キックオフシンポジウム
女性の健康プロジェクト「リプロダクティブヘルス・プラットフォームの構築」
～全ての若者がリプロダクティブヘルス／ライツに関する自己決定ができる社会の実現を目指して～　開催報告書

Kick-off Symposium The Women's Health Project: Building a Reproductive Health Platform – Pursuing a Society in Which Japan's Young People Can Make Decisions for Themselves Regarding Reproductive Health and Rights Report by HGPI

2021年 10月 26日（火）
Tuesday, October 26, 2021

HGPI Health and Global Policy Institute

Supported by 日本財団 THE NIPPON FOUNDATION

The Women's Health Project Kick-off Symposium: Building a Reproductive Health Platform – Pursuing a Society in Which Japan's Young People Can Make Decisions for Themselves Regarding Reproductive Health and Rights (October 26, 2021)

The Women's Health Project of HGPI held a kick-off symposium on the subject in a hybrid format (online and at the venue). The symposium was a platform to discuss issues surrounding reproductive health and rights in Japan and the future prospects of using this platform with multi-stakeholder groups from industry, government, academia, and the private sector, with the aim of realizing a society in which all young people can make their own decisions regarding their reproductive health/rights.

Date and time: Tuesday, October 26, 2021; from 15:00 – 17:15 JST

Venues: Iino Hall (2-1-1 Uchisaiwaicho, Chiyoda Ward, Tokyo 100-0011) Zoom webinar

Host: Health and Global Policy Institute (HGPI)

Program (Speakers listed in no particular order; titles omitted)

15:00-15:05	**Welcoming remarks and explanatory introduction**
15:05-15:15	**Keynote lecture – "Steps for Achieving Well-being for Each Young Person"** Yasunori Yoshimura (Professor Emeritus, Keio University)
15:15-15:25	**Video messages from Diet members**
15:25-15:35	**Special lecture – "Importance of Government Support for Promotion of Sexual and Reproductive Health and Rights – the Swedish Example"** Helena Kopp Kallner (Senior Consultant in Obstetrics and Gynecology, Danderyd Hospital; Associate Professor, Karolinska Institutet)
15:35-15:50	**Research report – "Developing a Comprehensive Health Education Program for University Students and Program Effectiveness Survey Results – Recognizing the Need for a Reproductive Health Platform"** Yuko Imamura (Manager, HGPI)
15:55-16:05	**Relay talk with youth representatives – "Steps for Enabling Young People to Decide for Themselves How They Want to Live Their Lives"**
16:10-17:00	**Panel discussion – "Considering Issues and Future Prospects for Reproductive Health and Rights in Japan With Industry, Government, Academia, and Civil Society – How a Platform Can Shape the Future for Young People"** **Panelists:** Yuko Kidoguchi (Operating Officer, Head of Communications, Bayer Holding Ltd.) Mariko Sato (Director, UNFPA Representation Office in Japan) Renge Jibu (Associate Professor, Institute for Liberal Arts, Tokyo Institute of Technology) Mihyon Song (Director, Marunouchi no Mori Ladies Clinic) Tomoko Hayashi (Director-General, Gender Equality Bureau, Cabinet Office) **Moderator:** Yuko Imamura (Manager, HGPI)
17:05-17:10	**Message to the project** Kanako Shinden (Domestic Business Development Team, Public Services Department, The Nippon Foundation)
17:10-17:15	**Closing remarks** Kiyoshi Kurokawa (Chairman, HGPI)

Welcoming remarks and explanatory introduction
Yuko Imamura (Manager, HGPI)

➢ About HGPI and the Women's Health Project

Health and Global Policy Institute (HGPI) is a non-profit, independent, private health policy think tank established in 2004. With a mission of “achieving citizen-centered healthcare policy,” HGPI brings together broad stakeholders from industry, Government, academia, and civil society for repeated discussions to formulate and publicize policy recommendations. In addition to today’s event for the Women’s Health Project, we are currently active in a broad variety of fields including dementia, immunization and vaccination, mental health, antimicrobial resistance (AMR), and global health.

Full-scale efforts for the Women’s Health Project began in 2015. When we conducted a public opinion survey on the themes of health literacy and labor productivity among working women in 2018, we received many opinions from respondents saying they wished they had learned about reproductive health and rights at school and had known more about various life options. In response, starting in 2019, we have been engaged in initiatives under the theme of reproductive health and rights.

Based on those efforts, we built a collaborative platform that gathers industry, Government, academia, and civil society this fiscal year in pursuit of “creating a society in which all young people can exercise self-determination regarding their reproductive health and rights.” Today, to kick off that platform’s activities, we would like to discuss issues surrounding reproductive health and rights in Japan as well as future prospects together with everyone in attendance to take a new step forward.

Keynote lecture – “Steps for Achieving Well-being for Each Young Person”
Yasunori Yoshimura (Professor Emeritus, Keio University)

➢ Modern women face greater health risks associated with menstruation

Menstruation is an extremely important phenomenon related to reproduction. Compared to women a century ago, women today experience menarche two to three years earlier on average, and they have fewer pregnancies and births. As a result, modern women experience many more menstrual cycles. Experiencing more menstrual cycles over the life course also carries greater health risks associated with menstruation.

➢ Sex education before puberty should be promoted

Compared to the time a woman reaches sexual maturity at around age 30, reproductive ability is lower at age 50 and the ovaries atrophy. At 20 weeks of gestation, the number of eggs increases rapidly to about 7 million, then steadily declines to about 2 million at birth. This number continues to decline to 200,000 to 300,000 by puberty and approaches zero at menopause. Eggs are produced in the ovaries before birth and are stored in the ovaries after birth, and one mature egg is ovulated per month. This kind of education must start before puberty.

➢ Preconception care is important for managing women’s health

The importance of healthcare provided before pregnancy called preconception care has been emphasized in recent years. In developed countries, there has been a dramatic decrease in maternal and perinatal mortality rates, but there has been no decrease in infant mortalities associated with congenital anomalies, low birth weights, and maternal complications. A greater number of high-risk pregnancies due to lifestyle disruptions among young women, better reproductive medical technology, career development for women, and higher maternal ages at childbirth have resulted in greater recognition toward the importance of managing women’s health from before pregnancy.

➢ Transforming society into a place that recognizes diversity and establishing true reproductive health and rights will be key steps for achieving well-being

To provide comprehensive support for women’s health, collaborative education across the specialties of medicine, nursing, and sociology will be essential. Helping women maintain good health will require establishing a position for that support within preventive medicine. It will be important to provide support from a comprehensive, overhead perspective by presenting evidence from large-scale clinical studies and by creating guidelines. To achieve well-being, we must transform society so it recognizes diversity, such as by being LGBTQ-friendly or by allowing married couples to have separate surnames. It will also be important to educate women on how to maintain their health early in life, before puberty, to establish true reproductive health and rights in which women can make independent decisions regarding their own lives.

Video messages from Diet members

Junko Mihara (Member, House of Councillors)

During my time as State Minister of Health, Labour and Welfare, one of my initiatives led to the creation of the Infertility Prevention Support Package. Starting with the Youth Terrace initiative, I wish everyone all the best in their activities so we can achieve a society in which each young person can readily seek advice and obtain correct information on issues related to reproductive health.

Hanako Jimi (Member, House of Councillors)

Please allow me to express my gratitude toward your enthusiastic commitment to comprehensive sex education. I am currently involved in establishing the Children and Families Agency and the enactment of the Basic Law for Child and Maternal Health and Child Development, and I feel we must take renewed action for women and children in light of the COVID-19 pandemic. As various discussions advance on topics like cervical cancer vaccines and emergency contraception, I would like to further promote comprehensive sex education for treasuring our lives.

Takae Ito (Member, House of Councillors)

It is estimated that work days lost due to menstruation related illness amount to 491.1 billion yen annually. Despite this, concrete policies have yet to be implemented. Issues related to menstruation which were previously shrouded in stigma have been visualized, which has now led to their specific mention in the Government's Basic Policy on Economic and Fiscal Management and Reform. Together with everyone, I would like to continue working to convey the fact that reproductive health and rights are important issues for all people.

Special lecture
"Importance of Government Support for Promotion of Sexual and Reproductive Health and Rights – the Swedish Example"
Helena Kopp Kallner (Senior Consultant in Obstetrics and Gynecology, Danderyd Hospital; Associate Professor, Karolinska Institutet)

- **Disseminating understanding of Sexual and Reproductive Health and Rights (SRHR) throughout society will maximize the potential of each individual and bring about a sustainable society**

There is a long history of strong support of SRHR in Sweden which has resulted in broad understanding toward the impacts of unplanned pregnancies and childbirth at the wrong times on the health of women themselves. Many women affected by these issues tend not to receive sufficient education, and the loss of educational opportunities leads to lower employment rates among women. This is also a factor that results in less participation in public life. If such situations continue and each individual cannot achieve their full potential and contribute to the development of society, it becomes difficult to build a sustainable society. Conversely, families that have children by choice have fewer children, but invest more in each child that is born. These children can stay in school longer and reach higher levels of education, which helps them achieve their full potential.

➢ The Swedish model of healthcare and its evolution

Today, Sweden has one of the lowest rates of maternal and child morbidity and mortality in the world. However, it is important to remember that this has not always been the case. In fact, Sweden was a very poor country with high maternal and infant mortality rates from the late 18th and 19th centuries. Then, in the early 1900s, many laws were enacted to improve conditions for women and children. Sweden enacted its current abortion law in 1975. It provides abortion on-demand for any woman up to a gestational age of 18 weeks and 0 days. Any abortion has to be performed in a clinic by a gynecologist or a resident gynecologist.

The Swedish healthcare system is publicly funded and supports women and children's rights from childhood to adulthood. All medical services included those related to abortion and contraception during adolescence are provided free of charge. Subsidies for post-abortion contraception are also available. Pregnant women receive free antenatal care, parental counseling, and care during childbirth, and parents are allowed to take more than one year of paid parental leave per child. In the year of paid parental leave, there are many cases in which two months are used by the non-birthing partner (often the father).

➢ The greatest goal of the Swedish healthcare system is ensuring women who want children can have the number of children they want at the timing they prefer

The greatest goal of the Swedish healthcare system is ensuring women can have the number of children they want and at the timing they prefer. Healthcare for young people is provided free of charge through youth clinics and the school health system. School nurses and teachers collaborate with youth clinics to provide mandatory sex education that emphasizes the sexual rights of all participants in society.

The youth clinics are staffed with professionals who provide care to young people like midwives, social workers, psychologists, and physicians. Their main duties are for contraceptive counseling, but they also respond to issues related to gender, sexuality, and painful sex. They work to ensure good sexual health for young people.

➢ Studies have shown that fertility rates are not related to abortion, and Sweden maintains a high fertility rate despite very generous support for contraception and abortion

The question is often raised whether generous contraceptive and abortion services lead to lower birthrates. Sweden, however, maintains a high fertility rate despite very generous support for contraception and abortion. Numerous studies have also shown that fertility rates and abortion are unrelated. In other words, fertility rates are greatly influenced by Government support for women who give birth and for their children who are born. Furthermore, promoting family planning and SRHR is not only for women, men, or the children who are born, but is also extremely important for the planet on which we live and for our society to be able to develop into a sustainable society. It is clear that adequate and non-wavering government support, with supportive laws and action, is a prerequisite for maintaining SRHR. It is also a prerequisite for a sustainable, healthy society.

Research report – "Developing a Comprehensive Health Education Program for University Students and Program Effectiveness Survey Results – Recognizing the Need for a Reproductive Health Platform"
Yuko Imamura (Manager, HGPI)

➢ The time after high school graduation is a key period to start thinking about specific life plans, but classes on health and sexuality are inadequate. To change this, we built an educational program with input from obstetricians and gynecologists, the Japanese Midwives Association, and other specialists.

In an online HGPI survey conducted among 2,000 working women called the "Survey on Health Promotion and Working Women 2018," over 90% of respondents said, "I wish I had learned more about sex and women's health during school education." This highlighted the great need for comprehensive sex education.

Examining current circumstances for health and sex education surrounding young people, classes on health and sex are provided during primary and secondary education in accordance with the curriculum created by the Government. Systems are also being set up in which local governments dispatch specialists like obstetrician-gynecologists (OB/GYNs) and midwives to schools, where they provide additional courses on these subjects to complement the Government curriculum. However, despite the fact that the period after graduating high school or another secondary school is a key period to start making specific life plans concerning one's future career, marriage, or family, many schools do not offer classes on health and sex. This results in scattered opportunities for young people to learn about these topics, which makes it difficult for them to acquire correct knowledge.

In response, HGPI gathered opinions from specialists like OB/GYNs and members of the Japanese Midwives Association to build an educational program that could be delivered over the course of a single, standard 90-minute lecture period. The program is centered around International Technical Guidance on Sexuality Education, which was developed mainly by the United Nations Educational, Scientific and Cultural Organization (UNESCO). After learning about various life options and to respect their own values and lifestyles as well as those of each person around them, young people need comprehensive knowledge about sex and the body now to envision and achieve future life plans. The content of the program aims to provide that knowledge

➢ The comprehensive health education lectures provided by midwives resulted in changes of awareness regarding gynecological examinations, showing that it will be important to consider specific measures to turn changes in awareness into changes in behavior

This survey was conducted among students at three universities in Tokyo at three times: before and after conducting the comprehensive health education lectures, then three months after the lectures. Looking at the results, when we asked, "Looking back on the midwives' comprehensive health education lectures, do you feel you previously possessed inadequate or inaccurate knowledge concerning sexually-transmitted diseases (STDs)?" over 80% attendees said their knowledge on STDs had been insufficient. Furthermore, almost 30% reported changes in behavior when asked, "Did your behavior towards STD prevention change as a result of the comprehensive health education program provided by midwives you attended three months ago?" We observed changes in attitudes or behavior for topics like contraception, STDs, sexual consent, and sexual violence.

We also asked, "Compared to normal, how much does your academic performance change when you are experiencing unpleasant symptoms related to premenstrual syndrome (PMS) or menstruation?" While there was some variation in degree, results showed almost all respondents experienced decreased performance due to unpleasant symptoms associated with menstruation and PMS in their lives. With a score of ten assigned to normal classroom performance, 36.5% of all respondents scored their performance during PMS or menstruation at five or under. In response, we are currently considering mechanisms to link such people to appropriate institutions. Looking at examination-seeking behavior, we asked "Did you think of getting an exam from an OB/GYN as a result of the comprehensive health education program provided by midwives?" immediately after the lecture. Although 62.0% of respondents said, "I thought about getting one," when we followed up three months later, only 5.7% of respondents said they had actually received an examination from a gynecologist. This suggests that even if such lectures lead to changes in awareness, some concentrated efforts must be taken to actually connect people to healthcare institutions.

➢ Three opinions for policy recommendations extracted from the survey results and student feedback

When asked, “Do you think university students need comprehensive health education programs like the one we provided?” 97.4% of students said they do. University students who attended the program also gave us comments like, “I’m a university student now so it feels all the more relevant, and it really made me think,” “I was able to acquire a deeper understanding of correct information because the lecturer was a midwife,” “The lecture left a deep impression, particularly the parts about working in a delivery room,” “I felt renewed gratitude toward my mother,” “I learned I can rely on nearby adults and institutions if I have questions,” “I thought I understood sexual consent, but I did not know enough,” “I learned that there are various options in life, and felt determined to make my own life decisions,” “It was good to know what to do in case of an emergency,” and “I wish more people could hear it, because it is very important for men to know these things too.” HGPI has created policy recommendations based on three opinions in response to “Developing a Comprehensive Health Education Program for University Students and Program Effectiveness Survey Results” (2020).

- ✓ Opinion 1 – Comprehensive childhood health education programs must be introduced or improved and opportunities for university students (including junior colleges, trade schools, and all other young people in the same age group) to receive comprehensive health education must be created
- ✓ Opinion 2 – Comprehensive health education programs and methods to deliver them must be developed and professionals who can provide them must be trained
- ✓ Opinion 3 - Frameworks that connect students to counseling services and healthcare institutions must be built

➢ Utilizing the three functions of Youth Terrace to achieve a society in which all young people in Japan can exercise self-determination for reproductive health and rights

Based on these three opinions for policy recommendations, HGPI established a reproductive health and rights platform with multi-stakeholders from industry, Government, academia, and civil society. Its three main functions are:

1.Provide comprehensive health education at universities and other institutes of higher education
2.Provide information and consultation services through our website and through Youth Café events
3.Conduct public opinion surveys and issue policy recommendations

This platform is called Youth Terrace and will begin full operations on November 1. It targets young people in their 10s and 20s. Together with all multi-stakeholders from industry, Government, academia, and civil society, we will support young people who use Youth Terrace while continuing to issue policy recommendations with the goal of realizing a society in which Japan’s young people can exercise self-determination in reproductive health and rights.

Relay talk with youth representatives – “Steps for Enabling Young People to Decide for Themselves How They Want to Live Their Lives”


Tatsuki Tomatsu


Sophia Anna Kitano

Rino Nakashima


Kyota Imada

Kazuko Fukuda

Tatsuki Tomatsu (Student, Keio University)

- **We cannot talk about sex openly in Japan, and the fact that there are significant differences in awareness toward sexual activities among men and women is an issue**

I began to hold an interest in reproductive health and rights began after attending a course in Women’s Studies at university. We mainly learned about gender theory. I learned that things I, as a man, considered to be natural were actually sources of discomfort or unease for certain people. Last year, when I was in New Zealand on an exchange program, I saw condoms being distributed during university orientation. I was shocked at how different it was from Japan. In Japan, it feels like we cannot talk openly about topics related to sex and that there are great differences in how men and women perceive sexual activities differently. In light of these issues, I hope Youth Terrace can help relieve embarrassment or worry about being mocked when people discuss sex, and be a place each person can share their concerns regarding sex.

Sophia Anna Kitano (Student, Sophia University)

- **Instead of only emphasizing the risks of sexual activity, I want to realize a more sex-positive, tolerant society that thinks of the rights of each person**

I first took an interested in reproductive health and rights as a high school student, after media from overseas made me realize how far behind sex education in Japanese schools was. In particular, the media and sex education in Japan only emphasize risks and dangers. I want them to be more sex-positive and convey attitudes toward respecting each person’s rights in a way that is fun. I hope that type of education helps us eliminate the “taboo” feeling toward sex and reproductive health to create tolerant society that upholds the rights of and leads to happiness for more people.

I attended HGPI’s comprehensive health education program. The lectures were truly comprehensive and specific, and the content was easy to implement in real life. It did not make me feel embarrassed or uncomfortable like the sex education I received at school in the past. I also feel that after the program, I was able to talk to my friends and partner naturally and really share our awareness toward our own reproductive health and rights.

Rino Nakashima (Student, Keio University)

- **At the same time as improving sex education, the system should provide better access to more forms of contraception and secure counseling centers. To this end, I want the voices of young people to be heard and fully reflected in policy.**

I have been actively disseminating sex education using social networking sites since I was in high school. My other activities include serving as script supervisor on “17.3 about a sex,” a drama series that dealt with sexual problems faced by high school girls; installing free sanitary napkins in the men’s and women’s restrooms at my university; and being involved in activities to have online search results for sex information changed.

“Safety Education for Life” began on a trial basis this fiscal year, and I was very moved by the Government message saying to “Prevent children from becoming the perpetrators, victims, or bystanders of sexual violence.” However, regardless of how much school education is expanded or how much knowledge young people obtain, I believe unfortunate occurrences will always happen. At those times, if access to contraceptive methods is poor and there is nowhere young people can easily visit to ask for help, I think the number of people harmed by sex will not decrease. This means it will be important to change the environment and the system itself while improving school sex education in schools.

Right now, at this very moment, many people are suffering from problems related to sex. I sincerely hope our society can become a place where people suffering from problems related to sex can get access to the information and services they need with peace of mind, and without feeling guilty or blaming themselves. In these efforts, as well, I hope young people are not only used as a formality, but rather, that the voices of young people are listened to in the truest sense, and that those voices are reflected in your efforts.

Kyota Imada (Student, Keio University)

- **Through Youth Terrace, I want to achieve a society in which all people determine they have responsibility themselves and respect the choices of others**

I have experience facing troubles related to my own gender and sexuality and I have been actively researching this field since I was in high school. As one of those activities, I was concerned about discriminatory language against sexual minorities used in a film released last year, and launched a petition aiming to improve it.

My goal is creating a society in which the choices of all people are respected. I feel that our current society is a place where many people find it difficult to have their choices regarding gender, sexuality, and reproductive health respected. For example, in the field of gender, partially because there is still a long way to go before same-sex marriage is legalized, when someone undergoes sex reassignment surgery, the Act on Special Cases in Handling Gender Status for Persons with Gender Identity Disorder (the GID Special Cases Act) requires the removal of reproductive functions. It also prevents altering the sex listed on the family register when the person undergoing the procedure is a minor. In the field of reproductive health, the women's autonomy in terms of contraception and reproduction have been neglected, which is highlighted as an urgent issue by the fact that the number of abortions among teenagers is still high.

I think Youth Terrace can be a place young people can take a stand against these circumstances as the parties most affected, and that it can provide opportunities to help people of all ages and genders understand reproductive health. Through this opportunity, I would like to do my utmost to help create a society in which all people can be responsible and make their own choices and respect the choices of others.

Kazuko Fukuda (Representative, Nande Naino Project)

- **It will be important to involve young people in national decision-making forums by positioning them as "Today's Leaders," not as the "Next Leaders" of tomorrow, and to transition to a society in which everyone's choices are respected as a right, whether they wish to conceive or not**

I once studied public health at a graduate school in Sweden. I first found out about many of the contraceptive methods in the world in Sweden. I also learned of the existence of youth clinics for young people. In Japan, birth control pills ("the pill") are covered by insurance if used to treat dysmenorrhea, but if you say the word "contraception," it loses coverage and you have to cover the costs out-of-pocket. There are also some adults who give the use of the pill for contraception an icy stare. In Sweden, on the other hand, if you visit a youth clinic for the pill, they will say encouraging words like, "Good job coming here. You are doing good thinking of how to protect your body." Because I was able to learn about the circumstances in Sweden, my attitude toward SRHR changed completely. I began to believe it is good to think about sex and to act independently.

In Japan, there is an ongoing debate on whether or not emergency contraceptives should be sold in pharmacies. I attended a Government review meeting on this and it was a big step forward in having the voices of young people heard on this issue as the parties most affected. However, because there is still no sign that will be achieved, I feel that society is a harsh place when attempting to reflect the urgent needs of young people as affected parties. Given these circumstances, I think it the creation of Youth Terrace as a place people can easily ask for advice on topics related to sex is very encouraging. It will be important to involve young people in national decision-making forums by positioning them as "Today's Leaders," not as the "Next Leaders" of tomorrow.

Until now, conditions facing the country were emphasized in matters related to reproduction. Moving forward, it will be important to transition to a society that emphasizes individual choice. Furthermore, efforts for SRHR are not, by any means, meant to be a measure to counteract the declining birthrate. If we look at the current circumstances in Japan, for example, where the children actually being born are fewer than the number of children people want to have, we cannot say that SRHR are being upheld. We must work to ensure the choices of all people, whether they desire children or not, are protected as rights.

- **I want Youth Terrace to be a place young people can feel treasured, so it is important for budgets to be invested in care for young people and for an environment to be created in which many people can support young people**

I think we must also educate the public about sexual consent to prevent sexual violence. Then, we must make society a place where people can get appropriate care if they are victims of sexual violence. I would like for Youth Terrace to be a place that helps people live with a sexuality that is true to themselves and that brings about happiness.

If a young person gathers up their courage to speak up and send out emergency signals that go unheard, it makes it hard for them to speak up again. I would like for society to become a place where young people can take good care of themselves when they feel the need, with access to evidence-based counseling and places to belong that are close at hand. And, if budgets can be invested in care for young people and an environment can be built for providing them support through the power of many, young people can say, "I am being taken good care of," or "It is okay for me to be treasured." I would like Youth Terrace to become that place. It is my wish that society will become a place where SRHR are upheld and each individual has options, regardless of their circumstances.

Panel discussion – "Considering Issues and Future Prospects for Reproductive Health and Rights in Japan With Industry, Government, Academia, and Civil Society – How a Platform Can Shape the Future for Young People"

Yuko Kidoguchi (Operating Officer, Head of Communications, Bayer Holding Ltd.)

Mariko Sato (Director, UNFPA Representation Office in Japan)

Mihyon Song (Director, Marunouchi no Mori Ladies Clinic)

Tomoko Hayashi (Director-General, Gender Equality Bureau, Cabinet Office)

Renge Jibu (Associate Professor, Institute for Liberal Arts, Tokyo Institute of Technology)

Yuko Imamura (Manager, HGPI) (Moderator)

Main topics:

1. **Current circumstances and issues facing reproductive health and rights in Japan**
2. **The ideal way to structure Japanese society around reproductive health and rights in the future**
3. **Expectations for Youth Terrace**

Mihyon Song:

- **It is important to break away from stagnant values in gender and healthcare and to know there are various ways of thinking**

While practicing as an OB/GYN for over two decades, I have been working to disseminate information on women's health, pregnancy, childbirth, and child rearing. In my practice, I notice preconceptions regarding sexuality can already develop in children around age 10. Because it is difficult to update people's values once they reach a certain age, we should be aware that values regarding gender can become fixed in the household where a child grows up. While raising two children myself, I feel it is important for them to grow up "diversity native."

Instead of thinking of diversity as "I am normal and recognize various other people as 'diverse,'" it is more natural to recognize of diversity with the attitude "I am one of the people who is 'diverse.'" Also, as an example of a stagnant value in healthcare, I would like people to not just think "Menstruation is something that happens to everyone every month, so there is nothing that can be done about it," and endure it, but to also recognize they can control their own menstruation by knowing how it happens and by accessing healthcare. This is why it is important to know there are diverse ways of thinking about healthcare and diversity.

- **We must move forward in multi-stakeholder collaboration to lower hurdles to seeing gynecologists and to provide up-to-date information to the people we truly want to reach**

To protect reproductive health and rights, healthcare access must be improved. There are several hurdles that can discourage women from seeing gynecologists, including having pelvic examinations and the fear that others may think they are pregnant. It is important to make careful efforts to lower such hurdles and help those who visit gynecologists feel as comfortable as possible. I also feel there are gaps in information access, even among young people. I believe a major issue will be how to communicate the existence of Youth Terrace in a way that reaches the people we truly want to reach. Companies, schools, and the media also have major roles to play in providing up-to-date information. These efforts must be properly controlled and promoted by the Government.

➢ I have high expectations for Youth Terrace to become a place of belonging for all young people

The Youth Café events are a wonderful effort, and I would like guests to be able to receive healthcare at those events. Some young people do not have good relationships with their parents and are not allowed access to their own insurance cards, so I would like for the events to provide access to the healthcare they need and of their own choosing, without anyone's permission, and for those events to become places of belonging. While providing medical examinations, I often encounter situations where people say, "If I had known more in advance, things wouldn't have turned out this way." Providing care in such situations is the role of OB/GYNs, and I would be very happy if more people learn as early as possible through initiatives like Youth Terrace and come to see us to take control of their health.

Renge Jibu:

➢ The lack of awareness toward respecting the individual's right to self-determination is an urgent issue in Japan, and we need decision-making processes include young people

I have been active as an economic journalist for more than 20 years. In that time, I have handled issues related to work-life balance and gender. In addition to the topics related to sex being considered taboo, one challenge in Japan is low awareness toward self-determination. Individuals have the right to decide things for themselves, and while others can express their opinions to them, others have no say in those decisions. I sometimes think there is a low awareness toward respecting the individual's right to self-determination.

Young people are the group that needs oral contraceptives the most, and the fact that young people are only now beginning to be included in the decision-making process as the parties most affected is a clear sign that awareness toward self-determination is lagging behind. I believe the parties most affected should be the ones making decisions, and that parties who are not affected by those decisions must be somewhat reserved, while continuing to provide information. We need ways of making decisions that include young people in the truest sense, not merely as a formality.

➢ It is important young people actively express opinions and participate in politics to have an impact on the adoption of youth-centric policies

I was involved in the formulation of the Fifth Basic Plan for Gender Equality as an expert member of the Council for Gender Equality. During its formulation, we received over 5,000 public comments, showing the high level of public interest in gender issues. A group of young people who are actively participating in this field held an online study session and drafted recommendations that they submitted to then Minister Hashimoto. I have heard Director-General Hayashi read every public comment and did her utmost to reflect them as much as possible. People on the policy side eagerly want to hear young people's voices, and I hope they deliver their opinions by submitting public comments or similar methods.

I also think young people should actively participate in elections. Right now, there is much higher voter turnout among senior citizens. This naturally creates circumstances in which policies targeting the older generations are more likely to pass. If we can gather votes from younger generations and make an impact, it will lead to change in politics and policies.

➢ I have high expectations for the use of this platform to help communicate information to young people

Regarding how to reach young people with information, for example, I think it would be good to provide content to Japan and the world by making the panel discussion or relay talk with young people held today viewable on YouTube or in other media.

Yuko Kidoguchi:

➢ It has been shown that current classes on sex provided at educational institutions make it difficult for people to view sex as a topic that affects them, so it is important to provide comprehensive health education that leads to real action

Bayer Holding Ltd. conducts research on socioeconomic losses associated with menstruation related illness and unplanned pregnancies, and engages in policy advocacy and awareness-raising activities based on that research. In one initiative related to this HGPI project called "Kagayaki School," we have been dispatching OB/GYNs to schools to provide lessons to support comprehensive health education for high school students since 2014. We have also been providing online classes since 2019, and we have been incorporating online classes into that initiative to continue providing comprehensive health education during the COVID-19 pandemic. As a result of these efforts, these classes have been attended by about 50,000 male and female high school students at 200 schools.

We conduct surveys before, after, and three months after these lectures. In those surveys, about half of students said that 50% or more of the lecture content was new to them. Survey results and voices from teachers and students suggest it is difficult for students to view sex as a topic that concerns them with the content of existing classes, which focus on mechanisms like reproduction, pregnancy, and STDs. I think it is extremely important to use content that can lead to real action taken on a personal level, such as how to respond when one encounters trouble.

Meanwhile, there are gradual changes in awareness and needs among schools. These changes are occurring alongside changes in social awareness toward topics like gender equity. The number of schools that wish to offer separate classes for male and female students is decreasing while more schools want to provide more inclusive education that covers topics like fertility, life plans, menstrual problems, and diseases specific to women. Furthermore, most schools want gender-related topics like sexual minorities (Lesbian, Gay, Bisexual, Transgender, Questioning; LGBTQ) to be covered.

- **It will be necessary to introduce training on topics related to gender that include women's health and reproductive health targeting company employees (who are members of the parent's generation)**

Once people graduate from high school or university, they no longer have educational opportunities to learn about reproductive health and, without making active efforts on their own, cannot update their knowledge. In other words, school education is the last opportunity for them to learn, as such opportunities become distant once they enter the workforce.

Furthermore, not many members of the generation that is currently active in the workforce are "diversity natives." I think there are gaps in understanding among working adults and current high school students, who are being educated on gender. Health management is currently being promoted at companies and active efforts to implement strategies to support employee health or to provide training aiming to improve health literacy have been made for some time. However, moving forward, I think it will be necessary to also include perspectives on gender that include women's health and reproductive rights.

- **I hope Youth Terrace expands nationwide and helps create a society where all young people have equal access to help with problems related to sex**F

rom a corporate perspective, we want to support this platform and young people using the information we have to the greatest extent possible. We hope initiatives like Youth Terrace spread throughout Japan to realize a society where all young people have equal access to help on issues related to sex.

Mariko Sato:

- **To take down the walls in Japan's siloed society and make people happy, we must advance together with horizontal connections among multi-stakeholders with a shared recognition that everyone is responsible**

Women's health requires comprehensive support, so expectations are high for this project to promote horizontal connections among multi-stakeholders. I hope that it can take down the walls of Japan's siloed society and kick off such collaboration high and far. It will also be important for young people to be central and for our initiatives to be sustainable.

While it did seem that attitudes based on SRHR would not gain traction in Japan, recently, there has been growing attention placed on unplanned pregnancies, sexual violence, and period poverty. Personal problems like these have now developed into a political movement. Making people happy is the responsibility of everyone – whether in politics, the State, the UN, or all of us. The words, "My Body Is My Own," may seem like something obvious to everyone, but in the world, there are many countries where these words are not true. I believe that it is of great significance that this project for promoting women's health is being advanced in Japan, a G7 member.

- **Five recommendations on the right to bodily autonomy**

There are five recommendations for bodily autonomy and self-determination in "My Body Is My Own." The first is related to the provision of Comprehensive Sexuality Education (CSE). Because there are many children around the world who cannot attend school, creative endeavors that utilize innovation are required to deliver this message to street children. Right now, rather than having them come to receive services, it is important we take the services to them. Also, it is important for young people to speak up. If they remain silent, nothing will change. I would like for young people in Japan to not hesitate to raise their voices and unite. The second is that it will be necessary for gender perspectives to be adopted on a society-wide scale. The third is support from supporters, with especially important roles being filled by healthcare professionals. Additionally, for young people to exercise self-determination, it is important to provide them with options after explaining which choices are available and what risks may be present. And, it is critical to communicate to young people that it is important to make choices with a sense of responsibility, because each option comes with responsibilities. The fourth is law. Laws can grant bodily autonomy and the right to self-determination as well as that take these rights away. We must write laws that protect young people and enable them to take back their right to their body as their own. Fifth is monitoring the progress of efforts for laws and policies. I think it will be important to fine-tune laws and policies and respond to the issues and circumstances surrounding young people in a flexible manner.

- **Through this platform, I hope we can create an environment that empowers people to take back and control their own bodies as their own**

Rather than terms that focus on the negatives like “countermeasures,” I hope this platform will move forward with positive thinking, such as, “Creating a society where people can have and raise children easily.” We need an environment that can empower people and enable them to take back control of their bodies as their own. I believe achieving that will raise both Gross Domestic Product (GDP) and Gross National Happiness (GNH). And, with the words, “Let’s talk!” I hope we can tear down the silence and stigma.

Tomoko Hayashi (Director-General, Gender Equality Bureau, Cabinet Office):

- **I am actively listening to the voices of the young people of today to bridge the gap between them and the Diet Members and Ministry and agency leaders who make policy decisions, and to create policies that are closer to the feelings of young people**

Looking at recent steps forward on gender equality in Japan, which is lagging behind, the Fifth Basic Plan for Gender Equality was formulated last year, and progress has been made on the Priority Policy for Women’s Activities and Gender Equality 2021 since this June. I feel the situation surrounding women and marriage has shifted over the past 30 years. In the 1980s, the average age at which women met their future husbands was 22, who they then dated for an average of 2.5 years and got married to at an average age of 25. We also know that approximately 90% of women were married by age 30. On the other hand, women today meet their future spouses at an average age of 25 and get married at an average age of 29. Many get married in their late 20s after dating for longer periods of four years or more, and only about 60% of women marry by age 30. Given these circumstances, we require accurate knowledge regarding SRHR and a broad variety of reliable methods of contraception.

Conversely, men in their 50s to 70s are the main driving force among Diet Members. Many Ministry heads are in their 50s, meaning they went through adolescence in the 1980s. Because there are many people who do not notice the changes that took place over the past 30 years, one can say bridging that gap is my greatest challenge. I view the current movement to consider emergency contraceptives and measures against period poverty to be a result of making every effort to actively listen to the voices of young people while working to create a Government that is closer to the feelings of young women.

- **Unless young people’s voices are heard and each challenge faced by women every day is properly reflected in Government and addressed, gender equality cannot progress**

We received over 5,000 public comments and I had the opportunity to read them all. The voices of young people were particularly compelling. One item brought up was emergency contraception. After a great deal of discussion with the MHLW, emergency contraceptives have been included in the Plan and studies are now underway. I believe gender equality will not advance unless young people’s voices are heard and each and every issue women face in daily life is fully reflected in the Government and resolved. Over one-third of municipalities are currently providing support for period poverty. By distributing free menstrual products, we are not only able to reach women in need. We can also call it a major step forward toward being able to openly discuss women’s health topics, including menstruation, in the Diet.

- **Key conditions for equality in dating are ensuring men and women have correct knowledge on reproductive health and rights, as well as access to many reliable contraceptive methods. I have high expectations for this platform’s role in this.**

I believe having accurate knowledge about reproductive health and rights and access to a broad variety of reliable contraceptive methods are key conditions that must be met before men and women can date on equal footing. If young people do not raise their voices, Diet Members and policy makers in each ministry will not be reached. If you can collect specific data or signatures on troubles facing young people, it will become possible for those troubles to be taken up as Government discussions that are closer to the feelings of young people. I would love for everyone to speak up.






Message to the project
Kanako Shinden (Domestic Business Development Team, Public Services Department, The Nippon Foundation)

The Nippon Foundation has been advancing a project for special adoption since 2013. In the special adoption system, to promote the welfare of children after adoption, the legal parent-child relationships among birth parents and children to be adopted are terminated, and the adoptive parents are granted the same legal parent-child relationships as biological parents. Most couples who choose to adopt a child through the special adoption system have experience with infertility treatment. Stories like, “I thought that I could get pregnant if I was still having periods,” or “I thought I could still conceive in my 40s with infertility treatment” are not uncommon. Furthermore, most of the consultations at the crisis pregnancy consultation service, which began operating in 2015 to provide consultations on unintended pregnancies and is supported by the Nippon Foundation, are from people who are worried they may be pregnant. I hear the crisis pregnancy counselors are often surprised at the lack of knowledge regarding sex among young women and men. I feel there is a need to provide preventive support that contributes to preventing unintended pregnancies, relieving issues caused by age-related infertility in the future, and helping young people acquire knowledge regarding sex while having access to opportunities for consultations.

I am delighted HGPI has launched this wonderful platform, Youth Terrace. I hope that Youth Terrace will be a place young people can feel at ease when talking about sex, receiving consultations, and designing their own lives to be more fulfilling. There are countless issues related to sex and pregnancy that include insufficient sex education in schools, unplanned pregnancies, sexual violence, the age of sexual consent, LGBTQ issues, and access to contraception. I would like to send the promise and message that I will do my best to be involved in order to achieve a society in which Japan’s young people can exercise self-determination regarding sex and pregnancy.

Closing remarks　Kiyoshi Kurokawa (Chairman, HGPI)

The movement for gender equality began to spread globally after World War II. While there is strong awareness toward gender equality in Sweden and other Scandinavian countries, where the activities of women are being promoted, there has not been much progress on gender equality in Japan. We must learn how progress was made on women's activities in countries that have advanced. Looking at the COVID-19 pandemic, for example, we can easily learn measures each country is taking using the internet. In the modern era, when we have easy access to vast amounts of information, it is critical for us to consider what we can do in the field of SRHR and take action.

To achieve gender empowerment, to overcome the situation in which Japan is lagging far behind, and to transition to a new paradigm, I would like for us to continue talking about Japan's strengths and weaknesses, and to hold discussions with a firm gaze on those strengths and weaknesses, while relying on support from everyone.

Guidelines on Grants and Contributions
As an independent, non-profit, non-partisan private think tank, Health and Global Policy Institute (HGPI) complies with the following guidelines relating to the receipt of grants and contributions.

1. Approval of Mission
The mission of HGPI is to improve the civic mind and individuals' well-being, and to foster a sustainable healthy community by shaping ideas and values, reaching out to global needs, and catalyzing society for impact. The activities of the Institute are supported by organizations and individuals who are in agreement with this mission.

2. Political Neutrality
HGPI is a private, non-profit corporation independent of the government. Moreover, we receive no support from any political party or other organization whose primary purpose is political activity of any nature.

3. Independence of Project Planning and Implementation
HGPI makes independent decisions on the course and content of its projects after gathering the opinions of a broad diversity of interested parties. The opinions of benefactors are solicited, but the Institute exercises independent judgment in determining whether any such opinions are reflected in its activities.

4. Diverse Sources of Funding
In order to secure its independence and neutrality, HGPI will seek to procure the funding necessary for its operation from a broad diversity of foundations, corporations, individuals, and other such sources. Moreover, as a general rule, funding for specific divisions and activities of the Institute will also be sought from multiple sources.

5. Exclusion of Promotional Activity
HGPI will not partake in any activity of which the primary objective is to promote or raise the image or awareness of the products, services or other such like of its benefactors.

6. Written Agreement
Submission of this document will be taken to represent the benefactor's written agreement with HGPI's compliance with the above guidelines.

Supporting Companies

- Bayer Yakuhin, Ltd
- Okamoto Industries,Inc.

Specified Nonprofit Corporation,
Health and Global Policy Institute
Grand Cube 3F, Otemachi Financial City,
Global Business Hub Tokyo
1-9-2, Otemachi, Chiyoda-ku, Tokyo
100-0004 JAPAN
TEL: +81-3-4243-7156
FAX: +81-3-4243-7378


HGPI
Health and Global
Policy Institute


Supported by
日本財団
THE NIPPON
FOUNDATION