labor by sex, excess adaptability, and the sickness appearing from confusion. Many proposals were made regarding interesting problems which we should further address in the future, for example, "co-dependence and feminism", "nonverbal communication", and so on.

In the section meeting called "an attempt at the theory of feminist counseling", original important points that we can't get from traditional counseling in the medical model

were theorized. From the theoretical differences from traditional counseling that were made clear, the ideas and techniques of feminist counseling were examined and admired.

I participated in the workshop on Eating Disorders. The participants each talked about their own situation. The stories are similar but different. The pain of each that is so different but so similar impressed the participants.

While "alcohol addiction", "sexual violence", "mother-daughter relationship", and so on have been brought to the attention of many people as words or printed items in the mass media, they are included without seeing that fact. People are eager to sweep these problems under the rug. I, so very angry about such Japanese singularity, was much comforted with the respectful manner in which these problems were treated, among other things.

I am very satisfied that my time spent as a conference participant was meaningful. I determined that I will no longer call myself to account because of my inability to adapt to society and instead I will try to make society more comfortable for me.

To the conference staff I offer deep thanks for your efforts in putting this conference together. I hope that these meetings and discussions will continue and extend.

My Experience in JAPAN—!

By Shen Ri Ri

In China, I worked at a Japanese-managed hotel. Being able to speak Japanese, I was advised to study the tourist business in more depth in Japan. I am studying the hotel, travel, and tourist business at a college in Osaka, where I also work part time.

Even so, when people ask me what I'm doing in Japan and I answer that I'm a student from China, I am not always believed.

One day I was having breakfast at a coffee shop near my apartment with another student friend. As usual, I was asked what I do here by the manager, and I told her that I was a student. She said, "I don't know how much you earn, but because the economy is so bad here you'd better go back to your own country." She assumes that all Asians living in Japan are here to make money.

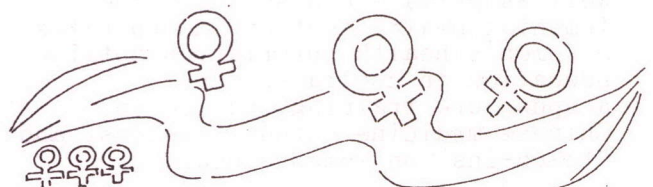
I have also been harassed on the subway. I pointed at the man and cried, "This man is molesting me!" His face flushed and he got off the train at the next station. Japanese women do not protest when they are harassed and I find this attitude very hard to understand.

I have two part-time jobs now. One job is at a small bar which I got through being a member of the Asia Network, a group supporting Asians in Japan. I work there several evenings a week. On days I don't have classes, I also work at a cafeteria that provides comic books for its patrons

It was a real surprise at first to see businessmen in suits and ties and carrying briefcases come in to take hours and hours off work and read comics. They say that the Japanese work hard, but these people are not diligent at all. Probably those who work really hard are small shop owners and the directors of small companies.

The bar where I am working is a decent one; I've never been treated badly. Rather, I find it really unpleasant to go into a restaurant and have a waitress with a sour face toss my glass of water on the table, or ignore me even when I say "Excuse me ...". It's because Japanese people look down on other Asians as inferior to Westerners and to the Japanese themselves.

(Summary of an interview by Women and Health In Japan editorial staff.)



From the Editor

By Sumie Uno

I would like to say a few words of thanks to Kansai Foreign Executive Women (FEW) for their generous donation to the Women's Center last Autumn. In Japan, to begin with, there is no social or legal system for non-profit organizations. It's also very rare that an enterprise donates to a citizen's group. Therefore, most grass-roots groups, not only women's groups, barely manage to run themselves financially. This was the first time that the Women's Center Osaka received a formal contribution since we started ten years ago. We were touched by the charitable spirit of Kansai FEW's members and were also pleased to know that they recognize and support our activities. Thank You Very Much!

We received some letters about the Autumn issue (No. 10, 1993), particularly about male midwives. We are planning to introduce some of them in a special issue of letters from readers in the near future, so we would also like to hear more opinions about any other issues. **Please send us your opinions and criticisms by the end of March 1994.**

Also in a future issue, we will take up some very important and difficult issues of concern to Japanese women. For instance, women's networks are being organized around the world for the 1994 International Conference on Population and Development in September in Cairo; I am interested in what the conference means for Japanese women. Also, how the AIDS issue affects Japanese women will be highlighted, I hope, at the International AIDS Conference in Yokohama in Japan this summer.

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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