

## **Abstract**

This project examines Japanese college students' experiences with reproductive health care and information access in Japan. I engage with participants' stories to understand the complexity of the issues around sexual and reproductive health rights in Japan, identify the barriers to accessing care and knowledge, and learn how they overcome the barriers with constraints. Each participant offers their perspectives on reproductive health and experience as a person who lives in Japan, who attends a women's college, and who is in their early twenties in this project. I use a feminist methodological approach, Interpretive Phenomenological Approach, and feminist usage of Foucault's theoretical framework of biopower/biopolitics to analyze and deeply engage with the participant's embodied knowledge. With an interdisciplinary approach, I focus on the participant's own interpretation of their experiences and of the world they live in. Additionally, I interpret what participants are noticing about how complex social structures, norms, policies, and interpersonal relationships intersect with women's experiences with reproductive health in Japan. Participants shared their stories within the category of visible, invisible, and shifting reproductive health topics. Visible topics are the focus of society for resolution as well as a heightened focus on gender discrimination. On the other hand, invisible topics are not often talked about in public spaces and women's embodied experiences are kept silent as they are sources of stigma, discomfort, and discrimination. Lastly, shifting topics can appear or disappear in certain spaces and in contexts. Through this project, it is identified that Japanese women, who are mainly the center of the reproductive health discourse, are not noticing themselves as articulating their thoughts within the framework of reproductive health. With social norms, stigmas, and political ideologies that often discourage women from having

conversations about their bodies and health, I suggest that women's colleges have the possibilities as a space for women to feel empowered, build self-efficacy and self-affirmation, gain knowledge and skills to confidently exchange their thoughts and experiences with reproductive health in Japan, which then leads to the promotion of reproductive health care and information access.

MOUNT HOLYOKE COLLEGE

JAPANESE REPRODUCTIVE HEALTH: SPACE AND OPPORTUNITY FOR  
REPRODUCTIVE HEALTH TALK AND THE ROLE OF WOMEN'S  
COLLEGES

by

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An undergraduate thesis submitted for the degree of Bachelor of Arts

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May 5, 2023

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## Acknowledgments

Firstly, I would like to express my deepest appreciation to my thesis and major advisor Professor Jacquelyne Luce – I greatly appreciate your wisdom and guidance throughout my thesis writing, independent studies project, and my academic journey in reproductive health and guiding me with how to engage with it through a feminist lens. I am grateful that I have taken five courses with you, starting with the introductory course and finishing with the participatory governance course, allowing me to be a critical thinker and writer. This thesis and my journey in reproductive health would not be what it is without your support. Thank you very much for everything.

To Professor Corey Flanders my independent studies, and major advisor – thank you very much for introducing me to qualitative research and supporting independent studies. I would not have been able to take an interdisciplinary approach without your insights and successfully complete this project without your help. Thank you.

To Professor Christian Gundermann – thank you very much for all your insights and I really enjoyed having my thesis conversations with you.

Nemoto sensei and Chang sensei – Thank you for all the support I received from the professors at the Mount Holyoke Japanese Language program.

Thank you to all the students I interviewed for collaborating with me to co-create knowledge, and to Ms. Nakamura at Japan Women's University for introducing me to the amazing students at the university.

Lastly, to my parents in Japan—thank you for encouraging me to continue another semester at Mount Holyoke College to pursue my passion for reproductive health. I am grateful for all the support and thank you for believing in me. I would also like to thank my dogs – Ryu, Ren, and Reo for all the joy you bring to me.

## Chapter 1: Introduction

I first encountered the concept of “Reproductive Health” in my first year at Mount Holyoke College (MHC) when I took the Introduction to Gender Studies Course. As someone who lived in Japan for most of my life, I was aware of gender inequalities in society and workplaces through watching the news and everyday experiences. One of the most prevalent discriminations was towards pregnant people in workplaces because they are considered as "non-productive" compared to men. The main reason for this perception is because of women's health and reproductive capacities, which often interfere with work productivity and loss of workforce due to taking maternity leave and quitting jobs for parenting. There is still a sexist bias towards preferring men over women not only in workplaces but also in academics as well. For example, there was a scandal in 2018 that a few Japanese medical schools manipulated entrance exam scores to favor male candidates. One of the college's rationales for this discrimination was that female doctors tend to quit the profession when they start families, which exacerbates the labor shortage in hospitals and clinics. Why do women have to be discriminated against by larger systems because they are viewed as "less" contributing to the economy and productivity? And why do men view women's reproductive capacities as annoying? I was furious when I first learned about this scandal but did not know what to do with this feeling. Coming to the US for a college education opened up the possibilities for me to engage in ways to address issues and to learn new perspectives by being surrounded by peers.

My main purpose of this project is to bring various debates around Japanese reproductive health issues into conversation and engage with the reproductive health discourses through a feminist and intersectional lens. Scholars, policymakers, medical doctors, and other experts

contribute to the debates on reproductive health issues in Japan, but I believe that their arguments lack perspective and do not grasp the intersecting factors that impact people's experience with reproductive health. Each discussion on sex education, abortion, emergency contraceptives, other contraceptive technologies, and norms around reproduction seems as if they are separate issues while I believe that they all are related to each other. Moreover, there is a disconnect with the historical, political, and cultural contexts that negatively influence the lack of accessible reproductive health care in Japan.

For example, condoms, IUD/IUS, and contraceptive pills are the available options in Japan. IUD/IUS and contraceptive pills require a prescription from the OBGYN and they are not covered by insurance. Condoms, which is a method that is highly dependent on the man, are commonly used as the most affordable and accessible contraceptive method, however, Japanese sex education does not emphasize the importance of condom usage to prevent STDs. As sex education provides the opportunity for students to learn about their bodies and reproductive rights, restriction on topics, such as knowledge around reproductive rights and contraceptives promotes misogynistic perceptions, as some people misunderstand that women taking birth control pills are sexually promiscuous. This misconception is due to a historical and cultural context in which women are seen as inferior to men and a taboo on sexual topics. There are still restrictions to women's sexual and reproductive health rights and limited access to learning about women's bodies, in which people may not know the risk to their health and have sexual intercourse without protection.

The current debate tends to focus on empirical data that does not necessarily grasp Japanese women's lived experiences. I aim to fill in the gaps by conducting qualitative research taking an interpretive phenomenological approach to deeply engage with people's experience



with reproductive health discourses. My goal is to gather the stories of college students in Japan, who have lived and are familiar with Japanese culture, to create a collection of embodied knowledge to raise awareness about the overall reproductive health in Japan. Additionally, I hope this project will help raise awareness around reproductive health, rights, and justice in Japan, with the hope that, eventually, the Japanese government and society as a whole would be more invested in improving and expanding reproductive health in Japan. Another goal is for both the researcher and participants to reflect on their experiences of reproductive health access through this project. By learning about their sexual and reproductive health rights and knowledge around reproductive technologies, I hope this project empowers them to advocate for themselves and have bodily autonomy.

There is an ongoing debate on whether to shift Emergency Contraceptives (EC) to a non-prescription status in Japan which helped inspire this project. The first discussion took place in 2017.<sup>1</sup> Organizations in Japan have advocated for the need for more options and freedom of choice on contraception, as well as amending legislation that is related to sexual and reproductive health rights. However, no major public attention was gained until 2020 when reproductive rights advocates in Japan, such as Pilcon and Nandenaino, signed a petition to advocate for the need to shift EC to over the counter status.<sup>2</sup> They petitioned in August 2020 to resume the government's discussion around making EC accessible and affordable because a prescription is needed from the medical department of obstetrics and gynecology (OBGYN) to

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<sup>1</sup> Asuka Somei, Kazuko Fukuda, and Sakiko Enmi, “緊急避妊薬のスイッチ OTC 化に向けての要望.” [Request Towards Shifting Emergency Contraceptive to OTC Status] Ministry of Health, Labour and Welfare, 2021, <https://www.mhlw.go.jp/content/11121000/000838178.pdf>.

<sup>2</sup> Asuka Somei, Kazuko Fukuda, and Sakiko Enmi.

gain EC pills, which completely disregards the various social determinants of health that could potentially impact people's reproductive health and rights. Even though such issues around sexual and reproductive health access in Japan are identified and advocated by many people for change, the government did not approve the proposal around EC status while there were positive public reactions to this change. Stakeholders and policymakers believed that EC users are not educated enough about contraceptives, thus, there is a concern about drug abuse. In response to their reasoning to disapprove of the shift of EC status and the acknowledgment of the advocate's effort to make improvements around reproductive health, I am raising questions of “How is reproductive health addressed in the context of Japan?”, “What are the barriers to reproductive health and rights in Japan in which people do not have easy access to care and knowledge?”, and “What are people doing to expand and overcome the barriers within the constraints?”

In the next section, I write about methods and theoretical frameworks for this project. I engage with the ways in which feminists have used Foucault's biopolitics and biopower to understand the regulation of bodies and reproduction. Then, I write my findings from this project. This thesis includes three chapters, and each participant offers their perspectives on reproductive health and experience as a person who lives in Japan, attends women's college, and is in their early twenties in this project. Each chapter includes two sections; the participant's experience and my interpretation of why and how participants are noticing and experiencing certain things. I also add current events, debates, and more context to unpack participants' experiences and thoughts.

The key findings from this project are that there is a societal taboo to talk about topics that are related to reproduction, women's bodies, and sex, which creates barriers for women to comfortably initiate conversations around topics that center around women's reproductive

capacities. Participant's experiences also showed that they have thoughts and opinions about reproductive health, despite reproductive health not being a well-known concept in Japan. However, the topics on reproductive health are not talked about or focused on in society because of the social structures and systems prioritizing topics that are more visible. The first chapter is about visible topics that are the focus of society for resolution as well as the heightened focus on gender discrimination. Thus, these topics often appear in public because of their presence in Japanese society and are the center of social awareness as women are perceived to be "protected" by social structures and policies. The next chapter is about invisible topics, such as menstruation, contraception, and accessing reproductive health care, which are not often talked about in public spaces. Even when attempts are made to talk about these invisible topics, they are kept invisible as they are sources of stigma, discomfort, and discrimination. Particularly with these invisible topics, women in Japan are not given the opportunity or the space to articulate their thoughts on reproductive health and further circulate their thoughts in larger spaces. I also explain shifting topics, as there are no clear boundaries between visible and invisible topics as they appear or disappear in different spaces and contexts. For example, menstruation, which is categorized as an invisible topic, can be visible in workplaces and often brought up by male workers who are in executive positions as they hold more power for decision making.

Another key finding is that the concept of reproductive health does not seem like it is widely recognized in Japan. Rather, it is understood differently in Japan than it is in the United States. Topics that are talked about in Japanese society are not recognized as being a part of the reproductive health framework. Moreover, Japanese women, who are mainly at the center of the conversation, are not noticing that they are articulating their thoughts within the framework of reproductive health because reproductive health is not a widely recognized framework in Japan.

Therefore, the last chapter is about the possibilities of women's colleges as a site for empowerment and transformation. I suggest an intervention plan to promote reproductive health conversations among female college students, which I hope leads to reproductive health care and information access.

### **Conceptual Frameworks, Methodologies and Methods**

I used a feminist methodological approach in my project, utilizing both interviews and surveys as the primary methods for collecting stories and knowledge. This collection of stories is valuable in this project, as it brings more depth to understanding the issues and provides nuanced knowledge that is more than a “fact.” I believe that interviews are an important element to gather stories. Interviewing is not only about gathering information but also about building relationships with the participants. Building a sense of trust through interactions and interviews allowed me and the participants to comfortably produce knowledge since I engaged with sensitive topics, which are related to bodies and reproduction. I focused on the stories to understand the complexity of the issues around sexual and reproductive health rights in Japan, identify the barriers to accessing care and knowledge, and learn how people overcome the barriers.

### **Participants and Recruitment**

I decided to recruit participants from Japan Women's University, which is a historically women's university in Japan, because of my personal experiences at MHC. I noticed that much of the gender inequality come from the stereotype of being a biological female, which includes being inferior to men. Additionally, I noticed that women are facing barriers in society because of their reproductive capacities. For example, pregnant people are forced to quit their job because they are considered to be useless to be a part of the workforce in Japan in which they are left

with the option to give up on their career or to build a family. I felt frustrated that women are not given enough choices for their life planning, which made me anxious about my future living in Japan. Despite my awareness of gender inequalities and the relation between reproductive capacities, I did not know how to address the issues and how to analyze the problems that many women are facing in Japan.

However, coming to Mount Holyoke College, which is the first historically women's college in the United States where many inspiring alums made a difference in the world, I gained the analytical tools to better understand the gender inequalities and issues in Japan. I was introduced to the concept of reproductive health through taking gender studies courses. I became more interested in applying feminist lenses to understand how gender inequalities and reproduction are interconnected. I believe that I was not able to deeply engage with how gender connects with power, systems, institutions, and others that shape our society and the bodies if I have not attended a woman's college that allowed me to further explore my interests through an interdisciplinary way. From my personal experiences at a women's college, I began to wonder about the role of women's colleges. I believe that women's colleges hold the transformative power within and without, and the possibility of making a difference in the world through the unique education and experience at school, which cultivate various perspectives and understanding of the world. Therefore, I engaged with six participants from Japanese women's colleges to better understand reproductive health in Japan and explore the roles and possibilities of women's colleges in Japanese reproductive health. Participants were college students who have uteruses and are in their junior year (ages between 20-22), as they have some in-person college experiences without the disruption of COVID-19. I reached out to the International Office at the Japan Women's University for permission for recruitment. The recruitment email

and materials were sent to students through the International Office, and I received the list of participants who showed interest in participating in the project. Participants are from diverse backgrounds and interests and are juniors and seniors. They were in the department of Psychology, Cultural Studies, and Early Childhood Studies.

### Interview and Ethical Considerations

All materials for this project are written in English for IRB purposes but translated into Japanese for participants who wanted to participate in Japanese. Five interviews were conducted in Japanese, and one interview was conducted in both Japanese and English, as there was an option to participate in English as well.

As the first step online consent forms and a pre-interview survey were sent before proceeding with the interview so that participants can reflect on their experience. The question for the pre-interview survey included:

1. Demographic information (age, gender, hometown, other important identities)
2. Have you had in-person college experiences before?
3. Have you heard the word “reproductive health care” in Japan?
4. Reflect on a time when you needed access to reproductive health care. Do you have anything that is memorable to you? If not, why do you think that there's nothing you could share?
5. What went well and what did not work when you needed it?
6. What do you think are the barriers to accessing care and information?
7. How did you overcome the barriers to accessing care and information?
8. How has coming to college changed your access to reproductive health care and information compared to previous academic institutions?
9. Please share anything you would like to talk about during the interview.

Then, I created an interview guide and questions based on the response to the pre-interview survey, in which the questions were categorized into the following categories:

- 1) Social Norms/Messaging Around Women's Bodies
- 2) Health Care Providers and Patient Relationships
- 3) Information Seeking
- 4) Transition of Sex Education and Sexual Health Needs
- 5) Role of Women's College on Reproductive Health

As the second step, I moved on to the interview process. Interviews were generally conducted in Japanese but were in English with one participant. Participants signed the informed consent form that informs them that the conversations are recorded and transcribed. Most importantly, I attempted to conduct the interviews in a collaborative way. I recognize this project as a space to learn more about reproductive health access and people's lives by engaging with the participants as well as reflecting on my experience with reproductive health. Therefore, I incorporated the idea of reciprocity, which is about exchanging knowledge equally and sharing vulnerability to shape this project together. This framework allowed me to think about the outcomes and impact I want to make by conducting this project. I believe that the project helped the participants' voices to be heard in a form that is more likely to be recognized by the public and identify the barriers that people are facing. As an ethical consideration, I handled private information with care and protected the anonymity of the participants unless they agreed to share any demographic information and stories. I respected the participant's choices and went over them with the consent form.

I conducted the interviews in Fall 2022, while I was in the United States and participants were in Japan. The interview was held via Zoom so that participants can join this project from a

space where they feel comfortable. Zoom was an ideal tool for recording conversations as well as creating transcriptions. The interview was open-ended and took a casual conversation style as this allowed flexibility with the interview structure so that participants could talk about their experiences that they feel comfortable sharing with the researcher. The participants were asked questions that were created based on the pre-interview survey. The interview duration was 60 minutes minimum to 120 minutes maximum, and conversations were recorded for revision and transcripts for data analysis.

### Data Analysis and Approach

I organized the text by transcribing the interview recordings. I used Kaltura, which had a closed caption service for both English and Japanese, to auto-transcribe the texts. I did manual coding and used NVivo to identify themes after I finished transcribing. Each story is unique but coding allowed me to understand the overarching commonalities about the topic. The analysis paid attention to the complexities of how existing power hierarchies, systems of oppression, emotions, and everyday life interact and how those affect each participant.

I used the Interpretive Phenomenological Approach (IPA) to further analyze and deeply engage with the participant's embodied knowledge. This analytical approach allows researchers to illuminate the participant's own interpretation of their experiences and of the world.<sup>3</sup> Not only does this approach enable careful attention to the individual experiences, but it also focuses on the holistic and cohesive context of the essence in the story that may be reoccurring among other participants. Thus, this approach is important to my project because I aim to co-create knowledge

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<sup>3</sup> Jonathan A. Smith, Paul Flowers, and Michael Larkin, *Interpretative Phenomenological Analysis: Theory, Method and Research*, 1st ed. (Los Angeles etc.: Sage, 2012).



with the participants. This approach also reflects the researcher's perspective and experiences that influenced their knowing of the world that they live in. IPA is also sensitive to context and the researcher's rigorous reflection of themselves which influences how they interpret the participants' experiences in the world. As a Gender Studies major at MHC, education here equipped me with analytical and critical thinking tools, such as how to engage with gender, power, system, and how these social structures intersect to shape people's experiences. Additionally, as a person who is from Japan and currently studying in the United States, my positionality and perspectives allow me to critically distance myself from the culture that I am familiar with as well as to develop tools to closely think about my home country by being exposed to various perspectives. Therefore, I am utilizing these tools to interpret the participant's experiences to better understand reproductive health in Japan through their perspective.

I first familiarized myself with the data by reading through the transcripts and developed a coding framework that identified the common theme and shared perspectives across participants. Initially, I divided participants into two groups that did not capture the essence of what participants are sharing through their experience living in Japan and being exposed to other cultures and perspectives. Initial themes were: pathologized women's bodies, communication as a key for better doctor and patient relationships, social media and internet as quick consumption of information, personal experiences vs. expert knowledge, recognizing gender differences, and the role of women's colleges. These are based on the categories of the questions I asked during the interview that did not capture the essence of what participants are articulating. I did a deeper reading of the transcripts where I developed a new coding framework with the help of my project advisors that allowed me to realize the larger frame to understand reproductive health in Japan.

Talking through my ideas with my project advisor helped me surface key concepts and keywords, which are the visibility of topics and what kind of topics are talked about.

### Positionality, Interpretation, and Translation

I am an international student from Japan, who is pursuing a degree at a historically women's college in the United States. I am a Gender Studies and Psychology double major, which helps me understand how intersecting oppressions affect Japanese college students with uterus access to reproductive health care, including access to reproductive tools and knowledge. Being interested in this topic, I have taken college courses that are related to health and reproductive health, rights, and justice through Anthropological and feminist perspectives. I also did research about the situation in Japan and learned basic knowledge about contraception through engaging with Nandenaino, which is a non-profit organization that advocates for sexual and reproductive health rights in Japan. As an additional research experience, I have conducted qualitative research in Psychology with a narrative inquiry approach, which helped me gain experience with interviews and data analysis with NVivo. I noticed and faced challenges in accessing reproductive health care in Japan while I have a comparative experience accessing reproductive health care in the United States. I have also experienced an incident where I did not have bodily autonomy at an OBGYN clinic in Japan, and I became more eager to learn and take action around the reproductive health, rights, and justice movement in Japan.

The interview questions provided structure for the interview processes, however, I interacted with participants in a way that creates an open space for them to freely express their opinions. When there were times that participants were not sure about the questions and terms I used that are related to the framework of reproductive health, I made sure to provide

clarifications. Additionally, I also shared my experiences in order for participants to contextualize what I meant by my question and assisted them in better articulating their thoughts, I shared some vulnerabilities with them and I believe that these processes were part of co-creating knowledge. Vulnerabilities were a big part of the interview process because participants were open about what they did not know and shared their personal experiences which added richness to the knowledge.

I interacted with various perspectives being born in Japan and studying internationally at MHC which significantly influenced and deepened my data analysis. I am familiar with Japanese culture and norms, as I have lived in Japan for more than twenty years. Moreover, my perspectives are also influenced by my internship experience in Ghana, where I gained experiences with reproductive health from a transnational perspective. Therefore, I am aware of myself being both an insider and outsider of Japanese culture and experiences with reproductive health. Hence, I actively listened to the participants' stories whilst also collaborating in their reflective process. Finally, as a person who is familiar with the Japanese language and has learned English for almost my entire life as a second language, I understand the subtle nuances of the language that are important in translating my work into English. Five interviews were conducted in Japanese and the quotes were translated into English. I aimed to retain the nuances of the Japanese but acknowledge that my translation does not fully capture what the participants articulated. One participant had an academic year-long study abroad experience in the US, and generally responded in English but occasionally in Japanese. I used direct quotes in English that include colloquial expressions and may not seem to make sense in some places. However, I did not edit her quotes to make them more fluent because using direct quotes conveys strong

messages and carries meanings that the participant articulated in the interview. Additionally, all translations are my own unless otherwise noted.

### **Feminist use of Biopower and Biopolitics to Understand Intersectionality of Experience with Reproductive Health in Japan**

We live in a society where bodies are subject to biomedical knowledge and government health policies<sup>4</sup> where it is argued that women's bodies and their reproductive abilities are subject to control and regulation through medical institutions, governmental practices, social practices, and economic practices. I engaged with how feminists are utilizing Foucault's *biopower* and *biopolitics* as a theoretical framework to understand and interpret the ways in which women's bodies and reproduction are controlled in various spaces. I was inspired by the work and, thus, used the feminist usage of biopower and biopolitics to understand what participants are noticing about how complex social structures, norms, policies, and interpersonal relationships intersect with women's experiences with reproductive health in Japan. Biopower is aimed at life that operates according to "allowing or disallowing" reproduction. The power does not take the form of violence, rather, it is imposed on the body through the normalization of social practices and relations defined as "norms." For example, Terazawa argues that biopower was first used to prevent epidemics during the Tokugawa period (1603–1867) through the experimentation of the smallpox vaccine on the Ainu, which is a discriminated minority group that is based in today's Hokkaido region.<sup>5</sup> She utilizes biopower to trace the historical transition of the modern nation state and modern medical system. As such, biopower is used to solve social issues through the regulation and usage of certain bodies. Additionally, she examines the shift in power

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<sup>4</sup> Yuki Terazawa, *Knowledge, Power, and Women's Reproductive Health in Japan, 1690–1945*, 2018, <https://doi.org/10.1007/978-3-319-73084-4>, 3.

<sup>5</sup> Yuki Terazawa, 126.

relationships between the state, organized medical institutions, and the citizens. As she focuses on the relationships between these three sectors, she explains that biopower emerged in the “institutionalized” mechanisms in Japanese society. Thus, biopower is useful when understanding how women’s bodies are controlled through the individual and institutional when various collective understandings of particular phenomena aim to regulate bodies.

In addition, biopolitics, which is a disciplinary technique where the “biological life itself became the object and target of political power,”<sup>6</sup> roots from Foucault and Western context, but also applies to the Japanese context as well. This is a theoretical framework that allows us to understand and analyze how the human population is regulated and managed in society by focusing on the bodies and the regulatory systems in society. Additionally, Murphy articulates it as a theoretical framework that emphasizes the multilayers and intersections of elements/configurations that shape materialized life which is situated in temporality and spatiality. Murphy uses biopolitics to examine feminism as a “biopolitical project” and raises questions about how reproduction, health, and feminism are closely connected in the United States. As biopolitics is commonly understood as the link between lives and politics that originated in nineteenth-century Europe, she suggests that “biopolitics is an open question about the manifold ways life became a venue for the exercise of power in a messy, multi-territorialized world.”<sup>7</sup> She is noting that biopolitics as a disciplinary power can be executed transnationally rather than within a nation. Terazawa's work successfully explores the transnational power over Japanese women's bodies and shifts in the power dynamics between the bodies, nation state, and

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<sup>6</sup> Catherine Mills, *Futures of Reproduction: Bioethics and Biopolitics* (Dordrecht etc.: Springer, 2011), <https://link.springer.com/book/10.1007/978-94-007-1427-4>, 7.

<sup>7</sup> Michelle Murphy, *Seizing the Means of Reproduction: Entanglements of Feminism, Health, and Technoscience*, Duke University Press, 2012, <https://doi.org/10.2307/j.ctv125jmpm>, 11.

institutions with the influence of Western-modern-colonial ideologies that attempted to regulate Japanese women's bodies as well.

Inspired by their work, I also examine the relationship between the nation-state, institutions, and bodies. I want to emphasize that nation-state is different from “nation” and “state.” The nation-state allows me to closely pay attention to the connection between nation (the geographic territory in which people share language, culture, and history) and state (association of people with regulatory structures and institutions).<sup>8</sup> Therefore, feminist biopower and biopolitics as a theoretical framework are used to understand participants’ experiences living in Japan and their articulation of reproductive health in conjunction with analyzing the history, context, and disciplinary power. These unfold in the present notion of women’s bodies and regulation of the bodies in the present and thinking about the possibilities for the future.

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<sup>8</sup> Encyclopædia Britannica, “What Is the Difference between a Nation and a State?,” Encyclopædia Britannica (Encyclopædia Britannica, inc.), accessed April 25, 2023, <https://www.britannica.com/question/What-is-the-difference-between-a-nation-and-a-state>.

## Chapter 2: Visible Topics

Visible topics are topics that are recognized and commonly talked about in society. They are: who are skinny, who present themselves as acceptable in society, who maintain and take care of their bodies, and who have an ideal body for giving birth. Participants also mentioned sexual assault, sexual harassment, gender discrimination they hear in media, conversations they have with family and friends, and their experience. Here below are participants' thoughts and realizations on visible topics, where and how they are exposed to the ideas and values, and why they think certain topics become the center of attention.

### **Ideal Women's Bodies in Japan**

In this topic, participants shared their thoughts and experiences with what kind of messages they perceive from Japanese society about women's bodies. With the engagement with participants' experiences, Japanese women's bodies are the center of social and political attention because of their reproductive capacities and their sexuality. Women are constantly exposed to societal norms and expectations to follow the "ideal bodies" for reproduction for a male gaze, and the imageries of ideal womanhood.

### Participants' Stories

Participant K, Participant S, and Participant M shared their thoughts on women's ideal body type to which they are exposed in everyday life through social interactions and the media. Participant K thinks that society, in general, is only focusing on women's reproductive capacities and their health because she noticed that there are many advertisements around products that are related to taking care of one's body. She shared,

“In terms of *hiesho*, umm... those related products. Like products that convey strong messages for you to not cool the ball of your feet, and like *haramaki* (腹巻: a product that keeps one’s stomach warm, which is often used by women in Japan) so that your stomach is not cold. I have an impression that these products are sold in stores that target women and in lady’s section.”

She noticed that she is exposed to advertisements on *hiesho* (冷え性), which is understood in Japan as being sensitive to cold and noticing cold fingertips and feet even during summer that may cause minor health problems or in daily activities.<sup>1</sup> Participant S shared what she noticed through the media that is promoting women’s beauty standards that are desirable in society. She shared,

“When I talk about losing weight with my friends, I think there are many women who want to be skinny and I hear that men prefer women who have good figures.”

She also noticed that women are required to have a body that can give birth to a healthy child because of the societal role of women as child bearers. However, she did not further explain what she meant by a body that is ideal for giving birth.

Participant M also shared that she is exposed to the beauty standards from conversations she has with her friends and hears in public spaces, such as through the TVs, magazines, mangas, and social media. Here, she noticed how the media perpetuates beauty standards and is aware that she grew up in a society that places value on being skinny. She added more details on the negative effect that this beauty standard may have on women in Japan. She shared that her close friend lost a significant amount of weight due to eating disorders by conforming to the beauty standard. She also believes that eating disorders are now gaining more attention from the public as she saw the news about the increased case of eating disorders among elementary and middle

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<sup>1</sup> Sachiyō Nakamura and Shigeko Horiuchi, “Relationship between Advanced Maternal Age, Hiesho (Sensitivity to Cold) and Abnormal Delivery in Japan,” *The Open Nursing Journal* 7 (June 2013): pp. 142-148, <https://doi.org/10.2174/1874434601307010142>, 95.



school girls. She also made an observation that the usage of smartphones among youths and the prevalence of social media may have an influence on this phenomenon. Additionally, she shared,

“I think it [eating disorder] is influenced by those social understandings, like norms.”

Furthermore, Participant M made an observation on why Japanese women are more likely to be influenced by the media to conform to beauty standards when she shared her experience in Austria where she participated in a language exchange program. She thinks that Japanese women think that they always lack something or are not satisfied with their bodies, thus, they feel the need to make improvements. However, she was unclear whether the lack of satisfaction is peculiar to Japanese culture. She shared some of the cultural differences she experienced during her stay, which is about putting on makeup when going to public spaces. She used to wear makeup all the time even though she felt troublesome when she was in Japan, however, she articulated,

“I felt like I was liberated”

from applying makeup in Austria because she felt that no one cared how she looked.

Participant E added more context to why it may be important for women to be concerned about their appearance in Japanese society. She has an impression that men first focus on women's appearance when meeting for the first time, while she acknowledges that it could be common in other cultures as well. She then shared that *gurabia* (グラビア:bikini model) magazines used to be seen everywhere in convenience stores.

“*Gurabia* magazines used to be in convenience stores quite a while ago, and we saw middle-aged men and male office workers reading the magazines when we entered the store. Something felt odd, like I'm not being watched but felt like being watched. I think Japan is known for people who collect photos of *gurabia idol*, which I think relates to idol culture. Like, middle-aged male fans that are like groupies. Like, this is unique to Japanese culture.”

And continued with her thoughts on the challenges of being a woman in Japan.

“I feel like women can be treated as not important. Like, focusing on their appearances comes from idols and actresses who are commodified, which is also expected of ordinary people. It's hard to live in a society like this.”

### **Discussion on Ideal Women's Bodies in Japan**

Participants identified that women's reproductive capacities are the center of attention and society puts certain expectations on them. Women are exposed to social messages to take care of their bodies through advertisements and products. They are pressured to achieve a certain body type that may cause health issues, and pay attention to their appearances so that they are presentable in society. These are perpetuated by both men and women through conversations and the media.

Hiesho serves as an entry point to understanding the social perceptions and expectations of women's bodies that are connected to achieving an ideal body type for reproduction. *Hiesho* is understood as a common health complaint in East Asian countries, including Japan. Mori et al. argue that “many individuals with *hiesho* also manifest various physical and emotional complaints that affect their quality of life.”<sup>2</sup> From my personal experience, my father used to tell me the importance of keeping my body warm, especially my stomach and feet. He told me to at least cover my stomach with a lightweight blanket when going to bed even during the seasons that are too warm. My mother taught me the importance of keeping the body warm through food and drinks. She prepared hot drinks that included ingredients that warm the body, such as ginger and Chinese date. In this manner, the idea of keeping one's body is rooted in Japan as Participant K shared her experience with exposure to advertisements on *hiesho* relief products to keep

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<sup>2</sup> Hidetoshi Mori et al., “Determination of Symptoms Associated with Hiesho among Young Females Using HIE Rating Surveys,” *Journal of Integrative Medicine* 16, no. 1 (2018): pp. 34-38, <https://doi.org/10.1016/j.joim.2017.12.005>, 34.

certain body parts warm. In fact, there is a custom for pregnant individuals that wear *haramaki* during the third trimester to pray for safe delivery at Shinto shrines. This custom became a practice to protect the pregnant body from *hie* (冷え: cold sensation) as society viewed the state of *hie* as a problem.<sup>3</sup> Nakamura and Horiuchi found that “*hiesho* has an influence on all abnormalities of delivery: premature delivery, premature rupture of membranes, weak pains, prolonged labor, and atonic bleeding.”<sup>4</sup> With the impact of *hiesho* on pregnancy and delivery, society conveys a strong message on the significance of keeping one's body warm by becoming a norm.

Moreover, societal messages have a strong influence on women to conform to a certain body type, such as to be skinny and to present themselves as feminine by wearing makeup in public spaces. Participants shared that women are pressured to be skinny as media and men's preferences as well as conversations they have on bodies perpetuate this body type that may cause health issues, including eating disorders. It is normalized to talk about women's bodies and appearances when sexualized. Taro Aso, the current vice president of the Liberal Democratic Party and the previous Prime Minister of Japan from 2008 to 2009, provided his perspective on makeup in his public speech on March 12, 2023. This is the day before the government officially lifted the mask mandate in Japan. He said,

“The mask mandate is almost over. By all means, from tomorrow [13th], take off your mask, show your beautiful face, put on makeup that you could not do, and initiate various in-person contact with others. We have been working hard to make this happen.”<sup>5</sup>

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<sup>3</sup> Sachiyo Nakamura et al., “Effects of Web-Based Learning for Nurses on Their Care for Pregnant Women with Hiesho (Sensitivity of Hands or Feet to Cold): A Randomized Controlled Trial,” 95.

<sup>4</sup> Sachiyo Nakamura et al., 95.

<sup>5</sup> Asahi Shinbun, “「マスクを外して、顔を出して、忘れていた化粧も」 自民・麻生副総裁：朝日新聞デジタル.”[「Take off Your Mask, Show Your Face, Apply Makeup」 Liberal Democratic Party Aso Vice President: Asahi Shinbun Digital].Asahi Shinbun Digital, March 12, 2023, <https://www.asahi.com/articles/ASR3D5H20R3DUTFK005.html>.

Here, Aso makes this comment as if all women want to wear makeup when the mask mandate gets lifted. Furthermore, he assumes that all women should wear makeup by associating it as a women's “thing” to do, which perpetuates the social expectation for women to wear makeup. There is a social norm that grown women are expected to wear makeup as a part of manners and to be accepted in society as grown adults. Japan is also known for having strict school regulations regarding compulsory education. For example, girls in middle school and high school cannot wear makeup to school, however, they are expected to wear makeup in formal settings when they become grown adults, in this case, post-high school graduation where most students attend colleges or start working. As job hunting is a crucial part of college life during junior to senior year, colleges host seminars on how to wear makeup to make a positive impression on employers during interviews to increase the chance of getting hired. Kido argues that women in these situations are exposed to social norms to wear makeup, and the majority of women will continue wearing makeup in an environment that discourages them from stopping wearing makeup and making personal choices.<sup>6</sup> In other words, the act of wearing makeup is embedded in Japanese culture, which is reinforced by spaces and occasions that require a certain presentation of the self. Therefore, makeup is normalized and perceived as a social practice that pressures women to conform to social expectations.

Commodification and sexualization of women's bodies were normalized through social practices and through media, which also have an impact on how women's bodies are perceived and idealized womanhood is upheld in society. As Participant E shared her experiences with feeling uncomfortable walking in a convenience store and seeing men reading *gurabia* magazines, it is normalized in Japan to sexualize and commodify women's bodies. While

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<sup>6</sup> Ayae Kido, “A Cultural Perspective on the Role of Makeup in the Different Settings in Japan and the United States Among Japanese Female Students.” 質的心理学研究 [Qualitative Psychology Research]10 (2011): pp. 79-96, 81.

participants noticed that there is a taboo to talking about sex and women's bodies, sexual content and commodities are highly accessible in Japan. Fu explains that sexual commodities and services offer opportunities for people of all ages to be exposed to sexual content in Japanese society.<sup>7</sup> They further explain that even though prostitution is banned by law, "the narrow legal definition, combined with lax enforcement, offers loopholes for Japan's massive red-light districts."<sup>8</sup> Various media also offer easy access to sex-related topics due to the spread of digitalization and the Internet. Additionally, "teen manga and magazines have taken up the slack and provide young people with a wide range of information about sex,"<sup>9</sup> which many people are exposed to fantasized imagery of women's bodies that carries misconceptions.

The practice of centering women's sexuality, appearance, and behavior was tied to fetal health during the Tokugawa era. Terazawa examines the history of disciplining pregnant women through engagement with Katsuki Gyuzan, a prominent physician of the Goeisho School, who believed that what pregnant bodies do directly affect the fetus, thus, needs an intervention. Heavily influenced by Confucianism and Chinese medical practices, the Goeisho School believed that the outside environment was connected with internal physiology.<sup>10</sup> The Chinese medical model viewed women's bodies and minds as "prone to malfunction."<sup>11</sup> With a misogynistic and pronatalist approach, Gyuzan preached that the pregnant women's moral conduct during pregnancy directly affected the health and intelligence of the fetus. Moreover, he advised pregnant women to wear pearls and "to refrain from looking at ugly women, cripples,

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<sup>7</sup> Huiyan Fu, "The Bumpy Road to Socialise Nature: Sex Education in Japan." *Culture, Health & Sexuality* 13, no. 8 (September 2011): 903–15, <https://doi.org/10.1080/13691058.2011.587894>, 904.

<sup>8</sup> Fu, 904.

<sup>9</sup> Fu, 907.

<sup>10</sup> Yuki Terazawa, *Knowledge, Power, and Women's Reproductive Health in Japan, 1690–1945*, 2018, <https://doi.org/10.1007/978-3-319-73084-4>, 37–41.

<sup>11</sup> Yuki Terazawa, 45.

and other people of strange appearance.”<sup>12</sup> Terazawa's analysis of Gyuzan provides insight into the ways in which women are expected to carry out suitable manners and responsibilities as bodies that have reproductive capacities. On the other hand, women who subverted norms and expectations were highly criticized through a strong pronatalist view and social value to preserve a household to make it prosperous and respectable.<sup>13</sup>

As such, there has been a history of regulating women's bodies, sexualities, appearances, and behaviors in favor of figures and institutions that hold power. Women during the Tokugawa era were oppressed as their bodies and behaviors were restricted with the reinforcement of power by predominantly male medical professionals,<sup>14</sup> while women in this present time are still oppressed through the state and various institutions that hold greater power. Therefore, the norm expects women to take care of their bodies, and achieve a certain body type and appearance. This normalized, commodified, and sexualized women's bodies are visible topics in which women's bodies and reproductive capacities are of heightened interest in Japanese society. In the next topic, I write about sexual assault and gender discrimination that are often due to women's sexuality and reproductive capacities.

### **Sexual Assault and Gender Discrimination**

This topic is about sexual assault and gender discrimination, which participants identified as being tied to the ideal bodies and imageries of womanhood. Women's sexuality and their bodies are subject to discrimination and assault because of the rooted gender stereotypes with a gender division of labor. Participants' stories exemplify how women become subject to discrimination and the ways in which Japanese working culture decides women's "usefulness"

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<sup>12</sup> Yuki Terazawa, 49.

<sup>13</sup> Yuki Terazawa, 39.

<sup>14</sup> Yuki Terazawa, 51.

and the ability to contribute to the Japanese economy in comparison to men. Political interests and regulative systems also play a role in the perpetuation of gender division of labor, as participants' family member's experiences in the workplace add more context to the ways in which women's bodies are controlled through norms and social practices.

### Participants' Stories

Participant T shared her thoughts on sexual assault in Japan in which she thinks there is a tendency to protect women from assaults. She mainly heard about sexual assault in news programs and newspapers, and she thinks that the cases of sexual assault have decreased since her parent's generation. Sexual assaults that she shared include,

“Like being taken away somewhere without consent. What else? Groping in passenger cars and I think there are increased cases of sexual assault with the growth of social media, like meeting with people who you met on social media in person.”

Participant T also shared available resolutions for sexual assault, particularity for groping, which is the designation of women-only passenger cars in an attempt to reduce sexual harassment and assault in public spaces.

While society is finding solutions to reduce sexual harassment and sexual assault, Participant M thinks that women themselves are not interested in gaining knowledge to protect themselves from sexual assault and sexual harassment. She shared,

“Like I'm not interested in it and I sometimes feel like people around me think that they can treat me poorly.”

Additionally, she shared that she feels like society is not treating women's bodies well because there are groping in passenger cars. She also shared her thoughts on victims, who do not speak up for themselves and endure until the harassment or assault ends. This is because she thinks

victims care more about how Japanese society views them rather than prioritizing their feelings.

She added,

“Maybe like how people perceive us? And from my personal experience what I think is surprising is that there are often false accusations so I thought I was going to destroy someone's life without actually having evidence so I couldn't say anything.”

She has an impression that Japanese women prioritize others rather than themselves when they experience sexual assault in particular.

Participants shared their thoughts and stories about their family members on sexual harassment and discrimination in workplaces. Participant N pointed out that women's reproductive capacities and bodies are considered barriers in society. She mainly talked about pregnancy and menstruation in workplaces. She shared a story about her mother considering applying for maternity leave when she was bearing Participant N's younger sister. Her mother is an elementary school teacher, so it was not difficult for her to get approved for her maternity leave. However, in contrast, her aunt who works at a corporation was not able to get maternity leave because of silent pressure from her workplace and her boss, expressing that it would be better to just quit her job and focus on raising her child if she's considering taking maternity leave. Her aunt eventually quit her job even though she wanted to continue with her career because she did not feel the urge to continue working because her husband was earning enough for the family. Participant N also mentioned the gender discrimination that she heard of in workplaces. For example, she thinks that women are seen as not important compared to men so they are often in the position where they are expected to support the men. She also pointed out that the Japanese workplace values cost performance, which refers to the effectiveness and efficiency of a person in the workplace. She explained that it is a burden and loss to the company



as they have to find and hire a new employee while someone is on maternity leave while men can continue working. She added more to the impression that the work culture in Japan gives her.

“I think there is *shachiku konjo* (社畜根性: A word that is unique to Japanese work culture, which refers to something similar to a wage slave.) rooted in Japan. When I thought of this word and realized this work culture, I remembered that I had a friend who had heavy menstruation in Middle School, and sometimes she has abdominal pain to the point she starts crying. Everyone around her was really worried about her heavy flow. When she asked her PE instructor to get permission to rest during class when she had her period, the instructor was a woman at that time, the instructor told her that there’s no such thing as heavy menstruation. So, my friend had to participate in class and then she had to go to the nurse's office because she couldn't attend the following classes. Like, this is weird. That's something I first thought about like we aren't seen as important.”

Participant K also shared her thoughts on parental leave with how society values women’s role as the primary caregiver. She shared what her mother experienced as a teacher.

“I think an overwhelming number of women take parental leave. They would be judged if they did not. My mother returned to her job right after she gave birth to me, but she received comments from her co-workers like, ‘Are you sure? Your kid is still young.’ I assume that her co-workers said something like this out of kindness, but... I have this kind of impression. So, I think women, in general, are more required [to take parental leave] because we associate the mother as the ideal parent.”

Additionally, she talked about the difference between working as a teacher and for a company.

“I think there is more support system to return to their workplace as a teacher. I can only say this because my relatives are also teachers so I don't know about the others, like people who have a corporate job. I heard that they [corporate jobs] eventually quit their job, so that's the difference I noticed.”

She further shared her thoughts on gender discrimination in workplaces.

“I think women in the workplaces are not seen as important [compared to men]. There is a tendency where wives and women in workplaces are told to step back and support men.”

Participant S shared similar viewpoints as Participant K on how women are perceived in workplaces and the clear expectations of their role as the primary caregiver. She mentioned,

“When it comes to work and raising a child, you can’t give enough attention to your kid if you’re working too much. Like, there’s some kind of attitude towards women who are working a lot. Umm...they’re in a situation where it’s difficult to maintain a balance between work and raising a child. Umm... I don’t know what to say. Like, [you receive comments that are like] ‘Are you sure?’, ‘Is it okay to work even if you have a child?’ Something like that.”

Then she explained why it is a challenge for women to choose both work and raising a child.

“There’s been a social norm in Japan from a long time ago that women stay at home, and that ideology is still rooted. Even though people think that women should raise their children or stay at home, they are expected to work because of the working environment and people are not getting paid more.”

Participant E shared her strong opinion on men taking parental leave compared to women taking parental leave. She showed her concern about the gender division of labor that is still strongly rooted in Japan. She was shocked to learn in her lecture that only 2-5% of men take parental leave and was disappointed that women are still considered as the primary caregiver and do house chores. She also mentioned the judgment women receive from the workplace about returning to work after taking parental leave, which she thinks needs to gain attention from society as a problem. She then compared what she observed during her study abroad program in Sweden and Japan on the difference between men’s attitudes towards raising a child. She shared,

“And I witnessed men that’s taking care of baby like in public [in Sweden]. But it’s not something like you always see in Japan. It’s, you know, there was a word, a word that says... it’s not dad that takes care of his child, like, being an *Ikumen* (イクメン: men who participates in parenting) is praised. It’s like they need to take care of their baby together [men and women]. That’s like really a basic thing. That’s their children. So, they need to cooperate with each other. But I think in Japan, more like men, like the position of men. It’s like more helping them. If they help, it’s like, oh, cool things. Like busy working, like at work. But they still make time to spend time with their children is like, ‘Wow, cool.’ Like that’s like that’s like, What the fuck. Really. That’s really fucked up. It’s really bullshit...”

### **Discussion on Sexual Assault and Gender Discrimination**

As it became visible through what participants shared about their perspectives on sexual assault, gender discrimination, and sexual harassment, these topics are society’s heightened focus

for resolution and mistreatment. As some participants shared how women are treated and seen in workplaces, it is identified that there is a clear social message that women are not as useful as men in workplaces.

The Japanese government introduced the basic law of Gender Equal Society (*Danjo Kyodo Sankaku Shakai Kihon Ho*) in 1999 to promote gender equality in order for both men and women to have an equal opportunity to actively engage in society and enjoy the economic, political, social, and cultural benefits.<sup>15</sup> Osawa states,

“There is a mounting sense of crisis about the tumbling birth rate, and a realization that it will not be reversed until women have the sense of financial security that will allow them to have larger families. At the same time, the coming decline in the active working population means that women's labor will have to be used more effectively than at present, which implies giving them the opportunity to participate fully in the national economy.”<sup>16</sup>

This is also reflected in society that women's reproductive capacities and their primary role as a caregiver are the most valued, while society is now expecting women to work to contribute to the economic growth.

The implementation of this law may have changed some of the hegemonic gender roles that are rooted in Japan with the goal to create a society where women can maintain a balance between career and private life. However, the stories of participants' parents and relatives with their experience of trying to utilize the parental leave or maternal leave system had an opposite result of what the law is aiming for. As some participants mentioned about their parent's experience of feeling pressured to leave their workplace even though they wanted to continue

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<sup>15</sup> Gender Equality Bureau Cabinet Office, “「男女共同参画社会」って何だろう？：内閣府男女共同参画局,” 「男女共同参画社会」って何だろう？, 内閣府男女共同参画局, accessed April 17, 2023, [http://www.gender.go.jp/about\\_danjo/society/index.html](http://www.gender.go.jp/about_danjo/society/index.html).

<sup>16</sup> Mari Osawa, “Government Approaches to Gender Equality in the Mid-1990s.” *Social Science Japan Journal* 3, no. 1 (2000): 3–19, <http://www.jstor.org/stable/30209275>, 4.

working, maternity harassment, in particular, is one of the issues that has been taken seriously by Japanese society, which is due to the rapid population decline and low birth rate in Japan.

According to Matahara Net, which is a non-profit organization that supports victims of maternity harassment, maternity harassment refers to “the unfair treatment of women, namely harassment, both physical and mental, instilled upon working women when they become pregnant or give birth, which may involve termination of their employment, termination of their contract of employment, or forcing them to voluntarily leave their employment.” While more women have working opportunities than before and are trying to maintain a balance between career and household, 20.9 % of working women in Japan experienced maternity harassment in workplaces in 2015.<sup>17</sup> In addition, there are differences in how employees get treated depending on their employment status. For example, regular employees are more likely to be targeted for maternity harassment than non-regular employees.<sup>18</sup> Most victims suffer from bullying or verbal violence in workplaces which usually comes from the deeply rooted gender norms in Japan.

Sayaka Osakabe, the founder of Matahara Net, addresses that Japanese workers are still following the working style from the era of rapid economic growth, which includes long working hours. “Long work hours, low productivity, history of working. Since the rapid economic growth, people don’t know when to stop working hard and long hours. Although Japan has a system for maternity leave, women who take advantage of these legal structures to reduce long working hours due to childcare are targeted to be ostracized and to be pushed out from the

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<sup>17</sup> Matahara Net, “What Is ‘Matahara,’” マタハラ Net, accessed April 17, 2023, <https://mataharanet.org/en/what-is-matahara/>.

<sup>18</sup> Akira Kawaguchi, “Maternity Harassment in Japan: Why Do Regular Employees Have Higher Risk than Non-Regular Employees Do?,” *Japan and the World Economy* 49 (2019): pp. 84-94, <https://doi.org/10.1016/j.japwor.2018.09.005>, p.93-94.

company.”<sup>19</sup> This type of work culture is similar to what Participant N shared about *shachiku konjo*. *Shachiku*<sup>20</sup> is a slang term in Japanese that combines words that mean corporate and domesticated animals, which refers to individuals who become "domesticated" by corporations that do not have boundaries between their personal life and work. For example, *shachiku* individuals would work overtime without getting paid or come to work even if they are unwell. *Konjo* refers to willpower or guts, which may imply that becoming a *shachiku* through showing loyalty and perseverance to the employers with the strong *konjo* is highly praised in Japanese work culture. Thus, women are considered as not fulfilling the *shachiku* characteristics as they quit their jobs after marriage and pregnancy, and use parental leave. Maternity harassment is encoded in workplaces through the collective understanding of gender stereotypes that women do not fit into the framework of the ideal worker, women's bodies gradually become regulated through the normalization of harassment in workplaces.

On the other hand, maternity harassment in workplaces is one of the ongoing gender discrimination issues that society is aware of and made a positive action. The government revised the law of childcare and nursing twice, in which the government added some new policies about banning mistreatment of employees and maternity harassment in workplaces in 2019.<sup>21</sup> The motives of the government would be to promote gender equality and to increase the birth rate with the concern of a declining population. These laws are deployed to manage society, promote population growth, as well as to ensure a healthy workforce. While the government

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<sup>19</sup> FCCJchannel, *Osakabe, Miyashita, Akutsu & Niimura: "The Reality of Maternity Harassment in Japan"*, FCCJchannel, October 24, 2014, Video, 1:01:22. <https://youtu.be/Qw9Z-CtsVhE>.

<sup>20</sup> Kei in Slang, "Meaning of Shachiku(社畜)," Lately Japanese, 2018, <https://latelyjapanese.com/slang/20180412/meaning-of-shachiku%E7%A4%BE%E7%95%9C/>.

<sup>21</sup> Gender Equality Bureau Cabinet Office, "妊娠・出産・育児休業・介護休業等を理由とする不利益取扱い・防止措置" [Prevention for Discrimination Against Pregnancy, Birth giving, Parental Leave, and Nursing Care Leave], Gender Equality Bureau Cabinet Office, <https://www.mhlw.go.jp/file/06-Seisakujouhou-11900000-Koyoukintoujidoukateikyoku/0000130144.pdf>.

revised these laws to seek an increase in birth rate, they are not considering any of this toxic working culture that creates barriers for women in Japan for them to access the support systems to keep the option to continue working through this structural work culture that highly values workers who “contribute” to the workplace. Support systems that should be benefitting women are now used as a weapon against them, affecting the most vulnerable in workplaces.

Men are praised from the government and society for being actively involved in raising their children, but women are not because they are expected to serve as the primary caregiver. I believe that the government which should be the biggest advocate and promoter for gender equality is upholding gender roles that expect women to be in the position of the primary caregiver. This is shown through the Ministry of Health Labor and Welfare’s (MHLW) “Ikumen Project,”<sup>22</sup> which promotes men to take parental leave with the aim for them to be more involved in taking care of their children. The goal of this project is to normalize men to take parental leave and raise awareness in workplaces and society about the importance of men's participation in raising children. The ministry is aware that Japanese men’s involvement in parenting and doing house chores is at a low level compared to other developed nations, which becomes barriers for women to have children and continue working while raising the child. They aim to increase the number of men who take parental leave up to 30 % by 2025 by balancing work and life and recently announced that they will add more benefits, such as paying nearly 100% of their salary during the leave.<sup>23</sup> Here, I am raising a question as to why women taking parental leave do not have the same benefit as men. Women are already systematically placed in positions where they

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<sup>22</sup> 厚生労働省, “育てる男が、家族を変える。社会が動く。イクメンプロジェクト,” [Caregiving Men Change Family. Transform Society. Ikumen Project], accessed April 17, 2023, <https://ikumen-project.mhlw.go.jp/project/concept/>.

<sup>23</sup> Jiji.com, “「産後パパ育休」、給付引き上げ実質10割、男性の参加促進—政府調整：時事ドットコム,” [Post Child Birth Father Parental Leave, Raising Salary Payment to 100%, Government Promoting Men’s Involvement in Childcare ], March 15, 2023, <https://www.jiji.com/jc/article?k=2023031600027&g=pol>.

earn less due to the gender wage gap. The government is also aware of this social problem as they report, "The average wage gap among OECD (Organization for Economic Cooperation and Development) countries is 11.7%, and that of Japan's is 22.1%, ranked lowest among G7 (seven major countries).<sup>24</sup> Women are often employed in low-paid, precarious, and informal jobs, which is an international characteristic."

As these reports reflect the perpetuated gender discrimination, the government's approach to solving issues with a reductionist framework dismisses the fundamental system in society that upholds and perpetuates gender expectations and stereotypes. A recent public opinion survey conducted by the Cabinet Office from November 2022 through January 2023<sup>25</sup> shows that the public is aware of gender issues and gender expectations. When asked about the opinion on whether the time women spend on childcare and housework is the reason why women are not able to actively participate in society, 84.0% responded that they agree while only 14.6% responded that they do not agree. This indicates that the public acknowledges the gender expectations that are put on women as the primary caregiver and is seen as a barrier. This public view could be a reason as to why women who request parental leave, fulfilling the role as the primary caregiver and continue working, are subject to discrimination in workplaces and social activities for women. The response on the status of men and women in the workplace showed that 64.1% of respondents said that men were treated favorably, which increased 10.6 percentage points from the previous survey in 2019. This is manifested through the perpetuated gender division of roles in workplaces. People who responded that they think men and women are equal

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<sup>24</sup> Ministry of Foreign Affairs of Japan, "Concept Note Gender Wage Gap," Ministry of Foreign Affairs of Japan, 2022, [https://www.mofa.go.jp/fp/hr\\_ha/page22e\\_001005.html](https://www.mofa.go.jp/fp/hr_ha/page22e_001005.html).

<sup>25</sup> Cabinet Office, 男女共同参画社会に関する意識について。 [Attitudes About Gender Equality], 男女共同参画社会に関する世論調査 2 調査結果の概要 1 - 内閣府 [Public Opinion on Gender Equality 2 Summary of the Survey Result 1- Cabinet Office] <https://survey.gov-online.go.jp/r01/r01-danjo/2-1.html>.

in workplaces decreased by 4.3 percentage points to 26.4% compared to 2019, while there are people who think that women are receiving favorable treatment at workplaces increased by 2.7 points to 7.7% compared to 2019. While governmental projects, such as the Ikumen Project, may seem to fill in the gap to promote women's involvement in workplaces by encouraging men to be more involved in childcare, it still upholds gender discrimination by ensuring full payment of salary of male workers who take parental leave whereas women are only paid part of their salary during parental leave. As appeared in the result of the public opinion survey and through participants' stories, women's bodies face limitations and controls in society for them to have the right to choice and autonomy in workplaces, despite the increased interest in gender issues.

Thus, I argue that women's reproductive capacities are entangled with capitalism and patriarchy. The current Japanese economic system is not only perpetuating gender stereotypes but also upholding the patriarchal systems within family systems and workplaces. Chizuko Ueno, who is a well-known feminist in Japan, makes an argument based on the ideology of Marxist feminism that,

“The concept of reproductive labor enabled us to recognize two points: first, women's caregiving, despite being a "labor of love," is still labor. Second, this labor is paid unfairly, although it contributes to production (e.g., a woman contributes to production indirectly by preparing her husband's dinner, washing his clothes and taking care of his daily needs so that he may be able to concentrate on his job, which is deemed productive labor). Modern industrial society is guilty of creating the separation between productive and reproductive labor, assigning each labor as either paid or unpaid, respectively, to men and women. Capitalism has never been indifferent to gender variables; in fact, it took advantage of them, thus becoming patriarchal capitalism.”<sup>26</sup>

Seen from gender discrimination in workplaces experienced by participants' family members and relatives, society is separating caregiving labor and workplace labor. Ueno clearly explains and

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<sup>26</sup> Ueno Chizuko, “Women's Labor under Patriarchal Capitalism in the Eighties.” *Review of Japanese Culture and Society* 3, no. 1 (1989): 1–6. <http://www.jstor.org/stable/42800958>. 3.



names the dualistic framework of productive labor – reproductive labor, paid labor–unpaid labor, and men–women, in the current Japanese socio-economic system. As it is exemplified by participants’ stories, social expectations of women are based on these dualistic frameworks because society values productive labor for economic growth, which predominantly favors men, and expects women to do unpaid labor that is not even considered productive labor. Women are expected to take roles in 'labor' without the accessible social support that they should be receiving from their workplaces and through the nation state that promotes gender equality. However, the 'patriarchal capitalism' in Japan is wasting the talent and potential of women who may contribute to the economy in the long-term run. Moreover, even with the pronatalist population control efforts made by the nation state, such as the Ikumen Project, I believe that it is important for society as a whole to acknowledge that the current system is limiting men's opportunities to participate in caregiving and reinforcing the idea that caregiving is women's work. This further entrenches the under evaluation of reproductive labor, leading to other social problems and gender discrimination.

Next, with the public’s heightened interest in addressing gender equality, I explore the impact of the gender-free movement as this history has an influence on why some women feel hesitant to raise their voices in oppressive situations, such as gender discrimination as described before and sexual assault. The concept of “gender” became the most active when the government introduced the basic law of Gender Equal Society in 1999. The term gender-free was introduced to society, which became a target of attack by anti-feminists. Gender-free “refers to a way of thinking in which men and women should be able to realize individually various ways of life disregarding the socially and culturally constructed gender differences and assignments.”<sup>27</sup>

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<sup>27</sup> Michiko Mae, *The Gender-free Concept in Japan and Transcultural Civil Society*. in *Gender Orders Unbound?—Globalisation, Restructuring and Reciprocity*, ( Verlag Barbara Budrich, 2007), 122.

Feminism was also active at that time but the gender-free movement was seen as problematic because some conservative quarters (anti-feminists) regard the gender-free as a denial of the hegemonic notion of gender. They were afraid that the gender-free movement would change differences between males and females, and of traditional gender values, and regarded it as a way to promote what they considered radical sex education. Feminists and the concept of gender-free received a major backlash from society, which reflect a negative opinion on promoting sexual equality. Yamaguchi argues that “In this view of recent feminist history and the current situation of feminism in Japan, multiple voices within feminism and internal critiques of feminism by feminists have been suppressed.”<sup>28</sup> In a society where feminism received backlash and women are discouraged to promote gender equality, it can be concluded that women who experience gender discrimination and sexual assault are negatively impacted, which is exemplified by Participant M who shared their experience with having some kind of hesitation for raising her voice for help when she was molested in a passenger car. This is also manifested in women’s experiences at workplaces.

If the government and society had provided more opportunities for feminists to disseminate the concept of gender and offered education to the public, there would have been more people who have an understanding of gender discrimination and altering the notion of hegemonic gender roles and expectations. While there are many issues of gender discrimination, Yamaguchi argued about why maternity harassment was taken seriously by the government.

“Prime Minister Abe has begun a new campaign to promote “womenomics,” emphasizing the “active participation of women in society” as the core of his economic growth policy. In a speech delivered at the UN General Assembly in September 2013, he stated that his intention was to create “a society in which women shine.” But while it may appear as if the new Abe is supportive of women’s rights by discouraging traditional gender roles, in actuality his

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<sup>28</sup> Tomomi Yamaguchi, “*Gender Free*” *Feminism in Japan: A Story of Mainstreaming and Backlash*, (Feminist Studies, 40, 2014), 570.

“womenomics” policies are motivated by low birth rates, an aging population, and a diminishing labor force in Japan. Increasingly, gender-equality policies are being used for the purpose of resolving these national economic crises rather than toward eliminating gender discrimination.”<sup>29</sup>

Yamaguchi’s perspective shows how women’s reproductive capacities are used as solutions to social problems. Women’s bodies are objectified through political interests of resolving economic crises and the belief that women’s reproductive capacities can be regulated through policies. Bolin argues that,

“Until the labor markets change so they no longer place a large penalty on women for career interruptions, or until government policies nudge men into making those interruptions in equal proportion to women, even vastly larger amounts of money to subsidize childcare are unlikely to incline Japanese women to have more babies.”<sup>30</sup>

Bolin makes a critical point, which offers an argument that gender equality policies that aim to solve social issues of national population decline are not centering on the actual issues and barriers that women are facing. The backlash on feminism as a framework for women to address issues and as a tool of empowerment suppresses women’s voices and their courage to raise their voices. The process of normalized suppression of women’s voices in Japanese society dominates women’s bodies in which biopower of suppression is administered in everyday life and at workplaces. Then, these bodies are subject to regulatory institutions and power, such as the government and laws, that aim to ensure powerful governance and subjectification of women’s bodies to hold control of women’s reproductive capacities.

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<sup>29</sup> Tomomi Yamaguchi, 571.

<sup>30</sup> Patricia Boling, *Policies to Support Working Mothers and Children in Japan*, in *The Political Economy of Japan's Low Fertility*, (Stanford University Press, 2007), 149-150.  
<https://www.jstor.org/stable/j.ctvr0qtrw>, 10.

## **Conclusion of Visible Topics**

Women's sexualized bodies and reproductive capacities are visible topics in which women's bodies are of increased interest in Japanese society. These visible topics include the norm that expects women to take care of their bodies, achieve a certain body type and appearance, and the normalized commodified and sexualized women's bodies. Sexualized bodies are subject to discrimination, such as in workplaces, and the normalization of subjugation of bodies upholds certain ideologies about gender. In order to secure strong governance, subjectification, and control over women's bodies and reproduction rate, women's bodies are subject to regulatory institutions and power, such as the government and legislation that aim to resolve social issues by centering women's reproductive capacities. Social suppression of women's voices is rooted in history and political interests saw feminism and gender-free movement as a threat to execute biopower to regulate women's bodies and their reproductive capacities. In the next chapter, I write about invisible topics and topics that shift in certain spaces and contexts. Spatiotemporal context provides a deeper understanding of how women's bodies are impacted by social norms, stigma, and discomfort.

## Chapter 3: Invisible and Shifting Topics

Due to the stigma, discomfort, and discrimination they can cause, invisible topics are not frequently discussed in public settings and are often kept that way even when an attempt is made to do so. Women in Japan lack the opportunity and space, particularly when it comes to taboo topics, to express their opinions on reproductive health and communicate their opinions in public. Invisible and visible issues, however, do not have clear boundaries because they might appear or vanish in different contexts and spaces. Participants provide the framework for identifying invisible topics as well as topics that could appear or disappear in specific spaces, and contexts. Thus, the focus on who is in the space, how the topic is brought up in the space, and why the topic is brought up is important to understand the ways in which participants articulate reproductive health and share experiences in the world.

### **Pregnancy: Inaccessible Care and Information**

Pregnancy is a highly visible topic in society, as women face gender discrimination and sexual harassment. On the other hand, it became an invisible topic, in which participants shared that women's experiences with pregnancy and delivery are not often circulated in society. They also articulate that the lack of understanding perpetuates discrimination and becomes a barrier for women to access health care.

### Participants' Stories

While gender discrimination at workplaces due to pregnancy was a visible topic, experiences, and information about pregnancy are hidden. Participant K thought that society in general does not know much about pregnancy and the experiences women have. She shared,

“I think the image of pregnancy is strong. Strong, but on the other hand, the specific, umm... the pain associated with that pregnancy? It's not like a symptom, but when it comes to things like morning sickness, I don't think they are talked about in society.”

She continued,

“The wife of the owner of the shop where I work part-time was pregnant, and she recently gave birth. She told me that when she got on the train during pregnancy, the priority seats were already filled. Of course, she had the *maternity mark* (マタニティマーク: pregnancy badge, including an illustration that informs that the bearer is pregnant) on her when she went out. She was told that the pregnancy is not an illness, so no one gave up their seat for her. So, I guess it's because the knowledge about specific symptoms isn't shared? Her experience left a big impression on me.”

Then she expressed her opinion on the negative impact on pregnant people if information and experiences are shared in society that,

“Pregnant people are supposed to be subjected to social support. Like, I think it's something we should reach out to help, like in trains and in public places. But I don't think they get the support that they are supposed to receive without the information shared. I think epidural labor is one of them. Labor entails unimaginable pain. This is like the knowledge that anyone, both men and women know. I have a strong impression that our parents gave birth via a normal delivery method, so the pain..., like epidural labor, is a pregnant person's right. I think there is an emerging norm that does not allow epidural labor. I think one of the rights is taken away due to the lack of information and knowledge on the detailed experiences with pain that the pregnant woman has to endure.”

## Discussion on Pregnancy: Inaccessible Care and Information

We have seen the tendency of society to put emphasis on women's reproductive capacities from the previous chapter. Pregnancy as a highly visible topic shifts to an invisible topic when it comes to the understanding of the details of pregnancy that are not circulated in society. MHLW introduced *maternity mark*<sup>1</sup> because they were concerned that it is difficult to identify whether a person is pregnant from their appearance. This aims to create an environment where pregnant people can safely and comfortably access public transportation by informing the public with a visual cue. Additionally, the maternity mark illustration can be displayed at stores, workplaces, and public transportation, so that pregnant people are informed that they are supportive of creating a comfortable and understanding environment. Despite the government's effort and intention, Participant K's narrative of the shop owner's wife points out that even with the visible cue that informs passengers on a train that a pregnant person is prioritized at a designated seating area, some able-bodied, non-pregnant passengers do not give up their seat. This is because the pregnant body is not seen as an illness or disability in society. Here, the pregnant bodies become a barrier to accessing the care and support that they are supposed to be receiving. The government promotes social support for pregnant people by introducing the *maternity mark* that informs people that the bearer needs help and understanding, but in reality, it is not fulfilling its purpose due to the general public's lack of knowledge about pregnancy and the experiences of being pregnant. The government attempts to make positive changes by introducing new projects and revising laws. However, it takes a downstream approach, which focuses on a short-term solution by putting vulnerable pregnant people in a position to resolve discrimination against pregnant people and raise awareness around pregnancy. The *maternity*

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<sup>1</sup> Ministry of Health, Labour and Welfare, “マタニティマークについて,” 厚生労働省, accessed April 24, 2023, [https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kodomo/kodomo\\_kosodate/boshi-hoken/maternity\\_mark.html](https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kodomo/kodomo_kosodate/boshi-hoken/maternity_mark.html).

*mark* as a symbol does not effectively solve the fundamental issues of gender discrimination and sexual harassment that pregnant people may experience in public. Furthermore, Participant K's opinion on the barriers created by social norms and the public's lack of knowledge sheds light on the possibility that pregnant people are not able to make choices or they do not realize that they have right to access certain care. Therefore, she points out the importance of learning from embodied experiences of pregnant people.

### **Need for Better Sex Education**

Next, I talk about the need for better sex education, as participants shared similar views on the importance of embodied knowledge to improve sex education in Japan. Participants expressed that there are limitations on the sex education they received at school before coming to college. While sex education is an opportunity for the majority of adolescents and youths to access information on reproductive health, participants were not satisfied with the content that lacks details. They pointed out the structural limitations of how sex education does not promote further learning for students that want to know more about reproductive health.

### Participants' Stories

Participant N argued that it is important to emphasize the individual differences in the ways in which people experience menstruation and pregnancy with the inaccessibility to support systems and medical care. She shared,

“There are people who have a light flow during their period, but there are people who have a quite heavy flow, depending on the individuals. Also, topics that are unique to women's experiences and sex differences need to be talked about. Hmm... Like, it's not encouraged to openly talk about it. Like, it is a topic that makes you feel hesitant to share and it is also discouraged to talk about support systems and topics related to health care. I also noticed that it's hard to access hospitals.”



As participants shared about the need for both men's and society's understanding of reproductive health, some believe that women themselves are not interested in learning or taking care of their bodies. Participant M feels that women do not have the thoughts to take care of their bodies. For example, they do not get medical checkups, such as breast cancer screening. Due to the lack of knowledge and misconceptions about women's bodies and health, participants argued the need for better sex education and for opportunities to learn about reproductive health. Participant T provided the reason for the need for improved sex education as she mentioned,

"I think Japanese sex education is not progressive compared to other countries. Like, the information that is taught is not useful. I also think both boys and girls need to learn."

Participant E also believes that,

"It's really a necessary thing to know, or children to study, about reproductive health care. Just, like living in this society because it's not just the woman's problem. It's like everyone's problem."

Participants shared that there should be opportunities for everybody to learn about the concept of reproductive health. Participant S shared that,

"I didn't know that the word reproductive health existed, so I think it is necessary for providing opportunities at schools to learn that reproductive health exists."

Participant T also mentioned that,

"I heard the word reproductive health for the first time during this interview. So, I searched the word on the internet and understood what it is. I think the concept of reproductive health is not widely spread in Japanese society."

Participant S shared their view on why it is important to learn about reproductive health as she argued that,

“I think, like, unintended pregnancy. I don’t know. Maybe, like, to lessen the cases of gender discrimination. I also think the cases of sexual assault and sexually transmitted infections would decrease.”

Participant M’s experience with attempted sexual intercourse exemplifies the importance of having knowledge.

“When I was in a situation to have sex, I was scared to do it because I was also scared that I didn’t know anything about it. I also think we don’t talk about consent.”

Participants shared that there are limitations in the structure and the lack of useful content in the sex education they received before coming to college. Participant M shared the limitation from a structural point, which she compared to her experiences at college. She mentioned that there is a set curriculum for sex education in elementary up until high school that teachers decide. She believes the content is fixed while colleges would make adjustments based on the course evaluations. She pointed to the disadvantages of this equal distribution of knowledge across schools that limits further learning, however, believes that the equality ensures the same quality of education and information students receive. Thus, she thinks that schools expect students to acquire knowledge on their own if they want to learn more. She also expressed that nothing can be done if there is bias in the content students receive from sex education unless the students are aware of the selective content to do further research.

Many participants pointed to the limitation of sex education that separates boys and girls. For example, Participant T recalled that boys generally will not take things seriously in sex education, as they make sexual jokes. She believes that boys will not pay attention in class so they would not try to understand the female anatomy and menstruation. Participant N also pointed out the limitation of separating boys and girls in class, and only teaching information that is relevant to their sex. She shared,

“I think boys and girls are separated in class and they grow up without knowing stuff about both sexes. I heard that current sex education teaches about menstruation to boys and girls in the same class. I think things are changing while there used to be a tendency in the past where we didn’t have to know about each other.”

Participants E and S shared their thoughts on sex education that lacks details. Participant E said,

“Like I don't really remember what it was. Like. Useful things. Like I don't really know what's useful to me. Because I like, all the things I learned in health class, just to learn the bottom, like the body system. And also memorized the name of the body. And because they will be on the test. Like more like I don't know, like robot things, I just remember like what I thought. And it's not really like inputting.”

Additionally, Participant S shared that the content in sex education is limited. For example, when she learned about the Pill, she did not learn about how to obtain the Pill and what to do when you need access to the Pill. She also talks about the importance of learning details about menstruation which includes women’s experiences. She shared,

“I don’t remember learning about how many people are suffering from cramps. Like, I learn what happens during periods, like, ‘the menstrual cycle is this long, and you bleed.’ But it didn’t include women’s experiences with periods. I think men would understand more about it if the textbook included data on cramps and how they negatively impact the body.”

### **Discussion on Need for Better Sex Education**

Most participants are now over 21 years old, and they shared the limitations of sex education they received through elementary school to high school. In order to understand the ways in which sex education in Japan evolved, it is important to shed light on the historical transition of Japanese sexual norms. Then, I write about the intersections with political economy and social institutions that influenced the current sex education curriculum, targeting society’s fertility and sexuality that upholds social structures and ensures a high birth rate.

Japanese held a positive view in the past around sex-related values, which were considered a part of human nature. Sex was openly accepted for non-reproductive purposes as this idea was exemplified by old collections of Japanese literature, such as *The collection of ten thousand leaves* (710 – 794 AD) and *The tales of Genji* (794 – 1192 AD).<sup>2</sup> Japanese society began to hold a negative view of sex for pleasure without any procreational purpose due to rapid modernism and Western influences. In other words, women's bodies, sexuality, and education were controlled to limit sexual activities only for procreation. With these trends, the perception of gender changed over time as well. For example, the reproductive organs define our sex. This binary understanding of bodies (men and women) and sex (male and female) was introduced when Japan was exposed to Western-European culture, especially when the Japanese border was opened in 1853. People during Tokugawa Japan understood bodies that are not within the binary understandings of sex, which does not conform to the understandings of sex in the Western biomedical system.<sup>3</sup> For example, the Goseiho medical body is based on the Yin Yang Five Phases theory that was introduced in Chinese medicine. It explains that “birth, death, growth, aging, and disease result from the mutual interactions of these primal elements. Since health is maintained when yin and yang factors are balanced, much of Chinese medical practice aims at restoring their balance in and around the body.”<sup>4</sup> Additionally, the anatomical organs that we understand through the perspective of contemporary medical research are different from what people understood in the Tokugawa period. Instead, internal organs were understood symbolically and figuratively. For example, the liver is associated with the wood element, as

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<sup>2</sup> Huiyan Fu, “The Bumpy Road to Socialise Nature: Sex Education in Japan.” *Culture, Health & Sexuality* 13, no. 8 (September 2011): 903–15, <https://doi.org/10.1080/13691058.2011.587894>, 905.

<sup>3</sup> Yuki Terazawa, *Knowledge, Power, and Women's Reproductive Health in Japan, 1690–1945*, 2018, <https://doi.org/10.1007/978-3-319-73084-4>, 2.

<sup>4</sup> Terazawa, 30.

wood and spring correspond with growth and germination. The liver is assumed to have such characteristics that it likes to act freely and energetically.<sup>5</sup> However, the shift in what is legitimate in medical knowledge and the change in the definition of sex is influenced by the institutionalization and systematization of knowledge production. Thus, tangible physicality became the determinants of sex, such as reproductive organs. As Japanese society shifted its understanding of bodies and sexuality throughout history, diverse ideas about sexuality proliferated in post-war Japan until the government introduced ‘purity education.’ This was enacted to purify the Japanese race by placing importance on virginity and chastity under the US occupation.<sup>6</sup> However, the alarming rise in adolescent's sexual experiences, increase in teenage pregnancy, and the widespread concern over HIV, increased the demand for sex educational reforms as society was concerned with the country's fertility rate.<sup>7</sup>

From this historical overview of sexual norms, the Japanese government reformed the sex education curriculum and placed weight on interpersonal communication, cultivation of a sense of respect towards others, regulation of sexual desires and behaviors, and prevention of STIs through scientific knowledge, and development of a healthy mind and body.<sup>8</sup> Additionally, Fu explains that political economy, such as the accessible sexual commodities and political ideologies in Japan, influenced the curriculum of sex education that fails to provide practical knowledge that is related to sex and reproduction, and rarely provides students “with a comprehensive understanding of sexuality including self-oriented auto-eroticism and

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<sup>5</sup> Terazawa, 31.

<sup>6</sup> Huiyan Fu, “The Bumpy Road to Socialise Nature: Sex Education in Japan.” *Culture, Health & Sexuality* 13, no. 8 (September 2011): 903–15, <https://doi.org/10.1080/13691058.2011.587894>, 906.

<sup>7</sup> Fu, 906.

<sup>8</sup> Emiko Nishioka, “Historical Transition of Sexuality Education in Japan and Outline of Reproductive Health/Rights”, 180.

homosexuality.”<sup>9</sup> As mentioned in the previous chapter on the commodification of women’s bodies and sexuality, it is not reasonable as to why Japanese schools cannot provide a more liberal and extensive teaching curriculum on sex education despite the highly accessible and visible sexual commercialism in society. Sex education curriculum in Japan is focusing on reproduction and controlling bodily discipline through sexual norms that negatively view non-procreational sex. Fu argues that “pro-natalist and pro-family policies is mounting anxiety among the political and economic circles over the country’s growing life expectancy and plunging fertility rate.”<sup>10</sup> Sex education with a strong component of STD prevention serves as a powerful tool to justify stricter policing and controlling of young people’s sexuality. Moreover, sex education limits knowledge about abortion or contraception which could hinder population growth.

Political ideologies, such as liberalism and conservatism, impacted the sex education curriculum. Sex education in Japan is used to limit the circulation of knowledge to control youth’s sexuality as well as to reinforce ideal personhood. While liberals experimented with sex education curricula to provide more detailed information on contraceptive tools, autoeroticism, and same-sex relationships, the Japanese government criticized it as extreme. This conservative government, represented by right-wing-ruling politicians, was concerned about the impact on Japanese society and family at large, which are created based on heteropatriarchal systems.<sup>11</sup> These oppressive systems are ubiquitous in society as well as in families because there is a pressure to inherit the line of heterosexuality, which Ahmed refers to as hereditary. They argue that the lineage of a family controls and disciplines our body to follow the line to be oriented

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<sup>9</sup> Fu, “The Bumpy Road to Socialise Nature: Sex Education in Japan.”, 903-906.

<sup>10</sup> Fu, 907.

<sup>11</sup> Fu, 908.

towards heterosexuality<sup>12</sup> because protecting the heterosexual lineage is crucial to reinforce heterosexual relationships to ensure a high fertility rate in Japan. Here, the Japanese government and society are excluding deviant subjects, such as people who do not align with heteronormativity, by limiting access to sexual knowledge from a young age through sex education. The curriculum is based on content that the conservatives believe is “appropriate” and that is not against their ideologies, which are also reinforced in families to discipline individual bodies to follow the norm. In discovering the influence of the political economy on sex education in Japan, it is clear that heterosexual norms and conservative ideologies around sex are embedded in society, which are perpetuated by the government as well as within the heteropatriarchal families.

As some participants noticed positive changes in the current sex education, the government revises the national sex education curriculum once about every 10 years based on the input from the Central Council of Education.<sup>13</sup> The report in 2022, by the Ministry of Education, Culture, Sports, Science and Technology (MEXT) shared the progress they made. For example, they trained teachers, OBGYN doctors, and midwives who provide sex education to students working with the local health departments. Additionally, they promoted the benefits of inviting expert guest speakers. The adapted curriculum includes topics that are focused on sexual assault, which reflects the social interests of the visible topics that are explained in the previous chapter. Their report mentions,

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<sup>12</sup> Sara Ahmed, "Orientations: Toward a Queer Phenomenology", 560.

<sup>13</sup> Elementary and Secondary Education Bureau, Health Education and Shokuiku Division, “学校における性に関する指導及び関連する取組の状況について.” [About Sex Education Curriculum and Related Activities], March 10, 2022. <https://www.mhlw.go.jp/content/11121000/000910047.pdf>.

“We aim to provide contents that incorporate the details to teach the importance of life, the fundamental understanding and behaviors that are related to sexual violence, and the correct information about the impact of sexual violence. We will also create guidelines for when the instructor received consultation from students, tips for teaching special needs students, and how to interact with parents.”<sup>14</sup>

The detailed contents will include topics on how to maintain boundaries, caution with social media usage, what is sexual violence with examples, what to do when you experience sexual violence, and how to prevent sexual violence. They claim that these revisions are made due to the heightened interest in sexual assault and sexual violence, to promote the basic law of Gender Equal Society, and women’s active involvement in society. The government is aware that it is crucial to improve access to care and create an environment where women feel comfortable talking about their health concerns, such as menstruation.

Next, I look into the MEXT official health and well-being promotion teaching materials (textbook) that were on the report. I focus on the high school content as it included more topics that are related to reproductive health compared to elementary and middle school content. The textbook is titled, *For a Healthy Life* (健康な生活を送るために).<sup>15</sup> The majority of the contents are about mental health awareness, how to prevent health issues, the importance of frequent medical check-ups, and the dangers of substance use. The latter half of the book talks about infectious diseases, which includes content about STIs for only four pages. It explains what STIs are, how it is transmitted, the types of STIs with basic symptoms, and prevention. It first explains that the most effective method is avoiding sexual contact. In the next bullet point, it writes about how to prevent STIs if one has sexual intercourse. It suggests avoiding direct

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<sup>14</sup> Elementary and Secondary Education Bureau, Health Education and Shokuiku Division, 52.

<sup>15</sup> Ministry of Education, Culture, Sports, Science and Technology, 健康な生活を送るために(令和2年度版)【高校生用】[For a Healthy Life (Reiwa 2 Edition) 【For High School Students】], 2017, [https://www.mext.go.jp/a\\_menu/kenko/hoken/20210528-mxt\\_kouhou02-2.pdf](https://www.mext.go.jp/a_menu/kenko/hoken/20210528-mxt_kouhou02-2.pdf).



contact with mucus membranes and further explains that condoms can reduce the transmission of STIs during sexual intercourse, while the Pill does not prevent STIs.<sup>16</sup> It is understandable that textbooks provide knowledge that includes technical terms, however, I believe it is difficult to conceptualize what the information means without knowing what exactly sexual intercourse entails. For example, it mentions the facts about STIs and preventative methods but does not include the details of how to wear a condom and why the Pill does not prevent STIs. Thus, the government assumes that students will understand with common sense, however, not all students have the knowledge and experience to make educated decisions. In the section where the book talks about pregnancy and delivery, it centers around making a life plan, infertility, and how age impacts reproductive capacities. However, it only provides quantitative data and facts, and a few suggestions on how to respect the partner's choice. Similarly to the STI section, there is no information that includes direct voices and experiences from people who struggle with infertility and pregnancy.

As the pronatalist-conservative Japanese government's motive is to increase the birth rate through the regulation of women's bodies with the sex education curriculum that limits the information that could potentially become an obstruction to giving birth, it makes sense that the textbook provides selective topics that avoid direct association with the act of having sex. My analysis of sex education draws from the framework of reproductive governance, which is coined by Morgan and Roberts. Reproductive governance refers to,

“the mechanisms through which different historical configurations of actors – such as state institutions, churches, donor agencies, and non-governmental organizations (NGOs) – use legislative controls, economic inducements, moral injunctions, direct coercion, and ethical incitements to produce, monitor and control reproductive behaviors and practices.”<sup>17</sup>

<sup>16</sup> Ministry of Education, Culture, Sports, Science and Technology, *健康な生活を送るために(令和2年度版)【高校生用】* [For a Healthy Life (Reiwa 2 Edition) 【For High School Students】], 31.

<sup>17</sup> Lynn M. Morgan and Elizabeth F.S. Roberts, “Reproductive Governance in Latin America,” 243.

Their work writes about the intersections of various social mechanisms with the spatiotemporal relationship, which I aim to do through feminist engagement with biopower and biopolitics. In fact, reproductive governance is a framework that is shaped by Foucault's sovereign power and biopower, which helps think about the “large-scale production and management of populations.”<sup>18</sup> Morgan and Roberts use the framework to examine the ways in which reproduction is shaped in Latin America through the influence of political ideologies, such as progressives and conservatives.<sup>19</sup> Their framework is helpful as I make a connection with how pronatalist and conservative political ideologies play out in policies and sexual health education in Japan. My analysis is also influenced by what Morgan and Roberts wrote about their perspective on the distinction of sex and reproduction, as reproductive behaviors and practices are intertwined with political economy.<sup>20</sup> They argue,

“Sex is related to reproduction, of course, yet in an era when sex and reproduction have become more separable, they can also be analysed as distinct domains. Within the logic of biology, sex is no longer completely reproductive, nor is reproductive practice necessarily sexual. The field of what now constitutes reproductive practice has thus simultaneously shrunk and expanded.”<sup>21</sup>

The distinction between sex and reproduction is helpful in understanding why sex education textbooks are structured in a way that avoids direct association of sex while promoting reproduction. *For a Healthy Life* centers STI prevention. One of the ways STIs are transmitted is by having sexual intercourse, however, this textbook provides information with the utilization of scientific terms that avoid expressions that can be directly associated with sexual intercourse. Scientific terms and statistics were used to provide scientifically accurate knowledge. The

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<sup>18</sup> Lynn M. Morgan and Elizabeth F.S. Roberts, 243.

<sup>19</sup> Lynn M. Morgan and Elizabeth F.S. Roberts, 242.

<sup>20</sup> Lynn M. Morgan and Elizabeth F.S. Roberts, 244.

<sup>21</sup> Lynn M. Morgan and Elizabeth F.S. Roberts, 243.

textbook barely provides detailed information that is relevant to sexual intercourse, which successfully reflects the conservative ideology that considers non-procreational sexual intercourse as impure. Additionally, from my experience of receiving sex education from public elementary school to high school in Japan, I remember that the textbooks used in the class were similarly structured in a way that covers topics about substance use and the ways to respect others. The class was called "Health and Wellness," which makes sense if the class aims to provide holistic knowledge to think about one's health and body. However, the topics covered in the textbook were more focused on thinking about how to be physically and mentally healthy. In sum, Japanese sex education is masked with various ideologies and intentions around the idea of sex. It fails to provide knowledge on sexual intercourse and the ways to communicate to have consensual sex, which should be included in the curriculum as they relate to sex that is not for the purpose of procreation and for reproduction. As participants in this project shared that direct voices and stories will help students better understand the content, the current sex education curriculum fails to provide the details, which seems like the government's political views and biases clearly mirror their interests in maintaining a hetero-patriarchal social structure that ensures high fertility rate.

In the following sections, participants argue that the women's voices and stories of their experiences with reproductive health issues are not heard in society, thus, they believe that men, in particular, who often hold the power that make topics visible do not understand what women are experiencing. I write participant's stories on menstruation and the Pill, to examine the ways in which these topics can shift their visibility in certain spaces and in different contexts.

## The Pill

The Pill is commonly understood as a medicine that relieves symptoms of menstruation rather than as a contraceptive method. Participants shared their perspectives on what kind of information gets circulated and what is not. Additionally, the misconception that society holds against the Pill, impacts women's access to it.

### Participants' Stories

As oral contraceptives, commonly recognized as the Pill (ピル) in Japan, may help relieve mood symptoms, flows, and cramps, Participant T shared her perspectives on how society views women who are on the Pill.

“In Japan, there is a tendency that people are like, “What? You are on birth control?” Like, taking the Pill does not have a positive impression in Japan.” Some people take the Pill to relieve their cramps but this negative association with the Pill is kind of embedded in society.”

She provided her reason for why the Pill has a negative image in society.

“I think taking the Pill is associated with having sex. Like, it's associated with avoiding pregnancy. People tend to focus on it as a contraceptive method rather than the purpose of relieving cramps. Like, ‘You're taking the pill for contraception.’”

She added more by saying,

“It's not bad to prevent pregnancy at all. It's good because you're caring for your body but, like you're having sex. Like, it is obvious that you're having sex if you're preventing pregnancy. I think there is a negative impression of it. Like, it's better not to make it obvious.”

She also talked about the perception of her parents on the Pill.

“I have a heavy period and heard that the Pill will relieve cramps and lessen your flow, so I am interested in taking the Pill. But from my parent's perspective, they asked me, ‘Are you going to take the Pill at your age?’ So, I noticed the differences in the understanding of the Pill between generations. I think if it becomes more accessible and acceptable to take the Pill, I think people like me

who are having issues with periods can go to the OBGYN clinic and easily access the Pill, which becomes part of their everyday life. So, if that is possible, people will feel less burdened by having a period every once a month. Like the burden they feel, ‘Ugh, I got my period.’ I think people will feel less of an emotional burden, too.”

When asked about her parents’ influence on the accessibility of the Pill, Participant T shared her thoughts on the shift of views on the Pill.

“I think things are changing over time and cramps and experiences with periods differ across people. I have an older sister who recently started taking the Pill, so I think it became easier to speak up for yourself.”

## **Menstruation**

Menstruation is a topic that creates discomfort and often women’s experiences with menstruation are silenced by society. As participants brought up the notion that menstruation is a taboo, and society puts pressure on women to endure physical pain and emotional burden during menstruation. Additionally, participants talk about mood symptoms that are negatively viewed in society and by men, by which the topic becomes visible. With the lack of understanding from society, some participants expressed that women’s experiences with menstruation are not circulated in society, and they believe that they need to be more shared so that men are better informed about certain reproductive health topics.

### Participants' Stories

Along with pregnancy, participants shared their observations and experiences with menstruation, which society does not tend to focus on. Participant N believes that,

“Women are not seen as important, like they are not allowed to express emotions, like I’m suffering.”

Participant E shared their realization of how menstruation is perceived in society and as a source of discomfort. For example, she shared her experience with purchasing menstrual products,

particularly, the pad. The store always puts them in a dark-colored plastic bag, and she noticed that menstrual products should be kept hidden from the public eye. She added,

“I don't think it's like taboo to talk about these things in this society. But from my experience, I think everyone just like try not to talk about it. Like they can talk about it, but they think that it's... I don't know if it's on good topic to talk about. Like when you're hanging out with your friends or something.”

She then shared similar experiences that Participant N had with enduring cramps.

“Like, men's not really understanding what woman's, umm... like, what woman have. Like their health problem and daily life. I think not really many male want to think about it. And they also think that it might give woman, like bad impression. And because, like I said, it's not common to talk about, like even though just being around women. So maybe it [menstruation] could be viewed [like that]. To talk about like between women and men. Like from my experience, my dad, whenever I had whenever I have like whenever I'm on period, my dad always like, like, ‘Be patient or endure it.’ Yeah. Like, ‘You can like get over it like when it's done.’ But it's not something like I can handle or something and that's what I always felt pressure. Like I need to be quiet or like not... I wouldn't say like I feel like I keep saying like saying the same things but not like... really.... Yeah. Like I don't really want to be ashamed by the fact that I having like heavy one. Like heavy period. But I feel a lot of pressure just living in this society and how man look at me having a period, period. I can't really say I'm on period. When I was in public, I have to say like, I have like stomachache. And that's like and when I said like a lot of people was like, ‘Why are you feeling down and why you're really stressing out that since you have stomachache?’”

She added more that conversations about menstruation are not encouraged between her female friends. She wanted to talk about having a heavy flow with her friends. Even though she shares her experience with Premenstrual Syndrome (PMS) and with her current mental state, her friend felt uncomfortable that they eventually told her to change the topic.

Participant S on the other hand, shared her thoughts on how menstruation is perceived in workplaces.

“There are some people who have severe cramps to the degree that they can't move. But workplaces think that “Oh, they don't come to work just because of their period,” and view them as not a competent person because they assume that

it is not a big deal since they don't know that some people can't do anything because of severe cramps."

Additionally, Participant K noticed that there is a negative reaction from society when women show emotions and feelings because of mood swings and pain that menstruation causes. They also noticed that women's unstable mental state is frowned upon in society, especially that is due to menstruation. Participant K shared,

"My sister has mood symptoms before she gets menstrual cramps. There are times where she is obviously moody and cranky that kind of negatively affects people around her."

With society's lack of knowledge around certain reproductive health topics and women's health, a few participants expressed that they wish men understood more about women's experiences and were more informed about reproductive health. Participant S believes that it is important to talk about menstruation because,

"Men don't have periods, so they don't know what it is. I think you need to learn if you want to understand it."

Participant E, who shared about feeling pressure from not sharing her experiences with menstruation and the pressure from men to tolerate menstrual cramps, had the same view as Participant S. She mentioned,

"But like men in general, don't really know what it's like. What period is."

She expressed the need for men's understanding on menstruation with emotion,

"Please don't (add pressure on me)', like 'Please understand me.' But they aren't really willing to know what's happening around me, which is a women's health problem."

She further shared her thoughts on how she feels about women's experiences with reproductive health in general,

"I just, I think, I just feel like a lot of people, just living in this way. So, they never really realize why they're having a pressure, or like, why they have to feel

like they're ashamed having health problem. I think it's really, it's really sad, but at the same time it's really natural.”

She continued,

“I feel like, I don't think the woman's body [is] like not, it's not really treated well.”

## **Discussion on The Pill and Menstruation**

Menstruation and the Pill are topics that appear and disappear in different spaces and contexts. Women's actual experiences with menstruation are not talked about and understood by men and society, while the conversation around this topic is brought up in workplaces. Women are expected to suppress their emotions and endure the pain that limits the circulation of their embodied knowledge and experiences to create a workplace that both men and women feel comfortable with. However, in workplaces, having cramps and showing mood symptoms are frowned upon, especially by men, even though they do not understand what women are experiencing with various symptoms as well as the individual differences with menstruation. The Pill is a topic that is mostly invisible in society but appears when the Pill is recognized as a contraceptive method. The older generation holds bias towards the Pill and the younger generation does not fully understand what the Pill is for. Therefore, I add more context to how menstruation and the Pill are perceived in society and the ways in which these topics appear or disappear in certain spaces.

While the usage of hormonal contraceptives is 80% in the US<sup>22</sup>, it is low in Japan. Yasui et al. conducted a longitudinal cohort study among female nurses in Japan and found that “The lifetime prevalences of exogenous hormone use during this prospective study conducted in

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<sup>22</sup> William D Mosher and Jo Jones, “Use of Contraception in the United States: 1982-2008,” *Vital and Health Statistics. Series 23, Data from the National Survey of Family Growth* 29 (August 2010): pp. 1-44.



Japanese nurses were 6.0% for OC.”<sup>23</sup> Another study by Yoshida et al., which used data from 1975 through 2014 shows that only 3.0% of Japanese women have used oral contraceptive pills.<sup>24</sup> Oral contraceptive pills were approved in 1999 in Japan, which is almost 40 years later than in other developed countries, due to the central argument in this debate that argues “women's judgment or self-control is unreliable, hence the course of action recommended is to maintain the prohibition of the Pill.”<sup>25</sup>

Additionally, I point out to the term, the Pill is commonly used in Japan to refer to oral contraceptive pills. The oral contraceptive pills include the word “contraceptive” which makes it clear that the purpose of the pill is to prevent pregnancy. As a nation, the conservative government is interested in promoting women to give more birth, and society taboos topics around sex despite the highly visible and accessible commodified sex and women's bodies, is apparent that political ideologies and social norms influenced the spread of the word Pill, which avoids association with the act of having sex. While the Pill is often portrayed as inaccessible, sexual commodities, such as porn and mangas, portray that it is a magical pill that allows sex without protection, and oral contraceptive pills are socially understood as a therapeutic pill in Japan that treats PMS and other symptoms that are caused due to women's reproductive capacities, rather than as a primary method to prevent pregnancy. As population decline and social infertility have become a problem in Japan, recent media portrays oral contraceptives as a way to have control over one's lifestyle, which means that having control over hormones in the

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<sup>23</sup> Toshiyuki Yasui et al., “Prevalence of the Use of Oral Contraceptives and Hormone Replacement Therapy in Japan: The Japan Nurses' Health Study,” *Journal of Epidemiology* 32, no. 3 (May 2022): pp. 117-124, <https://doi.org/10.2188/jea.je20200207>, 123.

<sup>24</sup> Honami Yoshida et al., “Contraception in Japan: Current Trends,” *Contraception* 93, no. 6 (2016): pp. 475-477, <https://doi.org/10.1016/j.contraception.2016.02.006>.

<sup>25</sup> Analía Vitale, “The Unpopular Contraceptive Pill: Birth Control and Gender in the Japanese Press,” *U.S.-Japan Women's Journal*, no. 29 (2005): 60–76, <http://www.jstor.org/stable/42771935>, 65.

body allows women to maximize “capacity for both reproductive and productive forms of labor.”<sup>26</sup> As women are now expected in society to take part in both the workforce as well as as a housewife, the availability of oral contraceptives shifted the rhetoric around lifestyle and decision making. It is now said that women in Japan are able to have more agency in their life that is not bound by reproduction-related events, such as menstruation and pregnancy.

There is a rise in awareness around oral contraceptives and the shift in the rhetoric of women's lifestyles. As of now, people who need access to EC must see an OBGYN doctor to obtain a prescription despite the fact that there is a 24-72 hours time limit to consume the pill for the contraceptive effect. Additionally, the cost of EC and related medical expenses are not covered by insurance, thus, this is clearly a barrier to vulnerable people who have low socio-economic status. Thus, advocates in Japan have been active to shift reproductive health policies to make reproductive health care accessible.

However, the sexist view on oral contraceptives in the 1990s is still carried on to this current context as a reason not to expand women's access to hormonal contraceptives. Katsuyuki Kinoshita, the chairman of the Japanese Association of Obstetricians and Gynecologists, argued his strong opposing opinion on the approval of Over the Counter (OTC) status of EC at the press conference in October 2020.<sup>27</sup> His main concern is that women are not educated enough to use EC on their own, which may lead to abusive drug usage. He stressed that prescription status should be maintained because women must use EC based on medical doctors' advice to ensure safe use of the drug. This shows that he is disregarding the flaws in the national sex education

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<sup>26</sup> S. Y. Cheung, “‘Let Your Ovaries Rest’: Pathologizing Hormones in Japan’s New Economy,” *Signs: Journal of Women in Culture and Society* 47, no. 3 (January 2022): pp. 689-714, <https://doi.org/10.1086/717707>, 962.

<sup>27</sup> Naoko Iwanaga, “産婦人科医会「アフターピル、薬局で買えるようにするのはおかしい」改めて反対意見を表明,” [Japan Association of Obstetrician and Gynecologists 「It Is Strange To Be Able to Purchase Morning After Pill at Pharmacies」 Showed Opposing Position Again] BuzzFeed (BuzzFeed, October 22, 2020), <https://www.buzzfeed.com/jp/naokoivanaga/ikai-afterpill>.

system that does not provide enough information that is directly related to sexual intercourse and reproductive rights. Here, he is using women's ignorance as a rationale to justify his opinion, which may reflect a gender stereotype that women are incapable of making decisions or managing themselves.

In contrast to Kinoshita's sexist perspective on hormonal contraceptive usage among women, there is a rhetoric that puts women in a position where they are responsible for regulating hormones that are believed to contribute to work productivity and as a remedy for social infertility. They are encouraged to have a healthy diet, good sleep, and regular exercise to put their hormones back in order.<sup>28</sup> This rhetoric could also say that it is the women's responsibility to be on hormonal contraceptives as a way to help regulate their hormones while ignoring other external factors that lead to the dysregulation of their hormones. Additionally, this rhetoric reflects that society is concerned about controlling women's bodies and hormone balance to solve social issues, which are economic growth (work productivity) and population growth (social infertility). This may further create harmful rhetoric that hormonal contraceptive usage, as a means for preventing pregnancy, is solely dependent on the women. Despite the adverse side effects of taking the medication, the prevalent contraceptive methods for men, such as condoms, have no side effects at all.

The rhetoric around women and hormones also reflects that society tends to problematize/pathologize women's bodies and put them into a position where they need medical interventions to achieve the social expectations as active citizens that contributes to the economic and population growth. Not only society but also OBGYN doctors like Dr. Tsushima reinforces the responsibility of women to restore women's hormones by conveying a message that “when

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<sup>28</sup> S. Y. Cheung, “‘Let Your Ovaries Rest’: Pathologizing Hormones in Japan’s New Economy,” 702.

the biological life of hormones is coordinated with social life, a woman achieves not only balance between mind and body but a balance between career and family,”<sup>29</sup> and this could be achieved by taking the Pill. She makes this point by drawing from scientific “evidence” saying that, “The brain understands that the hormones are there. So, it’s okay to not release an ovum. There’s peace of mind because the hormones are there, there’s no need to decide on things like when to ovulate, the brain is happy, and reassured. As such, the body’s inner balance is always stable.”<sup>30</sup> What does she mean by this, and what does “the body's inner balance is always stable” imply about social expectations of women in Japan?

Therefore, from these current discourses around hormonal contraception in Japan, I next examine the effect of hormonal contraceptives on women from a bio-psycho-cultural perspective. I am looking into how oral contraceptives work and their effect on women's bodies and what kind of impact it has on moods. Here, I am not trying to support the argument to regulate hormonal contraceptive usage because of the negative impact on women's bodies. Rather, I am engaging with the literature on hormonal contraceptives to better understand the overall discourses around hormonal contraceptives in Japan.

One of the most common hormonal contraceptives, which is recognized as the Pill, releases exogenous synthetic hormones. Estrogens and progestins are sex steroid hormones that are found in higher concentrations in females than in males<sup>31</sup> and they function to inhibit the body's natural hormones to prevent pregnancy. The Pill usually stops ovulation, changes the cervical mucus to reduce the chance of sperm going through the cervix, and thickens the lining

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<sup>29</sup> S. Y. Cheung, 705.

<sup>30</sup> S. Y. Cheung, 704.

<sup>31</sup> Stephanie Laird et al., “Hormonal Contraception and the Brain: Examining Cognition and Psychiatric Disorders,” *Current Psychiatry Research and Reviews* 15, no. 2 (2019): pp. 116-131, <https://doi.org/10.2174/1573400515666190521113841>.

of the womb to prevent implantation of the fertilized egg. In addition, the Pill has cosmetic benefits, such as clearing acne, helping regulate periods and lessening cramping<sup>32</sup> but hormonal contraceptives have negative effects on the body as well.

For instance, mood swing is a common symptom of PMS and it is argued that hormonal shift and fluctuation in serotonin could be the cause of it,<sup>33</sup> thus, researchers are interested in whether hormonal contraceptives have an effect on mood swings and anxiety disorders as well. As the clinical relevance of hormonal contraceptive-induced mood symptoms, such as depressive symptoms, irritability, anxiety, and mood swings, are becoming more obvious, it is one of the major reasons for discontinuing hormonal contraceptive use.<sup>34</sup> Placebo-controlled randomized studies show the highest level of evidence for the association between mood symptoms and the Pill is exemplified by small effect sizes.<sup>35</sup> Furthermore, observational studies infer that progestogen, another type of synthetic progesterone, could be the cause of mood problems because the risk of mental health problems was present in the progestogen-only users and also in the combined hormonal contraceptive users (estrogen and progestin). This argument is supported by studies that suggest that “progesterone has multiple negative effects on emotion processing, emotional circuits in the brain, including the amygdala, and on mood symptoms in women across the lifespan.”<sup>36</sup>

Not only is there an impact on the physical body, but women are also subject to stigmas when they have mood symptoms. As extreme mood symptoms can be further diagnosed as

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<sup>32</sup> Traci C Johnson, “Birth Control Pills,” WebMD (WebMD, March 9, 2023), <https://www.webmd.com/sex/birth-control/birth-control-pills>.

<sup>33</sup> Mayo Clinic, “Premenstrual Syndrome (PMS),” Mayo Clinic (Mayo Foundation for Medical Education and Research, February 25, 2022), <https://www.mayoclinic.org/diseases-conditions/premenstrual-syndrome/symptoms-causes/syc-20376780>.

<sup>34</sup> Inger Sundström-Poromaa, “Contraceptives and Mood,” *Trends in Andrology and Sexual Medicine*, 2021, pp. 45-56, [https://doi.org/10.1007/978-3-030-70932-7\\_5](https://doi.org/10.1007/978-3-030-70932-7_5), 45.

<sup>35</sup> Inger Sundström-Poromaa, 53.

<sup>36</sup> Inger Sundström-Poromaa, 52.

mental disorders, women who are negatively affected by hormonal contraceptives are also subject to stigmas. This is a serious problem because “the stigma attached to mental disorders remains a public health challenge, represents an important barrier to healthcare, and widens existing social inequalities.”<sup>37</sup> Antunes et al. studied a group in Portugal and found that about one-third of the participants reported perceived stigma, which is defined as when a person feels at least a little embarrassment or discrimination. There is also a gender/sex stereotype that associates the proneness to emotional problems with women that says, “mental health cannot be gender-neutral, while the risks themselves are gender-specific, and women’s status and life opportunities remain low worldwide.”<sup>38</sup> They are arguing that both men and women experience mental health issues, however, women are more disproportionately impacted by it as they are more likely to be stigmatized by society when they experience mood symptoms. How could the association between women and hormones relate to the hormone rhetoric in Japan where women are responsible for regulating their hormones?

Cheung analyzed the sex/gender stereotypes and social expectations in workplaces that were presented at the Health Action Symposium 2017 in Japan which helps us better understand what Participant S mentioned about how menstruation is negatively viewed in workplaces and with mood symptoms. They noted,

“Despite the centrality of women’s domestic roles in allowing salaried men to devote their lives to the company during Japan’s postwar expansion years, the panelists attributed men’s work patterns to their biology: men worked in the same manner as the steady, continued secretion of testosterone, they said. Women, on the other hand, with their hormonal fluctuations, required an environment that matched their bodies—flexible

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<sup>37</sup> Ana Antunes et al., “Perceived Stigma and Discrimination among Persons with Mood and Anxiety Disorders: Results from the WHO World Mental Health Survey Portugal,” *The European Journal of Psychiatry* 36, no. 4 (2022): pp. 280-287, <https://doi.org/10.1016/j.ejpsy.2022.06.001>, 280.

<sup>38</sup> M Afifi, “Gender Differences in Mental Health,” *Singapore Medical Journal* 48, no. 5 (May 2007): pp. 385-391, 389.

work schedules that allow them to take care of “life” in the same model as the precarious, flexible arrangements characteristic of the new economy.”<sup>39</sup>

Here, there is a clear association between gender/sex stereotypes with hormones. Women are seen as not capable of living in an exhausting society that values economic growth, and their hormonal fluctuation needs to be stabilized in order to increase work productivity. On the other hand, men are viewed as stable and capable of contributing to the workforce and to economic growth because they have higher levels of testosterone, which is usually gendered and recognized as a male-masculine hormone, than women. The language usage between fluctuation – women and steady – men also imply that women are unstable, thus, mood symptoms can be understood as a women's "thing", which reflects the gender stereotype that associates women as emotional whereas men are associated with rational. In other words, it can be concluded that women are responsible for regulating hormones because Japanese society problematizes unstable and emotional women in workplaces.

Through the examination of the impact of hormonal contraceptives on women's bodies, it is clear that there is a gender discriminatory rhetoric in Japan that puts a responsibility on women to stabilize hormones through having a healthy diet, good sleep, and regular exercise to be considered as a part of the productive labor force for economic growth. This trend is also seen in how society perceives menstruation that disregards women's actual experiences with having menstruating bodies. While participants mentioned being told to endure the pain and receiving messages from society that menstruation is a women's “thing,” Participant E's experience with attempting to initiate conversations about menstruation with her female friends, shows that there is an internalized stigma, as women themselves feel discomfort when they talk about it. Thus, I

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<sup>39</sup> S. Y. Cheung, ““Let Your Ovaries Rest”: Pathologizing Hormones in Japan's New Economy,” 702.

shift my focus to the historical transition of the ways in which menstruation has been perceived in Japanese society to understand why women may feel discomfort with menstruating bodies.

Hikaru Tanaka, a professor of historical sociology, explains that a statute book from the Heian period (794-1185 AD) stated menstruation as a sign of impurity.<sup>40</sup> There is also a strong tie between Buddhism with menstruation in the Muromachi period (1336-1573 AD) with the introduction of *ketsubon-kyo* (血盆経), which is designated as texts that are not accepted as canonical by some Buddhist schools. *Ketsubon-kyo* was introduced to increase female followers, which preaches that women who bleed due to menstruation and delivery will go to hell because of their impurities but will be saved if they chant *ketsubon-kyo*. Bleeding women were often isolated from the main house and lived in menstruation until they stopped bleeding. However, these customs were banned from the Meiji government in 1872 in which a foreign government worker argued against it. At the same time, the Meiji government raised a slogan; Give More Birth and Raise More Children. The Meiji Government incorporated much of the Western culture to create a modern nation that is powerful enough to compete against European nations. The government viewed women's reproductive capacities as a powerful tool, thus, believing that having control over women's birthing rights will increase as much population as possible because children were needed in the labor force. Therefore, society shifts their views on menstruation as impure to understanding it according to correct Western medical knowledge. The menstruation hut became no longer in use in the 1960s with the emergence of menstrual pads. Anne Corporation (アンネ社) produced and sold the first menstrual pads in Japan, as well

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<sup>40</sup> Hikaru Tanaka, “いま、「生理（月経）」をどう語るべきか。” [How Should We Talk About Period (Menstruation) Now], ヒューライツ大阪(一般財団法人アジア・太平洋人権情報センター)[Hurights Osaka (General Incorporated Foundations of the Asia・Pacific Human Rights Information Center)], March 2022, <https://www.hurights.or.jp/archives/newsletter/section4/2022/03/post-201926.html>.



as empowering women that menstruation is a natural part of the body system that is not to be shamed or to be tabooed. With the current heightened interest in period poverty in Japan, the social messaging around menstruation has become more positive with the effort of advocacy by women on social media and by companies that sell menstrual products.

### **Conclusion of Invisible and Shifting Topics**

Invisible and shifting topics are not the center of focus by society, however, women's bodies have been controlled by social interests. The conversation around invisible topics becomes most visible in different institutions and through political ideologies with the messaging around women's bodies as they need intervention due to their reproductive capacities and sexualities. However, women's lived experiences are not visible in society. The state of being pregnant is highly visible in society but the experiences and voices of the women are silenced. Oral Contraceptives are commonly referred to as the Pill, which promotes non-contraceptive purposes. Media, medical institutions, and workplaces promote it as a pill that cures personal health issues and social issues. In addition, it is argued that women's internalized stigma with menstruation is rooted in this historical transition of how society viewed the menstruating bodies as impure and as a subject of subjugation through the messaging that disempowers them. Therefore, in the next chapter, I write about the power of women's colleges to empower women and as a space to engage with reproductive health discourses in Japan.

## Chapter 4: Possibilities of Women's Colleges and Suggestions for Action

In this chapter, I write about the power of women's colleges and about it as a site for empowerment. As a student at Mount Holyoke College, I realized the powerfulness of the education I received. It provided me with various perspectives and empowered me to address social issues that have been negatively impacting women in Japan. I asked participants about the role of women's colleges on reproductive health and whether there are possibilities for transformation. Participants shared their opinion on whether attending a women's college in Japan has a benefit on their understanding of reproductive health.

### Participants' Stories

Participant E strongly agreed that women's colleges have transformative power, as she has a strong interest in feminism. She shared,

“I think if you're in woman's only woman's college, there are more resources and information to access with them other co-ed college. Because like my experience, there actually a lot of classes about gender and feminism in my university. And we also have a discussion and a meeting about like diversity or a woman's health care once in a month. I think it's really more active. And they're also more thesis [topic] about the feminism.”

Then, she mentioned her older sister who is completing a Ph.D. program in New York City, researching feminism. Participant E pointed out the legacy and history of Japan Women's University as the oldest private institution that provided higher education to women post World War II, while there was gender discrimination. Thus, she believes that women's colleges like hers are more resourceful with content on feminism. She shared the power of feminism and the worth of attending women's only institutions,

“And while some may think it's weird to go to only woman's university. But there are still many women's college in Japan. And said, I don't think woman's college are the best. Because when you live in society they're like so many diverse people, not just only woman. So I don't think that's just I just thought I don't know if it's necessary to go only Woman's University. They're like more choices. Yeah, but when you think about the feminism, we have more into that kind of stuff and like mind it.”

However, she is frustrated that Japanese society does not acknowledge the power of women's colleges.

“When you're at a women's college, you have a lot of opportunities to learn about feminism, and there are a lot of things that women learn, but I think it should also be the case in other higher education institutions. There is not a word in English for it, but I think it is *mottainai* (もったいない: describes how it is unfortunate for something to go to waste). All kinds of alums, they are really amazing. We learn what incredible things they did in the United States and in other countries. We are taught their legacies and histories as if they are kind of like a moral story. Since I know the impact of feminism, I thought, 'That's amazing,' but we don't make use of it to make a change in society. That's why I think it would be good if we could make the most of the good things about women's colleges at other universities. Somehow, only people who attend women's universities know about it. So, for example, my older sister does research on it, so she knows about it. But people who don't know about it don't know. That's why women's colleges have a strange impression from a society that the students are afraid of men, but it's not like that. I wish women's power was more widely known.”

Participant N does not hold strong beliefs about the power of women's colleges in Japan but agreed that an all-women environment makes it easier for people to talk about women's bodies and reproductive health. She shares,

“Our university started accepting students who identify as women. As an all women institution, there are opportunities to learn things about women. For example, I recently learned about a guest speaker's experiences with breast cancer. Also, I learned about a person who transitioned to male. I think this wide range of topics would provide students with various reproductive health knowledge.”

She added that hearing lectures from guest speakers had a positive impact on her by engaging with the embodied knowledge, as they provide more details so that she knows what to expect when she faces a problem.

On the other hand, most participants had a neutral response. They somewhat agree but do not seem to fully understand whether there are benefits to attending women's colleges. However, they mentioned that hearing embodied knowledge from guest speakers, who are often the alums, is useful in thinking about their future. Participant T shared,

“There is a class called, special general education class that is mandated for all students. We heard about a transgender person's experiences with gender-affirming surgery. Like, I think there are more opportunities in women's colleges to learn about feminism and to think about working as a woman, compared to co-ed institutions.”

Participant S also shared that,

“I am not sure if it's because I attend a women's college, but I think there are more opportunities to learn about women's position in Japanese society and experiences that are unique to women through courses. It inspired me to think more about how to make things better for women to actively engage with society.”

Participant K pointed out how gender influences the kinds of conversations people can have in the space. She stated,

“I think gender has some impact on what you can talk about. I think women tend to seek empathy and I think there is a difference in understanding based on your gender.”

Unlike most participants, Participant M does not think that attending a women's college significantly changes how students interact with reproductive health. She pointed out that college as a space in general allows more freedom compared to compulsory education, thus, making changes would depend on the individual with how they make use of the college resources. She thinks that an all-women environment during middle school and high school allowed some topics

to be openly spoken in the space but questions whether the all-women environment benefits all college students. She shared,

“When you become a college student, you make decisions on what you want to be involved in. Like, it's an individual choice. So I think students who are interested in reproductive health will make use of the college resources because there are no limits to acquiring the information they want. I guess that's a benefit of attending women's colleges.”

### **History of Transformation and Power of Feminism**

While some participants are noticing the opportunities at women's colleges, I believe that women's colleges have the transformative power to shift discourses around reproductive health in Japan. I provide the history of the development of women's colleges and the impact it had on one of the first feminists, Hiratsuka Raicho. I then make connections with what participants shared about their perspectives on women's colleges.

The Meiji Period (1862-1912) is a big transition in women's education, indicating the government's strong interest in aligning with the Western world's enlightened stance of providing educational opportunities for women as well. While Christian missionaries had a great influence on the development of women's education, Naruse Junzo, who is the founder of Japan Women's University argued that Japanese society did not want the education that Westernized women in Japan. He founded the university because he believed that educated women were key to developing Japan and making people happy. He visited women's colleges in the United States and founded a private institution in Japan, which is the Japan Women's University. He opened the doors to students in 1901 with the aim of educating women to develop their personalities, for women to become better wives and wise mothers, and educate them as members of the nation.<sup>1</sup> Three courses in the literature, English, domestic science, and pedagogy department were offered

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<sup>1</sup> Naruse Memorial Hall Japan Women's University, “PDF,” March 2000.

to students as he felt that women's education did not include scientific and philosophical perspectives. Later, Hiratsuka Raicho, a graduate of Japan Women's University, expressed her disappointment in Naruse's aim to educate women to be good wives and wise mothers.<sup>2</sup> She is known as the founder of Seitosha and pioneered the women's liberation movement in modern Japan as a journalist. She published a journal magazine for women that included controversial topics that wrote about the social problems with women's oppression under marriage and patriarchal family systems. She inspired women to join Seitosha and empowered women to take action by writing their opinions on oppressive systems.<sup>3</sup> As Riacho attended Japan Women's University and became interested in addressing social issues that oppress women, her legacy and history show that making women's education more accessible led to the empowerment of women to make social changes. She made use of the education that was given to her at that time, questioned social structures and ideologies, and took action to make changes in society.

### **All Women's Space and Embodied Knowledge for Transformation**

Some participants also indicated that there is a potential for making a positive impact on reproductive health discourses in Japan, as they mentioned the usefulness of hearing embodied experiences from guest speakers and alums. College as an institution that allows freedom of exploration of knowledge may be the same for co-ed institutions. However, the legacy and history of alums that took action to make positive changes in society with the education they received, and feeling empowered that you are being part of the legacy are what I think make the experience unique and powerful. I am also excited to be part of the legacy of Mount Holyoke

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<sup>2</sup> Ann M. Harrington, "WOMEN AND HIGHER EDUCATION IN THE JAPANESE EMPIRE (1895—1945)," *Journal of Asian History* 21, no. 2 (1987): 169–86, <http://www.jstor.org/stable/41930686>, 177.

<sup>3</sup> Kuni Nakajima, "Hiratsuka Raicho: Pioneer of the Women's Liberation Movement in Modern Japan." *Journal of Japanese Trade & Industry*, 2003. <https://terebess.hu/zen//mesterek/pion.pdf>.

College and grateful that I am exposed to feminist ideologies that allowed me to critically engage with the social issues of gender discrimination that I did not know how to address while I was in Japan. Moreover, I see possibilities with an all-women's environment to promote engagement with reproductive health. For example, I gave a sex education talk at sewing schools during my internship in Ghana. Sewing schools that I visited were women-only environments and most students were over twenty years old. My co-intern and I talked about consent in a relationship and reproductive health rights that everyone has. During the talk, students actively asked questions, brought up their experiences in the space to open up the conversations, and asked for advice. Given the opportunity to openly discuss reproductive health and topics that are sensitive, Ghanaian women exchanged information about reproductive health based on their experiences. I was very grateful to be a part of this opportunity to learn about reproductive health in Ghana and exchange my thoughts as well. Thus, I see connections between what Japanese women are experiencing in terms of the lack of opportunities and spaces to engage with reproductive health.

I believe that women's colleges have the potential for providing space to promote conversations around reproductive health and to improve reproductive healthcare access. As participants mentioned the opportunities to attend a talk by guest speakers from various backgrounds and experiences, Japan Women's University already offers the space to have conversations about complex topics. Here below, I write about the overview of what the intervention entails, and I provide the full intervention plan in the appendix that is created in a course concurrently taken with this thesis. I suggest an intervention utilizing this space and opportunity to promote college students' access to reproductive health care and information. This intervention focuses mainly on three areas: 1) Social and Individual attitudes toward women's bodies and reproductive health, 2) Social norms, and 3) Personal agency and motivation.

### 1) Social and Individual attitudes towards women's bodies and reproductive health

First of all, it is important for women to understand what kind of stigma people face by seeking or accessing reproductive health care and why they feel uncomfortable talking about taboo topics. Participants expressed that they noticed social taboos to talk about women's bodies and sex, and shared the experience of their friends feeling uncomfortable talking about menstruation. Knowing the social messaging around women's bodies and how that oftentimes negatively impacts women would help realize the internalized stigma about their bodies and health. For example, the national sex education curriculum reflects the notion of taboo to explicitly talk about contraceptives as they are clearly associated with having the intention to prevent pregnancy, which then leads to the association with having sexual intercourse. The social messaging around oral contraceptives as a therapeutic pill, rather than as a contraceptive method, is reflected in the promotion of the term "the Pill." This social awareness around the Pill creates stigma when women seek access with the intent to protect them from undesired pregnancy. Additionally, stigma creates negative attitudes in society as well as within the self. In fact, oral contraceptive usage is low in Japan compared to other nations. Therefore, the process of self-realization of their own attitudes towards reproductive health would mitigate the uncertainty and discomfort when having a conversation about their bodies and accessing reproductive health care.

### 2) Social norms

As attitudes are reflected in social norms, social norms are categorized into descriptive norms and injunctive norms. Descriptive norms are what people think they have to follow in society, which in this case is taboo to talk about sex, reproductive health, and women's bodies.



Additionally, women are more likely to suppress their voices because of the history of feminist movements that received backlash from society to maintain the heterosexual patriarchal social systems as a way to regulate women's bodies and their reproductive capacities. On the other hand, injunctive norms are what people follow based on social expectations. For example, women are exposed to social norms that convey negative messages about menstruating bodies, thus, they are pressured to quietly bear the pain until it is over. With this strong messaging from society, women feel uncomfortable talking about taboo topics in public and feel that they have to hide their opinions and feelings. While attitudes are often individualized, social norms reflect the attitude of the whole. Hence, knowing and identifying harmful social norms is crucial to think about the individual bodies in relation to society.

### 3) Personal agency and motivation

The process of unpacking the social and internal attitudes toward reproductive health and women's bodies, and understanding the influence of social norms are crucial to developing personal agency. I noticed that the Japanese national sex education does not teach students much about bodily autonomy, consent, and decision making. Thus, I believe that building personal agency is important in reproductive health because it will ensure individuals make informed decisions about their bodies, lives, healthcare access, and how to achieve health and well-being. Additionally, having skills to navigate conversations and reproductive health care systems, and knowledge about reproductive health are essential to accessing care. These include, how to identify reliable information, how to seek and access care, and how to navigate power differences that individuals may face in the process of accessing care and while they are accessing care. With skills and knowledge, I believe that women are more empowered to make decisions for their bodies.

With these three areas, the intervention takes place at the college's guest talk event. Students are given a brief overview of what the talk is about and the information on reproductive health, related to the talk. This builds knowledge of the students. Then, they attend the talk and are asked to reflect on their experiences through a discussion with peers. Given the pre-talk information, students will initiate conversations about what they learned from the guest speaker's embodied knowledge, and make connections with reproductive health. This allows them to critically think about the topic from a holistic perspective and gain experience in talking about topics that are considered taboo. In this process, students are building skills to comfortably talk about sensitive topics and feel empowered through the exposure of the guest speaker's experiences and conversations they have with peers. As a result, I believe this leads to growth in personal agency and motivates them to talk more about reproductive health and access to care.

## **Conclusion**

Through this project, I explored how visible, invisible, and shifting topics shape reproductive health discourses in Japan. Starting from participant's articulation of their thoughts on the perception of women's bodies, their stories reflect the complexities and entanglement with the nation state, institution, and reproductive bodies. With the usage of feminist Biopolitics and Biopower as the theoretical framework, I engaged with the spatial and temporal context of topics that participants brought up and how regulatory systems and social norms regulate the bodies. As reproductive health topics create a discriminatory framework for women, some topics gain more attention from the government through their political interests. Women's bodies and reproductive capacities are always regulated through a top-down power dynamic with these governing bodies and institutions that perpetuate harmful social norms. Moreover, women's voices are silenced as there is a notion of taboo to talk about sensitive topics in which they are discouraged to access

reproductive health and information. However, women's colleges hold the transformative power to make positive changes to the current reproductive health discourses in Japan. Powerful changes can be made through this all-women environment where students utilize the existing framework of empowerment and feminist education they receive at the college to gain knowledge, analytical tools, and skills to talk about reproductive health with growth in personal agency. I hope that my work inspires people who want to learn about reproductive health and the ways in which they can make small individual efforts to transform reproductive health in Japan.

## Appendix

### Intervention Plan to Promote Engagement with Reproductive Health and Access to Care

#### Aims

Japanese female youths, between the ages of 18-25, are facing a health issue where they lack awareness around reproductive health and lack accurate knowledge. This is exemplified through the examination of the increasing cases of sexually transmitted infections (STIs) among Japanese women. For example, Ishiwata (2011) argues that Japanese youths do not have accurate knowledge of STIs because of the high incidence rate of genital chlamydia among women aged 20-24. Moreover, while condoms usage among Japanese college students was over 97% for both male and female students (Yoshida et al., 2016), oral contraceptives are not commonly used as a contraceptive method in Japan. As oral contraceptives are highly effective to prevent pregnancy when used correctly and allow the agency over one's bodies, condom-centered contraceptive methods have some disadvantages. For example, while condoms prevent STIs, it is not as effective if not used correctly as they may break or slip off during sexual intercourse. Even with the high usage of condoms to prevent pregnancy, the high incidence rates of STIs shows that Japanese youths do not have the adequate and accurate knowledge to protect themselves from STIs. In other words, there is an overall lack of awareness and knowledge in reproductive health.

Therefore, as there are various contributors to the lack of awareness and knowledge in reproductive health, this intervention aims to increase Japanese female youth's engagement with reproductive health to promote reproductive health care access. This intervention is important because increased access to reproductive health care would impact overall health and well-being. Furthermore, bodily autonomy and informed decision making play a significant role in

experiences with reproductive health care access as well, which then would lead to decreased cases of STIs and increased oral contraceptive usages among Japanese women.

Finan et al. (2018) examined the birth-control self-efficacy, motivation, attitudes, and knowledge among American female adolescents and concluded that school-based interventions can be an effective way to promote healthy sexual behaviors while knowledge is important as it can influence the adolescents' attitudes and motivation towards contraception. They use social cognitive theory to understand the factors that influence the adolescents's behaviors and how knowledge interacts to influence the health behavior outcomes, which I use this theoretical framework to build the intervention plan. Additionally, I use qualitative data from my thesis project as formative data and identified that there is a stigma around having conversations about reproductive health and women's bodies. However, having reproductive health talk is essential to increasing healthy sexual behaviors. According to Gavin et al. (2014), programs that are designed to increase communication between parent and child about reproductive health can lead to decreased pregnancy, abortion, and birth rates among female adolescents. Thus, the intervention is designed to provide opportunities for reproductive health talk at schools.

The intervention is based on the social cognitive theory, the integrated behavior model (IBM) that centers around motivation, and information-motivation-behavioral skills model (IMB) that focuses on the individual's knowledge, motivation and skills needed to perform the behavior. The intervention takes place at Japan Women's University's mandated guest talk event where all students attend. Students will be provided with a pre-talk information sheet that includes relevant information to the talk that is related to reproductive health. After the talk, students will initiate conversations with their peers, making connections with the talk and reproductive health issues through their reflection. They will build skills to access care and gain

knowledge through this opportunity, in which they would feel more motivated to engage with reproductive health. The effectiveness of this intervention will be measured through surveys that ask questions about the student's experiences with the guest talk event, shift in attitudes, motivation, and whether they accessed or are intending to access reproductive health care.

## **Background & Significance**

Activists in Japan have been advocating to expand reproductive health care and make it more accessible so that people can improve their overall health and well-being. For example, there are current debates on shifting Emergency Contraceptives (EC) to non-prescription status and approving medical abortion, which would increase accessibility of contraceptive methods to prevent undesired pregnancy. Despite the heightened debate with reproductive health and the advocate's aim to expand accessible care, women in Japan are still facing barriers to accessing care, particularly with contraceptive methods. Study by Yoshida et al. (2016) reports that there are a “higher proportion of men using condoms (40.7%) and very few women (1.0%) taking oral contraceptive pills (pg.475)” compared to other developed countries. Thus, showed concerns about the wide gap between Japan and other developed countries on oral contraceptive usage. Moreover, the condom usage among college students was 97.7 % for male students and 97.2% for female students. However, the withdrawal method was the second highest contraceptive method, resulting in 15.3% for male students and 20.4% for female students, which is concerning as it may raise the chances of STIs. As men have more control over condom usage, it is concerning that female students who take the oral contraceptive pills were only 7.6% because oral contraceptive usage would allow the female user more personal agency and is highly effective to prevent pregnancy (CDC, 2023). Even with the high condom usage, the cases of STIs are increasing (Kitamura, 2020). Chlamydia, gonorrhea, and herpes are the most prevalent

among women between the ages of 15-49, but what is particularly notable is the rise in female instances of genital chlamydia, in which women between the ages of 20 and 24 have the highest incidence rates (Ishiwata, 2011). There were 13,274 cases for women in 2010 and a slight increase in 2011, with 13,669 cases (Japanese Foundation for Sexual Health Medicine, 2022). Accessing reproductive health care is important because they offer preventative care, such as screening and testing, and offer treatments. It is crucial to target female college students in Japan, as this is the age when people become sexually active. This is shown from the high incidents of genital chlamydia among youths, thus, this group needs intervention to protect themselves from STIs, in other words, reproductive health issues.

There are also challenges with the general lack of knowledge around reproductive health, as Ishiwata (2011) argues that "considering sexuality of young people in Japan today, most of them do not have accurate knowledge of sexually-transmitted diseases (STDs) and pregnancy (pg. 155)." The lack of access to reproductive health care and knowledge are serious problems that need intervention to improve reproductive health care and information access for Japanese youth's health and wellbeing. Therefore, while there are numerous contributors to reproductive health issues, such as STIs, there must be increased engagement with reproductive health and access to care.

Several interventions have targeted reproductive health within schools with varying effects. A study by Finan et al. (2018) developed an intervention that was situated in school, which is not specified in the study, to provide reproductive health care to promote contraceptive usage and to prevent unintended pregnancies among female adolescent students. This intervention is based on the social cognitive theory, which highlights the importance of knowledge, motivation, attitudes, intentions, and self-efficacy for health promotion and as the

precursors for reproductive health behaviors. The study also indicated the availability of accessible reproductive services at school would have a positive impact on improving adolescence's birth control usage and self-efficacy by reducing knowledge barriers and increasing access to reproductive health information. School-based health services (SBHS) include, but are not limited to, preventative care and referral services. These services are designed to be easily accessed by students. While providing more health services in schools did have an impact on adolescent reproductive health, the results of the study suggest that increasing the number or variety of services offered may not be the most effective way to support the diverse reproductive health needs of adolescents because other factors can impact the student's motivation and behavior of accessing care. They concluded that knowledge is significant because it is one of the cognitive precursors that informs behaviors and further, promotes health. Thus, an intervention model based on the social cognitive theory and targeting youths who attend colleges might be effective, as the intervention site has the opportunities for them to gain more knowledge, build the skills to identify and solve what kind of problems they are facing with reproductive health, and access care. Furthermore, most youths in Japan attend higher education, which may be easier to intervene as they are already in an educational space to learn about reproductive health and discuss the issues. As they are required to have a high school diploma to enter colleges, most would have completed the compulsory sex education that is offered from elementary school to high school that provides a baseline knowledge to engage with topics around reproductive health.

Ghorbani-Dehbalaei (2021) conducted a study that examines the correlation between health literacy and reproductive health behaviors among 431 female students at Rafsanjan University of Medical Sciences in 2020. The study aimed to investigate health belief models and



the adoption of preventive behaviors among women. Health literacy is the individual's ability to access, read, and understand health information, to make informed health decisions. They found that higher health literacy was associated with more health-promoting behaviors. They also use the health belief model, which focuses on an individual's perceived susceptibility to health issues, benefits of adopting health behaviors, barriers they face to access care and change behaviors, self-efficacy, and cues to trigger actions to adopt health behaviors. The data were collected using questionnaires that cover demographic information, and included health literacy questions, and researcher-developed questions of health belief based on health belief model constructs. This study showed that 75% of the participants adopted preventive health behaviors for anemia, breast cancer, genital infections and menstrual disorders in this study. Health literacy, self-efficacy, cues to action, and perceived susceptibility are the strongest predictors for preventive behaviors. Thus, this study provides evidence to the importance of knowledge and building personal agency to promote reproductive health care and information access.

### **Formative Data**

I use qualitative data from my independent studies project to identify the resilience factors, which are factors that exacerbate the issue of not accessing reproductive health care and information. I interviewed six participants who attend a women's college in Japan. Four participants shared that they have never heard of reproductive health before. This may indicate that reproductive health is not a concept that is widely recognized by youths in Japan who attend college students. Through the interview, participants mentioned that they do not generally talk about reproductive health, sex, and women's bodies, as these topics are considered taboo in society. Furthermore, some experienced a situation where their friends felt uncomfortable talking about menstruation at school even though they initiated a conversation. Cook and Dickens

(2010) argues that there are different types of stigma in reproductive health that could affect the individual's behavior of seeking care due to the fear of judgment and discrimination. Two participants shared their experiences with menstruation about judgment they receive from society in relation to work productivity and are told that menstrual cramps are not an illness, which could be a form of experienced stigma that refers to suffering disadvantage because of other's negative perceptions and reaction. Additionally, one of these participants expressed that menstruation as a topic is considered taboo. She shared her experience when she attempted to have a conversation about menstruation with her friends but was refused because of discomfort. This could be due to the friend's internalized stigma which refers to the individual incorporating others' negative beliefs and attitude that results in reduced self-esteem or feelings of shame. Another example is stigma around people accessing reproductive health care, such as oral contraceptives, because they may be misunderstood as sexually promiscuous. This reflects that accessing oral contraceptives as a means of preventing pregnancy are directly related to having sex, thus, it is important to uncover the stigma and misconceptions to promote reproductive health care and information access among youth. As seen from the participants' experiences with menstruation, which is a reproductive health topic, women in Japan may lack the skill, knowledge, and personal agency to engage with reproductive health and access care.

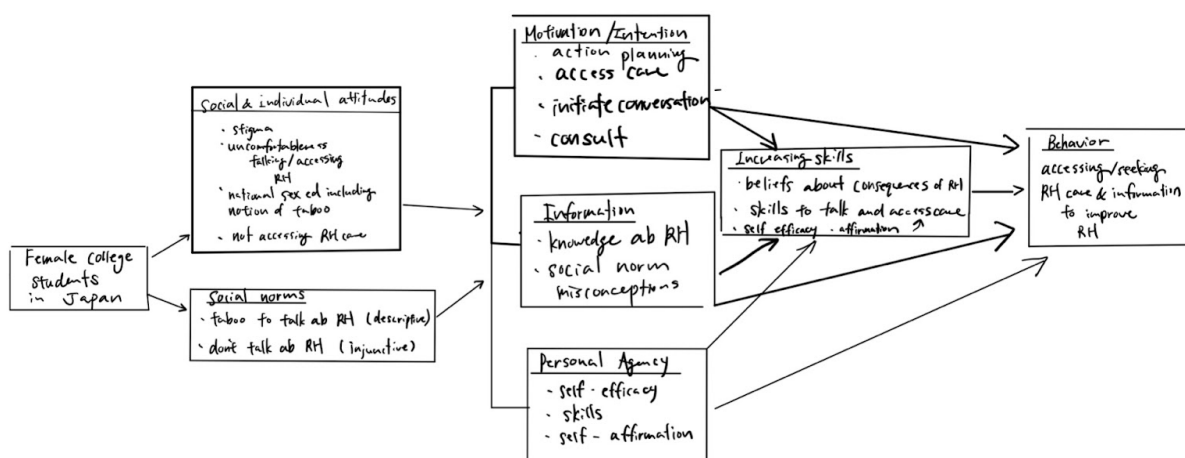
Moreover, it be said that there are few spaces and opportunities for women in Japan to comfortably and confidently talk about topics that are considered taboo, even though participants showed that they have thoughts and articulating their experiences within the reproductive health framework, despite reproductive health not being a well-known concept in Japan. The lack of understanding of reproductive health and opportunities to exchange thoughts may become a barrier to accessing care and information. Gavin et al. (2014) conducted a systematic review of

programs that are designed to increase parent-child communication in regard to reproductive health. They used literature and found that such programs could be effective in improving parent-child (adolescents) communication about reproductive health, which they further identified that these programs had positive long-term outcomes including decreased rates of pregnancy and abortion among female adolescents. They concluded that conversations about reproductive health promote healthy sexual behaviors and prevent negative outcomes. Therefore, it can be inferred that having conversation about reproductive health could have a positive effect on female college students in Japan to promote engagement with reproductive health and to access care for their health and well-being.

## Intervention

Figure 1

*Logic Model for the Intervention*



I suggest an intervention based on social cognitive theory and the integrated behavioral model and information-motivation-behavioral skills model to increase engagement with

reproductive health and promote access to care and information among female college students between the ages of 18-23. This intervention focuses on the individual level to intervene with the reproductive health issue they may face and build skills, personal agency, and gain knowledge. I am hoping that female students in Japan would access reproductive health care and information by targeting to increase skills, information (knowledge), and personal agency.

The intervention takes place at Japan Women's University, where the participants were recruited. I use existing opportunities at the university, as they mentioned that they have to attend a mandatory in-person guest speaker event that invites alums. Thus, all students at the university will participate in this intervention. Some of the topics covered at the event relate to reproductive health so students will be given a pre-talk information sheet that includes information that is relevant to the talk topic in relation to reproductive health. After the talk, students will reflect on the talk, while making connections with the information listed on the pre-talk information sheet. This discussion part will be facilitated by professors or staff at the university, as they will be provided with guidelines. This opportunity allows for students to engage with embodied knowledge and make a connection with reproductive health issues as they will discuss the topic with peers. Here, they will build skills to confidently and comfortably talk about sensitive topics and learn how to navigate health care systems, and build personal agency through gaining knowledge about reproductive health, and increase motivation to access reproductive health care. I am also hoping that students will continue conversations about reproductive health and further circulate their experiences and knowledge with others outside of this opportunity. The effectiveness of this intervention will be measured by researcher-developed surveys that ask about students' opinion on the intervention, whether they gained knowledge and skills, whether they feel more comfortable and confident talking about sensitive topics, their shift in personal

agency, and whether they are motivated to access reproductive health care or have already received care. The intervention will be given throughout the students' education at the university and will assess the outcomes of the intervention every end of the semester.

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