Role of Female Physicians in Women's Health Movement in Japan: The Case of Prescription-Free Emergency Contraception During the COVID-19 Pandemic

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Abstract
The COVID-19 pandemic brought challenges to global public health, along with new disruptions to people's conduct of their private lives due to the stay-at-home policy. This measure was intended to prevent the spread of COVID-19, but it also influenced intimate relationships in the private sphere, including the spread of unintended pregnancies, sexual violence, and domestic violence in the younger generations. At the local level, Japan reached a major turning point in the movement to improve access to emergency contraceptives by establishing the Citizen's Initiative for Pharmaceutical Access to Emergency Contraception (CIPATEC) in June 2020. A formal civil society organization, it was founded by three female co-chairs who have been working in the organization since 2018. Although this social movement enabled the provision of emergency contraceptives through online medical services, their main focus, namely, sale in pharmacies without a doctor's prescription, requires discussion in various fields, including in terms of the public policy, the medical establishment, and pharmacists' expertise. Women's health movements are important in terms of sexual and reproductive health and rights. CIPATEC is part of the broader women's health movement in Japan and is an example of a specific case in which health experts play a significant role. In particular, this study focuses on one female gynecologist, a co-chair of the CIPATEC, and examines her in the role of a female physician in bridging needs related to women's health from the perspectives of a woman and a physician.

Keywords: Female Physicians, Women's Health Movements, COVID-19

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Introduction

One of the goals of the women's health movements has been to democratize science, enabling women to regain ownership of their bodies, taking it from science, medicine, and the state (Turshen, 2020). As Meredith Turshen puts it, "women everywhere are fighting for control of decisions that affect their health" as "they argue with doctors, public health bureaucrats, medical and pharmaceutical companies, the health insurance industry, politicians, and religious authorities who regulate health care within countries" (Turshen, 2020, p. 1).

Brown et al. (2004) note that "women's health activists have greatly altered medical conceptions of women, broadened reproductive rights, expanded funding and services in many areas, altered many treatment forms (e.g., breast cancer), and changed medical research practices." The women's health movement could be categorized as one of the many health social movements (HSMs). It has several aspects in common with other HSMs found worldwide, including being "a constituency-based movement, but at the same time it contains elements of both access HSMs (e.g., in seeking more services for women) and embodied HSMs (e.g., in challenging assumptions about psychiatric diagnoses for premenstrual symptoms)" (Brown et al., 2004). Embodied HSMs such as the women's health movement are grouped together as embodied health movements (EHMs), and they represent "hybrid movements that blur the boundaries between lay and expert forms of knowledge, and between activists and the state" (Brown et al., 2004).

Study of women doctors involved in women's health movements has been conducted from the early twentieth century to the present day, and earlier studies have explored the work of individuals who worked as translators between medicine and activism. For example, in Japan, Dr. Shigeyo Takueuchi played a critical role in promoting women's health in public health policies in the prevention of venereal diseases in the late 1930s as a leader of an integration movement in both the private and public spheres (Meguro, 2021). Venereal diseases are complex problems, and efforts to address them have often been tied related to publicly registered sex workers, an arrangement that was instituted to allow men greater sexual freedom in early twentieth-century Japan. Venereal diseases were transmitted through sexual activity, making this occupation a public health concern. However, control was limited to sex workers and other women who could transmit the disease. Transmission from men to their wives at home was not adequately addressed. A movement intended to develop a debate on gender equality sprouted in Japan under the total war theory.

Although women's health movements have spread worldwide since the 1970s, studies reveal that the women's health movements in Japan have not been as impactful as in the West (Ogino, 2014; Mizushima, 2010). For instance, the Japanese movement of the 1970s did not attempt to rally for the involvement of medicine, science, engineering, or corporations, unlike the parallel movement in the United States (Mizushima, 2010). Studies analyzing cases from the United States have highlighted the important role that women employed in the sciences or as medical practitioners have had as translators between medicine and activism (Morgen, 2002, p. 133). However, only a handful of studies have focused on the role of women doctors and scientists in women's health movements in Japan.

The Citizen's Initiative for Pharmaceutical Access to Emergency Contraception (CIPATEC) [Kinkyū Hininyaku wo Yakkyoku de Project] is a movement calling for improved access to emergency contraceptives, headed by three female co-chairs, and it is an organization that

engages in social awareness-raising activities, signature campaigns, and lobbying. Their activities are among the foremost women's health movements in Japan. One characteristic of this movement is the participation of female physicians, whose role was relatively ignored mentioned in the second-wave feminism of 1970s Japan. The goal of the women's health movements is not only to provide women with the knowledge to make their own decisions but also to create an environment in which they can freely do so. In the latter case in particular, the existence of translators who mediate between activists and the existing systems, such as the medical and state systems, are the main interest of this study. The participation of female physicians in women's health movements plays an important role in creating a better environment for women by enhancing the systems to change, with the ability to understand the logic of the system and deliver the voices of women and communicate their needs. This study seeks to clarify the brief structure of CIPATEC activities drawing on information available on their website and suggests a future research agenda[1)].

Emergency Contraception in Japan and the Establishment of the Citizen's Initiative for Pharmaceutical Access to Emergency Contraception

Before the approval of the emergency contraceptive levonorgestrel in the form of NorLevo tablets in 2011, hormonal combination pills or intrauterine devices were used as emergency contraceptive methods in Japan (Japan Society of Obstetrics and Gynecology, 2016). NorLevo tablets must be taken within 72 hours of sexual intercourse, and since their approval in 2011, they have been prescribed with a doctor's note after a visit to a medical institution. In 2017, the idea of allowing general sale of emergency contraceptives in pharmacies was raised, but it was ultimately rejected. In 2019, discussions were initiated to allow online prescriptions of emergency contraceptives. However, it also strengthened the system for keeping women under medical supervision by requiring confirmation of medication intake in front of medical practitioners and confirmation of contraceptive success, and provide in face-to-face consultations. This is a precaution against the resale and transfer of drugs, but in many other countries, emergency contraceptives are already sold to the general public at pharmacies.

CIPATEC was inaugurated in 2018. The goals of their work include ensuring that all women at risk of unintended pregnancy have access to 1) emergency contraceptives from pharmacists at pharmacies without the need for a prescription, 2) secure face-to-face and online medical care for emergency contraceptives, 3) emergency contraceptives at a lower cost so that they do not have to give up access for financial reasons, and 4) appropriate information and services so that emergency contraceptives can be used appropriately and safely. Finally, CIPATEC works to bring the voices and concerns of citizens to the attention of the government and other relevant authorities.

During emergencies, such as the wartime regime of the late 1930s to the early 1940s, disasters like the Great East Japan Earthquake in 2011, and the stay-at-home policy during the COVID-19 pandemic, gender inequality becomes more acute and visible. A joint web-based survey by the #Nandenaino Project and the non-profit organization PILCON—whose founder co-chairs CIPATEC—has revealed anxiety about unintended pregnancies and access

[1] The website of Citizen's Initiative for Pharmaceutical Access to Emergency Contraception (CIPATEC) is https://kinkyuhinin.jp/.

to emergency contraceptives during COVID-19. In particular, they highlighted the high price of emergency contraceptives and women's resistance to visiting women's clinics.

After its establishment in 2018, CIPATEC launched an online signature campaign calling for improved access to emergency contraceptives and submitted 107,000 signatures to the Minister of Health, Labor, and Welfare in 2020. They have also held in-house study meetings for Diet members and regularly presented the organization's research on the issue. Thanks to this support, online medical treatment for emergency contraceptives was conditionally approved in July 2019. However, while medical treatment can be prescribed online, women must still be checked to determine that they are taking their medication in the presence of a trained pharmacist and must have a face-to-face consultation three weeks later.

CIPATEC considers the paternalism of the Japanese medical system to be problematic and notes that medical care that controls women goes against sexual and reproductive health and rights (SRHR). Awareness of problems with reference to SRHR, in collaboration with international non-governmental organizations, has become a topic of conversation in social networking services and is becoming increasingly seen as an important issue for the younger generations.

Roles of the Citizen's Initiative for Pharmaceutical Access to Emergency Contraception Co-Chairs

The positions of CIPATEC's three co-chairs are held by the following three women.

Asuka Someya, who experienced an unwanted pregnancy and had an abortion as a university student, founded the non-Profit organization PILCON, which provides sex education for younger generations and continues to do so to this day. At CIPATEC, she plays a role in conveying the importance of sex education and emergency contraceptives to younger people in relation to the current state of sex education in secondary schools in Japan.

Kazuko Fukuda was selected as among the 25 She Decides SRHR Activists in worldwide in 2020. After studying abroad in Sweden, she became aware of the lack of an environment for promoting sexual health in Japan and initiated the #Nandenaino Project. She has been writing and lecturing on the development of a society structured to enrich people's lives instead of hurting them through their sexuality. She graduated with a master's degree in public health from a Swedish university and plays an important role in describing emergency contraceptives in other countries and regions according to the standards set by the World Health Organization from the perspective of international healthcare.

Dr. Sakiko Enmi, a specialist in obstetrics and gynecology, has been involved in sex education at the junior high and high school levels since she was a medical student. She has played an important role in raising concerns about the medical system and its realities, based on her experience as a doctor. In particular, she has strongly condemned medical paternalism, arguing that medical professionals should not discriminate against or judge women and that medical care should be provided safely and equally to all in a way that protects health. In addition to explaining the characteristics of emergency contraceptives as a physician, she has also identified the importance of pharmacists to the community and the need to leave emergency contraceptives to the discretion of pharmacists and physicians. She also highlights discriminatory attitudes toward patients seeking emergency contraceptives in the medical field, which she has witnessed as a gynecologist, and the lack of SRHR concepts in medical

education, as well as other problems with the medical system. As a mother of children herself, she champions sex education and a safe environment in which children can have access to medicine as needed.

Each of these three women, drawing on their own experiences and perspectives, is involved in a variety of activities, including submitting requests to the government, the Pharmaceutical Association of Japan, and the Japanese Society of Obstetrics and Gynecology, as well as communicating with the relevant ministries and agencies at in-house meetings.

Conclusion

Dr. Enmi in particular has acted as a translator between medicine and activism. However, her activities do not only depend on what she has seen as a physician but also stem from her awareness of the issues through sex education and the importance of the voices of the people that she has gained from other co-chairs. This movement will lead to the development of a medical establishment that takes into account the needs of people by blurring the boundaries between medicine and activism, which is what health social movements have aimed for.

A previous study has noted that it is rare in the women's health movement for translators to be women professionals who represent the movement as activists (Turshen, 2020, p. 9). They are usually to be found in these movements but are only rarely the center of the movement. In Japan, however, there have been cases in which women's health movements have been greatly promoted by women experts, such as the case of Dr. Shigeyo Takeuchi in the late 1930s. CIPATEC is a contemporary case of the same phenomenon. It is important to consider whether this is characteristic of the women's health movements in Japan.

In Japan, awareness of women's rights in medicine has blossomed significantly over the past few years. Women make up only about 20% of doctors in Japan overall (Ministry of Health, Labor and Welfare, 2018). Relative to other developed countries, this percentage is extremely low. However, in 2018 and 2019, the discriminatory practice of deducting points from medical school entrance exams for being women was exposed, bringing the male-centered nature of the medical world in Japan into the spotlight (Makino, 2020). In a society where distrust of the medical establishment is on the rise, further development of HSMs, including the women's health movement, is expected in the future, and the relationship between the doctors' and scientists' activism of doctors and scientists in these movements is becoming increasingly important.

In the United States, women's health movements have played a particularly important role in blurring the boundaries between medicine, the state, and activism, which has led to the development of medical research for the benefit of the people. Will such a movement occur in Japan as well? This is an important topic that needs to be examined. Studies on CIPATEC, an important women's health movement, must be conducted to clarify the structure of conflicts between activism. It is necessary to consider what kind of expertise each actor has in participating in the movement and what boundaries they are blurring and reconstructing.

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