

# Women and Health in Japan

No.3  
Winter,  
1992



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# AN EDITOR'S NOTE

by Kiyomi Kawano

In this newsletter, we try to think about and focus on the hot issues relating to women's bodies in as many dimensions as possible. This time, I'd like to present a few ideas why we Japanese women feel estranged from our bodies.

One of the most easily understood reasons is hierarchy in medicine. Needless to say that Japanese medical systems are organized as a class structure with doctors at the top. The distinctions between the upper and lower medical classes are even more evident in relations with patients. Even the lowest caste in the medical hierarchy is still superior to the patients, never equal. The medical world is, in other words, a world of social roles and functions. In Japan, personal identity is usually equal to the social role that one is supposed to be a part of. For example, if your boss' name is Yamamoto, you don't need to call that person Ms. or Mr. Yamamoto, just "boss." The role of being "the boss" means more to that person and is more important than just being Ms. or Mr. Yamamoto. If a person is a man, and also a doctor, it means that his prestige in society is near to absolute. People who define themselves only by the roles that they play tend to see others in the same light, and so to them a patient is expected to play a patient's role. The reason why a female patient cannot ask a question to a male doctor is not only because of feeble understanding of her own rights, as is commonly thought, but also because women strongly live by the roles of wife and mother and don't live by any other roles enough to change their behavior in the medical situation.

Another reason is that Japanese women cannot see their bodies relative to themselves. Women's bodies belong to them and don't. For instance, women have a hard time saying the names of genital organs such as vagina, or pubic hair, or labia. Women often say they are embarrassed. This is not only because of negative feelings toward their own sexuality, but also because women feel they present themselves as only sexual beings. In Japanese, most slang words referring to women's genitals can also be used to describe intercourse, so women hesitate to use those words because they feel that their sexuality is degraded. A woman's body, or rather her sexuality, is a part of a woman's identity for sure, but should not be the major part of it. If you are brave enough to actually speak these words, you would say just the anatomical words. Thus, our bodies become objects separate from us.

Women are trying to feel more comfortable with their bodies, but the women's health movement is still small. Everything is commercialized. The important thing is how, and from what base feminism can fight this issue.

## SHOULD WOMEN CARE ABOUT A LACK OF MENSTRUATION ?

by Sumie Uno

During the meeting with Judy Norsigian at Women's Center Osaka (WCO) last July, we talked about menstruation from the women's point of view.

Unfortunately, many women have a negative image of menstruation because of cramping or other problems. Some clients who visit WCO for counseling about their lack of menstruation say things like "I like it in a way, because I don't need to worry about bleeding every month." Doctors also tell them "Until you are ready to have a baby, you don't need to do anything about that." We don't think many people still believe that menstruation is just for having a baby, but are there really any other advantages?

The lining of the uterus, or endometrium, proliferates and sheds in a certain cycle under hormonal control. Having a regular menstrual cycle means that your hormones are balanced and working well. Since these hormones are influenced by stress, menstruation can sometimes be stopped by physical or mental stress. An interruption in menses can be an indication that you have been under stress recently, but can we say that because of that you should menstruate? The problem is not the lack of menstruation itself, but the reason why menstruation stopped. Although regular menstruation is undoubtedly healthy, can we try to force a woman to induce menstruation if she is fine without it? If we focus our attention only on menstruation or on women's bodily health we may slip back into the traditional view of motherhood as the only means of happiness. Judy said, "If women focus on their bodies too much, women will

lose social and political energy. We should always bear in mind the things we care about most."

But, if menstruation is medically and scientifically researched from the women's point of view (and men won't do it for us!) women will have more confidence in their bodies. It is well-known that estrogen helps prevent arteriosclerosis, and that a decrease in estrogen accelerates osteoporosis. Menstruation may also help prevent uterine cancer. There must be many more things we don't know about the workings of hormones in the body.

Even if a woman has severe cramping or an irregular period, you could say that that is her "normal" menstruation. But instead of just saying that it's "good" or "bad," we would like to know what it means in a medical or scientific sense. There may be some connection between menstruation and women's diseases such as fibroid tumors and endometriosis, or with common menopausal problems. Although we cannot measure our own hormonal levels everyday, we have menstruation as a barometer. Could a better knowledge of menstruation help to empower women?



# Japanese women and THE DECLINE OF THE BIRTH RATE (1)

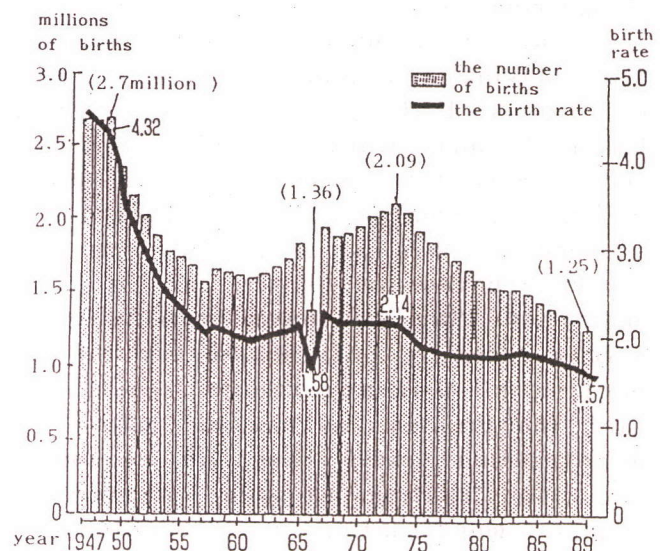
by Miho Ogino

On June 10, 1990, the morning editions of all Japanese newspapers each reported the same sensational front page story: the birth rate [the average number of children each woman of reproductive age will bear in her lifetime] of 1989 turned out to be 1.57, the lowest in Japanese history! Headlines such as "Women no longer want children," "Fewer and fewer women choose marriage," and "Number of aged will soon overwhelm children," printed in large type were enough to cause a sense of crisis, or at least uncertainty among the readers. A new phrase was coined to describe the impact of this news: "1.57 shock." One year later when the Ministry of Health and Welfare announced that the 1990 birth rate had again dropped to 1.53, the same phenomenon reappeared. The announcement also predicted a birth rate of 1.48 for 1993.

Meanwhile the Asahi Shimbun, Japan's major newspaper, held a large scale symposium titled "The shock for 2020: Decreasing Birth Rates and Change in Japanese Society." NHK TV, which is a half-national, half-private network covering all of Japan, broadcast a shocking program titled "Children Will Disappear" in a three-night special series titled "Adam and Eve in '90s." This program was epochal in that normally conservative NHK aired a program about women's issues during prime time, and also that Chizuko Ueno, a noted feminist, acted as the main reporter in that program. Thus, "Japanese women who don't want to bear," came to the attention of the nation as an important social issue largely as the re-

sult of such high-profile campaigning by the mass media.

However, the decline of the birth rate in Japan is by no means a recent phenomenon. Rates have been declining steadily through the last half of this century except for the baby boom following the Second World War and the second baby boom in the early 1970s when the original boomers came of reproductive age (see graph). Declining birth rates are also common in all of the so-called "developed countries," not only in Japan. So, why; and what do women think about it?



Changes in the total number of births  
in the birth rate

from Asahi Shimbun, June 10, 1990

After Japan broke out of its international isolation and adopted a policy of western-style modernization in the late nineteenth century, the state actively promoted an increase in population. The general population was seen as a valuable resource of soldiers and laborers, and more was considered to be better. After the defeat in World War II and the loss of territories gained by previous colonial expansion in other parts of Asia, however, Japan experienced a crisis of overpopulation, and the government reversed its policy 180 degrees and began a policy of population control.

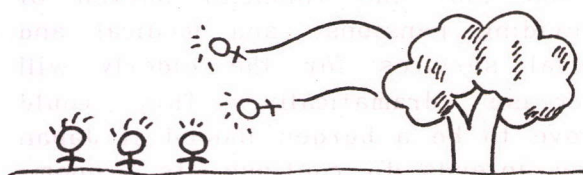
Although abortion has remained a criminal offence in Japan since 1880 the passage of the Eugenic Protection Law in 1948 made it easier for a woman to have an abortion legally. Contraception, which had been long suppressed for moral reasons, was now vigorously encouraged under the new name "family planning." Most Japanese couples followed this new policy faithfully and the birth rate was soon half of what it had been before the war. Women dealt with unplanned pregnancies by having abortions, and since families had fewer children to support, parents invested lavishly in the education of their few children.

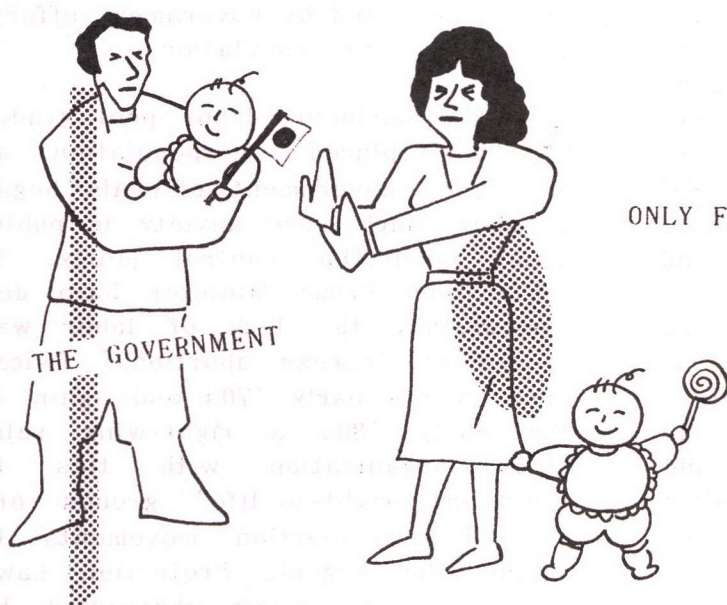
The typical labor pattern of modern Japanese women is to start working directly after graduation from school until marriage or childbirth, quit their jobs, then resume work at part-time, lower-paying jobs after they bore one or two children. This is known as the M-curve employment pattern. It is a well-known fact that Japan's hardworking and passionately devoted "salarymen" were not the only motivating force behind Japan's dramatic economic development. Their wives were the secret power that enabled them, and the whole system, to function. After the war, the economy was shaped both by hardworking men

and women, and by government efforts to reduce the population.

As the shrinking labor pool gradually replaced overpopulation as an issue, government officials began to show much more anxiety in public about population control policy. In 1967, then Prime Minister Sato declared that the lack of labor was caused by "excess abortion." Twice, once in the early '70s and again in the early '80s a right-wing religious organization with ties to American "right-to-life" groups organized anti-abortion movements to revise the Eugenic Protection Law. Both attempts were obstructed by various women's groups. It was the time when the women's liberation movement was just becoming active in Japan, and the slogan "A woman should decide whether or not to have a baby," became a rallying cry among women.

In Japan, although the woman's right to have an abortion was given from above as a matter of national policy, the organized women's movement played no part of it. However, these attempts to revise the Eugenic Protection Law caused many Japanese women to think seriously about the importance of reproductive rights almost for the first time. The "women and health" movement also began at this time.





**N**ow, in the '90s, the declining birth rate is once again in the limelight. The latest declines are said to be mainly the result of better education for women and an increase in the number of young women entering the work force, both of which tend to cause women to marry later. The lack of childcare services that makes raising children and working outside the home incompatible for most mothers in Japan, is often cited as another reason.

It is also quite remarkable that the effects of the aging society as well as the labor shortage are being emphasized in the current discourse about the birth rate. The average life span of the Japanese is now the longest in the world, and if the birth rate continues to decline, twenty-five percent of the population will be over sixty-five by the turn of the century, perhaps the highest percentage in the world. This means that the financial burden of providing pensions, and medical and social services for the elderly will increase dramatically. This could prove to be a burden indeed if Japan also intends to continue its economic growth. In order to maintain an expanding economy while providing

care for the aging population, the government believes that Japan must somehow increase the birth rate now in order to increase the proportion of young people in the population. Masakazu Masuda, a director of the Japan Economic Association defined the relationship between the low birth rate and the Japanese economy this way: "The decline of the birth rate accelerates the aging of society. It will cause a chronic lack of labor and have a very serious impact on economic growth. In order to sustain economic expansion, we should seriously consider some environmental change which would make child raising easier and lead to an improvement in the birth rate." Some people even warn of an impending decline and fall of civilization along the same lines as the ancient Roman civilization. Thus, for the leading political and financial circles, the declining number of children is seen as the single greatest threat to the future prosperity of the "great economic empire: Japan."

**A**fter the so-called "1.57 shock," the then Prime Minister Toshiki Kaifu affirmed that "We should bring the decline in our birth rate to a

stop if we really care about our future." Committees for establishing the means for stopping the falling birth rate were convened one after another by the LDP (the ruling Liberal Democratic Party) as well as the Ministry of Health and Welfare and related ministries. Two important bills were funded in the 1991 budget to help women bear and bring up children. One increases the child allowance and provides financial support for night nurseries. The other bill providing parental leave was passed in May, 1991, and will go into effect in April, 1992. Unfortunately however, there is some doubt about how much can be expected from these measures.

The old child allowance paid families 2500 yen per month for having a second child, and 5000 yen for every child after the second. The new allowance is 5000 yen each for the first two children, and 10,000 yen per child from the third on, but this will be like "throwing water on thirsty soil" because of the high cost of basic commodities in Japan. It won't go very far in covering the huge expenses involved in raising and educating a child in modern Japan. Moreover, the term of the allowance was reduced to only three years, while the old system paid until the child entered school!

The parental leave law provides both men and women working for private enterprises the right to leave their jobs until their children become one year old. This is rather an amazing provision, because in Japan the idea of sexual division of labor is still very strong. But there is no provision for pay during this leave (The Ministry of Labor committee which drafted this law clung to the principle of no-work, no-pay.) Moreover there are no penalties for companies which violate this law. Although Mr. Suzuki, president of the

Japan Economic Association, is asking Japanese companies to reconsider their ideas about the importance of the family life of salaried employees, he has not presented any effective means of relieving the infamous Japanese over-working of employees. Although Japanese government and financial leaders are eagerly trying to create a national sense of crisis, they seem to be unwilling to pay the costs associated with raising the birth rate. What they are probably hoping is that Japanese women will become enamoured with the idea of "motherhood," and continue to bear and raise children even though the conditions of their own lives favor smaller families.

Meanwhile, although the Ministry of Health and Welfare used to insist that any pregnancy was at high risk if the mother was over thirty, it has changed its attitude and is now emphasizing their safety. Local governments are also promoting births with such rewards as cash payments to celebrate births, or free nursery service for third babies. In one prefecture, the local authorities broadcast local television spots encouraging people to produce babies, and have produced postcards doing the same. In this prefecture, there is also a song called "In Praise of Babies!"

Japanese women are now surrounded by both open and hidden calls to have more children. Fortunately, there are at this time no calls to prohibit abortion as in the past, but we can not be optimistic about this point. The fact that the time limit for legal abortion was cut by two weeks from 24 to 22 weeks at the beginning of last year, in spite of shows of opposition by women, is a warning.

In the coming issue, we will try to show how women are reacting to this situation.

# WOMEN'S BODIES

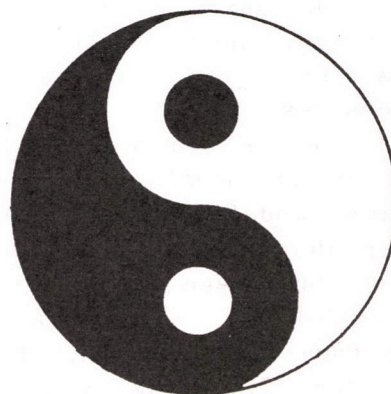
## PART 1 from the point of

### <Introduction>

Eastern medicine is said to cure not illness but the whole patient's body: In Western medicine, illness is regarded as a trouble of a part of body, and it is thought that there must be a particular cause of each disease. On the other hand, in Eastern medicine, we think illness is caused by an imbalance of the whole body, including both physical and mental aspects. For example, in Western medicine, tuberculosis is thought to be caused by the tubercle bacillus. But in Eastern one, we cure imbalances of the body which allow the tubercle bacillus to propagate. Of course, we can't deny Western method of cure, but we think it would also kill some bacterium necessary for a healthy body to prescribe too much antibiotics if no organic lesions have yet appeared. They prescribe antibiotics for cystitis, which is common among women, too, but in Eastern medicine, the principal object of the cure is to increase the function of the self-purification of the bladder and urethra.

Today it is known that cancer is caused not by a peculiar trouble but by some functional disease -- anatomic, endocrine and immune system imbalance.

I think the methods of Eastern medicine should be restudied now. I hear that Eastern medicine is becoming popular in the U.S. and France, I'd love you to understand it and make use of it for your health. Now, in the beginning, I'll explain Eastern medicine itself.



### <What is Eastern medicine?>

First, Eastern medicine is an empirical one. As it has been brought forth by clinical experience, it lacks logical and conceptual exactness when we describe it. So I doubt if I can explain it clearly. Besides, since it was born in the climate which has clear four seasons, I wonder how effective it is in the region where the climate is different. But I hope that you can understand and take advantage of it.

In Eastern medicine, the human is regarded as a part of the nature, the small cosmos. A change of the nature affects this small cosmos, the human, and if we couldn't adjust ourselves to the change, that would cause imbalance of the whole body.

# view of EASTERN MEDICINE

by Mutsu Kurihara

## (1) "CHI(QI)"

**W**e think there must be something connective between the nature and the human. We call it "CHI." There are three kinds of chi. First, the chi of heaven. It includes solar energy, air and the effects of gravity. Secondly, the chi of the earth, which means terrestrial magnetism. Third, chi of trees, energy of trees. Today the biometeorology deals with these. For example, people are studying how the change of temperature, humidity, ozone shield, or air pressure influences the human's mental and physical phases.

## (2) "YIN" and "YANG"

**W**e think there are two opposite movements of energy in each person. One is a tranquil moving, called "YIN" and the other is an active one, called "YANG." When a person is full of yang, (s)he becomes active, on the other hand, when (s)he is full of yin, (s)he goes to sleep, for example. And you may also call these movements of energy chi. In short, maintaining your health is to maintain the balance between the two energy. This "balance system" would also be explained by the autonomic nervous system becomes stimulated and that suppresses the function of immune system, but at night, the parasympathetic system becomes stimulated and now that stimulates immune system.

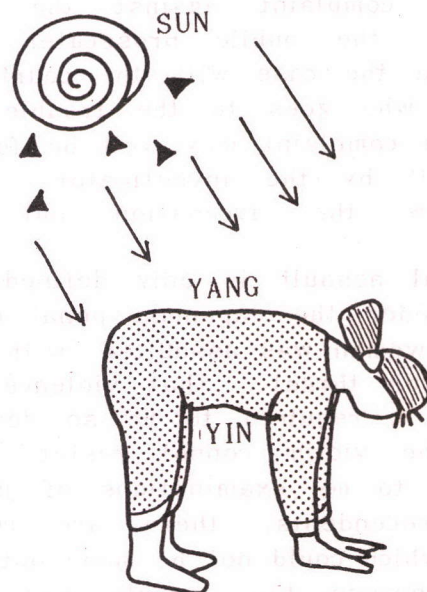
## (3) "CHI-BLOOD"

**H**ere the conception of "BLOOD" includes not only just blood also fluid in a human body. Chi carries blood, and if there would be some-

thing wrong with chi because of stress, the circulation of blood becomes bad, too.

The human's life consists of breath, food, water, physical and mental activity and environment. We think these factors correlated and complementary, and the conceptions of chi-blood and yin-yang cover them. If any of these factors breaks the balance of nature, that causes a trouble of the body. Western medicine has proved that sometimes stress stimulates the sympathetic system too much and that causes bad circulation of blood. In Eastern medicine, we think of the balance of mental and physical activity in whole.

Then, I will explain how we think of the whole, next time.



YIN and YANG in a human body  
When you crawl on hands and knees, the sunny part is YANG.

## A spirited Japanese women's group!

### <THE STATE OF SEXUAL CRIME IN JAPAN>

by Tomomi Yofu; Lawyer

In 1989, investigators recognized one thousand five hundred and fifty-six cases of rape, and two thousand seven hundred and fifty-nine cases of indecent assault in Japan. However, it's said that the actual figure is ten or twenty times that number, or more. It is characteristic of this kind of crime that it rarely becomes public knowledge in any way. There are two reasons for this. The first is the mistaken common belief that the victim, not the rapist, is to blame for sexual assault. The other reason is that the law and its application are both based on this assumption. Investigators, judges, and even the victims themselves are swayed by this belief. Under the Japanese penal code, the decision to prosecute a rape or indecent assault case depends on whether the victim files a complaint or not. As long as the victim doesn't file a complaint against the assaulter, the public prosecutor can not file the case with the court. A woman who goes to the trouble of filing a complaint may well be found at fault by the investigators, and withdraw the accusation out of shame.

Sexual assault is only defined as rape under the Japanese penal code if the woman was assaulted "with violence or threat." That violence or threat is required to be so severe that the victim cannot resist. According to my examinations of judicial precedents, there are many cases which could not be made out as rape because the assault was not severe enough to be irresistible, even though threat violence actually occurred. The idea that a woman should

### WOMEN AGAINST SEXUAL ASSAULT

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remain pure even at the sacrifice of her life and safety is deeply ingrained in Japanese courts. Any woman whose behavior is found to be in violation of this concept is deemed to be responsible for being raped.

In Japan only six percent of Diet members actively engaged in enactment and revision of laws are women. Only five percent of judges and two percent of public prosecutors are women. I think that this state of affairs, with much of the legal process under male control, is related to the quality of laws concerning rape and to their unfair application. One of the conditions necessary to the eradication of sexual violence is that those guilty of assault should be judged rightfully. We must protect victims of sexual assault from isolation. A revision of both our unfair laws and their application is needed. Above all, we should work to dispel common misconceptions about sexual violence.

Our group, "Women Against Sexual Assault," has been servicing a hotline, giving public lectures, and publishing newsletters. We are also going to publish a handbook which gives information about counseling rape victims, helping women to recover from mental damage, and helping women to use their legal rights.

The background of sexual violence is men's consciousness and a culture which won't recognize that a woman is an independent personality who has her own will and power to act. It is probably the same all over the world. We want to change this situation through sisterhood.

## TOWARDS OPENNESS

by Rita Kubiak from **India**

In recent years my general interest in women's issues has led me to contact several Japanese women's study groups in the Kansai (west central Japan.) This has given me the opportunity to meet and interact with many Japanese women just beginning to emerge from their traditional home and neighborhood environments, women who are obviously looking for something more from life.

In these interactions I notice that I most often end up as some sort of a confidant for these women. I find them relating their hopes and desires for themselves and their loved one, telling me about their woes and irritations with life, and even probing into the most personal areas of my life. This is fine with me, because I feel it gives us a window into each other's worlds and cultures. However this very personal nature of exchange is not necessarily a gateway to closer relationships or solidarity. Very often my conversations with Japanese women remind me of U.S. interstate bus riders, where the person in the next seat may suddenly start pouring out the most intimate details of her/his life to you. It makes me feel that everywhere there are so many deeply isolated people looking for someone to pour their hearts out to.

I know that the eager openness with which Japanese women talk with me, a foreigner and relative stranger, is not a common trait here. For among themselves Japanese women and men do not seem to casually give their opinions or share their feelings. I do not know the nature of exchange between close friends but in most gathering I have attended the conversation never reaches beyond "We Japanese think ..."

## My Experience in JAPAN—! 3

As a foreign woman in Japan, I feel one way of contributing to the society I live in is to provide an environment for people to talk more openly, to help people let go of their socialized reserve. In my yoga and English conversation classes, I intentionally discuss subjects that I know concern women deeply. We talk about children's education, our expectations of our spouses, the job environment, health concerns, or taking care of the elderly. One approach that I have found effective is to provide written material on the chosen topic, give examples from my own life, and ask the first questions to the more talkative women in the group. I generally find that in a small group of five to ten people, soon everyone is participating in the discussion. For a brief hour and a half we create an environment where women who usually talk abstractly about their lives begin to bring their personal expectations and fears into the exchange.

I have asked several of my Japanese women friends why they hesitate to really speak out. The usual answers are "It is not done in Japanese society," or "We are not used to talking about our feelings." And yet from my seven years of experience in Japan as a student, a mother, a teacher and a feminist, I feel that the time for the "silent approach" to harmony is speeding past. Both women and men want to talk, to give voice to their inner world, and it is time we all begin to offer one another a sympathetic ear and the chance to open our hearts.



We have been receiving letters and magazines from sisters overseas. We are looking forward to hearing from all of you !!

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Thank you very much for subscribing and responding to our newsletter!

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

#### COMING TOPICS !

\*Japanese women and the decline of the birth rate (2)

\*Women's bodies : from the point of view of Eastern medicine - part 2

\*Japan's medical system

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# An Editor's Note

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by Haneko Inoue

**T**he publication last autumn of the collection of nude photographs of teen-idol Rie Miyazawa, which sold over a million copies, symbolizes the current state of Japanese women's sexuality. A full-page advertisement adorned with her nude body was inserted over two days in two major newspapers, the Yomiuri and the Asahi. These newspapers have a circulation of more than eight million each. Complaints were lodged against the newspapers by some women's groups, but the entire news media, including television, radio, magazines, and sports newspapers, applauded the collection of photographs, and the protests hardly became an issue at all.

**A**fter reading the comments made by men about these photographs, the standard by which a woman's body is judged in this country becomes quite clear. "That's our Rie. Her backside is high; she definitely has longer legs." These were the compliments most frequently heard. Some said that most Japanese have long torsos and short legs, but Rie, who has a Dutch father and a Japanese mother, has more beautiful proportions like 'white people.' In the Meiji Era (1868 - 1912), the government adopted the policy of "Datsu-A-Nyu-Ou" (lit. "out of Asia, into the West," in this sense denoting a denial of an Asian identity and the embracing of a Western one). Ever since then, the figures of 'white people' have remained the standard for beauty in this country. After World War II, in particular, the whole nation sang the praises of an Americanized lifestyle. Changes in lifestyle came about as Japanese began eating more meat instead of traditional Japanese fare, and started using chairs instead of sitting on tatami-mat floors, hoping for the slim legs of 'white people.'

**M**ost of the white women in the media in Japan are models or actresses. Even though their looks and proportions are not the norm even in their own countries, many Japanese women fall prey to the deep-rooted 'white people complex.' They model themselves on these ideal proportions, trying to correct their figures with underwear, trying diets and various ways to become slimmer, and even going so far as to have cosmetic surgery. It was under these circumstances that Rie Miyazawa's nude photographs were accepted by many women, not as pornography, but as an ideal form of the female body.

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Until we can accept ourselves as we are, as Asians, we Japanese women can not be liberated from suppressing our bodies.

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**T**his 'white people complex,' reversed, can be tied to feelings of contempt for Asian peoples, a group to which we Japanese belong. The "out of Asia, into the West" perception changed to that of the Japanese being "honorary whites," and this is still engraved in the consciousness of a large number of Japanese people. Until we can accept ourselves as we are, as Asians, we Japanese women can not be liberated from suppressing our bodies. Why is it that we think that Rie is beautiful, but that we are ugly in comparison? I hope that the attention her collection of nude photographs has received serves to generate closer examination, from a cultural and historical viewpoint, of sexual suppression. ■

# Japanese Women and THE DECLINE OF THE BIRTHRATE (2)

by Miho Ogino

**T**he declining birthrate created quite a stir in political and business establishments and the mass media throughout 1990 and 1991 in Japan. But how did Japanese women react to it? They were quite unruffled. They were neither surprised nor shocked, as men were, to hear that the average number of children a Japanese woman would bear in her lifetime dropped to 1.57 by 1990, and to 1.53 by 1991. This is because women already instinctively knew that present Japanese society does not provide them with a suitable environment in which to bear and raise their children. They responded unanimously by saying, "The birthrate is dropping? That's quite natural. What's all the fuss about now?" Women recognize the real reasons for the declining birthrate, but men do not, just as men refuse to see that there are all sorts of other problems, like sexual harassment. This is proof of the big gap in perceptions that exists between the sexes.

Government officials, business leaders and the mass media have attributed the declining birthrate to women's higher education, advances in employment and later marriages. Furthermore, some of them criticize the growing tendency for young people to stay single, as well as the increase in double-income couples (DINKS), saying the younger generation is selfish, is only after the affluent and easy life, and doesn't want children. However, looking at women's letters and interviews in the newspapers, symposiums on the declining birthrate, and brochures and newsletters published by women, we can see that women's interpretations of the issue are considerably different from those of men.

Here I have raised some of the common factors which discourage women from having children.

**T**he first is an economic factor. Japan is now called an economic giant, and we certainly

are rich in consumer goods, to the extent that there is an oversupply. However, on the other hand, the preposterous skyrocketing price of land and the government's unwillingness to do anything about it have brought us serious housing problems. Average people find it difficult to buy houses which are large enough for their families to live comfortably in, however hard they may work all their lives. Even if they take out a mammoth loan and buy their own house, they would have to work much longer hours to repay the loan. It is quite an ironic phenomenon we often see where men have little time to spend in their own homes, and cannot enjoy living together with their families in the home they work so hard to have, because they have to spend a lot of time commuting, working overtime, or even living apart from the family because of business. Women are virtually abandoned in their small homes, living like single mothers. And the high price of land also deprives children of parks and spaces to play in the big cities.

And the expense of raising a child, especially the high cost of education, is another important economic factor. Because of Japan's high economic growth, which began in the 1960's, more and more children have continued on to high school. The number of children who go on to high school has reached 94%. Moreover, more than 35% of both young men and women go to universities and junior colleges. In Japan, most children think that their parents should pay their tuition, living expenses, and even the rent on their apartments so they can live away from home. For this reason, according to a survey, it costs parents at least 24 million yen to raise one child from her or his birth until university graduation if she or he goes to public schools, and 61 million yen if she or he goes to private schools and private medical colleges. This is equivalent to the price of a small- or medium-sized condominium. Housing loans

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In Japan, there is a serious shortage of nurseries and organized facilities which would enable women to bear and raise children while working outside the home.

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and educational expenses are a heavy burden on the household finances of Japanese salaried workers.

Results of a survey by the Ministry of Labor show that the number of women who work part-time increased by 1.2 million between 1988 and 1990, and that one out of three of these women works for their children's educational expenses. To borrow the expressions of feminist and sociologist Ms. Chizuko Ueno, children are now a great "money drain" and have become a "luxury" which only the well-off can afford to have more than one of.

**T**he next important factor is that child rearing is too big a burden for women. Even now in Japan, most people think that child rearing is an area where responsibility lies exclusively with women. In Japan, there is a serious shortage of nurseries and organized facilities which would enable women to bear and raise children while working outside the home. The reason for this is the still common belief that women should stay at home and raise the children, especially until they reach the age of three, though in reality about 70% of women with children continue to work outside the home. The other side to this is the idea that men's responsibilities begin and end with bringing home the salary. For this reason, after having children, women who want to continue working and women who must continue working for financial reasons are forced to live their lives like acrobats, without

help, with limited time, and under extreme stress, both mentally and physically. It is only natural that a lot of women do not wish to repeat such an unrewarding experience, or think it impossible to take on such a difficult role in the first place.

Furthermore, women are expected to not just raise children, but to raise "good-quality" children who can conform to today's very competitive society.

Dr. Yuriko Marumoto, an obstetrician, gynecologist and feminist, has this to say about the pressures on women:

"We live in an age when mothers are asked to take responsibility for their children's trouble-making at school, any traffic accidents they may meet, and even for the fact that their children get sick easily. For this reason, women undergo detailed training before they have children, in anything from daily chores to hobbies, and they are constantly on edge lest they be called bad mothers. They can no longer enjoy raising their children while still being able to express and develop their own personalities. When their children reach school age, mothers are obliged to encourage them to study harder in an overcrowded school curriculum. There is no hope for the future if their children can not keep up. With such mental pressures, this feeling of wanting no more children is just aggravated more."<sup>1</sup>

**I**n this way, raising children is not just tiring, but also work which does not allow "failure." According to a Ministry of Health and Welfare survey, women who felt that child-rearing was worthwhile accounted for 75% of women surveyed in France, 71% in the U.K., 49% in the U.S.A., but only 21% in Japan. These figures can certainly be linked to the severity of the situation in Japan.

There are, of course, other reasons why women don't want to have children - some don't like



children to begin with, some hold no hope for the future of the global environment with its advancing destruction. There are various reason, depending on the individual. But looking at the situation as a whole, most women seem to agree that the decline in the birthrate has emerged as "retaliation" and the price to be paid for a post-World War II Japanese society which has consistently placed priority on economic development, and worked under the theory of "koritsu-shijo-shugi" (lit. the principle of absolute efficiency).

Dr. Marumoto asserts that the declining birthrate is a "birth strike" by women against a male-dominated society which forsakes the weak.

While men in business and in the mass media are concerned about the declining birthrate in Japan which influences the decrease in the population, the aging of society, and the labor shortage, women assume a critical attitude toward these men, saying they are taking a narrow view of things, and that they are too nationally-centered. For example, Yumiko Yanson, a journalist, and Keiko Higuchi, a social critic, point out that the population problem should be considered on a global scale, and not on a national scale. And countries like Japan, which consume excessive amounts of the earth's resources, would be better to take precautions against population increases instead, so that they pose no further threat to certain peoples in the Southern Hemisphere.

Higuchi continues, "The policies and measures which are essential to an aging society include the establishment of a working environment where people over 65 years of age can help support society, or at least be self-supporting, to the best of their ability; where each individual can make the most of their strengths and desires, even if they have slight physical disabilities."<sup>2</sup> In this way, she proposes that the conception of labor itself be changed, and, like Chizuko Ueno, she asserts clearly that Japan should open its doors to foreign laborers.

**A**s with these issues, Japanese women obviously have views which differ from Japanese male leaders about the problem of the declining birthrate. Women's common assertions are:

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Most women seem to agree that the decline in the birthrate has emerged as "retaliation" and the price to be paid for a post-World War II Japanese society which has consistently placed priority on economic development.

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- 1) There is a basic problem with the present social system which has been built with healthy men in the prime of life as the only standard.
- 2) If the government will not reform the social system on this point, there will be no hope for an increase in the birthrate, even if a system for leave for child care is established and the child care allowance is increased.
- 3) Even if such reforms were carried out, the decision whether or not to have children, or how many children to have, rests ultimately with women themselves.

Men who support women's assertions on these issues are starting to slowly appear.

Japanese women have rather obediently followed government orders to increase the population by having more babies, or to control the population by having fewer babies, for a century now. However, with the recent controversy over the declining birthrate, a change in women's consciousness seems to have begun to develop. The idea that reproductive rights are fundamental human rights for women is not yet widely accepted in Japan. However, I personally hope that this problem of the declining birthrate is a good start toward making it so.

#### Notes

1. *Why Won't Women Have Children? (Onna-wa naze kodomo-o umanaino-ka)*, The Executive Committee of "Women's Rights and Sexuality (Onna-no jinken to sei)" (Tokyo: Rodojunposha, 1991), pg. 10.
2. *Ibid*, pg. 25.

# Japan's Medical System

by Alice S. Cary, M.D.

**A**lthough the medical system in Japan is very complicated, it is systematized, and for each individual it is rather well organized. Everyone living in Japan is expected to sign up for some form of health insurance. Foreigners who have health insurance in their own countries (if it pays or reimburses for medical care overseas), and can show proof to the local ward office or health insurance office, do not need to apply for Japanese government insurance.

The two main health insurance programs are called Social Health Insurance ("shakai kenko hoken" in Japanese) and National Health Insurance ("kokumin kenko hoken" in Japanese). The former is group insurance for employees of any organization with more than five full-time workers. The premiums are paid, usually half each, by the employer and the employee, being withheld from the employee's salary. A card with the number of the insured person is to be presented at the time of the first visit to a doctor, hospital, or dentist. The bill will be paid, 90% by the insurance system and 10% by the patient. This includes fees for examination, consultation, laboratory tests, most medicines or other treatment, and, if hospitalization is needed, a bed in a room with four or more beds. An extra amount is charged for the first visit each month (less than 1000 yen) and fairly large amounts for private or semi-private rooms. Medical expenses of family members of the insured person are paid by the same program for those who earn less than 1,000,000 yen a year: 70% of outpatient fees and 80% of inpatient fees.

Persons not covered by Social Health Insurance must sign up for National Health Insurance,

which provides 70% of medical coverage. Premiums are calculated for each individual on the basis of the income received the previous year. There are separate insurance programs for those over 70 years of age, for the physically or mentally disabled, and for those on welfare.

**T**he insurance programs pay for diagnostic tests and treatment for illness and basic required dental work, but not for routine examinations of healthy people. However, many companies and schools provide free routine annual physical examinations. Physical examinations are offered by many hospitals and cost about 35,000 yen for a 1-day series and 65,000 yen or more for two days. If an abnormality is found, the tests and treatment for that disorder can be charged to insurance.



Normal prenatal examinations and deliveries are not paid for by health insurance systems directly and cost at least 300,000 yen at most hospitals. However, women with Social Health Insurance can apply to their local office and receive a refund of two thirds of the fee, and those with Na-

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**All hospitals and most doctors do not schedule appointments but see patients in order of arrival. One must expect a long wait.**

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tional Health Insurance can receive about one third.

Dentists often recommend more expensive treatment than is covered by health insurance, such as better materials for inlays, bridges, false teeth, etc. It may be worth the extra for those who can afford to pay it.

Certain medicines are approved by the health insurance system and others (controversial or very new medicines) are not, but some of the latter can be obtained if the patient pays for them. Doctors are allowed to prescribe medicine for two weeks in most cases, but for certain chronic illnesses some medicines can be given for 30 days. All hospitals and most doctors do not schedule appointments but see patients in order of arrival. One must expect a long wait.

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**In most large hospitals and some small ones, hospitalized patients are expected to provide their own non-professional routine bedside care.**

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**I**n most large hospitals and some small ones, hospitalized patients are expected to provide their own non-professional routine bedside care, with a relative or a friend spending the night on a tiny folding cot. If no such person is available, one can employ a nursing attendant from a list kept by the hospital.



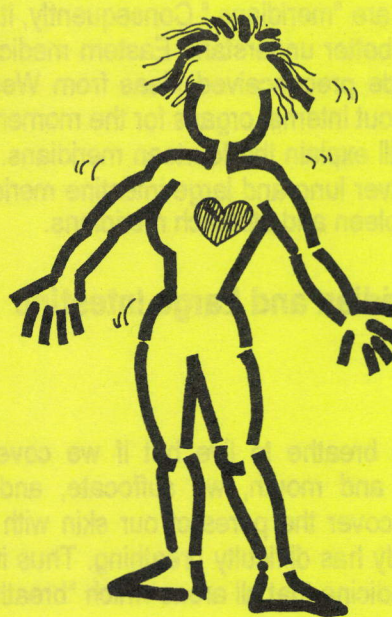
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**One cannot assume that a doctor will let you know if a test result is abnormal.**

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One cannot assume that a doctor will let you know if a test result is abnormal. Many tests take several days, and the results are often placed directly in the patient's chart, which the doctor will not see until the next visit. Although an increasing number of doctors are telling patients when there is a diagnosis of suspicion of cancer, there are still many who believe that the patient will give up hope and deteriorate more rapidly if the truth is known. However, someone in the family or a close friend is expected to be informed and should be in contact with the doctor.

In general, doctors do not expect patients to want to know everything. If a doctor seems to be impatient with questions, remember that tact is always a better tactic than insistence. In my opinion, one's health is very much one's own responsibility, and everyone should keep records of serious illnesses, allergies and medications. ■



# WOMEN'S BODIES

## Part 2

### (4) Meridian

**T**he channels along which flow "chi," the energy connecting nature and the human body, and "blood," which in Eastern medicine also incorporates bodily fluids (see winter newsletter), are called "meridians." Unlike a vein, a meridian is not something that can be seen, and is different from channels of the nervous system. When pressure-points along a meridian are stimulated, a "reverberation" is conveyed along it. Meridians form a system whose functions are the non-neural regulation of the whole body, and it also has an electrical element.

Meridians relate to the organs inside the body, and to the skin and muscles near the surface. From an anatomical point of view, each organ is a separate entity, but in Eastern medicine organs are not considered as independent "parts." In Eastern medicine, organs are seen as a unit of a series of functions, and the reciprocal relationship of physiological functions within the body is emphasized. In other words, they are all inter-related. These units are "meridians." Consequently, it may help you to better understand Eastern medicine if you put aside preconceived ideas from Western medicine about internal organs for the moment.

Now I will explain the fourteen meridians. This issue will cover lung and large intestine meridians as well as spleen and stomach meridians.

### Lung Meridian and Large Intestine Meridian

**P**eople breathe to live, but if we cover our nose and mouth, we suffocate, and likewise, if we cover the pores of our skin with powder, our body has difficulty breathing. Thus it is in Eastern medicine that all areas which "breathe" in

## from the point of

the human body are called "lung." In short, this is those areas which, in Western medicine, are referred to as the skin, throat, trachea, nose, lungs, and large intestine.

Outer ear infections and hemorrhoids, for example, are problems in the skin itself, and are thus treated in the lung meridian. And a special characteristic of "lung" is that, with the skin being directly exposed to the air, the skin soon responds to even our emotional state. Responses to seeing something, such as liking it, disliking it, or feeling sad, are all related to "lung." It can be said that people who are thin-skinned are weak in the face of outside stimulation. When "lung" is functioning normally, the skin looks good and the downy hair on the body seems to shine, and such a person is said to face up to outside stimulation with strength.

In addition, the large intestine and "lung" are connected by a meridian, and are related to "yang" and "yin," the active and passive energies



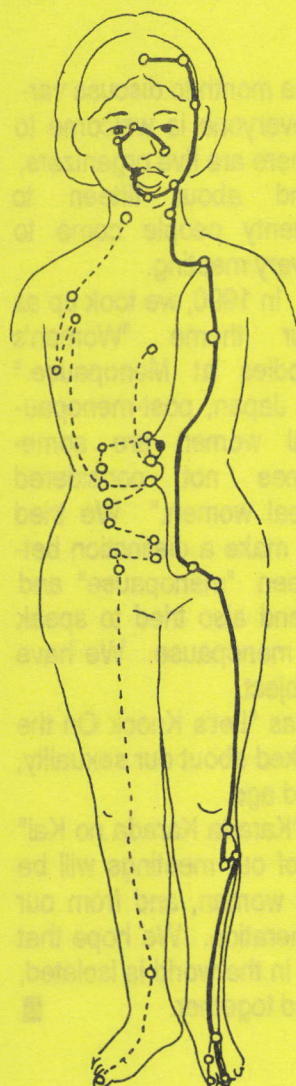
— Lung Meridian  
--- Large Intestine Meridian

# view of EASTERN MEDICINE

in each person, respectively. The energy of "lung" falls, aiding the elimination process of the large intestine. In turn, if elimination from the bowels is normal, the energy of the "lung" is at ease. This is why when there is too much heat in "lung," bowel movements sometimes do not occur.

See diagram on page 8 for the direction of the lung meridian and the large intestine meridian.

## Spleen Meridian and Stomach Meridian



**T**he spleen and the stomach work together, digesting and absorbing food and drink. They change the absorbed nutrition into chi and blood, and supply the whole body with them. At the same time, they are continuously carrying out a pro-

cess of renewal and disposal of wastes. When the spleen is functioning poorly, there may be problems with digestion, and the stomach may bloat. Diarrhea could be another symptom. A poorly-functioning spleen may also be the reason why a person cannot put on weight, even though she eats plenty. On the other hand, when the spleen is functioning well, the muscles get proper nourishment, limb movements are vigorous, and the lips are bright. For this reason, you can tell if the spleen is normal or not by looking at the lips.

Sometimes people feel heavy and tired after eating a meal. This is because they have over-eaten, and the food accumulates in the stomach. This causes the chi and blood to stagnate, and the arms and legs become heavy.

Furthermore, the spleen controls blood flow. If the spleen cannot control the flow of blood, the blood does not circulate properly throughout the body. This causes blood to leak from the blood vessels, and various problems with bleeding occur. Problems including bruising from just a slight bump, and abnormal uterine bleeding may occur when the spleen is functioning poorly. Swelling of the skin and dropsy are also caused by spleen disorders.

Some people get a stomachache from worrying too much. The spleen and stomach produce the energy we need to think and reason. Conversely, worrying too much may harm the spleen and stomach, causing conditions such as loss of appetite, a bloated feeling in the stomach, or loose bowels. If the worry is prolonged, anxiety deepens, the heart beats violently, and there may be loss of memory. You may also suffer insomnia, and have more dreams.

See diagrams (left) for the direction of the spleen and stomach meridian.

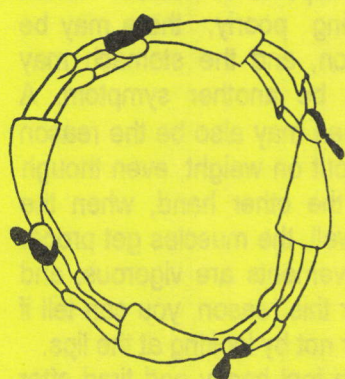
(to be continued...)

*Mutsu Kurihara is a licenced acupuncturist who works for the Women's Center Osaka.*

## Women's Groups in Japan

# Linking the Body and Mind

by Taiko Okada



**W**e began thinking that we, as women, should speak up, and should be able to have our children as we wish. After all, it is we who have experienced, or will experience, childbirth. That is how we started our group,

"Karada Karada no Kai," in the spring of 1979. The Japanese word "karada" has two meanings; one is "body" and the other is "from." We named our group "Karada Karada no Kai" ("group to think from the body" in English) because we believe that if we get to know our own bodies better, the body and the mind as a whole would be liberated.

**O**ur group holds series of study meetings on themes such as menstruation, pregnancy, birth control, abortion, sexual education, etc., connecting these significant events to the lives of those who are raised, and who grow up, as females. We have grown up without knowing enough about, or being correctly informed about, our bodies, and we do not realize how much this affects our sexuality. We realized when the time came to go to a hospital that we had so little knowledge about our bodies. We started our study meetings to, in the first place, get correct medical knowledge. Taking an interest in and learning about our bodies does not just mean getting knowledge; it also means thinking about how to live our lives. We take up problems which women face culturally and socially, submit

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practical ideas, and review present conditions. We distribute information by sending newsletters, holding demonstrations, showing films and holding public lectures.

**W**omen gather once a month to discuss various themes, and everyone is welcome to come to our meetings. There are five organizers, and about fifteen to twenty people come to every meeting.

In 1990, we took up as our theme "Women's Bodies at Menopause." In Japan, post-menopausal women are sometimes not considered "real women." We tried to make a distinction between "menopause" and

"menopausal disorders," and also tried to speak up about our sexuality at menopause. We have issued a booklet on the subject.

In 1991, our theme was "Let's Knock On the Door of Sexuality!" We talked about our sexuality, going beyond race, sex and age.

The organizers of our "Karada Karada no Kai" group hope that the fruit of our meetings will be conveyed from woman to woman, and from our generation to the next generation. We hope that no woman in any situation in the world is isolated, but that we can all be joined together. ■

# *My Experience in JAPAN—! 4*

## **A Woman's Duty is Never Done**

by Barbara Mary Johnson

*Barbara Mary Johnson, an American, lives in Osaka, Japan, and is a teacher of English conversation. Here she shares with us the thoughts of some of her Japanese students on what having children means to them.*

**M**y advanced English students, on a Tuesday morning, recently argued that young Japanese women don't want "many" - as opposed to "any" - children. For their homework, the class of Japanese housewives had read the article by Miho Ogino on the declining birthrate in Japan in the winter newsletter.

One of the class members admitted that her nineteen-year-old daughter, just entering university, says she does not want any children. But this woman, a vibrant, new-wave housewife, does not believe her. "My daughter is young, and will change her mind later," she says.

**T**he "1.57 shock," which refers to the announcement of the lowest ever birthrate in Japan, proved to be a fertile topic with all my adult classes. But I noticed that none of my students wanted to discuss abortion and its relation to the illegality of the pill in Japan. Perhaps these subjects are too delicate to talk about in public, in a foreign language. Other foreigners tell me that the red-bibbed statues at corner shrines represent aborted fetuses, and that Japanese women feel guilty but powerless.

In my Thursday night class, an earnest twenty-year-old student told me she didn't even like babies. "Besides that," she continued, "Japanese women have to choose between a baby and a career."

One of the students, a pediatrician, in my private afternoon class, appears to "have it all." She and her surgeon husband have three girls, but

she still wants a son. "I'm too busy now," says this mother-with-a-career, who juggles her housemaid's hours and demands, her three-minutes-per-patient office hours, and nursery school schedules, and also cooks dinner when she and her husband come home at ten o'clock each night. "It's all very difficult."

Why does she want a son? "I am a woman," she explains, "and I want to produce a man."

In my Friday night class, a twenty-two-year-old says she wishes she could have been a man. "It's easier to get a job. Men are more powerful and smarter." And yet this young woman was the youngest undergraduate in her class when she entered university. This spring she will be awarded an M.A. in Biology.

**T**hings are changing, say my Tuesday morning class. They agree with me, in principle, that "women should be the ones to decide whether or not to have a baby." But they also recognize the pressures on males in Japan to continue the family line in business, and in traditions such as kabuki and handcrafts, even through adopted sons.

Japanese women are in a strong position now in the marriage market because of a two million surplus of young men. In my opinion, women need to get control of family planning so they can have a real choice. Now might be their big chance. The time might be right. Women should refuse to rent their wombs, I believe, to the male hierarchy, family pressures, or to their government. ■



## Speaking Out

by Sumie Uno

Recently, a couple of topics which concern women have made the news in Japan. The first is the tragic case of "comfort women." This is the term used for women who were forced to the battlefields in Asia during World War II to provide sexual services for Japanese troops under horrendous conditions and at great risk to their reproductive and general health.

Of the estimated one to two hundred thousand "comfort women," 80% were taken from present-day North and South Korea, which were Japanese colonies at the time. The fact of this tragedy was hidden in shameful silence for decades until several Korean women instituted a suit against the Japanese government in a Tokyo court in December 1991.

Today, not much seems to have changed with regard to the situation these women faced, and men's perceptions of women. It is a well known fact that Japanese men are frequent participants in sex tours in East and Southeast Asian countries. Even today, they sometimes have their "second wives" who make them "comfortable" so they can get on with their business there.

In the news in March, it was reported that the Health and Welfare Ministry in Japan decided to suspend its planned approval of low-dosage birth control pills in the interests of "public hygiene," because use of the pills may set off an AIDS epidemic.

AIDS is a serious concern, and halting its advance is in the interests of the public. And I personally do not recommend use of the Pill. But the point is, the ministry's decision was made by male leaders alone, without consideration for women's health or freedom of choice. The rights of women were not a factor in their decision making. ■

### 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!

- \* Report on Asian Women's Conference and Asian Lesbian Network Conference
- \* Birth in Japan

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# An Editor's Note

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by Yasuko Ako

**T**his April at my daughter's elementary school, a subject called "Living" was introduced to the first and second grade curricula, and one called "Health" was added to the fifth and sixth grades. All the teachers had been furiously preparing from last year for the start this April, and during the spring holidays there were apparently a lot of opportunities for the teachers to study how to teach sex education...

On this matter, I'd like to first tell you about what happened at my daughter's school last year. At the time, my daughter was in fifth grade. Some children got a hold of the telephone number of one of those "adult" telephone services from a magazine one of the children had, and they started calling the service. Soon it became the "in thing" among all the children. This spread throughout the whole grade, and reached the point where the children were secretly watching their parents' pornographic videos at their friends' houses. When the teachers found out what was going on, they were shocked, and quickly set about planning a class called "Life, Mind, Body."

One of the classes was open to parents as well, so we went along to see what it was like. Setting aside the content of the class for the moment, I'd like to tell you about the conversation I had with my child afterwards. Firstly, when I asked my child if she understood what the teachers were trying to achieve through the class, she answered, "No." She didn't seem to comprehend that what the children had been doing and social problems had anything to do with the class. And she didn't understand at all the teacher's urgent explanation about how girls' bodies must be protected. What the children were taught was a simple textbook explanation of the conception process, illustrating the physiological mechanisms of the male and female bodies. That was where the explanation ended, so it just went in one ear and out the other. Don't teachers know better ways to communicate with children on their level?

**T**he kinds of words that children use at school are slang expressions for sexual organs, and they draw simple little pictures meant to represent sexual organs. We don't use such words at home, but I suppose the children pick them up at school. Even if I don't use those words, the children do, and they somehow know that they are words with sexual connotations which they shouldn't use. Their teacher even said that with all the information about sex around children, there is no way they could not know about sex, and I thought, well, what was the use of those five hours spent in the name of sex education?

After the class, one of the boys said something about one of the girls which meant he wanted to lick her genitals. The teacher overheard this, my daughter told me, and made a distasteful face. The children realized from the teacher's reaction that these words were unpleasant. When the teacher couldn't say

that these words were distasteful to her, I think the children probably got a silent message that these things are not to be spoken about.

As a parent, I get the feeling something is not right, and I'm not happy about it. The content of classes has been changed with a notification from the Ministry of Education. But the point is not the class content of the sex education classes. Children grow up exposed to language which is commonly used in everyday life, so I wish that adults would speak up directly and openly about whether some words are unpleasant to use or not, and communicate with children honestly and respectfully.

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**What the children were taught was a simple textbook explanation of the conception process.**

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# Asian Women's Conference

by Noriko Yamaguchi

Sakai Women's Organization Liaison Council

**T**he Asian Women's Conference, sponsored by the Asian Women's Conference Executive Committee, was held from April 2 - 4 at the International Women's Center in Saitama Prefecture. With the theme "Creating an Asia for Women," and featuring eighteen guest speakers from sixteen countries throughout Asia, this exciting conference was attended by over 600 people.

On the first day of the conference, the eighteen speakers took the stage to speak on women's problems in Asia and critically examine the role of Japanese industry.

On the second day, discussions were held from 9:00am to 5:00pm, with participants divided into twelve sub-committees, and each sub-committee discussing a particular subject. "Women and Government," "Patriarchal Authority and Violence Against Women," "Sexual Harassment," and "Women and Development" were among the topics covered with great enthusiasm. Examination of the various topics at the conference followed the process of Relooking, Rethinking, Redefining, and Recreating.

The "Women and Amusement" evening on the second day was a chance for participants to relax and get to know one another. After the presentations, participants were treated to a Japanese drum and flute performance, and a comedy presented by women's athletics groups from Osaka, and they later danced their feet off when the venue was changed into a disco.

On the third day, reports from the twelve sub-committees were presented, and the adoption of the Declaration of the Asian Women's Conference was discussed.

**T**he Asian Women's Conference continued at later dates with regional conferences at six locations throughout Japan. Each area was well represented, with 380 people in attendance in Yokohama, 800 in Sendai, 1920 in Sakai, 261 in

Hiroshima, 650 in Kitakyushu, and 300 in Osaka. Thanks to the efforts of the sponsors of the respective regional conferences, who were kept extremely busy supporting both the main conference and their regional conferences, the discussions proved active and meaningful.

The Asian Women's Conference provided an opportunity to examine just some of the problems confronting women all over the world and to review feudalistic systems and cultures as a step toward building an alternative equal society. ■

## アジア女性会議

Asian Women's Conference



## From the Osaka Regional Conference Workshop:

# How Can We Survive in a Society Where Violence Prevails?

by Masako Kuroki

**T**he guest speaker for this workshop was Ms. Choi Young-Ae, director of the Korea Sexual Violence Relief Center (KSVRC), South Korea's first organization offering hotline and counseling services for the victims of sexual violence. Ms. Choi Young-Ae played a leading role in establishing the center in April 1991, with support from many of her co-graduates from Ewha Woman's University, Seoul.

I was surprised to learn from Ms. Young-Ae of the large number of people who were involved in establishing and operating the center. In the beginning, 57 women conducted a great deal of research and fund-raising, and now four full-time staff, including Ms. Young-Ae, and twelve part-time counselors are running the center with an advisory committee of 45 professionals from various fields such as medicine, law, psychology, sociology, and women's studies.

The hotline service operates from 10:00am to 5:00pm from Monday to Friday. Ms. Young-Ae said that KSVRC hopes to expand their current services to operate around the clock.

In addition to the hotline service, the center conducts surveys and research on sexual violence, and offers an educational service for counselors, adults, and teenagers. Members of the center have appeared on national television and radio as guest speakers many times. They also observed World Sexual Violence Expulsion Day last year.

In 1991, their services were extended to 1,139 people over the phone, 80 by mail, and 60 by face-to-face interview. The victims who were helped at KSVRC range in age from two to 60 years. Twenty percent of them were children under the age of thirteen, twenty percent were junior and high school students, and forty percent were adults. The center's data also showed that eighty percent of sexual violence was committed by an acquaintance, and this finding is consistent with

most research on sexual violence.

**W**hat we should pay close attention to, however, is not the actual number or percentage of incidents, but the fact that the abuse is related to the inability of women to recognize such incidents as attacks or rape because of their belief in the myths surrounding sexual violence. The majority of women, and men as well, do not doubt these myths, which encourage blaming of the victim and are exacerbated by sexual double standards. Therefore, such myths, which arise from males' attempts to justify their violent behavior, support the male-dominated culture, and the culture in turn reinforces the myths. We can see this vicious cycle of male dominance over women in any culture.

The worship of a woman's virginity and "glassware purity ideology" seem much stronger in Korea than in Japan. I am not interested in making a naive comparison between the two cultures without considering the historical and social context, but in what we can learn from KSVRC's experiences. I could not stop wondering how so many women were able to form such a strong organization as KSVRC in Korea in spite of unfavorable social conditions for women there. I see several factors which contribute to their success. One is Ms. Young-Ae's strong motivation to the goal of KSVRC; the other is the network she has access to in women's studies and other fields.

One of my friends expressed her disappointment in the state of women's affairs in Japan, saying that there is little contribution to the cause in terms of research and involvement here. I especially see a gap between research and the practice of women's studies, and I believe that women's studies is the one field which should not tolerate or ignore this discrepancy, as many other studies do.

After we heard from Ms. Choi Young-Ae, we had reports from three women's groups whose goals and strategies differ slightly from one another, although the discussion was focused on sexual violence. Those groups are Women Against Sexual Violence in Osaka, Women's Labor Union Against Sexual Harassment, and a group supporting the Korean women who were forced by the Japanese Army to prostitute them-

selves during World War II.

After the "Asian Women's Conference" in Osaka, I felt frustrated, as I always do, especially after this kind of international women's gathering. The frustration probably comes from the fact that we have not, up to now, created a foundation for feminism which accounts for the complexity and diversity of female experience.

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## From the Osaka Regional Conference Workshop:

### Asia and Feminism

by Sumie Uno

**W**hen women have gathered in the past, attendance at workshops with the theme "Asia" has always been low, so the organizers were not prepared this time when large numbers of people showed up. So many attended, in fact, that we couldn't fit them all in the room. Of course, this perhaps isn't so surprising considering the nature of the conference this time, as a lot of Japanese women are now starting to think about Asia.

Several women at the workshop brought up the timely issue of "comfort women," those women, mostly Korean, who were forced to the front lines in Asia during World War II to provide sexual services for Japanese troops. This issue is not a thing of the past, as the root of the problem is very much alive and well, and is manifested in present-day sex tours by Japanese men to Korea and other countries. The question Japanese women must address here is what kind of relationships we have with men and how we can improve them. What Japanese women must do is look at ourselves and question the kinds of relationships we have with men and consider how we can improve them.

Furthermore, on another issue, a network protecting the rights of women in the adult video industry has been formed. But even as Japanese women begin to refuse to appear in pornographic videos, the people who make them just go to other Asian countries and use the women there. In a society structured such as this, women need to form a support network that transcends borders. Even though we Japanese women are a part of Asia, we are far too ignorant of other Asian countries, and the situation for women, in particular. We absolutely must open our eyes to reality through real contact with other women.

A point that this workshop made me think about personally was that when Japanese women say "Let's unite with Asian women," for some reason we do not include ourselves as members of the group "Asian women." Just who are we Japanese women who aren't conscious of being Asian women even though we are Asian? How are Japanese women different from our sisters in other Asian countries? To think about this point is to actually think about Asia and Feminism. Although it was not discussed at this workshop, I think this, too, is a very important issue.

## Asian Women's Conference

# A Get-Together with Ms. Jirapon

by Asako Matsushita

**M**s. Chimpimai Jirapon, a member of "The Friends of Women Group," an organization campaigning to elevate the status of women in society in Thailand, was invited to join the Asian Women's Conference. The day before the formal workshop, we had a small meeting called "A Get-Together with Ms. Jirapon." What we learned at this meeting was extremely interesting, so I'd like to tell you about it.

In Thailand, women have traditionally been of low social status, and, particularly in the farming villages, they are not entitled to compulsory education as are boys. They are forced to work from a very young age to help out with the family's living expenses, but because they are unskilled, their wages are low. A much quicker way to earn cash is, needless to say, through prostitution. These girls are "migrant prostitutes" not only in their own country, but also in Japan, Germany, Australia, and other countries.

Daughters who had been migrant prostitutes are building fine houses for their families when they return home. People in the village know with what kind of money those houses are built, but the topic is never mentioned. It seems all they say is, "You're so lucky to have such a *hard-working* daughter."

Some prostitutes are married women. Although Thailand is a monogamous country, having a lot of mistresses is considered proof of a man's worth. But that doesn't mean these men help out their mistresses, if they are having a hard time, by providing living expenses. On the contrary, it means they put their women to work and make them bring in money. The situation hardly differs for legal wives who work as prostitutes to help with household expenses. This is done, naturally, with the husband's permission.

Some children are even sold as soon as they are born, and are raised by the places that purchased them for the sole purpose of becoming prostitutes. When they have grown a little, they

are worked as child prostitutes.

**I**n such circumstances, the problem now is AIDS. There are women who continue working as prostitutes after they have contracted AIDS, and some who are denied treatment even after they have fallen ill. The government does nothing to help. This is not a problem unique to Thailand. When women from Myanmar who have come to Thailand as "migrant prostitutes" return home, they are tested for AIDS. If they are found to be carrying the HIV virus, they are sent directly to a "hospital" where, with a single injection, they are given a mercy killing.

According to Ms. Jirapon, these places were hospitals, and although we asked her many times what kind of hospitals they were, she just repeated "hospital," so we weren't sure exactly what kind of places they were.

In just a short time, we heard quite a number of actual cases, but the problem is those many other people about whom Ms. Jirapon and her colleagues never hear. There are sure to be women who have made money abroad and become quite wealthy. However, they are not in the majority. Most of the women are physically and mentally scarred, and in the case of Japan, they are being gobbled up by the *yakuza*, Japan's organized crime groups.

What sort of life these unfortunate women lead after returning to their own countries was what we most wanted to know, but Ms. Jirapon didn't know. Besides, Ms. Jirapon wasn't fully informed on the situation for Thai women in Japan; that is, under what terrible circumstances they are made to prostitute themselves.

I don't think there is anything we can do right now, but all at the workshop agreed that we should start by first exchanging the information we have. Whether or not this becomes "lip service" and goes no further than the conference depends entirely on our actions from now on. ■

# Asian Lesbian Network Conference

by Katie Delaney

*Katie Delaney spoke with Ms. Minako Hara of the ALN Nippon about Asian Lesbian Network's second conference held recently in Japan.*

The ALN (Asian Lesbian Network) held their second conference in early May. The idea for the ALN began back in 1986 at the International Lesbian Conference in Switzerland when Asian lesbians felt they had no real representation at an international level. Seeing that their specific issues were not being addressed, they formed a loose network. From this came the first ALN conference in Bangkok in December 1990.

This year's conference was also very successful. About 170 participants attended from 15 different countries - Australia, Bangladesh, Canada, Hong Kong, India, Indonesia, Japan, Korea, the Philippines, Peru, Singapore, Sweden, Taiwan, Thailand and the USA.

Over four days, participants enjoyed a combination of workshops, sports, music, and video presentations about Asian lesbian writing, lesbianism and feminism in Asia, personal "herstories" and lesbian families.

Ms. Minako Hara, one of the ALN Nippon conference organizers, said that they were very pleased with the attendance. "Following our fundraising efforts, we expected about 100 lesbians but 170 people turned up. There were a lot of young Japanese women as well as about 50 non-Japanese women."

Ms. Hara said that the most important thing at the conference was the opportunity for women to share the problems they face within the national context of each country. "Each representative could talk about their own situation and this revealed many similarities in our situations as Asian lesbians."

Information sharing was also another important aspect of the conference, with women talking about the experience of forming groups in their own countries. "This gave other women wanting to start groups a lot of valuable information on things such as where to advertise, how to raise

lesbians' visibility in the women's movement and how to deal with the coming out issue," Ms. Hara said.

She also stressed the difference between this information and information from Europe or the USA. "This information accounts for the quite different situation that Asian lesbians face. With enormous family pressure to marry and economic oppression of women in general, the local situation is very different from the West."

Ms. Hara said the only disappointing area of the conference was that no clear consensus was reached on the racism issue. This issue caused a divisive debate at the Bangkok conference with people not able to agree on whether to make ALN an Asians-only space.

However, Ms. Hara said the issue of participants was just one part of the racism issue. "Another very important issue not even raised at the conference is the issue of racism within the Asian group itself," she said.

However, protests were received about the fact that the issue of Japanese racism towards other Asian minorities, such as Koreans, was not addressed at the conference, bringing this issue into the spotlight for the first time. "The problem is that some people have never thought about racism towards themselves as Asian lesbians and others have lived with it all their lives. It's time both these viewpoints were brought closer together. I think this is the first step. We just have to keep the discussion going," Ms. Hara said.

ALN Nippon has gone ahead and formulated their own position on the issue of participants by making this conference Asians-only, and holding some events with the non-Asian lesbians of LALA (Lesbians Affirming Lesbians in Asia) who held a conference at the same time.

Despite such sticky issues, the conference achieved its aims of giving Asian lesbians a chance to network, organize, and learn about each other's lifestyles and political concerns. The third ALN conference has been set tentatively for 1994.

# STATUS OF CHILDBIRTH IN JAPAN

by Kiriko Wakutani

I have been practicing as an obstetrician and gynecologist for five years since graduating from medical school. From what I have seen, heard, and experienced during this time, I would like to tell you about one aspect of childbirth in Japan.

Japan currently has one of the lowest perinatal mortality (ie. death after 28 weeks and until one week after birth) rates in the world. However, the maternal mortality (ie. death of the mother) rate, although the lowest in Asia, can still be considered high when compared with the perinatal mortality rate.

What has brought such a low perinatal mortality rate to Japan? First of all, Japanese society has become economically affluent. Also, public sanitation and nutrition have improved remarkably, and medical services have become well-organized. In particular, care of pregnant women has been established as the crucial factor in the health of both mother and child. Moreover, deliveries in the home have decreased, with more deliveries at medical institutions, particularly hospitals, where emergencies can be dealt with promptly. And medical progress in the neonatal field has contributed to a sharp drop in infant deaths including premature babies, a big factor in the recent further decline in the perinatal mortality rate.

In Japan, methods of delivery and obstetric medicine have been in the spotlight for about ten years, and one factor instrumental in bringing the issue to the public's attention was the exposure of the harmful effects of labor inducing and accelerating drugs. Apart from cases where they were used under careful observation for appropriate medical reasons, labor inducing and accelerating drugs came to be used far too carelessly and frequently, to adapt deliveries to suit society (ie. to suit the schedules of the medical staff), to avoid deliveries late at night and on holidays, and when the hospital was crowded with due deliveries.

The women to give birth were, in most cases, almost totally ignorant about the birth, and even if they thought it a little strange to believe "leave it all up to the doctor and everything will go fine," they just did as they were told. In such a situation as this, numerous cases were reported of careless and inappropriate administration of labor inducing and accelerating drugs leading to fetal distress, uterine rupture, and other complications. (In Japan, analgesia and anesthesia are rarely used during labor, accounting for less than perhaps 10% of total deliveries. Left alone on a bed, women have been forced to endure labor totally unattended. In other words, they experienced real "natural childbirth.")

Women, reflecting on their own experiences, started to realize that they had been ignorant and had not tried to be independent. Around this time, in the 1970's, the Lamaze method was introduced to Japan, and has been practiced by those interested in it. Some women finally turned to natural childbirth, where they didn't have to rely on drugs or machines, where they could be in a warm atmosphere surrounded by their husbands and children. And midwives and, of course, supportive doctors, were the ones who made this possible.

Since TV shows played up reports of famous stars giving birth through the Lamaze method, the "maternity business" boomed, becoming quite fashionable, and sweeping up those young women who would one day be mothers. A drop in the birth rate automatically means reduced income for obstetricians. So all sorts of attempts are made by clinics and hospitals to win wo-



men's interest, such as building stylish and attractive facilities with decorating to cater to young tastes, offering French dinner parties prepared by authentic chefs, commemorative photographs and videos, and allowing the husband to attend the delivery. When I see the women who, caught up by these trends, are interested only in the baby they will have (Will it be a boy or girl? What cute little clothes can we put on it? What will we call it?), I honestly sometimes feel a sense of futility. These women are so indifferent, and have perhaps never wondered whether their children can grow up safely and happily in society as it is now, in present-day Japan, in today's world. What can I say to women who dream of the perfect baby, angelic and pretty, who will bring them happiness? (There are just so many expectant mothers who have never once held a baby.)

Still, another way of looking at the fashionable trends in childbirth is that the careful approach to childbirth by these clinics and hospitals, and sufficient instruction during pregnancy, including instruction in the breathing techniques of the Lamaze method, etc., have actually become an important factor in attracting expectant mothers, and have thus helped improve services. Even in these cases, the role of the midwife is very important.

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**Labor inducing and accelerating drugs came to be used far too carelessly and frequently, to adapt deliveries to suit the schedules of the medical staff.**

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**A**t present, only 0.1% of Japanese women give birth at home, 1.2% at midwife clinics, 42.9% at small clinics with beds of 20 and under, and 55.8% at hospitals. At small clinics and hospitals, pregnant women are not so much under the care of doctors, but are cared for by midwives, who actually assist the baby's delivery, or nurses with some knowledge of midwifery. Doctors are

present at the moment of childbirth and, if necessary, perform an episiotomy, and suture it. (In 1945, 90% of deliveries were managed by midwives at home. Home births decreased to about 50% by 1960, and have been declining sharply thereafter.)

As I mentioned, "childbirth" has become quite fashionable, and doctors in private practice are eager to promote trends with the hope of increasing clients at their clinic. This may be a good tendency from the point of view that good care and treatment is provided for pregnant women. But trying to attract women with this and that may also be a facade for other intentions based on the values of a male-dominated society.

Even now, there are some midwives who continue to run clinics or who plan to open their own new clinic. And for hospital deliveries, there are institutions which, without any superficial objectives, are practicing the Lamaze method and going ahead trying various other methods of delivery. (In most cases, though, it seems midwives must first contend with unsympathetic doctors.)

**H**owever, Japanese midwives, who played such an indispensable role in childbirth, are now facing a crisis. The government is planning to abolish the qualified midwife system and replace midwives with maternity nurses. When I think how the work of midwives has been such an important part of women's lives, and so supporting, I cannot personally agree with this. Even in Japan, midwives are still not given due recognition, but at some other time I would like to tell people abroad, too, about the accomplished role of Japanese midwives and their achievements.

No Japanese woman wants to return to the past days when childbirth was unscientific and unsanitary, when childbirth was said to be a woman's misfortune, when women knew no better than to assume that if their child did not survive, that was its fate, and a time when women had only other women around them to depend on.

However, I think that too much has been lost in the name of "safe childbirth." We must not let ourselves be misguided by the affluence of today's Japan, a place which knows almost nothing, from a global perspective, of poverty, war, and disaster. Rather, we must continue to ask ourselves what is the truly best way to have our children and strive to achieve that. ■

## Women's Groups in Japan

# Group Against Harmful Labor Inducing and Accelerating Drugs

by Akemi Demoto

**D**uring the birth of my third baby in April 1984, I suffered a uterine rupture and had to have an emergency Caesarean section. My baby was born with severe asphyxia and severe cerebral palsy. She died at eight months old after having had pneumonia several times. For the birth, labor was artificially induced with drugs.

It was this bitter experience that led me to start the group.

At the time, the fact that complications were arising from use of labor inducing and accelerating drugs was kept entirely from the general public. There was no explanation whatsoever from doctors about the harmful side effects and dangers of the drugs, and pregnant women themselves were not informed at all about signs they should watch for.

After it happened, I read about uterine rupture in medical books. All the signs of uterine rupture that I had were to be found in those books, and I became convinced that mine was caused by the labor inducing and accelerating drugs.

This sort of thing shouldn't be allowed to go on, I thought, and I wrote to the Asahi Shimbun, a major newspaper in Japan. That letter brought forth an echo, and so I and several other women started the group in February 1988 to provide correct information about labor inducing and accelerating drugs to as many people as possible in the hope that others need never suffer this tragedy.

Our group's activities include:

1. Investigation of actual complications and injuries caused by labor inducing and accelerating drugs, and report of the findings to the public;
2. Research on the pharmacological effects and

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side effects of labor inducing and accelerating drugs;

3. Approaching administrative authorities such as the Health and Welfare Ministry;
4. Establishment of a medical counseling service for victims; and
5. Issue of a bimonthly newsletter.

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**The drugs were used unnecessarily on people who were given no explanation whatsoever about the harmful side effects and risks involved.**

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**A**ccording to our group's investigations, 75 cases of harm caused by labor inducing and accelerating drugs have been identified and more than half of them are pending in court. In almost all cases, the drugs were used unnecessarily on people who

were given no explanation whatsoever about the harmful side effects and risks involved, and the damage was done because the drugs were used indiscriminately.

If, when you give birth, it looks as though labor inducing and accelerating drugs will be used on you, please say this: "I want to have a natural delivery. Are those drugs really necessary? Please fully explain to me the side effects and risks."



# Letters

*This issue we are starting a new column, "Letters," to share some of the comments, encouragement, and criticism we receive from readers. We look forward to any contributions from our readers.*

## To the Editors:

I was delighted to at last find in "Women and Health in Japan" a publication in Japan concerned with women's issues with feminist sympathies.

After a long period of underfeeding myself, I am well aware of the social pressures many women are under to conform to unrealistic ideals of beauty imposed by society, and their sad and sometimes dangerous ramifications (eg. eating disorders, lowered self esteem). So it was with interest that I read Ms. Haneko Inoue's "An Editor's Note" in the Spring newsletter. However, I was disappointed that Ms. Inoue confused the issue of women's "sexual suppression" with the issue of race.

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**Regardless of race,  
women everywhere  
have unrealistic ideals  
of beauty forced upon  
them by the media.**

---

Ms. Inoue says that a "white people complex" is at the root of Japanese women's "suppression of body" because of all the beautiful foreign (read "white") models and actresses in Japan. But although this complex may be a part of the Japanese woman's experience, the problem is much more complex, and much more deeply rooted in society itself, and certainly in Japan's male-dominated society.

Ms. Inoue states, "Until we can accept ourselves as we are, as Asians, we Japanese women can not be liberated from suppressing our bodies." Unfortunately, I don't think so; there are

still plenty of stunning Japanese and other Asian models and actresses for you to be compared with, still plenty of young girls who will imitate them, and still plenty of Japanese men who want one of them for themselves instead of the regular variety. It is important for you to accept yourselves as Asians, of course, but the problem of women's sexual suppression will remain as long as society is unchanged.

I would like to point out that regardless of race, women everywhere have unrealistic ideals of beauty forced upon them by the media in the form of reed-thin models and actresses with long, slim legs. Women in all kinds of societies feel pressured to diet, make up their faces, and correct "flaws." It is not a problem unique to Japanese women, as Ms. Inoue suggests, but a chain and ball around the legs of women everywhere. It is, in fact, critical in the West.

I congratulate Women's Center Osaka, and urge you to keep up your brave work.

Gerda Joyce





# Speaking Out

by Sumie Uno

In June, I went to the 5th International Feminist Book Fair in Amsterdam, the Netherlands, thinking I could spread the word a little about this newsletter, "Women and Health in Japan."

I was asked by a few people there things like: "I've heard that in Japan there are no women's studies institutes. Is that true?" and "Oh, there is a women's health movement in Japan, is there?" It's obvious that still little is known about Japanese women, and the fact is that in Japan the women's movement isn't that well established. After going to the book fair, I am even more convinced of the significance of this newsletter.

The frank and friendly dinner with the staff of Amsterdam's WGNRR (Women's Global Network for Reproductive Rights) was really interesting.

Wherever I went I was asked, "Why hasn't the ban on the Pill been lifted in Japan? Don't Japanese women want the Pill?" It is necessary to guarantee a choice of contraceptive, but I would like to return a question. Why is the Pill a good thing? What did people do before the Pill was developed? When I asked people why they take the Pill and don't use condoms, in a lot of cases the answer was, "Well, because men don't like them." It is a great thing to be able to control contraception and your own life with the Pill. But I think we should take a long, fresh look at what the Pill, which has come to be taken for granted, means to us today.

Either way, the Pill, and also RU486 (the Abortion Pill) and HRT (Hormone Replacement Therapy) for menopause, do not demand that much interest in Japan, and this is definitely related to Japanese culture and history. It seems the Japanese have a deep dislike for hormone drugs.

Also, talking with the people in Amsterdam about opinions on reproductive rights was quite informative. The point was raised that the right to abortion and contraception, the right to safe treatment for infertility -- perhaps these very concepts have become restricted to set definitions. It was suggested that the meaning of reproductive rights may differ depending on the country, culture, and society. For example, in Japan, the word for rights - "kenri" - is not a word readily accepted in everyday conversation. The nuances of the English word "rights" are not to be found in the Japanese equivalent, and could perhaps be better explained by some quite different, and more suitable, expression.

Finally, to all the people at WGNRR, thank you for a good time! *Dankwel*. ■

## 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!

- \* Childbirth and midwives
- \* Women's bodies from the point of view of Eastern medicine
- \* English yellow pages for women in Japan

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## An Editor's Note

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### Our Choice – Holistic Medical Care or Random Alternatives?

by Rita Dixit-Kubiak

**C**urrent medical care in most countries means curative medicine, or health care after the manifestation of disease. Japan has a tradition of over one thousand years of holistic Chinese medicine, but now bases its mainstream medical care on Western curative therapies.

Western medicine has recently begun incorporating Eastern therapies such as Chinese herbs, acupuncture, moxibustion, and massage techniques, although it ignores wisdom and insights that brought them forth. Since 1976, a total of approx. 300 Chinese medicinal herbs and approx. 150 Chinese herbal mixtures have been recognized for coverage under Japanese health insurance law. These natural herbs are effective for allergic reactions and chronic diseases, and are now recognized as safe alternatives to Western synthetic drugs. However, contrary to the traditional Chinese prescription method of personalized dosages for patients, "modern" herbs are dispensed in standardized dosages and sold through clinics or over the counter.

Likewise, acupuncture and moxibustion are now recognized as empirically useful for non-diagnosable pains, muscle aches, sprains, etc., and have enjoyed wide popularity for purely anesthetic purposes. Unfortunately, despite increasing usage of Chinese herbs and acupuncture in Japan, the usual application is disease specific, and totally disregards Chinese diagnostic methods and holistic concepts.

Most Eastern holistic medical traditions emphasize the intimate interconnection of body, mind and spirit. They therefore assess human health with regard to an individual's physical, social, spiritual, even economic, environment. Holistic medicine also differs from curative medicine in its focus on prevention.

**H**olistic medicine, even in its diagnostic and treatment methods, is not intended to identify a disease and "fix" it. It looks for the underlying causes of illness within the patient's psychosomatic constitution, lifestyle and environment, and attempts to strengthen and harmonize the entire complex. For the successful application of holistic medicine, patients must therefore reflect on all internal and external aspects of their lives, and bring not only medical techniques, but also wisdom to bear in pursuit of health and vitality.

In Japan, such awareness has faded with increasing westernization of the culture, and consequently the demand for holistic health care is low. An increasing number of Japanese patients are, however, beginning to turn to more natural alternative "curatives" out of anxiety over Western medical trends toward over-medication, synthetic drugs, surgery and other radical therapies. Any urgent desire for a complete shift in health care philosophy and the medical system, however, seems to come mainly from the victims of modern pollution disasters, parents of allergy-afflicted children, environmentalists, and a handful of doctors working on environment-related disease. Common to these people is the immediate experience of an ancient medical insight – that the human being is inseparable from the environment. Whatever is visited upon the environment is also soon visited upon the human body and mind. ■

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# Why the Women's Center?

by Barbara Haynes

**T**ake one of these twice a day. What's that, you ask? What ARE they? Oh, don't concern yourself with THAT. Just take them."

In Japan's health clinics and doctor's offices, this cold, dismissive attitude prevails. Patients perceive their doctors as infallible, god-like figures with little desire to communicate. Similarly, doctors determine their patients incapable of understanding simple medical procedures, and consequently reveal nothing. Roles of "doctor" and "patient" are explicitly defined and each person is expected to fulfill his or her role. The doctor is the aloof, powerful man, prescribing various drugs with seemingly little thought and alarmingly little explanation. The patient, conversely, is the nameless, faceless body, placing herself in the hands of this miracle-worker, taking no responsibility for her own welfare. Indeed, many Japanese women are astonishingly ignorant of the human anatomy. Unfamiliar, even fearful of their bodies, yet intimidated to ask advice, women remain confused and powerless.

The Women's Center Osaka seeks to change women's attitudes about health, to replace ignorance with facts, to instruct and empower each client. It is not, however, a medical clinic. Co-director Ms. Sumie Uno admits she originally desired a clinic, but concluded that it would simply create one more intimidating environment for women. Instead, patients ignored by their doctors may comfortably inquire at the center. Uno is often requested to identify prescribed medicines

which doctors neglected to explain. A counseling organization above all, the center urges women to become self-sufficient and self-knowing through information.

**E**stablished in 1984, the center has received a single donation of 50,000 yen from the Osaka City Government. The concept of a "non-profit organization," however, does not exist in Japan, and consequently the center is expected to pay tax. Supported by private donations, membership dues, newsletter subscriptions and counseling fees alone, finance is a constant worry. Yet interestingly, if the center were a religious organization, income tax would be unnecessary. Perhaps, then, the "Holy Church of United Feminists" would receive funds and tax breaks denied the "Women's Center Osaka..."



The organization staffs a pharmacist, a

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journalist, a counselor, a professor and three full-time assistants. Open Monday to Friday, 10:00 - 8:00, and Saturday, 10:00 - 5:00, the center welcomes both Japanese and foreign women. It also boasts an information and crisis hotline (in Japanese only), available the first three Thursdays of each month, 1:00 - 8:00. Fully trained volunteers receive questions on everything from menstruation to sexual harassment, and respond with feminist ideals and compassion. During personal or group discussions at the center, a professional counselor encourages women to examine their habits and lifestyles. A woman's physical symptoms often stem from her emotional state, and the simple administration of drugs favored by many doctors is therefore useless. Counseling invariably yields a more accurate diagnosis.

The Women's Center Osaka is not a health clinic. Every three months, however, a professional doctor volunteers her time to give Pap smears. She explains, step by step, her procedure, checking the client's comfort and comprehension. Moreover, women are invited to use a speculum and to participate in the knowledge and welfare of their bodies. Compare this method with that at the Government Public Health Center. There, rows of women, their faces and upper bodies hidden by a curtain, endure the mechanistic, silent examination by a doctor who neither knows nor cares about their name. This degrading procedure is unavailable to women under 30, though, as they are not believed to be sexually active.

For those wary of Western medical techniques, the Women's Center offers yoga and acupuncture. Body awareness is essential in Eastern medicine, and women cannot simply sit in front of the acupuncturist awaiting treatment. Rather, communication is established as the acupuncturist familiarizes herself with the client's physical and mental condition. She sees the woman as a complete individual, not a mere body.

In addition to these services, women may receive assertiveness training. Ten or fifteen members discuss personal and professional problems and obtain solutions as a group. Counselors inform women of their rights – reproductive, sexual, legal – and urge them to assert these rights. Indeed, women are unaccustomed to ask for what they want and guilt undermines individual goals and pursuits. Whether they must reprimand a colleague over sexual harassment, help a daughter overcome anorexia, or approach a partner about contraception, they get the necessary information and support. Women, encouraged to state their needs or to confess their fears in a comfortable environment, will eventually confront any situation with confidence.



Traditionally taboo subjects, uncovered in such discussion groups, are further elucidated in newsletters and in books published by the center. Abortion – Message from Wo-

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**A woman's physical symptoms often stem from her emotional state, and the simple administration of drugs favored by many doctors is therefore useless.**

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men and The Pill – We Won't Choose It cover reproductive rights, legal matters and women's experiences with abortion and birth control. Frank, open accounts seek to abolish women's shame and secrecy over sexual issues.

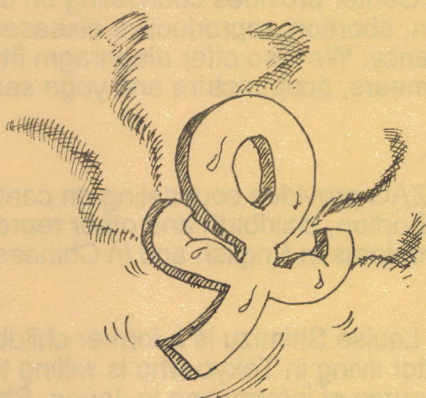
**T**he Women's Center Osaka is unique in the country. Feminist discussions, health counseling, and an exclusively female staff and clientele are fairly new concepts in Japan, but volunteers are striving to change




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Women, encouraged to state their needs or to confess their fears in a comfortable environment, will eventually confront any situation with confidence.

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that. Ms. Uno laments that while Japan enjoys status as an economic superpower, women's position remains pitifully low. "There is a need for this kind of center," she declares. Similarly, journalist Ms. Haneko Inoue calls the center a "lifesaver," stating she immediately volunteered after benefiting from health counseling services.

While members take pride in their cooperation with national and international feminist groups and their day-to-day services, they acknowledge the country's need for more such organizations. Men, too, must be educated on women's status and urged to reject their entrenched sexism. With a shortage of funds, the center's relative newness, and the government's refusal to support feminist endeavors, the Women's Center Osaka faces a daunting task. Yet Ms. Uno's goals remain unchanged. Women can, she affirms, destroy inequality, pornography, sexual harassment; and embrace power, independence, themselves. ■

### How to Get to the Women's Center Osaka

Take the JR loop line to "KYOBASHI" station. Use the north exit and turn right. Walk east between the pachinko parlor "MANGAN" and the coffee shop "EMI." Cross the street at the traffic light, and continue straight. Women's Center Osaka is on the left past the pediatrician's office. It's a ten-minute walk from the station.

# English Yellow Pages for Women

## FEMINIST COUNSELING

Women's Center Osaka  
1-3-23 Gamo  
Joto-ku, Osaka 536  
Tel. 06-933-7001

Tokyo Feminist Therapy Center  
Dai San Terada Building 4F  
2-3-1 Taihei  
Sumida-ku, Tokyo 130  
Tel. 03-5608-0127

Counseling International  
#411 3-2-13 Nishi Azabu  
Minato-ku, Tokyo 106  
Tel. 03-3408-0496, 03-3408-0497

## HEALTH CONSULTATION

Women's Center Osaka  
1-3-23 Gamo  
Joto-ku, Osaka 536  
Tel. 06-933-7001

## ZIGZAG

#202 2-48-9 Hon-cho  
Nakano-ku, Tokyo 164  
Tel. 03-3372-7505

Ms. Louise Shimizu  
4-3-4 Minami Ikebukuro  
Toshima-ku, Tokyo 171  
Tel. 03-3986-3526

Ms. Crayonhouse

## WOMEN'S BOOKSTORES

Ms. Crayonhouse

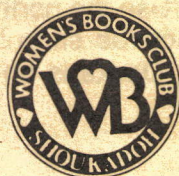
Tokyo: 3-8-15 Kita-Aoyama  
Minato-ku, Tokyo 107  
Tel. 03-3406-6492

Osaka: 5-3 Enoki-cho  
Suita-shi, Osaka 564  
Tel. 06-330-8071

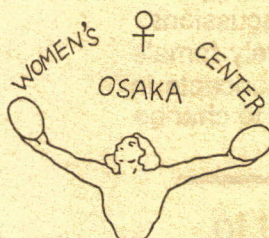
\* Some English books are available.

## SHOUKADOH

Nishi-no-Toin Nishi Iru  
Shimo Dachiuri-dori  
Kamigyo-ku, Kyoto 602  
Tel. 075-441-6905



\* For those whose Japanese is more advanced, the oldest women's bookstore in Japan stocks a large selection of feminist literature in Japanese.



COUNSELING INTERNATIONAL

\* The Center provides counseling on contraception, abortion, reproductive diseases and pregnancy. We also offer diaphragm fitting, Pap smears, acupuncture and yoga sessions.

\* ZIGZAG provides counseling on contraception, abortion, childbirth and other reproductive problems in English and in Chinese.

\* Ms. Louise Shimizu is a former childbirth educator living in Tokyo who is willing to act as a source of information in Japan. She is also co-author of the book "Childbirth in Japan" (Birth International) and co-translator of "Mind Over Labor" by Carl Jones.

## **WOMEN'S SHELTER**

HELP 03-3368-8855  
Tokyo

\* Monday through Friday 10am to 5pm. Saturdays and Sundays are for emergencies only. HELP is a shelter for women, and immigrant female workers in particular. Legal questions are answered and counseling is offered in English, Thai and Japanese.

## **SUPPORT GROUP**

TACHIYORI SUPPORT CENTER  
c/o Asian Women's Association  
Shibuya Co-op 2F #211  
14-10 Sakuragaoka  
Shibuya-ku, Tokyo 150  
Tel. 03-3463-9752

\* TACHIYORI SUPPORT CENTER is a place where Asian women living or working in Japan can get advice for problems such as violence and divorce. Their main services are legal aid including referrals to lawyers, and free Japanese classes. Contact Ms. Kazuyo Kakinoki for legal aid (0425-71-1303), and Ms. Chiyoko Sato for Japanese classes (03-5616-1362).

## **LESBIAN GROUP**

(contacts)

Suzanne Robinson  
3-37-8 Yamato-cho  
Nakano-ku, Tokyo 165  
Tel. 03-3336-6755

Barbara Bull  
1-11-3 Kojidai  
Nishi-ku, Kobe 651-22  
Tel. 078-991-5295

\* They will answer inquiries about the English-speaking lesbian network in Japan. There is a newsletter in English for lesbians only called the DD.

## **LIFE LINE**

TOKYO ENGLISH LIFE LINE  
03-5481-4347

\* Trained volunteer phone counselors provide telephone counseling, pertinent information, referrals and crisis intervention.

## **OTHER GROUPS**

International Feminists of Japan  
c/o Makiko Deguchi, 1-1-2 #211  
Megurita-cho, Higashimurayama-shi  
Tokyo 189  
Tel. 0423-97-5609

\* Established in 1979, IFJ is a casual network of feminists from both inside and outside of Japan. Their meetings are held on the first Sunday of each month, from 2pm to 5pm, and they also publish the IFJ newsletter. Meetings are open to women only (unless otherwise stated).

International Women's Club of Kyoto  
#510 Kyoto Sangyo University  
Kita-ku, Kyoto 603  
Tel. 075-701-2151

\* The International Women's Club of Kyoto was founded over ten years ago to promote international cultural exchange, establish a forum for discussing and advancing women's issues, and create opportunities for listening to and learning from English-speakers. Their main activity is the monthly meeting/lecture, where professors, translators, and other informed English-speakers share their ideas.

## **JAPANESE LANGUAGE SCHOOL**

KOTO INTERNATIONAL LANGUAGE SCHOOL  
Gakkyo Building 3F 8-32-7  
Oshima Koto-ku, Tokyo 136  
Tel. 03-3684-3050 Fax 03-5609-0095

\* From the standpoint of "Japan as part of Asia," the school is promoting internationalization. Visa sponsorship is possible for those applying from outside Japan. The school is run by feminists.

# WOMEN'S BODIES

## Part 3

## from the point of

### Meridians

**T**he channels along which flow "chi," the energy connecting nature and the human body, and "blood," which in Eastern medicine also incorporates bodily fluids (see winter newsletter), are called "meridians." Unlike a vein, a meridian is not something that can be seen, and is different from channels of the nervous system. When pressure-points along a meridian are stimulated, a "reverberation" is conveyed along it. Meridians form a system whose functions are the non-neural regulation of the whole body, and it also has an electrical element.

Meridians relate to the organs inside the body, and to the skin and muscles near the surface. From an anatomical point of view, each organ is a separate entity, but in Eastern medicine organs are not considered as independent "parts." In Eastern medicine, organs are seen as a unit of a series of functions, and the reciprocal relationship of physiological functions within the body is emphasized. In other words, they are all interrelated. These units are "meridians." Consequently, it may help you to better understand Eastern medicine if you put aside preconceived ideas from Western medicine about internal organs for the moment.

Now I will explain the fourteen meridians. This issue will cover the heart and small intestine meridian as well as liver and gall bladder meridians.

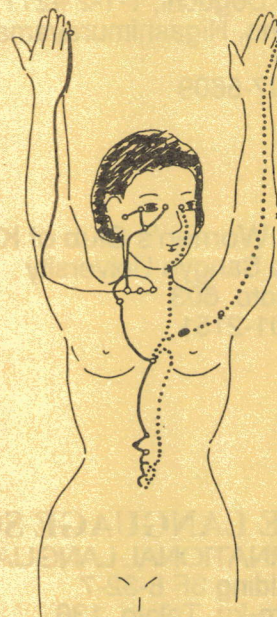
### Heart Meridian and Small Intestine Meridian

**B**lood circulates throughout the whole body. At the center of the body is the heart, and as it is also closely connected with mentality, these two combined become "heart" in Eastern medicine. The two function as what are today called the circulatory system and the cerebrum.

Our heart pounds when we've had a

mental shock, and, likewise, mentality and the heart and cerebrum are deeply related. "Heart" is in charge of blood circulation and the blood vessels along which the blood flows, as well as mental activity, and sensory and perceptive processes. When our "heart" is unwell, a problem arises in the flow of blood, and our "chi-blood" (the vital energy called "chi" and blood) becomes unbalanced and we become jittery. Other symptoms include palpitations, impatience, irregular heartbeat, memory loss, and nervous breakdown. Sometimes we may suffer pain like a clutching behind the heart, even though there is no physiological disorder in our heart, but this often occurs when some problem has arisen in the circulation process around the heart due to excessive mental activity.

The heart meridian is linked to the tongue. Illness in the "heart" is often reflected in the tongue. When "heart" is functioning weakly, the tongue turns a light color, and when "heart" isn't flowing smoothly, the tongue turns dark purple. When "heart" is



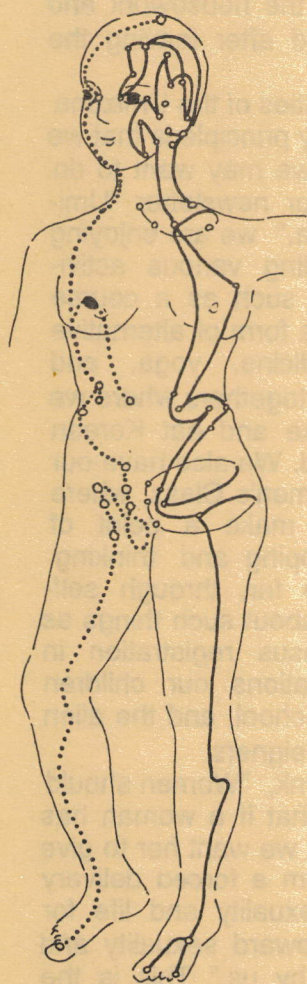
--- Heart Meridian  
— Small Intestine Meridian

## view of EASTERN MEDICINE

overheated, the tongue and the tip of the tongue become red and sore. When we are unconscious, the tongue toughens and cannot be stretched.

"Heart" and Eastern medicine's "small intestine" are linked by a meridian. "Small intestine" is "yang" (the active or positive energy), while "heart" is the yin (the passive or negative energy). When our "heart" is overheated, this is passed on to the small intestines, causing the urine to turn a dark yellow, and an acute pain to shoot along the urethra when urinating. And other symptoms such as

dry feces may develop. The main function of the small intestine is to digest and absorb food and drink which have already begun to be digested in the stomach. As the small intestine also absorbs large quantities of water, it also has the function of controlling the amount of urine.



--- Liver Meridian  
— Gall Bladder Meridian

### Liver Meridian and Gall Bladder Meridian

"Liver" is called a storehouse for the blood, and corresponds fairly with the functions of what is today called the liver. "Liver" stores the blood, removes impurities, and supplies the blood with nutrients. However, in Eastern medicine, it is thought that "liver" also has the combined function of feeding the brain ("heart"), eyes, and muscles with the blood it has cleaned.

Just as the picture doesn't appear on the TV screen if the power isn't switched on, the brain cannot work properly without receiving clean blood from the liver. Or, again, just as a light flickers on and off when the battery is running low, if the liver malfunctions, the brain and eyes don't work at full capacity, and the muscles cramp and stiffen. And, not only the muscles, but the nails, too, are affected by the condition of "liver." If the nails split, become dull, or won't grow normally, it is thought there is something wrong in "liver."

Furthermore, when we lose our temper and get really angry, blood rushes to our head, and our will and feelings are also affected by "liver." When infants make a lot of noise for no reason, or give out a squeaky voice, they are diagnosed as having a too-strong "liver." If "liver" is too strong, we get irritable and are quick to anger. If "liver" is working normally, our will and thoughts are in good condition, but if it is weakened, we become absent-minded and apathetic.

"Gall bladder" is connected by a meridian to "liver," and their relationship is yang and yin (active and passive) respectively. The main function of "gall bladder" is to store and discharge bile. In Eastern medicine, bile is thought to come from changes in energy in "liver." "Gall bladder" plays a vital role in helping the digestive function of the stomach and spleen to progress normally. ■

*Mutsu Kurihara is a licenced acupuncturist who works for the Women's Center Osaka.*

## Women's Groups in Japan

### Umizuna House (Umizuna-sha) Today

by Miyuki Yoshimura

Over ten years ago, some women who were having doubts about bearing children in a large hospital, and a midwife working there who was having doubts about her work in a large hospital, met up by chance, and we formed the Umizuna Club (Umizuna-no-kai). Many years ago, the prevalent style of delivery in Japan was the sitting position, and "umizuna" or "birth rope" refers to the rope which women would grasp and pull to help them endure the pain of childbirth.

We started maternity classes, hoping to pass on knowledge of childbirth from woman to woman, just like the "umizuna." And we talked about a lot of things. "Childbirth is a joint effort between mother and baby, and doctors and midwives are there just to help." "Childbirth is a wonderful event which happens perhaps once or twice in your life; it's a waste to leave it all up to someone else (a doctor)." "Let's get together and make childbirth fun."

Before long, our group was getting requests from expectant mothers like, "We wish there was some place we could have individualized births," and "We'd like an open area where all women, not just pregnant women, can gather." And, eventually, two years ago, Umizuna House (the Kim Maternity Clinic and the Umizuna Club, combined) was established.

Deliveries at the Kim Maternity Clinic are what we call "hand-made" or individualized, and the main method of medical examination is consultation. Delivery procedures and methods are taught precisely in maternity classes, and delivery is in a quite ordinary room where you can be joined by family. All meals during the stay at the clinic are home-

Umizuna-sha  
6-32 Nakadono-cho  
Nishinomiya-shi  
Hyogo 662 Japan  
Tel: 0798-36-3018

cooked dishes using, notably, organically-grown vegetables. Those who have no one to help them after the birth can stay longer. There is also the "help lady" system where someone helps out with the housework and child care if it is needed after leaving the clinic.

Meanwhile, the activities of the Umizuna Club are diverse. Our only principle is that we challenge whatever it is we may want to do. As well as publishing our newsletter "Umizuna," we are enjoying

holding various activities such as a course on a form of alternative medicine, yoga, and get-togethers where we make and eat Korean food. We also have our Women's Class, where we make a point of stopping and thinking

about our lifestyles. So far, through self-study, we have learned about such things as the family register census registration in Japan, medical examinations our children undergo when entering school, and the alien registration system for foreigners.

We would never think, "Women should have children." It's just that if a woman has decided to have children, we want her to give birth independently. "From a forced delivery to a free birth; from sexuality and life for women chosen for us toward sexuality and life for women chosen by us." This is the Umizuna Club's catch phrase. ■

**"From a forced delivery to a free birth; from sexuality and life for women chosen for us toward sexuality and life for women chosen by us."**

# *My Experience in JAPAN—! 5*

## A Small Protest

by Barbara Haynes

*Barbara Haynes is an English literature graduate from the University of British Columbia in Vancouver, Canada. She currently lives and works in Kobe.*

As the train lurches forward, he leisurely takes his seat beside me. Spreading his legs apart, he establishes a small domain which no other passenger thinks to infringe upon. It's been a long day, so he casually kicks off his shoes and stretches his feet. Settled at last, he takes a newspaper from his briefcase and skims the headlines. Nothing holds his interest.

Suddenly, his eyes rest upon the photograph of a woman. At least, I assume it's a woman; her face is hidden. The camera reveals only her back, her legs, and the small dog protruding from her buttocks. He studies this image scrupulously before examining the next: a desolate looking woman tied with thick ropes about her neck and between her breasts. Before looking away, I glimpse the heading above these pictures: "Men's Erotica."

Are women with animals peeking out of their lower orifices erotic? What about women who are nearly strangled with heavy rope? Is this somehow sensual? I want to tear the paper from his hands, rip it into a hundred pieces, and scream at him. "You! You don't know anything about erotica! You look at these pictures and pretend they're sexy. You imagine them to be beautiful. But you know. You know they are empty and ugly and cruel. They show nothing but the degradation and dehumanization of an entire sex. They depict and encourage the violation of women. You understand that. And still you look."

But I say nothing and do nothing. My Japanese is inadequate to convey my thoughts, I rationalize. Further, he has the right to read whatever he chooses. He's not disturbing me (though I wouldn't mind a bit more space), and he's not disrupting the carriage. So I sit in agonized silence until he reaches his stop,

quietly collects his belongings, and leaves the train.

Fear. I think calmly again, and admit the only reason I did not confront him was fear of embarrassment. Instead, I am now afraid of him, his pictures, his power.

I remember conversations with other women who know him. "I don't mind so much," they claim. "If all he does is look, it's harmless." Or, "I see those kinds of pictures everywhere! I guess I'm just used to them." Their acceptance ignites a second urge to stand and scream. He alights from a train full of women, to enter a home or an office full of women, these "harmless" images fresh in his mind. How can he possibly view us as social, sexual or intellectual equals? He cannot.

Yet my fear is no better than their apathy. Both are destructive and paralyzing. It is simple to ignore the negative images of women – of ourselves – that confront us daily. It is simple to recede in fear from what those images represent. But as I leave the train, I know, in my body and my heart, that we must act. I know that the scream inside of me must escape to cease. I will tell everyone. I will urge other women to tell. Our rage will enable us to speak. We will attack that mentality which so languidly accepts the destruction of women. Husbands and boyfriends, we will recruit for our cause. My mind moves triumphantly now, securing opportunities for myself and every woman. Tell the shopkeepers where newspapers, magazines and comic books are sold, I think. Tell the newspaper staff, in a phone call or, more effectively, in a letter. Tell the city and prefectural leaders.

And tell him. Tell him what I was too afraid to say. Tell him we will no longer keep silent. Tell him to stop.





## Speaking Out

by Sumie Uno

When organizing the "Yellow Pages in English" for this issue, I could find less information than expected. This was only natural, I suppose, because places for women, and services such as women's bookstores, clinics, shelters, and rape crisis centers are not well established here even for Japanese women. But don't feel sorry for us, English-speaking sisters!

Interest in AIDS is finally growing in Japan, and there are now often TV programs, magazine articles, and conferences about AIDS. Not many people think it has anything to do with them, but more and more people want to know what it is. However, it may be some time before people will have a good understanding of it. A man who has AIDS was invited from Hawaii, USA, to attend an AIDS symposium in Tokyo in September. But a hotel in Tokyo, where a group arranged for him to stay, refused to have him. He had to look for another hotel, this time without disclosing he had AIDS. He expressed regret about the situation, and wondered if the international conference would be all right. We will be taking up the AIDS issue in more detail from the next issue.

This newsletter is from Japan to the rest of the world. We would like to share interesting information about women with you, and we'd be glad to hear your opinions and requests. Please write to us!

### Women and Health in Japan

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

### Women's Center Osaka

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

#### Coming Topics!

- \* The state of AIDS in Japan
- \* The birth control pill and AIDS
- \* From the hotline at HIV human rights and information center

### Subscription (For one year, 4 issues)

Outside Japan: 2000 Japanese yen or US\$15, by cash in a registered letter or by international money order. Please don't send personal checks!

Japan: 2000 Japanese yen, by postal money transfer (YUBIN FURIKAE Osaka 0-45309).

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# Women Health and in Japan

No. **7**  
Winter,  
1992-93



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**AIDS**  
**AIDS**



Published by  
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Center  
Osaka

# An Editor's Note

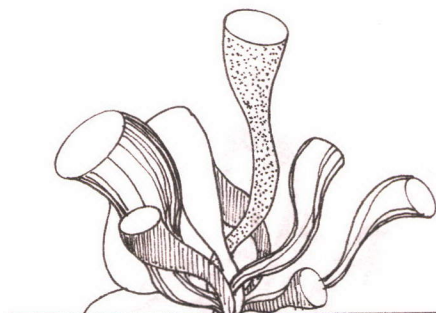
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## "Correct Knowledge"

by Sumie Uno

Some TV programs and articles in magazines and papers here in Japan took up the issue of AIDS during World AIDS Day on December 1st last year. But I had a strange feeling about most of them because they emphasized only 'correct knowledge,' as if the problem of AIDS can be solved as long as correct knowledge is spread throughout society. The correct knowledge is important, and "AIDS is transmitted by blood and sperm," "You cannot get AIDS through saliva or by kissing," and "It's all right to shake hands with or use the same dish as a PWA (Person With AIDS)" are correct and necessary information. However, having and understanding this information is very different from the actual feelings and behavior of people when it comes to AIDS.

On the AIDS hotline, I've heard questions such as "I'm afraid of getting AIDS because my girlfriend once lived in the U.S." from a young man, and "Can you tell who has AIDS just by looking at them? (If you can, I don't want to be around them.)" Although more than five years have passed since AIDS became big news in Japan, many people still feel like this. Such prejudices, like "AIDS is terrifying," "Only certain people get AIDS," and "It's not my concern and I don't want to have anything to do with AIDS," will not go away just by knowing the correct medical facts.



Often people think those people themselves are AIDS, even though the conditions, symptoms and illness are totally different from a PWA. It's also strange that many people think that AIDS is something they get from others and not something they might give to others.

I wonder how we can get rid of such prejudice in a culture such as Japan's, where people are so afraid of being different from everybody else, and where individuality is not respected.

One way to change this tendency is, I think, for people to actually become acquainted and talk with PWAs. But that would be extremely difficult here. If I were infected with HIV, I wonder how much I could tell to friends, family, colleagues or neighbors. I can imagine how hard it must be for a PWA to stand enormous mental pressure on top of the physical pain and fear everyday. In that sense, I truly admire the courage of those few people in Japan who have announced their names and told of their experiences with AIDS. ■

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**MANY PEOPLE THINK  
THAT AIDS IS  
SOMETHING THEY  
GET FROM OTHERS  
AND NOT SOMETHING  
THEY MIGHT GIVE TO  
OTHERS.**

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# Women and AIDS

by Haneko Inoue

*Starting a new series "Women and AIDS," I'd like to give a brief outline of the AIDS situation in Japan.*

## People with AIDS and HIV – an unknown quantity

According to the Ministry of Health and Welfare, 497 cases of AIDS (Acquired Immune Deficiency Syndrome) and 2369 cases of HIV (Human Immuno-deficiency Virus) infection\* (including more than 1800 cases transmitted through blood and blood products) had been reported in Japan as of August 1992. However, these figures are just those the Ministry could confirm officially; it is estimated that the actual number is many times higher. Most of the unreported cases are sure to be infection through heterosexual contact.

Of the heterosexually-infected people confirmed by the Ministry, 72% of males and 38% of females were infected outside Japan, and most of the females infected in Japan are said to be Thai women working as prostitutes.

Men who contract HIV from prostitute: overseas return to Japan and transmit the virus to prostitutes in Japan who could then pass it along to any number of men.

Most Japanese men are said to use condoms, but according to Associate Professor at Tsukuba University, Tsunetsugu Munakata, only 25% of men use a condom all the time. Therefore, both men and women are spreading the virus to their specified partner and to multiple partners. It is estimated that the number of AIDS and HIV-positive cases infected through heterosexual contact will increase dramatically in the 1990's. However,

the Japanese government has done nothing for AIDS prevention or accurate AIDS education, and has only passed the AIDS Prevention Law for the purpose of isolating those who have AIDS or are HIV-infected.

## AIDS in Japan – the result of medicine gone wrong

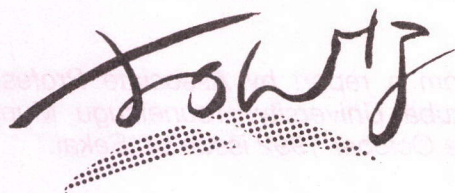
In Japan, 75% of people with AIDS and HIV contracted the virus through blood or blood products.

In July 1983, a hemophiliac who had contracted AIDS through imported blood products died. In November 1984, another male hemophiliac died. Even so, the Ministry of Health and Welfare did not acknowledge that the cause of their deaths was AIDS transmitted through blood products, and it was not until 1985 that a homosexual who died in the United States was recognized as the first Japanese AIDS case.

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Why did the government manipulate things so strangely?

In the United States, the dangers posed by AIDS-tainted blood and blood products had already been pointed out in 1982, and blood and blood products were being heat-treated.

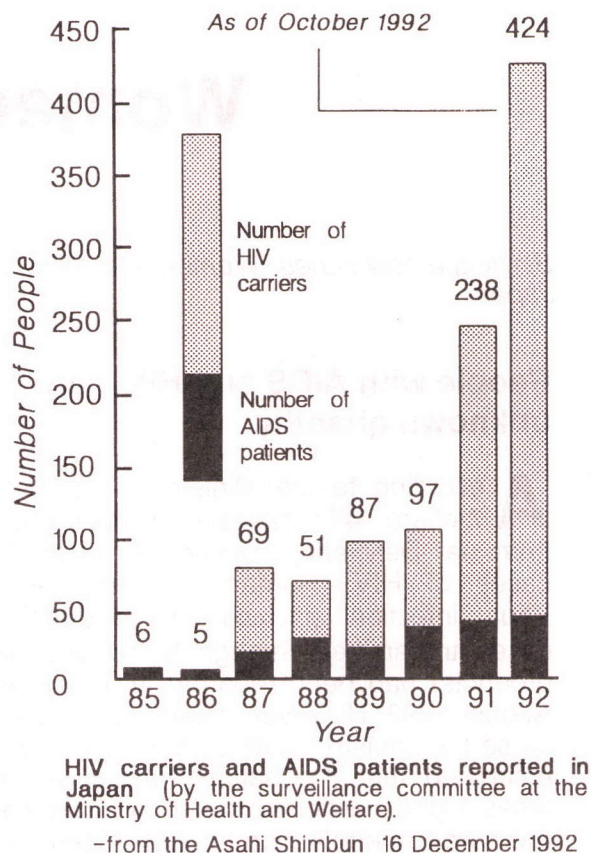
Japan's hemophiliacs demanded of the Ministry an assurance of safety which importation of blood and blood products which had been heat-treated would bring, but the Ministry took more than two years to recognize these claims. Meanwhile, hemophiliacs contracted HIV and AIDS one after another, and the number of cases is expected to reach two thousand.

In Japan's case, AIDS spread first as a harmful medical consequence of government impotence.

And yet the Japanese government tried to avoid responsibility for failing to take proper action to prevent the unnecessary spread of AIDS and HIV by appointing the homosexual living overseas as the first Japanese with AIDS, thus fanning the prejudice that AIDS is a disease associated exclusively with foreign homosexuals.

## AIDS Support Starting from Behind in Japan

Needless to say, hemophiliacs have not put up with the situation. After forcing authorities to recognize that the two earlier deaths were caused by AIDS contracted through blood and blood products, they brought a damages suit against the government and pharmaceutical companies.



In 1990, a mother to child infection was reported for the first time in Japan, and since 1992 the number of people with AIDS and HIV confirmed by the Ministry has risen dramatically. At this stage, at last, it seems the government has begun to take a positive stance toward AIDS education and AIDS prevention.

However, in the last ten years, the mass media, particularly magazines for men, have continued to irresponsibly throw out all sorts of inaccurate information on AIDS, and as a result, many people in Japan hold mistaken views on AIDS. Unfortunately, HIV carriers, AIDS patients and foreign prostitutes have borne the brunt of open attack.

Sadly, the situation we have here in Japan at present is that any control over the problem of AIDS must start not even from nothing, but from way behind.

\* From a report by Associate Professor at Tsukuba University, Tsunetsugu Munakata, in the October 1992 issue of "Sekai."

# Thoughts from an AIDS Hotline Volunteer

by L. M.

**T**he phone rings. "Hello. This is the AIDS hotline," I answer in Japanese. Very quietly, somewhat nervously, a woman says, "Can I ask you some questions about AIDS?" She proceeds to ask about the symptoms of AIDS, what the characteristics are and when they emerge. I explain to her that AIDS is not a single illness with a specific set of symptoms, but an immune deficiency syndrome where the virus attacks the immune system and makes one prone to illnesses such as pneumocystis pneumonia or oral candidiasis (with characteristic white spots in the mouth), which people with intact immune systems do not get. In addition, AIDS takes many years to develop, on the average eight to ten years after first contracting the virus, during which time one is essentially asymptomatic.

She pauses, then says, "I don't have any white spots in my mouth or anything like that, but I've been losing weight, and feeling tired and without energy." "So you think you might have contracted the AIDS virus?" I ask. She then slowly recounts her story of her involvement with a man, now about six years ago, and how she contracted syphilis at that time. She has refused to (has had no desire to) have sex since then. She is married, and her husband, she says, understands this. Now with all of the mass media coverage about AIDS in the last few months, she has become extremely concerned that she might have gotten AIDS. As a matter of fact, she says, she is sure she is HIV positive, and is now starting to have AIDS symptoms. "I've been unable to sleep nights. I can't eat very much. It's impossible to concentrate on anything. When I think that I might have AIDS, I just don't know what to do."

As we talk, I attempt to assuage her fears, trying to explain that syphilis is much more easily transmitted than HIV, that given what has been reported about AIDS in Japan, the likelihood that her partner was HIV positive is quite low. I ask her if she has considered getting tested, and she says, yes but she doesn't know where to go. I explain the basics of testing: go to a public health center, preferably not one too close to home, use an anonymous name, pay around 2000 yen, and have blood drawn. The public health nurse may ask whether it has been at least eight weeks since possible exposure. It takes two weeks for the results to come back. One has to go and pick them up for oneself.

"How do you feel about going?" I ask. Much of the rest of the conversation centers around thinking about going to get tested, what that means, and how to prepare oneself psychologically for this. I suggest she plan a lot of fun activities during the two week wait, so that she is not stuck at home alone, unable to do anything else but think about the test result. I also encourage her to stay in touch with us at the hotline, that the worse thing to do is to suffer through this alone. "Are you going to be all right?" I ask as the conversation comes to a close. "I think so. I really feel so much better having talked to somebody about this. Thank you." \*

\* In an attempt to maintain confidentiality, this hotline conversation is an assemblage of several calls, and does not correspond directly to any single call.

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The reality of AIDS in Japan is that people feel they cannot tell a soul that they are even concerned about having contracted the virus, much less that they are HIV positive.

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**T**he reality of AIDS in Japan is that people feel they cannot tell a soul that they are even concerned about having contracted the virus, much less that they are HIV positive. As a hotline volunteer, one is often the first person that the caller has talked to about their worries, a reality which makes hotline work both extremely challenging and rewarding.

During the course of a single Saturday afternoon, I speak to over fifteen people, some with the very basic questions about HIV transmission and whether kissing is really safe, others much more deeply troubled. Although many of the callers are men, I have also spoken with women of all ages, teenagers talking about getting their boyfriends to use a condom, older women concerned about their sons, married women having extramarital relationships, married women worried about their husbands bringing home the disease, and young working women thinking about past relationships. One or two calls a week are in English.

With every call, my job is to answer the caller's specific questions, and to attempt to discern the concerns behind those questions. In addition to providing basic information about where to get tested, and how the virus is transmitted, much time is spent doing risk assessment. Having also ascertained whether the caller is planning on being tested, I must make a personal judgment based on the given information about the level of risk and necessity of

testing. This is especially difficult in cases where the person has had one sexual encounter without using a condom, and thus is at some risk, but not exceptionally high risk. In Japan, where some people are suffering from AIDS neurosis (convinced they are seropositive, unable to manage daily living, threatening suicide, etc.) and many others are psychologically distressed about the possibilities of having HIV, and in a context where there are few social supports, and minimal (if not non-existent) counseling, I find I cannot encourage testing lightly. In addition to preparing people psychologically for testing, I also make it clear that our organization is available for further counseling, and that we are available primarily as a support for people with HIV.



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Perhaps the most difficult aspect of hotline work for me at first was counseling men who have been on sex tours in Asia.

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**P**erhaps the most difficult aspect of hotline work for me at first was counseling men who have been on sex tours in Asia, as well as those who have been customers in Japan's sex industry. I never expected to learn so much about what occurs in 'Soaplands,' 'Fashion Massages,' and 'Pink Salons.' Although I counsel each

client based on their particular concerns, I find myself angry and frustrated by some of the language and attitudes I encounter. "If she hadn't been a foreigner, if she'd been a Japanese, I wouldn't be so freaked out." "All Thais have AIDS, don't they?" "Those women are coming from abroad to make money and are knowingly spreading the AIDS virus." The number of men who have been sex industry customers in Japan or abroad and who have not been using condoms is astounding. With the growing public attention toward AIDS, places which perform oral sex (such as Fashion Massages and Pink Salons) are becoming extremely popular, since HIV is not transmitted by saliva. Yet when I suggest to the men that although they might be 'safe,' it would be nice if they would use a condom anyway for the woman's sake (as well as pro-

tecting themselves from other STDs), some express surprise. I am reminded of the poster of the woman enshrouded in a condom, the implicit message being women are dangerous, men are the victims. The image that foreign women, especially Southeast Asians, are dangerous remains strong, and getting people to think in terms of 'risky behavior' rather than 'risk groups' continues to be difficult. One caller the other day wanted to know whether using the same coin laundry as a foreigner was safe. I have spent much time thinking about sexuality in Japan, prostitution, and the trafficking of women for work in the sex industry, but that would be a whole different article.

**W**hat becomes clear in doing this hotline work is that a great deal of misinformation is circulating, and much more educating needs to be done. In the course of counseling, I try to emphasize that it is not the AIDS virus that is so frightening, but the people who have made it so. In the course of counseling, several clients have come full circle and become interested in doing volunteer work with an AIDS organization. They say that having been through the experience of testing, they have gained a sense of what it might be like to be a person with HIV, to live with discrimination, and they want to do something to change this social climate. This has been perhaps the most heartwarming aspect of my hotline experience.

### The Japan HIV Center

**F**ounded in July 1988, the Japan HIV Center began as an organization to provide care and counseling to PWAs (Persons With AIDS) and to those who are HIV positive, as well as to protect the human rights of these people and to disseminate AIDS prevention information. A Tokyo branch was started in 1989, and since then, the Center has established branches in other parts of Japan, in Kyushu, Hokkaido, and Shikoku. The Center's activities include a hotline in English and Japanese, counseling, circulation of AIDS information, a quarterly newsletter, collection and translation of AIDS-related news from abroad, lectures at schools, com-

panies, and other organizations, as well as charity events and concerts. In late November 1992, the Center organized their third 36-hour hotline at eight different locations, including San Francisco and Bangkok, which is always geared around World AIDS Day on December 1st.

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The image that foreign women, especially Southeast Asians, are dangerous remains strong, and getting people to think in terms of 'risky behavior' rather than 'risk groups' continues to be difficult.

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The hotline service is available in English on Saturdays from 1-6 pm in Osaka at (0720) 48-2044 and in Tokyo at (03)5256-3002. The Japanese hotline is also available on Saturdays from 1-6 pm in Tokyo at (03)5256-3001. The staff are prepared to do HIV counseling in English, and to support foreigners in Japan who are HIV positive or who have AIDS.

The Center is looking for volunteers (English and/or Japanese speaking, as well as other foreign language speakers) to help. Please call the Tokyo hotline number above, or Osaka (0720)48-2455. Financial contributions are always greatly appreciated as well.



# Another AIDS Poster Exhibition

by Fuyumi Nakano

**I**n September 1992, we, the Osaka Liaison Group Against the AIDS Prevention Law\*, held an event. It was called "Another AIDS Poster Exhibition - AIDS and Sexuality." AIDS and sexuality are two important themes for us.

In the Japan of today, sex discussed openly is divided into two major categories. One is the mechanisms of pregnancy and childbirth, and the other is the sexual aspects of the female body and men's sexual appetites for, and violence toward, women. There is not even the vocabulary for other facets of sexuality, such as female sexual needs.

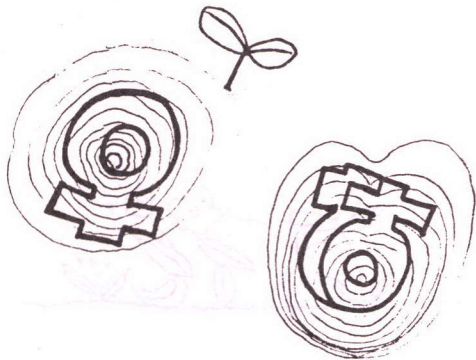
AIDS became another sexual topic to muscle its way onto the scene in Japan. Along with AIDS come the issues of sexual intercourse and pregnancy, the issue of sexually transmitted diseases, the issue of homosexual love (and, of course, heterosexual love), and the issue of prostitution. It should have been an opportunity to, for the first time, seriously discuss various aspects of sexuality.

**U**nfortunately, what appeared before us was the AIDS Prevention Law.\*\* It runs completely on the idea that the law protects 'wholesome' Japanese society from a frightening 'foreign enemy' - AIDS. As the

law was moving toward enactment, just how much conjecture and prejudice were being stirred up toward prostitutes, toward homosexuals, and toward foreigners? "These people bring AIDS into 'wholesome' Japan. If we exclude these people and isolate infected people, Japan will be safe..." But what is meant by 'wholesome' here? What kind of society is this Japanese society which will be protected by such a law? At this event which we held, we were forced to rethink these issues.

As for AIDS posters, what first comes to mind in Japan is the two posters made by the Japanese Foundation for AIDS Prevention, an organization affiliated with the Ministry of Health and Welfare. One poster design was of a naked woman covered from top to toe with a condom, as if the woman herself was the AIDS virus. And we felt the undisguised intention of the design was to attract attention by showing a naked woman. The other design was even worse. Beside a photograph of Japanese businessman, his face hidden behind a Japanese passport, was "Have a nice trip! But be careful of AIDS." This allows that men's 'sex tours' overseas are only natural, and, totally without shame, depicts the men as the victims. The memory is fresh of Citizens' Groups protesting *en masse*, and both posters either being recalled or having their delivery stopped.

**"A**nother AIDS Poster Exhibition" was those AIDS posters collected by a citizens' group unofficially in response to the inadequate official posters. 261 posters were collected. Of those, we chose forty designs for display, and combined the display with lectures by people involved in AIDS activities. And, well, we thought of our event very simply in this way. In short, all we wanted to say was "Look! There are some wonderful pos-



ters out there."

But we were in for a big surprise. We were astonished when we went to select posters for display. We found less than ten that we thought were satisfactory, and some were more shameful than the two official posters we mentioned. For example, one had a mother and child cowering in the corner as the evil called AIDS was about to attack them. And a man with a condom was ready to fight and save them. Another poster suggested that a baby whose mother was HIV-positive had no future.

**"F**rightening AIDS, Terrible AIDS, We must protect our society and guard our families from AIDS. We must stamp out AIDS." Dozens of posters screamed these messages. What these messages entail is the concept that heterosexual relationships are the only proper way to love, and the belief that both parents and children together in the family is the only correct family unit. And, without questioning the actual human relations which involve sex, these messages stop short any deeper investigation of the matter by suggesting that as long as a condom is used during sex that all will be safe and well. To sum up, this evidently mirrors the Japanese situation. Not a thought is given to the possibility that the poster designers themselves, or their friends, could be infected, or that their sister or child may be homosexual. They don't give a thought to such things, so there is no way that they could conceive that we all live together in this world. But wasn't this ostracizing mentality what established the AIDS Prevention Law and what made those two official posters?

Eventually, we held our event with the aim of bringing up the issue of AIDS in Japan by using the posters as reverse examples (although there were some good ones, too, of course).

In some posters, the words 'sex' and 'love' were dancing. But in this country, sexuality and love have never really been talked about. We want to think about AIDS from the viewpoint of a search for the potential of human relations, not in the way it has been thought about up to now. To this end, I think it is vital that sexuality and love be talked about, talked about seriously, and talked about now.

## **\*Osaka Liaison Group Against the AIDS Prevention Law**

This group was formed when the AIDS Prevention Law was laid before the Diet in 1987 and consists of mainly women and male homosexuals.

Women and homosexuals still have their sexuality threatened on a daily basis. We cannot but be excluded from established social standards of how a woman should be and how a man should be, and from our position, the intentions of the AIDS Prevention Law are as plain as day.

We gathered signatures, held rallies (probably the first demonstration ever to be held openly by a gay group in Japan), and called on Diet members. We desperately appealed that the AIDS Prevention Law is a law which schemes for state control of sex and social control of sexuality by taking advantage of one side of AIDS - that it is a sexually transmitted disease.

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**This law targets only foreign women coming to Japan and ignores Japanese men who go off on 'sex tours' abroad. Isn't this just a law for men who want 'safe' prostitution?**

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Our group was supposed to break up once the law was enacted, but we decided that we wanted to continue our activities, even if just barely, because of the anxiety we felt toward the society which approved this law and which continues to allow this law to be enforced. At present, our work includes holding events and publishing pamphlets and newsletters. We also regularly hold a series of seminars on the topic of sexuality.

We can be contacted at:

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Amagasaki-shi, Hyogo-ken  
660 Japan  
Telephone: 06-417-964

## **\*\*AIDS Prevention Law**

The AIDS Prevention Law was forcibly passed in December 1988 amid intense protests. Its purpose is "To establish the necessary measures to prevent AIDS, work to prevent the spread of AIDS, and contribute to the improvement and promotion of public health." The law consists of sixteen provisions, and sets out the responsibilities of government and local public bodies and doctors. The biggest problem with this law is that it infringes on privacy by obliging the doctor who diagnoses an AIDS patient or HIV-infected person to report that person to the prefectural governor. But those persons infected with HIV through blood products for hemophilia are exempt from the report obligation. Under

Provision 7, it is stated that "A doctor will report to the prefectural governor the name, address and particulars of any person the doctor regards as in danger of infecting many other persons with the HIV." I hear that this is already being applied to a foreign woman. It is obvious that this law targets only foreign women coming to Japan and ignores Japanese men who go off on 'sex tours' abroad. Isn't this just a law for men who want 'safe' prostitution? This law is a law to ostracize AIDS from 'wholesome' Japanese society. That's why there is not one item in the law that addresses treatment for AIDS, and why it imposes the report obligation on doctors. This law may well destroy the foundations of human trust. ■

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# **The Japanese Experience of AIDS and the Pill**

by Miho Ogino

**I**n Japan, the Pill has not been officially approved by the government for use as a contraceptive. In reality, however, it is estimated that between 400,000 and 500,000 women are using the Pill as their method of contraception. They get high- or medium-dosage pills from gynecologists on the pretext of treatment for irregular menstruation or some other complaint. A low-dosage pill with less danger of side effects was to have been officially approved as a contraceptive in early 1992. However, in March, approval of the Pill was postponed (as a matter of fact, approval was frozen) by the Council of Drugs, Cosmetics and Medical Instruments of the Ministry of Public Welfare. The reason given for this was that from the viewpoint of public hygiene, the lifting of the ban on the Pill would be detrimental to the prevention of the spread of AIDS.

There are arguments for and against this decision. One example is the Yomiuri, one of the largest Japanese newspapers, which ex-

pressed its support for the decision in its March 19, 1992 editorial. It was stated in the editorial that the number of AIDS patients or AIDS carriers was relatively low in Japan (in early 1992 the official number of AIDS carriers was approximately 2000), and that this was partly because the condom was entrenched as the major form of contraceptive by Japanese, more so than in other countries. The editorial went on to say that if the Pill were to be approved now, use of the troublesome condom would decrease, and this would be conducive to an increase in AIDS patients.

On the other hand, however, there was strong criticism from some that postponing approval of the Pill on the pretext of AIDS prevention was missing the point. For example, the Japan Family Planning Association (chaired by Ms. Shizue Kato) promptly responded to the Ministry of Public Welfare's decision by announcing their "View on the postponement of approval of the low-dosage oral

contraceptive pill." Their main claims are as follows:

- 1) The pill is medication to prevent unwanted pregnancy, and has nothing to do with AIDS.
- 2) Contraception is a matter of reproductive health and reproductive rights for women, and there should be as many contraceptive choices available as possible, including the Pill.
- 3) Approval of the Pill is necessary to bring about further decrease in abortions, which are reported to be around 460,000 annually.
- 4) As a result of postponement of the Pill's approval, the present dual structure of the Pill will remain as it is, and women who chose the Pill as a form of contraception have no choice but to continue to take the high-dosage pill which has numerous side effects.
- 5) The government is obligated to inform the public of the process of the postponement of approval. Furthermore, at least half of any government committee to debate the issue should be women.

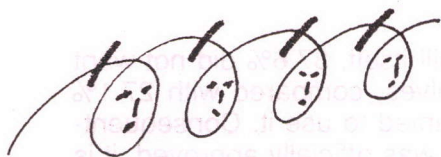
In the contribution columns of newspapers in Japan, various opinions which support either of these two stances have come forth. What must be pointed out, however, is that many of the people who oppose postponement of the Pill's approval are not necessarily in favor of the Pill as the best method of contraception.

At the beginning of the 1970's, there was a movement calling for 'liberalization' of the Pill and abortion among a section of the Women's Liberation Movement in Japan. However, basically, those involved in the Women and Health Movement in Japan have consistently adopted a skeptical view of the Pill. Because of the worry about side effects, as well as the fact that responsibility for contraception is left up to the woman alone when the Pill is used, it is not considered a desirable method at all. Taking this stance, the Women's Center Osaka published the book "The Pill - We Won't Choose It" in 1987. And, in a public opinion poll on family planning conducted by the Mainichi Newspaper in 1992, of those who agreed with approval of

the low-dosage pill itself, 37.6% did not want to take it themselves, compared with 27.1% who said they wanted to use it. Consequently, even if the pill was officially approved, it is hard to believe there would be an explosive increase in the number of women using the Pill in Japan. The fact that there has been no movement to demand earlier approval of the Pill in opposition to the Ministry of Public Welfare's decision is linked to dislike of the Japanese people for the Pill.

Nevertheless, there are numerous problems with the Ministry of Public Welfare's decision. Firstly, there is the issue of sexual double standards. As Yuriko Ashino, a member of the Family Planning Association, pointed out, within the assumption that ties the Pill to the spread of AIDS, there is the idea that women will become more sexually active if using the Pill and their 'sexual morals' would slip. There is no confidence shown in women's own identities and judgment in sexuality here. On the other hand, as the plan to distribute condoms to members of Japan's Self Defense Forces' Peace Keeping Operation to Cambodia demonstrates, there is an exceedingly generous attitude toward men's extra-marital sexual behavior and prostitution. Thus it is only natural that women would object to such a biased view and say that men must first change their consciousness with regard to sexuality if they really want to prevent AIDS.

Another problem associated with the Ministry of Public Welfare's decision is the government's attitude toward medical treatment. To say that postponing approval of the Pill will keep the risk of the spread of AIDS in check is based on the 'bona fide judgment' on the part of the government. But as health sociologist Tsunetsugu Munakata states, "Such one-sided good intentions stem from disregard of the fact that the choice of either condoms or the Pill is for the individual to make, and is not something for the State to decide." With such a paternalistic medical policy, Japanese citizens are not encouraged to judge for themselves and make the right decision for themselves, and in the long run the policy will have a negative effect on AIDS prevention rather than contribute to AIDS prevention which, after all, is the original aim. ■



## Speaking Out

by Sumie Uno

In the AIDS issue, the transmission of HIV through prostitution is drawing particular attention in Japan. Women who work as prostitutes (it's said they are mostly Thai) and their male clients transmit HIV to each other, and there are also women who get AIDS from their husband or partner who has been to a prostitute either in Japan or overseas. It's here that female sexuality is trampled by men, and you could say women are obviously the 'victims.' Rather than think "Prostitution should be stopped because we are scared of AIDS," I wonder if this isn't the chance to fundamentally rethink the wrong of prostitution in the first place, where men forcibly deprive women of their sexuality, and to question the arrogance of men by whose economic power an enormous sex industry thrives. Why do women have to sell their bodies even at risk of their lives?

Another chance I hope the AIDS issue will effect is that serious sex education, which has been avoided, can now start in Japan. Most schools have not taught about contraception, including the condom, because they thought it would encourage young people to become sexually active. Now these schools find they have to teach about condoms for AIDS prevention, and the fact is school teachers are having trouble doing so.

Although it's not enough to talk about conditions in just one country when AIDS is such a global problem, you may see one facet of the deep AIDS problem by looking at the situation and people's reactions in Japan.

### 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!

- \* Women's bodies from the point of view of Eastern medicine
- \* My experience of acupuncture treatment

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