

## **Policy Recommendations on Building Platforms for Reproductive Health and Rights: Making Society a Place Where Educational and Consultation Opportunities Are Available to All**

### **Background**

Sexual and Reproductive Health and Rights (SRHR) are fundamental human rights that should be recognized for all people from birth so they can lead better lives. This concept was first put forward at the International Conference on Population and Development in 1994. Growing interest in SRHR on a global level led to its inclusion of “reproductive rights” among the Sustainable Development Goals (SDGs) in 2015<sup>1</sup>. Examining past events related to SRHR in Japan, in 1996, the Eugenic Protection Act was renamed the Maternal Health Act and provisions for abortion and sterilization that were based on eugenics were removed. Later, mention of SRHR was included in the Basic Plan for Gender Equality in 2000, but Japan has not kept up with global progress in policy and education in the years since.<sup>1</sup>

For example, the World Health Organization (WHO) recommends the medical abortion pill as a less physically demanding method of contraception and abortion than other methods and it is approved for use in over 70 countries. However, it has yet to be approved in Japan. In Japan, the male condom is the most used contraceptive method for unmarried women at 90.4% (2015), while the low-dose pill is used at a low rate of only 5.4%<sup>2</sup>. Compared to the global average usage rate of 19.2% and around 40% in European countries, this difference is striking.<sup>3</sup> One factor that may have led to these circumstances is the fact that in Japan, low-dose pill is only provided with prescriptions based on diagnoses from physicians.<sup>4</sup> In addition to high access hurdles, it has also been pointed out that awareness is insufficient across genders toward the importance of possessing correct knowledge about one’s own body and the right to self-determination.

Comprehensive sex education is considered a key element for helping people achieve a proper understanding of SRHR. Such education not only encompasses knowledge regarding the reproductive organs or pregnancy, it also includes sexual intercourse, contraception, gender, human rights, diversity, human relations, and preventing sexual violence. In Japan, the Ministry of Education, Culture, Sports, Science and Technology (MEXT) is currently promoting “Safety Education for Life” in accordance with the Decision by the Council of Relevant Ministries for Reinforcing Countermeasures for Sexual Crime and Sexual Violence.<sup>5</sup> However, in its current state, this education lacks information

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<sup>1</sup> Although the term “sexual and reproductive health/rights” is widely recognized as a basic human right in global health, it is difficult to reach international agreement on the concepts of “sexual” and “rights” due to differences in religious, social, and cultural backgrounds, and the SDG targets are listed separately as “sexual and reproductive health” and “reproductive rights”.

on topics like sexual intercourse and cannot be considered comprehensive. To address this, in the future, Japan should follow the *International Technical Guidance on Sexuality Education*, the global standard for comprehensive sex education from the United Nations Educational, Scientific, and Cultural Organization (UNESCO). In the past, the Health and Global Policy Institute (HGPI) Women's Health Project provided a comprehensive health education program for university students while referring to the *International Technical Guidance on Sexuality Education* and other guidelines. An analysis verifying the effectiveness of that program conducted in FY2019 provided three suggestions: (1) to introduce and/or enrich comprehensive health education programs, including sex education, from an early childhood and to create opportunities for university students to receive comprehensive health education; (2) to improve the contents of comprehensive health education programs and methods/providers of delivery; and (3) to create a mechanism that connect students to counseling services and healthcare institutions.<sup>6</sup>

In light of these circumstances, the HGPI Women's Health Project launched a project called "Establishing Youth Terrace, a Reproductive Health and Rights Platform" with the goal of making society a place where the young people who will be shouldering our future can obtain correct knowledge about SRHR and can seek out medical care and consultations more easily. In recent years, Japan has seen increasing social interest in SRHR and greater recognition of its importance, as we can see by momentum that continues to build for making emergency contraceptives available over the counter. Now is the time for us to reaffirm the need for a society in which every individual can enjoy a greater variety of life choices for better living. Starting with the efforts of this platform, and based on the knowledge we have accumulated over many years of activities for the Women's Health Project, we have formulated the following recommendations for how to best structure reproductive health and rights platforms in Japan.

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**Executive summary**

**Perspective 1: The need to expand educational opportunities for comprehensive sex education and to promote understanding of SRHR throughout society to meet the needs of Japan today**

- ✓ Expand the content covered during sex education in schools to reflect the content of the *International Technical Guidance on Sexuality Education*.
- ✓ In order to provide expanded comprehensive sex education during school education, curriculums on SRHR in teacher training courses and teacher training opportunities should be expanded.
- ✓ Work together with educational institutions to create opportunities for training on SRHR for households and community members.
- ✓ At healthcare institutions, which have the potential to become key providers of consultations, educational opportunities for health care professionals should be expanded to include SRHR in training courses with the objective of providing health services from the perspective of the parties involved. Training opportunities for healthcare professionals provided after graduation should also be enhanced.

**Perspective 2: The need to expand opportunities for people to obtain accurate information regarding SRHR throughout the life course and have access to consultations on their troubles when necessary**

- ✓ Expand support systems so working adults can obtain accurate information regarding SRHR on a continuous basis to match each stage in life, as well as to have access to consultations when necessary.
- ✓ Discussions on SRHR in the field of occupational health should be encouraged to bolster systems for continuous SRHR support for working adults. Specifically, this includes the need to provide companies with incentives to establish SRHR consultation services and to hold training courses and other programs on SRHR.
- ✓ To meet the needs of today, public institutions should disseminate information on SRHR through the proactive and effective use of tools like online media and social networks, as well as reinforce efforts to build awareness toward SRHR among uninterested people by collaborating with highly influential content producers.

**Perspective 3: The need to provide long-term financial support to implement sex education programs that fully incorporate SRHR, to enable effective awareness-building activities, and to establish continuous consultation services**

- ✓ To provide sex education that fully covers SRHR, it will be important to achieve nationwide

equity in sex education and training opportunities. Surveys should be conducted to grasp the real-world implementation status of sex education and training programs and continuous budgets should be secured to provide the interventions deemed necessary according to the results of those surveys.

- ✓ When conducting activities to raise awareness and establish consultation services for SRHR, instead of operating services through public organizations alone, it will be necessary to expand activities within civil society organizations and private sectors to make it possible to provide services that better meet the needs of those most affected. While encouraging joint public-private activities like these, continuous financial support for such activities should also be expanded.

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## Recommendations – Full text

### Perspective 1:

#### **The need to expand educational opportunities for comprehensive sex education and to promote understanding of SRHR throughout society to meet the needs of Japan today**

##### **1-1: While expanding educational opportunities to include SRHR and comprehensive sex education at educational institutions and during teacher training courses, understanding toward SRHR in homes and communities must also be promoted.**

Sex education provided in educational settings in Japan has generally been included within the subjects of physical and health education. As previously discussed, in response to a decision to reinforce measures against sexual crimes and sexual violence made at a ministerial conference in 2020, MEXT is now promoting “Safety Education for Life,” a program that aims to eliminate sexual crimes and sexual violence by reinforcing education and awareness-building activities in schools. As a result of those efforts, many educational institutions are now providing sexuality guidance to children and young people of all ages, from pre-school children to university students, in line with the stage of each child’s mental and physical development. While this guidance teaches students about subjects like the bodily organs, menstruation, and sexually transmitted diseases, it does not adequately cover topics that are essential for a proper understanding of SRHR, like sexual intercourse or proper use of contraceptives.<sup>7,8</sup> As such, it is not as comprehensive as UNESCO’s *International Technical Guidance on Sexuality Education*. Guaranteed opportunities for participants in training programs for kindergarten, elementary, and middle school teachers to learn about SRHR and comprehensive sex education have also not been secured. This means there are also too few teachers serving in real-world educational settings that are familiar with the content of UNESCO’s guidance. In the future, sex education provided during compulsory education in Japan as well as in “Safety Education for Life” must be further expanded to meet the global standards on comprehensive sex education established by the *International Technical Guidance on Sexuality Education*. Furthermore, the curricula of teacher training courses must be improved to cover SRHR and comprehensive sex education while current teachers are provided with training opportunities to learn about these topics. Both public and private schools can provide comprehensive sex education, although there are some restrictions of sex educations in school settings<sup>ii</sup>: however, there is a lack of understanding of sex education among parents and local communities, and some educational institutions are

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<sup>ii</sup> The 1998 edition of the Courses of Study (Health and Physical Education) and other guidelines set forth the restrictions of sex education, which states that “the process of pregnancy (sexual intercourse) shall not be included” (1st-year junior high school health and physical education) and “the process leading to human fertilization shall not be included (5th-year elementary school science).

reluctant to provide sex education<sup>9</sup>. In fact, according to a survey of sex education in compulsory education schools conducted by the Ministry of Education, Culture, Sports, Science and Technology from April to July 2005, there were 22 complaints and inquiries from parents to prefectural boards of education, 68 to municipal boards of education, and 539 directly to schools<sup>10</sup>. There is no uniform method of introducing and expanding comprehensive sexual education for public and private schools, as their administrative authority differs. However, it is desirable for both public and private schools to fully discuss with school principals and other stakeholders and implement comprehensive sex education that overcomes restrictive regulations in school settings.

In implementing such comprehensive sex education in the educational setting, efforts are also being made to utilize outside personnel with specialized knowledge. In August 2018, the Tokyo Metropolitan Board of Education released the results of a survey on the status of sex education at public junior high schools<sup>11</sup>. 89% of schools responded that "it is effective to use outside instructors such as doctors for sex education," while only 23% of schools actually use outside instructors. As for the question, "I would like the board of education to dispatch doctors and other outside instructors when conducting sex education," about 80% of the respondents answered, "Yes." In light of this situation, it is desirable to discuss the active use of outside instructors and ways to further promote their use in the future.

As homes and communities also have key roles to play in helping people learn about SRHR and health issues and in driving behavioral change, it will also be important to promote understanding toward SRHR in homes and communities. Therefore, instead of limiting the scope of such education to that provided at schools and during training programs, educational opportunities must be expanded to include parents and community members.

**1-2: Educational training for healthcare professionals must be expanded to include SRHR, and understanding toward SRHR at consultation services at healthcare institutions must be promoted.**

During consultations on troubles concerning the body related to SRHR, the psychological burden placed on the person receiving the consultation is significantly impacted by whether or not the institution (most often a healthcare institution) or health professional providing the consultation knows about SRHR or not, as well as by their attitude toward SRHR. This is also an important factor that is linked to their consultation-seeking behavior later on. This means institutions that provide consultations must learn about the fundamental attitudes behind SRHR and its concepts, as these are essential basic skills for parties involved in health services. Also, we can assume that consultations related to SRHR will not be limited to OB-GYNs (obstetrician/gynecologists) and

midwives and will include various medical departments, including emergency medicine, general internal medicine, and pediatrics. However, at the moment, training programs for physicians and other health professionals provide few opportunities to learn about SRHR and comprehensive sex education. Opportunities for such healthcare professionals to learn about SRHR after completing education are also limited. This means that in the future, educational opportunities for health professionals to learn about SRHR during training programs must be expanded and training opportunities on SRHR provided at healthcare institutions and other organizations providing consultations must be enhanced with the objective of providing health services that better encompass the perspectives of those most affected.

**Perspective 2:**

**The need to expand opportunities for people to obtain accurate information regarding SRHR throughout the life course and have access to consultations on their troubles when necessary**

**2-1: Rather than focusing only on young people, SRHR consultation and training opportunities in the field of occupational health must be expanded to reflect higher employment rates among women.**

Having correct knowledge regarding SRHR and learning how to take action are important aspects of being able to independently protect one's own health and create life plans. SRHR encompasses themes that involve all people continuously and throughout the life course, and different types of knowledge and support are needed for each stage in life. As previously discussed, support from schools, family, and the community should provide the foundation during compulsory and higher education. Later on in life, however, opportunities to provide people with correct knowledge and the necessary support are limited, but an increase in the number of women in the workforce in recent years means it has become necessary to respond to SRHR-related health issues in the field of occupational health. Employers must take proactive steps to address SRHR-related health issues within the framework of occupational health, such as establishing consultation opportunities for SRHR or providing managers with training on SRHR. To support these efforts, expectations are high for the Ministry of Health, Labour and Welfare (MHLW) to expand conditions for certain certifications so they include topics related to women's health and SRHR with the goal of reinforcing support systems in the field of occupational health. These include the requirements for "Eruboshi" Certification,<sup>12</sup> which is awarded to companies based on the Act of Promotion of Women's Participation and Advancement in the Workplace; and "Kurumin" Certification,<sup>13</sup> which is awarded to companies based on the Act on Advancement of Measures to Support Raising Next-Generation Children. While reinforcing various efforts in the occupational health field, it must be noted that not all women are

members of the workforce, so steps must be taken to consider how to provide educational opportunities to those outside the workforce, as well.

**2-2: Utilizing the media and social networks and other tools, active steps must be taken to reach out to both people interested and uninterested in SRHR, and systems that enable people to obtain accurate SRHR knowledge must be built.**

To make society a place where all individuals can enjoy a greater variety of life options as well as better living, it will be important for all people to possess SRHR-related knowledge, regardless of their level of interest in the topic. In the “Public Opinion Survey on Child-rearing in Modern Japan” presented by HGPI in 2021, many respondents said they use internet searches as a source of knowledge on SRHR-related topics like fertility or coping with menstruation.<sup>14</sup> As this finding shows, online media and social networks have a significant amount of influence in providing correct SRHR information, so it will be essential that they are further utilized in the future. As previously discussed, it will be important to promote understanding of SRHR throughout society, and steps must be taken to encourage all people to acquire this knowledge regardless of interest in SRHR as well as to establish mechanisms for delivering correct information. Further efforts must be devoted to identifying effective methods of disseminating information from public institutions. These may include utilizing online tools or collaborating with producers of content that reaches many young people.

**Perspective 3:**

**The need to provide long-term financial support to implement sex education programs that fully incorporate SRHR, to enable effective awareness-building activities, and to establish continuous consultation services**

**3-1: Continuous funding must be secured to expand sex education in Japan over the medium to long term.**

As mentioned above, implementing continuous education and training programs on SRHR that are based on the latest findings will be essential for providing sex education that has been expanded to meet global standards as part of compulsory education as well as for providing health services from the perspectives of those most affected. Instead of relying only on activities undertaken through dedication by specialists and educators who are deeply invested in SRHR, like in current circumstances, the national Government must provide leadership and achieve equity in education and training programs throughout Japan. To achieve this, it will be essential to first grasp the current conditions surrounding the implementation of sex education and training programs. Sufficient funding from public institutions must then be secured so the



necessary intervention measures identified as a result of those efforts can be provided.

**3-2: Ongoing financial support must be expanded to enable civil society organizations or private sectors to conduct effective awareness-building activities and to establish consultation offices.**

There are cases in which public organizations are taking the initiative to build awareness or to establish consultation offices for SRHR, but if civil society organizations also proactively engage in such efforts, it will become possible to provide information and solutions for promoting better health in terms of SRHR as well as services that better match both the perspectives of those most affected and the needs of society. However, engaging in activities to provide information or consultations on SRHR in an effective manner requires operational funds to conduct publicity or to hire specialists. Long-term financial support from the Government or other public organizations is also necessary, especially when such services are operated by NGOs, NPOs, and other civil society organizations, or as in-house occupational health initiatives at private sectors. In the future, steps must be taken to further promote public-private partnerships while expanding financial support to encourage those public-private initiatives and activities.

**Lessons learned by implementing a platform for SRHR in society and prospects for the future**

As previously discussed, in 2021, the HGPI Women's Health Project launched its reproductive health and rights platform Youth Terrace with the objective of promoting SRHR in Japan. The main activities of Youth Terrace fall under three pillars: 1) conducting comprehensive sex education programs for university students; 2) providing information and consultations related to SRHR; and 3) conducting surveys and engaging in policy recommendation activities. At the moment, Japan has no other platform initiative that provides similar functions for SRHR. Our recommendations for how to best disseminate SRHR in Japan based on knowledge we have acquired over the course of activities for Youth Terrace are as described above. We also eagerly look forward to the emergence of similar platforms in the future. Below, we provide recommendations regarding the ideal methods of engaging in such platform initiatives. In doing so, we hope to contribute to the further development of SRHR in Japan by sharing the lessons we learned from implementing our platform with wider society.

**1) Conducting comprehensive sex education programs for university students**

Youth Terrace has been collaborating with the Japanese Midwives Association to conduct a comprehensive sex education program<sup>iii</sup>. The program is provided to university students and similar

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<sup>iii</sup> While referring to initiatives like the Tanimaki Project (lit. "Seed Scattering Project"), a university student lecture program conducted by the Japanese Midwives Association since 2016, the results of the Survey on Health Promotion and Working Women

parties and features lectures from midwives who have completed a sex education workshop based on the *International Technical Guidance on Sexuality Education*. These lectures are offered both in person and online, which allows us to match midwives with universities and graduate schools in every region throughout Japan. Surveys conducted after the lectures have found high levels of satisfaction and knowledge improvement among attendees.<sup>15</sup> We continue to receive applications from organizations wishing to host the program, which shows there is high need for comprehensive sex education in Japan. To ensure high-quality comprehensive sex education that meets society's needs can continue, ongoing training based on the latest SRHR knowledge must be provided to the midwives and other parties who give the lectures in these programs. This means that in the future, it will be crucial for us to continue updating the training program with cooperation from the Japanese Midwives Association, related organizations, and educators.

## 2) Providing information and consultations related to SRHR

Recognizing the need to help people obtain correct knowledge regarding SRHR at each life stage and to promote the expansion of consultation opportunities to provide psychological reassurance to the people receiving them, Youth Terrace established a consultation service called Youth Café to provide young people with correct information on SRHR. We carried out this initiative with collaboration from Youth Ambassadors, who are university students with a great degree of interest in SRHR and who were recruited and certified as collaborators before the platform was launched. The main method of providing information was through the use of social networks. Youth Ambassadors also actively contributed to disseminating information. Consultations were provided both in person and online by midwives who had completed the aforementioned workshop. While the consultations were free and available every weekday, the number of users was sluggish throughout the initiative. In light of this and the fact that society still has low awareness toward SRHR consultation services in Japan, concentrated efforts must be devoted to creating opportunities to provide information or consultation services. There are a number of potential options that may lower the psychological hurdles people feel toward visiting consultation services at permanent locations. For example, such services might be established at locations people gather at over the course of everyday life, or along the train lines they use regularly. It may also be possible to provide consultations over social networks using tools like chat bots to ensure anonymity. In terms of information provision and awareness-building, Youth Ambassadors shared information over social networks while online seminars that featured specialists and other parties familiar with SRHR were held. In the future, efforts must be devoted to involving people who are less interested in SRHR in addition to those who are highly

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2018 conducted by HGPI in 2018, and the instructor's edition of a textbook on health education at high schools and other secondary schools, HGPI developed its own program and hosted workshops to provide comprehensive health education needed by Japanese university students and in accordance with global trends in health education.

interested. For example, it might be possible to provide information across various age groups by engaging in awareness-raising activities in communities or at events that are unrelated to SRHR.

### 3) Conducting surveys and engaging in policy recommendation activities

Since 2005, the HGPI Women's Health Project has offered policy recommendations on women's health and has engaged in survey research activities in this field. Youth Terrace was envisioned and established based on our findings from those survey research activities. Youth Terrace has also conducted surveys to gauge items like before and after changes in knowledge or satisfaction levels among people who have used our consultation services. The findings will provide important data for measuring the effectiveness of this initiative as we expand it nationwide. It is likely these survey activities will also be expanded as the number of consultation service users increases in the future. It will be important for us to present options to society in the form of policy recommendations that are based on the knowledge gained from these surveys and from our experiences implementing Youth Terrace in society.

### **Acknowledgements**

When formulating these recommendations, we conducted hearings with the experts listed below who participated on our advisory board. We express our deepest gratitude for their cooperation. These recommendations were compiled by HGPI in its capacity as an independent health policy think tank and should not be taken to reflect the views of any Advisory Board member or related party, or any organization to which they are affiliated.

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<sup>1</sup> [https://www.gender.go.jp/about\\_danjo/basic\\_plans/2nd/pdf/2-08.pdf](https://www.gender.go.jp/about_danjo/basic_plans/2nd/pdf/2-08.pdf)

<sup>2</sup> [https://www.ipss.go.jp/ps-doukou/j/doukou15/NFS15\\_report3.pdf](https://www.ipss.go.jp/ps-doukou/j/doukou15/NFS15_report3.pdf)

<sup>3</sup> United Nation, Department of Economic and Social Affairs, P. D. Trends in contraceptive use

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Worldwide 2015. Contraception (2015). doi:10.1016/j.contraception.2012.08.029

<sup>4</sup> Japan Health Policy NOW. “Women’s Health: An International Comparison.”

<http://japanhpn.org/en/wh-2-2>

<sup>5</sup> Policy on Reinforcing Countermeasures for Sexual Crime and Sexual Violence (Enacted by Decision of the Council of Relevant Ministries for Reinforcing Countermeasures for Sexual Crime and Sexual Violence on June 11, 2020).

<sup>6</sup> Health and Global Policy Institute, July 2020. “Developing a Comprehensive Health Education Program for University Students and Program Effectiveness Survey Results.”

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<sup>7</sup> Ministry of Education, Culture, Sports, Science and Technology. “National Curriculum Standards (2017-2018 Revision), Elementary School.”

<sup>8</sup> Ministry of Education, Culture, Sports, Science and Technology. “National Curriculum Standards (2017-2018 Revision), Lower Secondary School.”

<sup>9</sup> <http://www.senshu-u.ac.jp/~off1009/PDF/nenpo48-8.pdf>

<sup>10</sup> [https://warp.ndl.go.jp/info:ndljp/pid/286794/www.mext.go.jp/b\\_menu/houdou/17/12/06022303.htm](https://warp.ndl.go.jp/info:ndljp/pid/286794/www.mext.go.jp/b_menu/houdou/17/12/06022303.htm)

<sup>11</sup> [https://www.kyoiku.metro.tokyo.lg.jp/press/press\\_release/2018/release20180913\\_02.html](https://www.kyoiku.metro.tokyo.lg.jp/press/press_release/2018/release20180913_02.html)

<sup>12</sup> [https://shokuba.mhlw.go.jp/published/special\\_02.htm](https://shokuba.mhlw.go.jp/published/special_02.htm)

<sup>13</sup> [https://shokuba.mhlw.go.jp/published/special\\_01.htm](https://shokuba.mhlw.go.jp/published/special_01.htm)

<sup>14</sup> Health and Global Policy Institute, 2021. “The Public Opinion Survey on Child-rearing in Modern Japan.”

<sup>15</sup> Health and Global Policy Institute, 2020. “Developing a Comprehensive Health Education Program for University Students and Program Effectiveness Survey Results.”