

FEATURED LECTURE

CUNY SPH CENTER FOR IMMIGRANT, REFUGEE & GLOBAL HEALTH

Migrants' Reproductive Health Services and Pregnancy-based Discrimination in Japan:

A case study on access to contraceptive and abortion services among migrants from five Asian countries

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Thursday, May 19, 2022
6:30 pm – 7:30 pm EST | ZOOM

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1. The Immigration system and "maternity harassment" (pregnancy-based discrimination) in Japan
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1. The Immigration system and "maternity harassment" in Japan

A Vietnamese trainee appeals the conviction to the Supreme Court in Japan

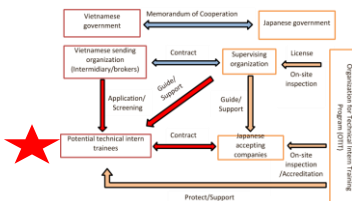
[NHK World 20220412 Supreme Court Case.mp4 \(2m\) https://www3.nhk.or.jp/nhkworld/en/news/backstories/1980/](https://www3.nhk.or.jp/nhkworld/en/news/backstories/1980/)

2018	Lynn migrated from Vietnam to Japan under the <u>Technical Intern Trainee Program (TITP)</u> and worked for an organic citrus farmer in Kumamoto Prefecture.
2020	<p>July: She confirmed pregnancy with the test kit and failed medical abortion with abortion pills she got through SNS in Vietnamese. She has never been to hospitals/clinics.</p> <p>November: A supervising agency staff forced her to test with the kit but got a negative result.</p> <p>November 15: She delivered twin boys alone but found them stillborn.</p> <p>November 16: Her employer brought her to the hospital and found that she had already delivered the babies.</p> <p>November 19: Police arrested her for abandoning and hiding the bodies of two stillborn babies.</p>
2021	<p>July 20: The first trial ruled 8 months imprisonment with 3 years suspended sentence as "she hurt the general religious sentiment of Japanese people."</p>
2022	<p>January 19: The second trial dismissed the judgment of the first trial. Still, it ruled 3 months imprisonment with 2 years suspension as "she went beyond the time to fulfill her obligation to hold a funeral."</p> <p>April 11: She appealed the conviction to the supreme court.</p>

Technical Intern Trainee Program (TITP)

(Source: Tran 2021)

Technical Intern Training Program (TITP) is an "International Contribution" program that accepts people from "developing countries" max. 5 years for skill development through on-the-job training.



"TITP" in the 2021 Trafficking in Persons Report by the U.S. Department of States

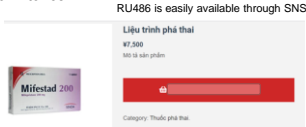
- The Japanese government reported that 8,000 TITP participants disappeared from their jobs in 2020.
- Authorities in Japan continued to arrest and deport TITP participants who escaped forced labor and other abusive conditions in their contracted agencies; some labor contracts featured illegal automatic repatriation clauses for interns who became pregnant or contracted illnesses while working in Japan.



TITP participants experienced different types of maternity harassment

- Forced to sign the contract on penalty, resignation, or deportation in case of pregnancy
- Strict rules on going out from dormitories
- Unfair rules on dating
- Forced pregnancy check
- Forced abortion
- Forced deportation

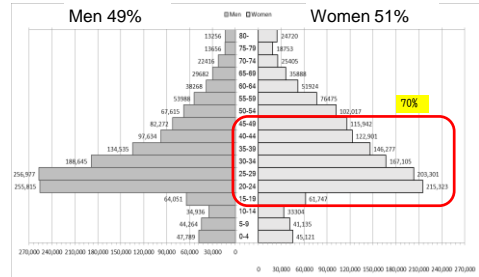
<https://www.asahi.com/articles/ASL6Z722OLCZUTL05X.html>



Such pressure encourages pregnant trainees to choose medical abortion without doctors' supervision.

Migrant women in Japan

(Source: Ministry of Justice, the Government of Japan 2020)



Migrant women in reproductive age by residential status in Japan at the end of 2019
(Source: Ministry of Justice, the Government of Japan 2020)

Residential status	Total	All age group		Women Age 15-49	
		Men	Women	Number	(%)
Based on activities (Restricted within the particular activities)					
Technical intern trainee	367,709	211,485	156,224	42.5	135,807
Student	336,847	187,119	149,728	44.4	149,540
Dependent	191,017	65,331	125,686	65.8	82,905
Technology/Humanities/International business	266,414	162,090	94,324	36.8	93,137
Designated Activities	61,675	36,738	24,937	40.4	19,679
Others	134,010	99,740	34,270	25.6	30,930
Based on status					
Permanent Resident (PR)	783,513	301,408	482,105	61.5	265,439
Spouse and child of Japanese	143,246	54,316	88,928	62.1	68,764
Spouse and child of PR	39,537	18,143	21,394	54.1	13,154
Long-term Resident	197,599	93,231	104,368	52.8	66,286
Special PR	317,849	157,798	160,051	50.4	54,352
Total	2,829,416	1,387,401	1,442,015	51.0	999,993

Undocumented: 80,000 approx.

Ratio of migrant in total population in Japan: 2.3% (2019)

Characteristics of selected five target countries by residential status

Rank	Country/Region	Total	Women	W15-49	Ratio	TITP	Student	Activity-based	Ratio
1	China	745,411	404,484	295,599	73%	28,082	45,170	159,273	54%
2	Vietnam	450,046	196,756	185,798	94%	85,755	25,859	171,476	92%
3	Philippines	277,341	195,409	122,231	63%	9,395	1,128	21,859	18%
4	Korea	416,389	225,522	84,898	38%	0	4,017	19,042	22%
5	Brazil	206,365	94,622	53,631	57%	0	154	678	1%
6	Nepal	97,026	41,282	36,262	88%	73	7,437	33,698	93%
7	Thai	51,409	37,257	21,684	58%	4,363	1,245	8,558	39%
8	Taiwan	52,023	34,924	20,282	58%	0	1,967	11,574	57%
9	Indonesia	63,138	21,387	18,565	87%	6,849	2,129	13,847	75%
10	Myanmar	35,692	19,284	17,787	92%	7,580	1,845	16,031	90%
	Others	2,394,840	1,270,927	856,737	67%	142,097	90,951	456,036	53%
	Total	2,823,565	1,427,776	956,603	67%	148,422	99,440	92,126	10%

Contraception

- Oral contraceptive pill (OC) – Cost, USD 20-30/month
- Japan was the last country among the UN member states that approved OC in 1999, a half year after the approval of Viagra. It took 44 years after the OC was developed in 1955, while the Viagra was approved in Japan a year after its market release in the US in 1998.
- OC is prescribed medicine, not an Over-the-counter (OTC) drug. Health insurance applies only to the person suffering from menstrual diseases. The use of contraception is
- Emergency contraception (EC) – Cost, USD 50+(generic), 100+(NorLevo)
- Ministry of Health, Labor and Welfare (MHLW) approved EC in 2011, ten years after other countries.
- EC is also prescribed medicine. Switching to OTC is still under consideration.



Photo: Civil Society Groups have been campaigning on improving access to EC. A meeting with women MPs at the parliament building on March 12, 2019.



2. State of reproductive health service in Japan

A glossary shop in "Little Yangon" in Tokyo, Japan. OC=USD3, EC=USD5. Customers are not only Burmese but Indian, Nepalese, other foreigners, and Japanese.

Abortion



- Legal aspects
 - Penal code 29 criminalized abortion in 1907, which still exists today. It punishes women and the practitioner.
 - In 1948, Eugenic Protection Law (EPL) replaced National Eugenic Law in 1940. It allowed abortion for pregnancies in cases of rape, etc. and voluntary and involuntary eugenic operations (sterilizations) of people with intellectual disabilities. Prefectural Eugenic Protection Council, not with the consent of the woman and her spouse, approved abortions.
 - The EPL was abolished with the approval of the Mother's Body Protection Law in 1996. It allows abortion in case of rape and physical and economic reasons. But it requires spousal authorization for a married woman.
- Methods
 - Medical abortion pill has not been approved yet. Dilatation and Curettage (D&C), not Manual Vacuum Aspiration (MVA), is common and costs USD 1500-4000.

Photo: Boys club? All male technocrat team of the Ministry of Health, Labor and Welfare, presented the ongoing screening process of the medical abortion pill at a consultation meeting with civil society in the parliament house on May 10, 2022. © Kazuko Fukuda.

Contraceptive prevalence in the research target countries and Japan (%)

Source: UNPD 2018

Country	Total	The prevalence rate of modern methods										Traditional methods	
		Sub-total	Male					Female					
			Sterilization	Condom	Sterilization	IUD	Implant	Injection	OC	Vaginal barrier	Others		
China	84.6	84.0	4.5	8.5	28.7	40.6	0.3	0.0	1.2	0.2	..	0.6	
Vietnam	75.7	65.0	0.1	11.1	1.7	36.3	0.3	1.3	14.2	0.0	..	10.7	
Indonesia	60.9	58.7	..	1.4	3.7	4.4	5.2	31.5	12.4	..	0.2	2.2	
Nepal	52.6	42.6	5.5	4.2	14.7	1.4	3.3	8.9	4.6	..	0.1	9.8	
Myanmar	52.2	51.3	0.3	1.0	4.8	2.8	0.9	27.6	13.8	..	0.0	1.0	
Japan	39.8	34.4	0.1	30.8	1.0	0.4	0.8	9.6	

In Japan, very few choices of women-centered methods, and what's worse, the prevalence rate is the lowest in Japan.

Gaps in costs in Japan and Nepal (USD)

Option	Japan	Nepal
Male condom	0.5-2/pc at drug stores	Free at government and NGOs' clinics. 0.2-1/pc at drug stores
Female condom	1-2/pc, rarely found in drug stores, more on web shops	Not common
Pill	20/1 sheet (28 tablets), need doctors' prescriptions	Free at government and NGOs' clinics. 0.5-1.5/1 sheet at drug stores
Emergency contraception	80-150/tablet, need doctors' prescriptions	Free at government and NGOs' clinics. 0.8/tablet at drug stores
Implant (Norplant)	Not available	Free at government and NGOs' clinics. 3+ at private clinics (5 years)
Injection (Sangini)	Not available	Free at government and NGOs' clinics. 0.5/vial at private clinics
Intrauterine Devices (IUD)	350 for the first installation and 50 for removal.	Free at government and NGOs' clinics. No info about private clinics.
Female sterilization	1,000-2000 for operation. 300-1,000 with caesarean.	Same as above.
Male sterilization	600-900 for operation.	Same as above.
Abortion	Surgical abortion only. Gestational limit up to 22 weeks. 1,500-4000.	Legalized in 2002. Free at government clinics since 2016. Gestational limit up to 12 weeks. Sex-selective abortion is prohibited. 80% medical abortion.

Migrant women face barriers to fulfilling sexual and reproductive health/rights in Japan

- Poor support for migrant women in pregnancy
 - Language barrier - Medical interpreters are not easily accessible.
 - Cultural and religious barrier – Difficulties to find women doctors. Not allowed to bring own food during hospitalization.
- Legal barriers
 - Undocumented pregnant women cannot join health insurance schemes, so no public support applies to them though they are entitled to the 'Maternal Child Health Handbook.' There is no subsidy for prenatal care and delivery cost for them, except for the person who applied for a special support scheme.
 - No provision of legal status (dependent visa) for children born to migrant women under TITP, student, and dependent visa.
- Service gaps between their countries of origin and Japan
 - Women-centered contraceptive methods, injection, implant, patch, etc., are not available.
 - Abortion pills are not yet authorized. Surgical abortion is available but not affordable.

A frame of analysis and key questions

Acceptability

Quality of service,
No discrimination
Q: Are you comfortable getting the service?

Accessibility

Distance and barrier
Q: Are you able to get the service without barriers (language, distance, etc.)

Availability

Timing
Q: Are you able to get the service whenever you need it?

Affordability

Price and financial protection
Q: Are you able to afford to pay the service cost (with/out insurance)?

3. My research in Japan



Review of previous studies on Nepalese migrants' health in Japan

- Language and health insurance are barriers for Nepalese migrants to access health services in Japan. (**Acceptability and Affordability**)
 Shakya, P., Tanaka, M., Shibanuma, A., and Jimba, M., 2018. Nepalese Migrants in Japan: What is holding them back in getting access to healthcare? *PLoS ONE* 13(9):1-13
 - Only 5 % of Nepalese migrant women get consultation on family planning at health facilities in Japan.
 → Where and how do they get contraceptive devices and drugs?
 - More than 10 % of Nepalese migrant women experienced abortion in Japan.
 → How do they get abortion services in Japan where medical abortion is unavailable?
- Shah, R., Kiriyu, J., Shibanuma, A., Jimba, M., 2018. Use of modern contraceptive methods and its association with QOL among Nepalese female migrants living in Japan. *PLoS ONE* 13(5):1-14

"Migrant women and Sustainable Development Goals (SDGs): Access to sexual and reproductive health services in Japan." supported by the Japan Society for the Promotion of Science Fund for the Promotion of Joint International Research (Fostering Joint International Research (B)) 18KK0030
 Period : Oct. 2018 – Mar. 2022 (now, extended till Mar. 2023)
 Major target: Migrants from China, Indonesia, Myanmar, Nepal, Vietnam

- 1) Qualitative study: Focus Group Discussions (FGDs) with awareness-raising video clips in Chinese, Indonesian, Nepali and Vietnamese
- 2) Quantitative study: Online survey for migrants above 18 years old in Chinese, English, Indonesian, Myanmar, Nepali, Vietnamese
- 3) Key Informant Interviews (KI) with service providers, e.g., doctors, midwives, public health nurses, counselors
 →At informal level only due to COVID 19.



Girls Talk
Pregnancy, contraception, child birth and cancer check-up in Japan

How do you get contraceptive devices that you are familiar in your own country?
 Have you ever done health check-ups, e.g. breast cancer or cervical cancer in Japan?
 Let us ask questions to a public health nurse regarding available services in Japan!

Date: 10 March 2019 (Sun) 1300 – 1700 (Registration from 1230)
 Venue: South block of Oizumi-machi town hall (Kōmura-ku)
 9月9日 2019 健康相談、避妊相談、産科相談、検診相談
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YouTube video clips on "Learning reproductive health in Japan" in Chinese, Nepali, Indonesian, and Vietnamese.



Online survey (34 questions in 4 sections)

- A (8) Basic information about the participants: nationality, gender, age, religion, education level, Japanese language proficiency, marital status, the experience of sexual intercourse, number of children
- B (7) Current situation as migrants: year of arrival, current location, residential status, types of school (only for international students), employment status, income level, payment methods for health insurance)
- C (7) Experiences related to access to SRHR services before migration: place and contents of SRHR education, contraceptive use and reasons behind the choice, warning on pregnancy, buying contraceptive items as preparation for migration and reasons behind
- D (12) Experiences related to access to SRHR services in Japan: place and contents of SRHR education, by whom get advice on SRHR, contraceptive use and reasons behind the choice, the outcome of unintended pregnancy, consultation to Gynecologist in Japan and reasons behind

Participants of the online survey by county of origin, gender, and residential status

Country of origin	Vietnam			Nepal			Myanmar			Indonesia			China			Total		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
All residential status	84	104	188	106	77	183	14	53	67	13	41	54	18	26	44	235	301	536
Student	36	54	90	26	23	49	4	15	19	6	14	20	13	20	33	85	126	211
Engineer/Humanity	9	17	26	57	9	66	1	22	23	3	4	7	3	3	6	73	55	128
Dependent	1	3	4	5	35	40	0	5	5	1	12	13	0	0	0	7	55	62
TITP	23	12	35	0	0	0	3	1	4	0	1	1	0	0	0	26	14	40
PR/Long-term	2	4	6	1	7	8	4	4	8	1	4	5	2	2	4	10	21	31
Specified skill	2	1	3	8	0	8	0	0	0	1	2	3	0	0	0	11	3	14
Others inc. N/A	11	13	24	9	3	12	2	6	8	1	4	5	0	1	1	23	26	49

Experience of maternity harassment by country of origin and residential status

Residential Status	Vietnam (n=104)	Nepal (n=77)	Myanmar (n=53)	Total (5 countries, n=301)
Student	18	2	0	20
TITP	12	0	1	13
Eng. Intl	2	2	1	5
Designated Act	4	0	0	4
Dependent	0	1	1	2
Skill (Cook)	0	1	0	1
Temporary	1	0	0	1
Undocumented	1	0	0	1
N.A.	2	0	0	2
Total	40	6	3	49
Ratio	38.5%	7.8%	5.7%	17.3%

- All Vietnamese women participants with TITP statuses experienced maternity harassment.
- Students also experienced similar harassment.

Contraceptive methods used before and after migration

Answered by	Place	Male condom	OC	EC	Implant	Injection	IUD	Sterilization	Rhythm method	Withdrawal	Other	Not used
		Women	Home	58	8	14	3	6	5	1	6	
	Japan	92	11	10	4	-	5	3	22	33	7	36
Man	Home	105	8	11	2	2	1	0	9	28	1	23
	Japan	106	10	6	1	-	2	0	10	27	4	13

- More changes found in women than men
- Increase of "Condom," "Rhythm method," and "Withdrawal."
- Decrease of "EC."
- Four women keep using implants in Japan
- Some did the sterilization as preparation for migration

How did you get contraceptive devices and drugs in Japan?

Means	Women (n=170)	Men (n=137)	Total (n=307)
Bought it at pharmacies or medical institutes in Japan	72	65	137
Brought it through the Internet	14	15	29
Brought it before migration to Japan	9	9	18
Got it from friends from the same country now living in Japan	4	13	17
Sent by own family or friends from own country	4	11	15
Bought it at shops in Japan owned by people from own country	4	4	8
Others	15	20	35

87 responses (28%)- did NOT get them at pharmacies or medical institutions in Japan.

Reasons behind not using contraceptives in Japan

Reasons	Women (n=170)	Men (n=137)	Total (n=307)
Want to get pregnant	17	7	24
Concerns over side effects	8	3	11
Do not know contraceptive methods	6	2	8
Do not have sexual intercourses	6	1	7
Cannot find own preferred options	4	3	7
Too expensive	3	2	5
Do not know how to get contraceptive devices	2	3	5
Feel embarrassed to buy it	1	0	1
Opposed by partner/spouse	0	1	1
Religious reasons	0	0	0
Others	7	5	12

Women experienced unintended pregnancies by country of origin and the consequences

Country	Delivery	Abortion	Not Yet decided	Total
Nepal	4	5	3	12
Myanmar	4	4	1	9
Indonesia	3	1	0	4
Vietnam	2	1	0	3
China	1	1	0	2
Total	14	12	4	30

Locations of delivery and abortion as results of unintended pregnancy

Note: Many migrants could not travel during the COVID19 pandemic.

Answered by	In Japan			In country of origin			Not yet decided	N.A.	Total
	Delivery	Surgical Abortion	Medical Abortion	Delivery	Surgical Abortion	Medical Abortion			
Men	5	4	1	2	0	2	7	2	23
Women	13	10	1	1	1	0	4	0	30
Total	18	14	2	3	1	2	11	2	53

Summary of findings

- Availability
 - Some migrants cannot find preferred options in Japan.
- Accessibility
 - Some participants did not know how to get contraceptive devices and drugs and available options in Japan.
 - The 28% of them did NOT get contraceptive devices and drugs at pharmacies or medical institutions in/of Japan.
- Affordability
 - Both women and men bring contraceptive items from their own countries due to price gaps between Japan and their home countries.
- Acceptability
 - Some migrant women prepare their contraceptives or sterilization before they migrate to Japan because they feel comfortable doing so through communication in their language in their home countries.
- Unintended pregnancy and abortion
 - Ratio of un-intended pregnancy and abortion is relatively high.
 - Migrants use abortion pills in Japan without doctors' supervision.

Service gaps in contraceptives and abortion services between their countries and their destination countries make migrant women vulnerable and at risk.



4. On-going research in New York City

Ongoing research (1)

Nepalese migrants' Access to Contraceptives and Abortion Service in NYC (May-Aug 2022)

- Overall objective: Identifying barriers for migrants to access Sexual and Reproductive Health Services, particularly contraceptives and abortion services, when they move to new countries or states where different options are unavailable.
- Specific objectives
 - 1) to assess contraceptives and abortion services for migrants with the Availability, Accessibility, Acceptability, and Affordability (4A) framework
 - 2) to investigate whether or not the migrants can use contraceptives and abortion services similarly to how they did in Nepal, as well as the gaps and reasons related to these possible differences (Changes in contraceptive practice before and after migration)
 - 3) to explore migrants' strategies to fill the service gaps and the roles of migrant organizations, ethnic networks, and other service providers.

Ongoing research (2): Methods

- Secondary data collection on statistics of Nepalese in NYC
- Key-Informant Interviews (KII) with health service providers, CBO members, and University-based service providers (9-12)
- In-depth Interview (IDI) with a variety of Nepalese women by age, religion/ethnicity, and education
- Online survey (using almost the same indicators as done in Japan)



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I welcome your suggestions for my research in NYC.



Thank you for your attention to my presentation!

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