Ten Years after the Cairo Conference
What should Japan do about the issue of reproductive health and rights?

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The year 2004 marks the tenth anniversary of the landmark agreement that recognized reproductive health and rights at the 1994 United Nations International Conference on Population and Development (ICPD) in Cairo, Egypt. “Reproductive health and rights” proclaim the new concept that all matters relating to sexuality, pregnancy and childbirth (reproduction) should be addressed from the viewpoint of rights and health of individuals and couples, especially women, throughout their lifecycle.

At Cairo, 179 nations adopted a 20-year Program of Action towards 2015. In 2004, many different regions hosted meetings for the halfway review of the Cairo Program of Action and its prospects for the next 10 years. On the other hand, conservative groups led by the Bush administration, the Vatican and some Islamic nations have intensified opposition to the Cairo platform, and the UN-led conference was unfortunately cancelled. While previous population conferences emphasized statistics such as population numbers and growth rates from the perspective of national population control policy, Cairo witnessed an epochal paradigm shift by adopting the concept of reproductive health and rights from the standpoint of human rights.

Cairo also endorsed gender equality and equity women’s empowerment, bringing strong attention to young people’s sexuality and health. In 2003, the United Nations Population Fund (UNFPA) conducted a global survey and found some improvements in the past decade regarding contraceptive practice rates, infant mortality rates, total fertility rates, and average life expectancy.

However, women’s sexual and reproductive health has become more vulnerable to serious danger because of expanding poverty, increasing wars and internal conflicts, surging refugees, and a fast growing HIV/AIDS endemic beyond estimation. One of the devastating factors is the lack of financial assistance to developing nations. Significant damage has come from the Bush administration, which has withdrawn its funding from UNFPA and International Planned Parenthood Federation (IPPF), claiming that they promote abortion. These are among the host of difficulties worldwide in the achievement of reproductive health and rights.

Then, what is the situation of Japan? Actually Japan too has experienced several developments after Cairo. In 1996 the Eugenic Protection Law was revised to become the Maternal Protection Law (literally translated as the Mother’s Body Protection Law) by deleting the term “eugenic” and related provisions. This amendment, however, was not sufficient in realizing real reproductive health and rights because no revision was made to the criminal abortion code (1907); even now artificial abortion can be subject to penal punishment (for women and doctors). Strong evidence for progress is the approval of the contraceptive pill, the Copper IUD and female condoms in 1999. However, the rate of pill use still remains as low as 0.8% among all
contraceptive methods; the unpopularity of the pill can be attributed to several factors, including a lack of accurate information and appropriate education, and also to financial burdens and its status as a prescription drug.

The former Health and Welfare Ministry’s “Health Support Project for Women throughout Their Lives” initiated in 1996 proves another result arising out of the Cairo Conference. The project, featuring health education and consultation as its key elements, has been under way in some prefectures and is expected to expand its operation nationwide in the future. But, so far, infertility consultation with experts has been the main feature that the program focuses on. Japan lags behind most developed countries, definitely lacking easy access to facilities that provide inexpensive sexual and reproductive health information and services. Further efforts are necessary for the project to meet the needs reflected in its name: health support for women throughout their lives. Although the government introduced a special subsidy program for treatments for infertile women/couples in 2004, contraception and abortion expenses are still paid by individuals; this fact requires reform of the health insurance service system so as to extend its insurance coverage.

Slow as the process is, the term “reproductive health and rights” seems to have become gradually known to the public by its frequent exposure through the Diet or governmental papers or media coverage. As discussed above, however, there remain some problems, even among the changes that can be considered “developments.” Additionally, new problems have appeared: the Basic Law on Measures for a Low Fertility Society (or Basic Law) was enacted in 2003. Together with the Basic Law, the Law for the Promotion of Support for Fostering the Next Generation was established. Japan’s total fertility rate recorded a record low of 1.29 in 2003, and the nation’s population is expected to decrease around 2006.

Achieving a solution to this low birthrate is one of the government’s top priorities. This Basic Law includes provisions for the preparation of nursery homes and the improvement of working conditions. However, its real target is to stop the ongoing trend of low fertility. The Law proclaims that it is “the national responsibility” to “achieve a society where people can have hope in the family and child rearing ... and have children without fearing the future.” And the provisions involving measures for infertile women/couples are disproportionately precise and detailed. It can be concluded that, by putting the frame of “national responsibility” on having children, and by dealing with treatments for infertile women/couples as the method of stopping low birthrates, the Basic Law has completely contradicted the concept of reproductive rights which value the right to individual self-determination in deciding whether or not to have children. Vigilant monitoring will be necessary in the future operation of the Law if it is not to become a new version of the wartime slogan “Umeo Fuyasoo” (Bear children and increase our population!).

In June 2004 Japan’s government completed an action plan implementing measures for a society dealing with a declining birthrate. Prior to the release of this action plan, the LDP’s policy group looking at the declining birthrate (chaired by the former Prime Minister Yoshiro Mori) stated explicitly in its interim report: “it is necessary to review ‘laws, institutions, education and other factors that have contributed to the foundation of stronger individualism among people’ and ‘should reform excessive gender-sensitive education and institutions.’” The statement implies the real motive of the ruling LDP.
Backed by such a movement, conservatives have intensified their attack against sex education, gender equality, and reproductive health/rights. Their move is deeply associated with some national Diet members and local assemblies as well as certain media. The backlash against sex education gained momentum through a large publicity campaign against the sex-education booklet for junior-high school students “Love & Body Book for Adolescence.” Sex education materials at the Nanao School (a public school for disabled children) in Tokyo, fell under harsh criticism by some members of Tokyo’s metropolitan assembly on the grounds that it was “not different from pornography.” The incident brought about a mass punishment for teachers meted out by the Tokyo Metropolitan Board of Education in 2003.

The same Board of Education announced its decision in August 2004 not to allow the usage of the term “gender free” (in Japanese it is being used in place of “gender equal” or “gender sensitive”) and gender-mixed name lists or mabo of school. The backlash against gender equality was fueled by local governments’ attempts to establish an ordinance for gender equality (ordinance names are varied among municipalities). While “gender-free” originally means freedom from gender-based bias/discrimination and disadvantage, it is now distorted and even regarded as a dangerous ideology that will destroy Japanese traditions and the family virtues.

These circumstances have spurred some local governments to adopt ordinances that stick to traditional gender values of femininity and masculinity. Similarly, the term, “reproductive health and rights” has been the target of bashing. Some local governments managed to adopt their ordinances on the condition of the elimination of the term “reproductive health and rights.” Chiba prefecture, for example, faced a harsh battle between the feminist governor and conservative assemblymen over its gender equality ordinance, which was discarded.

These cases against sex education, gender equality, and reproductive health and rights all have something in common: the denial of freedom of choice and the right of self-determination for individuals, and the denial of gender equality and sexual diversity. In particular it is women and “unmarried” young people who take the brunt of harsh criticism; and such bashing is often voiced by those who praise Japan’s prewar national regime and deny Japan's war responsibility.

Now, 10 years after Cairo, Japan’s government and NGOs have taken their first steps to establish reproductive health and rights in our society. Although Japan, the so-called “ODA giant”, is a gigantic donor in the field of reproductive health overseas, its homeland strategies are extremely poor. Domestically Japan has numerous problems: ever-increasing HIV/AIDS cases among its population (other developed countries have successively contained the spread of infection); active sexual behavior of younger individuals and an increase in sexually transmitted infections; a growing rate of teenage abortion, unrestricted development/application of advanced reproductive technologies including treatments for infertile women/couples and regenerative medicine; and many other problems involving sexual and reproductive health/rights. How should such difficulties be tackled? What approach is available to enhance domestic measures? No solution will be effective unless it pursues and promotes fair and comprehensive sex education, gender equality, and reproductive health and rights.

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