

V. Reproductive Health

Improve Access to Oral Contraceptives

Current Situation

OCs are not used as widely in Japan as in other developed countries. The prevalence of OC use among women of child-bearing age is as low as one percent in Japan, while the prevalence in other major developed countries ranges from 16 to 41 percent.¹ In Japan, up to 73 percent of people believe that the male should take responsibility for contraception and only 16 percent believe that the female should do so; this is the complete opposite of perceptions in other developed countries, where 10 to 28 percent of people believe that the male should take responsibility for contraception and 45 to 79 percent believe that the female should do so.²

OCs are not solely used to avoid pregnancy and hence to reduce the birth rate. On the contrary, they allow women to take control of the timing of the birth of their children, enabling them to better balance work and family. Indeed, the prevalence of modern contraceptives, including OCs and intrauterine devices, is as high as 60 percent, 44 percent and 38 percent in France, Sweden and the United Kingdom, respectively.¹ Despite this, birthrates in these countries have been on an upward trend since the late 1990s or early 2000s and reached 2.01, 1.90 and 1.91 in the above countries, respectively, in 2011.³

Current Policy

The Japanese healthcare system does not

reimburse women for the use of OCs, in contrast to the healthcare systems in most other developed countries. In Japan, low-dose estrogen progestin (LEP) costs are reimbursed when it is indicated for dysmenorrhea, but such costs are not reimbursed when it is indicated for contraception. On the other hand, the cost of modern contraceptives, including LEP or OCs, is reimbursed in developed countries such as the United Kingdom where there is no copayment and France where women bear a 35 percent copayment.⁴ In France, the government has implemented a comprehensive national policy framework focusing on access to family planning and modern contraceptives to support gender equality and the empowerment of women.⁵ Indeed, OCs ranked first in events that contributed most to making a difference in French women's lives in the past 20 years.⁶ In the United States, birth control is regarded as a primary preventive service along with vaccination and other preventive care, and all Food and Drug Administration-approved birth control methods are offered without out-of-pocket costs under the Patient Protection and Affordable Care Act, also known as Obamacare, and Preventive Service Benefit. In Germany, the cost of modern contraceptives are also reimbursed for women aged under 20 years of age.⁴

While OCs are an effective method of birth control, they also have beneficial effects on

1 United Nations, Department of Economic and Social Affairs, Population Division 2013. World Contraceptive Patterns 2013. Retrieved from <http://www.un.org/en/development/desa/population/publications/family/contraceptive-wallchart-2013.shtml>

2 Cabinet Office. 2005. International Awareness Survey on Declining Birthrate. Retrieved from <http://www8.cao.go.jp/shoushi/shoushika/research/cyousai7/kokusai/index.html>

3 Cabinet Office, Government of Japan. 2014. Total fertility rates in major countries. Retrieved from <http://www8.cao.go.jp/shoushi/shoushika/data/sekai-shusshou.html>

4 European Union and Associação Para Investigação e Desenvolvimento da Faculdade de Medicina. 2011. The Reproductive Health Report: The state of sexual and reproductive health within the European Union. Retrieved from <http://www.svt.se/nyheter/inrikes/article207445.svt/binary/THE%20REPRODUCTIVE%20HEALTH%20REPORT%202011%20July%2025.pdf>

5 International Planned Parenthood Federation European Network (IPPF EN). 2013. Barometer of Women's Access to Modern Contraceptive Choice in 10 EU Countries. Retrieved from <http://www.ippfen.org/resources/barometer-womens-access-modern-contraceptive-choice>

6 Le Nouvel Observateur/Femmes du 6 au 12 decembre, 1990

future fertility⁷ and help to prevent ovarian and endometrial cancers^{8,9,10}. As many Japanese women lack comprehensive fertility knowledge, which makes it difficult to make informed choices about when to try to start a family,¹¹ it is important to promote education on OCs as an option that enables women to independently take control of family planning as well as to facilitate access to modern contraceptive options. Improving access to OCs, not only as

a means to prevent unplanned pregnancies but also to enable women to maintain future fertility and conceive at a time of their choosing, would contribute to the empowerment and advancement of women in Japan.

Recommendations for Government

- Provide funding, either through national health insurance coverage or prefectural government subsidies, to facilitate access to OCs to support women’s efforts to conceive at a time of their choosing.
- Promote education programs on modern contraceptives in the context of “lifelong women’s health support” under the Basic Plan for Gender Equality.

Recommendations for Business

- Encourage company health insurance societies (Kempo) to implement comprehensive coverage for OCs.

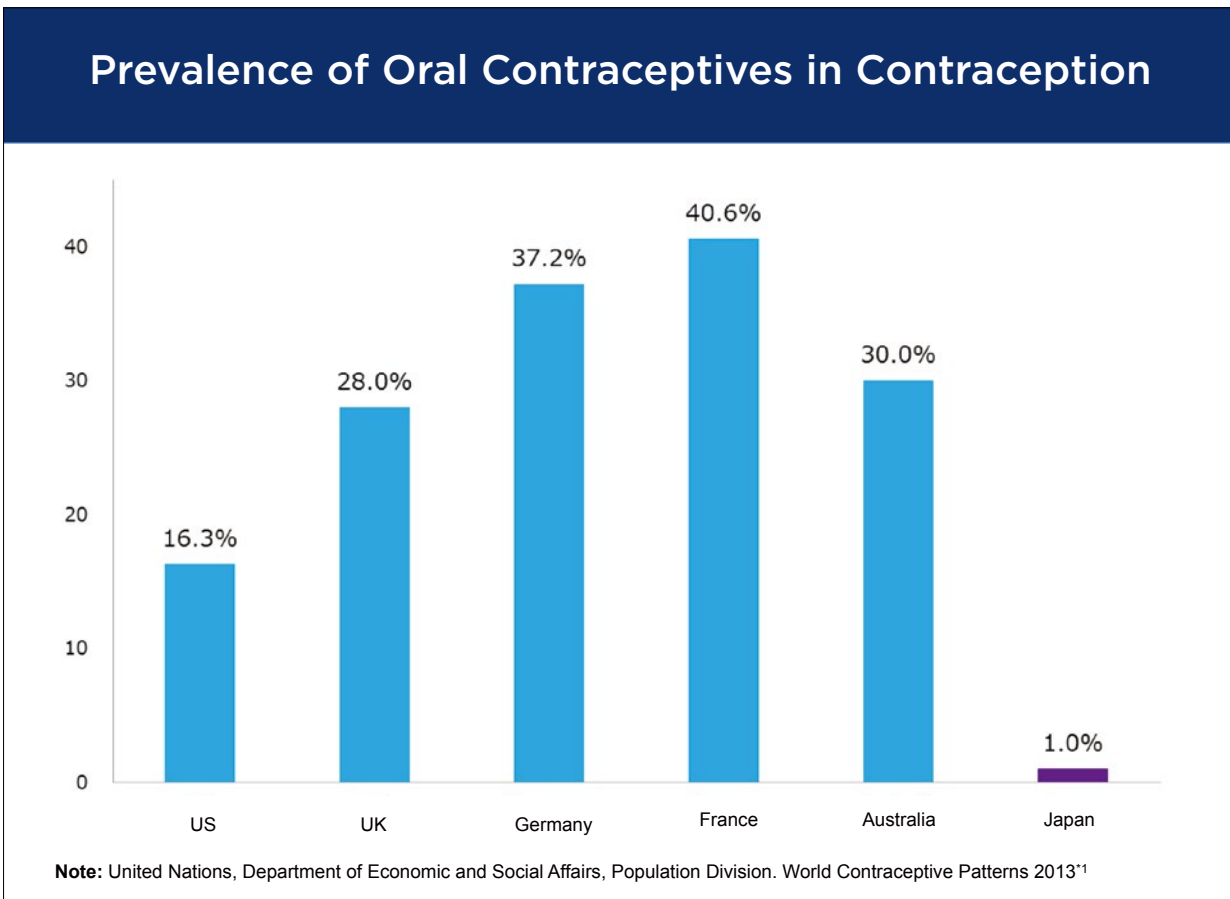
7 Wylie AHM, Gebbie AE. 2002. Impact of contraception on subsequent fertility. *The Obstetrician & Gynaecologist*, 4(3): 151-155

8 Collaborative Group on Epidemiological Studies of Ovarian Cancer, Beral V, Doll R, Hermon C, Peto R, Reeves G. 2008. Ovarian cancer and oral contraceptives: collaborative reanalysis of data from 45 epidemiological studies including 23,257 women with ovarian cancer and 87,303 controls. *The Lancet*, 371(9609): 303-314

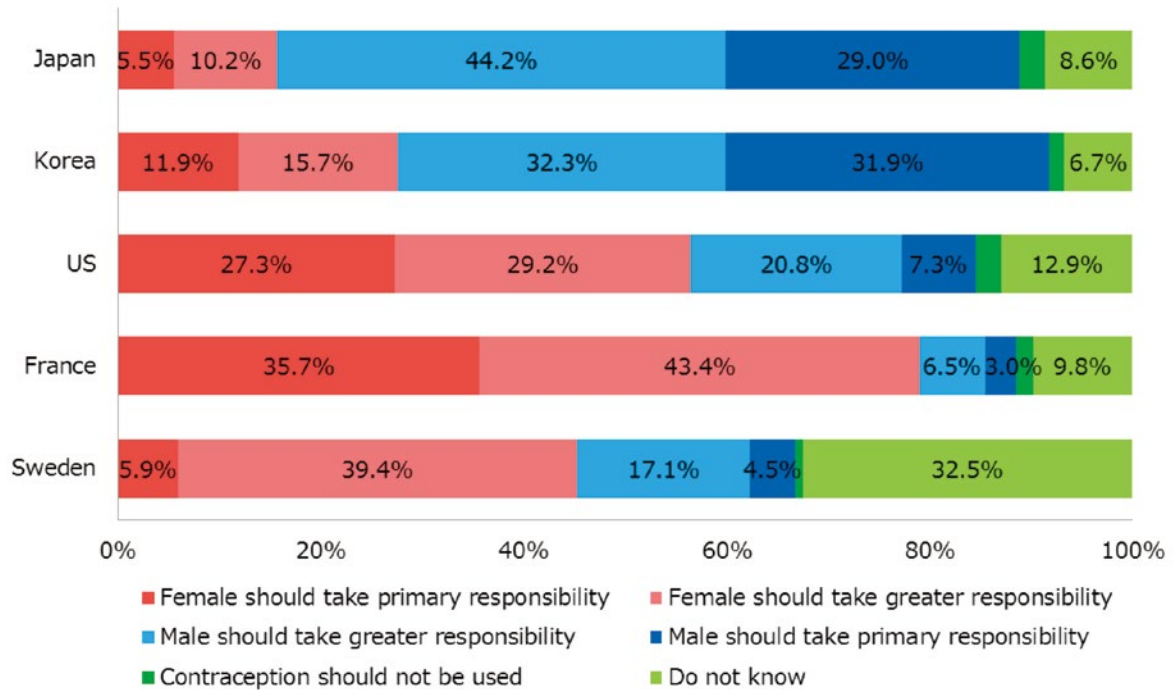
9 Havrilesky LJ, et al. 2013. Oral contraceptive pills as primary prevention for ovarian cancer: a systematic review and meta-analysis. *Obstetrics & Gynecology*, 122(1): 139-147

10 Allen N, et al. 2015. *The Lancet Oncology*, 16(9): 1061-1070

11 Bunting L, Tsibulsky I, Boivin J. 2013. Fertility knowledge and beliefs about fertility treatment: findings from the International Fertility Decision-making Study. *Human Reproduction*, 28: 385-397



Who Should Take Responsibility for Contraception



Note: Cabinet Office, Government of Japan. 2005²

Reimbursement of Contraceptives

US	UK	Germany	France	Japan
100%	100%	100% if < 20 yrs old	65%	0%

Note: Adapted from Table 12, The Reproductive Health Report. July 2011³

Improve Access to Fertility Treatment

Current Situation

Japan has one of the lowest fertility rates among developed countries, far below what is needed to maintain the population. Highlighting the importance of this challenge, in a September 2015 press conference on his three new arrows, Prime Minister Abe spoke of the need to support women who wish to have a child. Under the second new arrow, which seeks to provide support for child-bearing and rearing, the Prime Minister reiterated his commitment to assisting couples who pursue fertility treatment.¹

While there are many factors underlying Japan's low fertility rate, it has become clear that a very important component is infertility. The WHO defines infertility as the inability to carry a pregnancy to term or to conceive after 12 months or more of regular unprotected sexual intercourse.² The American Society for Reproductive Medicine and the CDC reduce this time period to six months if the woman is over the age of 35.^{3,4} Globally, more than 72.4 million women are infertile, and this is presenting a growing challenge in Japan. According to the WHO, 15 percent of reproductive-aged couples

worldwide are affected by infertility.⁵ This number holds true in Japan, where nearly one in six couples face the challenge of infertility.⁶

The ideal age for pregnancy is generally considered to be before the age of 35. As a woman ages, the viability of her eggs continues to decrease. In Japan, women are waiting until later in life to have children. The average age at which a woman in Japan now has her first child has risen to 30.4, with women in the Tokyo metropolitan area waiting until age 32.⁷ While early and proper reproductive system education is paramount, it is also necessary for women to have access to innovative assisted reproductive technologies (ART), such as IVF and oocyte storage. In Japan, one in 24 children is now born through ART.⁸ Yet, there remains unmet need for fertility treatments since a relatively small fraction of infertile couples—an estimated 15 percent—pursue ART.⁹ Indeed, couples are increasingly seeking support for treatment. Since the introduction of the fertility treatment subsidy program in Japan, applications have increased from 17,657 in 2004 to 112,642 in 2011;¹⁰ the number of ART cycles has correspondingly increased over this period.⁸ Unfortunately, due to a lack of awareness, a lack of reproductive education, and financial burden, as well as stigma and discrimination issues

1 Liberal Democratic Party of Japan (LDP). 2015. Prime Minister Shinzo Abe press conference (after general assembly of both houses), September 24, 2015. Retrieved from <https://www.jimin.jp/news/press/president/130574.html>

2 World Health Organization. 2014. Sexual and reproductive health - infertility definitions and terminology. Retrieved from <http://www.who.int/reproductivehealth/topics/infertility/definitions/en/>

3 American Society for Reproductive Medicine. 2012. Age and Fertility - A Guide for Patients -. Retrieved from http://www.reproductivefacts.org/uploadedFiles/ASRM_Content/Resources/Patient_Resources/Fact_Sheets_and_Info_Booklets/agefertility.pdf

4 Centers for Disease Control and Prevention. 2013. Infertility FAQs - What is infertility? Retrieved from <http://www.cdc.gov/reproductivehealth/infertility/#aa>

5 World Health Organization. 2010. Mother or nothing: the agony of infertility. *Bulletin of the World Health Organization*, 88(12): 877-953. Retrieved from <http://www.who.int/bulletin/volumes/88/12/10-011210/en/>

6 National Institute of Population and Social Security Research. 2015. The true cost of fertility treatment in Japan. *The Japan Times*. Retrieved from <http://www.japantimes.co.jp/life/2015/06/20/lifestyle/true-cost-fertility-treatment-japan/#.VFYxv9lw9Mt>

7 Ministry of Health, Labour, and Welfare. 2014. Vital Statistics in JAPAN - The latest trends (pg. 11, 2013 Data). Retrieved from <http://www.mhlw.go.jp/english/database/db-hw/vs01.html>

8 Japan Society of Obstetricians & Gynecologists (JSOG). 2013. ART Data. Retrieved from <http://plaza.umin.ac.jp/~jsog-art>

9 Merck Serono; Psyma research; ISS; HFEA; Team

10 Ministry of Health Labour and Welfare. Current situation surrounding infertility treatment. Retrieved from <http://www.mhlw.go.jp/stf/shingi/2r985200000314vv-att/2r985200000314yg.pdf>

related to a couple's inability to conceive, many couples are still unable to pursue treatment.

In addition to the social and demographic benefits of improving access, there is also a compelling economic argument for investing in fertility treatment. A recent study in Spain on the fiscal implications of public funding for ART found that every EUR1 invested in subsidizing ART reverts into fiscal benefits of EUR5.¹¹ Policymakers, therefore, have multiple reasons to be supportive of increasing access to fertility treatments.

Current Policy

There is currently no law in Japan regulating reproductive technology, just guidelines—principally issued by the Japan Society of Obstetricians & Gynecologists¹²—on topics such as oocyte cryopreservation (egg freezing), semen cryopreservation (sperm banking), surrogate pregnancy, artificial insemination by donors, and pre-implantation genetic diagnosis/screening tests (PGD/PGS). While the GOJ has on occasion worked towards drafting legislation on reproductive technology, it has consistently been unable to reach a consensus. Additionally, despite increased acceptance of ART in Japan, third-party reproduction, or collaborative reproduction has been performed only in rare circumstances—with many patients being forced to go abroad due to the restrictions of current domestic ART guidelines.

Since a common cause of infertility in Japan is couples waiting until a later stage in a woman's life to conceive, couples may benefit from having broader access to donor-oocyte IVF and

other innovative forms of ART. The unavailability of donor-oocyte IVF and PGD/PGS has led to an increasing number of women traveling overseas for treatment.¹³ This trend signals the need for Japan to reconsider its national public policy on ART given the lack of clarity in current regulations and guidelines.

Furthermore, according to a 2013 survey compiled by the nonprofit organization Japan Fertility Information Network (NPO Fine),¹⁴ costs for ART still remain a heavy burden despite subsidy programs. Out of the nearly 2,000 respondents, more than half had paid more than JPY 1,000,000. While some subsidies are offered, the amount of coverage remains highly dependent on the area of residence, and the costs still remain too high of a burden for many couples.

Beyond financial costs, working women also face great difficulty in receiving treatment for infertility while pursuing a full-time career. Not only is the treatment physically and mentally exhausting, but, without a proper support network, or supportive employers, it can be difficult for a woman to arrange flexible working hours so that she is able to see her healthcare provider when required. According to a 2015 Fine survey, nearly 92 percent of women who underwent fertility treatment while working faced difficulty in balancing their treatment and career. Furthermore, more than 42 percent of these women made changes to their career to address this challenge, some going as far as early retirement to avoid workplace pressures. The same survey found that among respondents, the primary support services sought included a vacation/leave system, a time-employment

11 Villoro R, González-Domínguez A, Pérez-Camarero S, Hidalgo A, Polanco C. 2013. Long-Term Fiscal Implications of Funding Assisted Reproductive Therapies: A Generational Accounting Model for Spain. *Value in Health*, 16: A323-A636. Retrieved from [http://www.valueinhealthjournal.com/article/S1098-3015\(13\)02007-X/fulltext](http://www.valueinhealthjournal.com/article/S1098-3015(13)02007-X/fulltext)

12 Japan Society of Obstetrics and Gynecology (JSOG). 2015. JSOGの倫理に関する見解. Retrieved from <http://www.jsog.or.jp/ethic/>

13 Shimazono Y. 2013. Japanese Infertility Patients' Attitudes towards Directed and Non-Directed Oocyte Donation: Analysis of a Questionnaire Survey and Implications for Public Policy. *Asian Bioethics Review*, 5(4): 331-343

14 Japan Fertility Information Network. <http://j-fine.jp/>

system, and a financial support system that provided loans and/or aid for treatment costs¹⁵ (Figure 3). While Fine is working hard to provide patient support services and groups, including counselors, there still remains more that government and businesses can do to support women who choose to move forward with treatment.

Recommendations for Government

- Work together with professional organizations and advocacy groups to create a comprehensive national plan for infertility prevention, detection, and management. This strategy should incorporate new fertility technologies, as well as include regular annual visits to gynecologists for girls from the onset of puberty.
- Broaden public awareness programs (as mentioned in the Health Literacy and Education section) that educate both females and males on reproductive cycles and the potential causes of infertility. Educators and doctors should pay special attention to those who may postpone pregnancy and provide information on infertility and its associated treatment options as necessary.
- Deepen the discussion on comprehensive legislation that addresses the use of reproductive technology and services such as surrogacy, oocyte donation, semen donation, cryogenic storage, and prenatal screening tests (PGD/PGS). Women should have a choice when it comes to their treatment options.
- Increase patient access to ART/IVF via broadened subsidy inclusion criteria, as well as increased subsidies.
- Increase public support for working women who undergo fertility treatments. This

can be addressed in three ways: (1) more comprehensive public support in the form of counseling and family planning; (2) public policy that provides incentives, including financial, for the expansion of employer support of women facing infertility; and (3) more treatment flexibility provided by physicians and healthcare policies, offering such options as home self-injection of available therapies.

Recommendations for Business

- Encourage increased public access programs.
- Incorporate fertility education into career development programs targeted at women. Women should understand how their reproductive health fits into their career goals and the available treatment options for infertility.
- Support working women by providing (1) greater schedule flexibility for those undergoing fertility treatment; and (2) more comprehensive counseling and family support services.

¹⁵ Japan Fertility Information Network. 2015. Questionnaire regarding treatment while working survey results report. Retrieved from http://j-fine.jp/prs/prs/fineprs_ryoritsu1508.pdf

What is infertility?*

Less than 35 Y/O Unable to conceive in 1 year of trying

More than 35 Y/O Unable to conceive in 6 months of trying

*According to the World Health Organization (WHO) and the American Society for Reproductive Medicine (ASRM).

Who does infertility affect?

Infertility can affect both men and women



Only a small fraction of infertile couples pursue fertility treatment—an estimated 15%¹

Average age a woman has her first child has increased²

1.56 Japanese couples face infertility³

1.524 Japanese children born through ART⁴

Japan 30
Tokyo 32

¹ Merck Serono; Psyma research; ISS; HFEA; Team. ² Ministry of Health, Labour, and Welfare. 2014. Vital Statistics in JAPAN – The latest trends (pg. 11, 2013 Data). Retrieved from <http://www.mhlw.go.jp/english/database/db-hw/vs01.html>. ³ National Institute of Population and Social Security Research. 2015. The true cost of fertility treatment in Japan. The Japan Times. Retrieved from <http://www.japantimes.co.jp/life/2015/06/20/lifestyle/true-cost-fertility-treatment-japan/#.VFYxv9lw9Mt>. ⁴ Japan Society of Obstetricians & Gynecologists (JSOG). 2013. ART Data. Retrieved from <http://plaza.umin.ac.jp/~jsog-art>.

FERTILITY

BY THE NUMBERS

Nearly 92 percent of working women struggle to balance work with their treatments

Q. Have you found it difficult to work while pursuing treatment? (n=2,265)

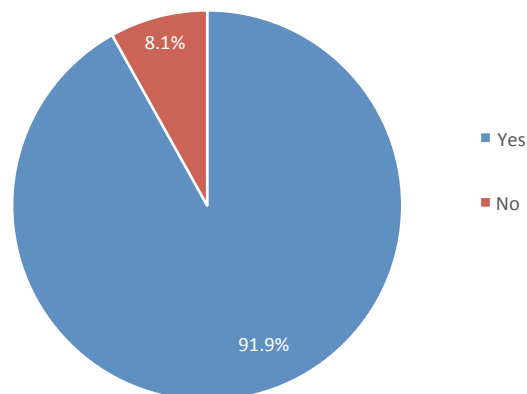


Figure 1 According to research from Fine, nearly 92 percent of working women who pursue fertility treatment struggle to balance their care with their career. This highlights the need for both governments and employers to provide greater support networks for these women.

Source: Fertility Information Network Japan (Fine). August 2015. 'Questionnaire for fertility treatment while working' survey results report. Retrieved from http://j-fine.jp/prs/prs/fineprs_ryoritsu1508.pdf

42 percent of working women changed their careers while seeking treatment

Q. What was the reason for your change in employment status? (n=836, multiple answers)

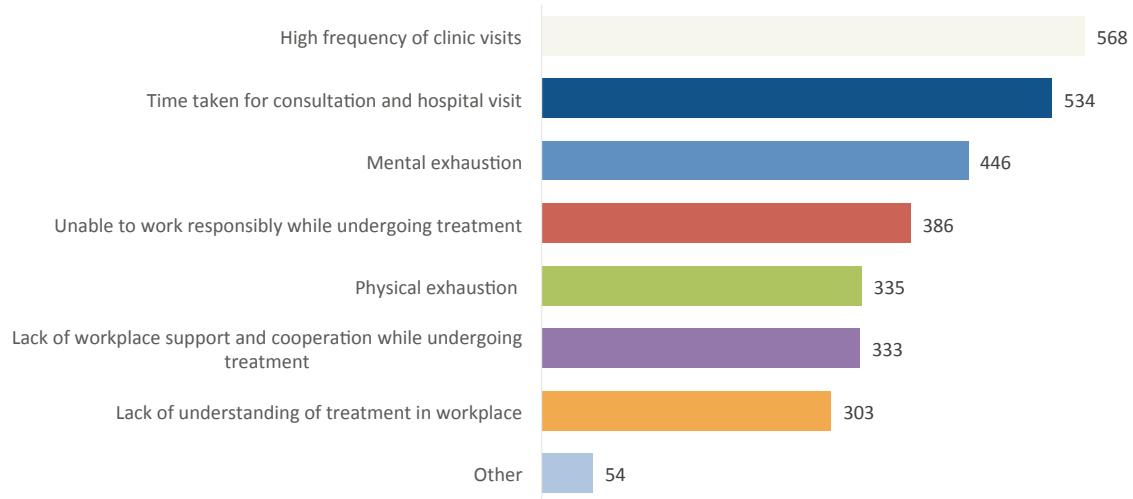
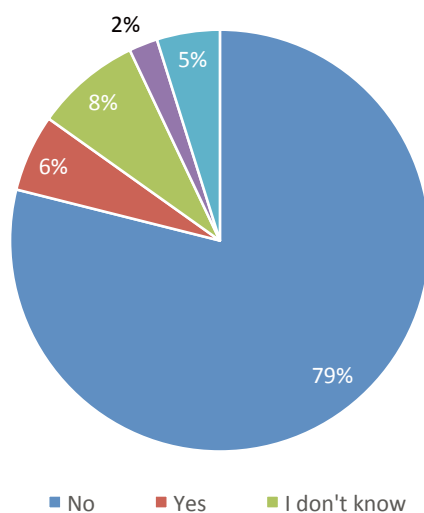


Figure 2 According to research from Fine, nearly 42% of women are forced to make changes to their career while undergoing fertility treatments. While there are a number of causes, ranging from the time taken to visit the clinic, to physical and mental exhaustion—it is clear that working women need support if there are to maintain a career while also seeking treatment.

Source: Fertility Information Network Japan (Fine). August 2015. 'Questionnaire for fertility treatment while working' survey results report. Retrieved from http://j-fine.jp/prs/prs/fineprs_ryoritsu1508.pdf

More Support Needed for Couples Seeking Treatment

Q. Does your workplace have a system that supports women undergoing fertility treatment? (n=2,265)



Q. What kind of support services do you want from your workplace? (n=1,385, multiple answers)

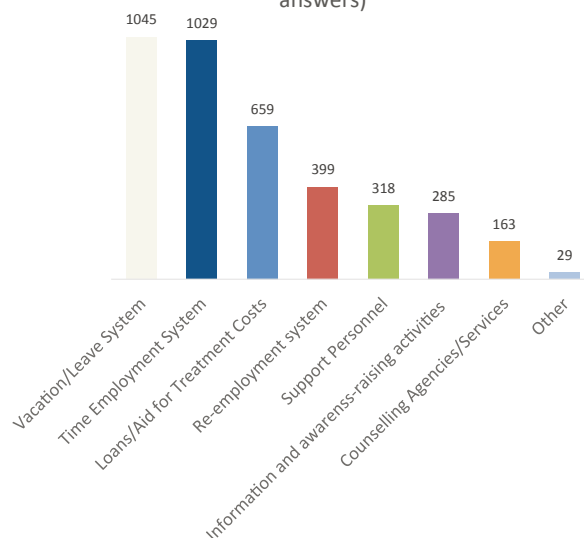


Figure 3 Very few companies offer support for women that undergo fertility treatment. Governments and businesses need to work together to ensure the policies women seek—such as vacation/time leave and re-employment systems—are in place to encourage women to remain in the workforce. This is a common challenge shared by many women, and it will be necessary for both governments and businesses to play a more proactive role in helping women fulfill their dual roles as employee and mother.

Source: Fertility Information Network Japan (Fine). August 2015. 'Questionnaire for fertility treatment while working' survey results report. Retrieved from http://j-fine.jp/prs/prs/fineprs_ryoritsu1508.pdf