保健医療科学　2025　Vol.74 No.1 p.60 − 73

Topics: Recent topics in public health in Japan 2025

＜ Review ＞

The history of Japan's health policies related to sexuality

TAKEMURA Shinji

Department of Public Health Policy, National Institute of Public Health

Abstract

This article aims to present an outline of the history of health policies related to sexuality in Japan, focusing on challenges to improve women's health and welfare, and to discuss the future policy directions from the perspective of the diversity of sexuality.

Measures to improve women's health had focused on their specific situations and roles. To protect "maternity," public assistance has been available for many years , for pregnant women and mothers experiencing poverty, and the Maternal and Child Health Act introduced measures to promote the health of all pregnant and nursing women. These measures were promoted in a way that maternity was integral to the child. Before World War II, the primary measure against sexually transmitted diseases was the control of "prostitutes," followed by a shift to control of the general public after abolishing the licensed prostitution system and enacting the Anti-Prostitution Act. Furthermore, measures aimed to protect and reform women engaged in prostitution, with the scope of protection and support later expanded to "women with difficult problems." Measures to protect "working women," including restrictions on overtime, holidays, and late-night work, were first initiated at factories and then extended to all workplaces. Although these restrictions were abolished under the Act on Equal Opportunity and Treatment between Men and Women in Employment, working women's health, particularly maternal health, continues to be considered.

After the concept of reproductive health/rights was proposed in 1996, measures to support women's health throughout their lives, including adolescence, pregnancy and childbirth, menopause, and old age, were clearly defined as part of both gender equality policy and health policy. The specific measures include support for those seeking infertility treatments, public awareness such as "Women's Health Week" and the "HealthCareLab" website, preconception care, gender-specific medicine, FemTech, Gendered Innovations, solutions to period poverty, and research and development.

In 2003, the first legislation related to sexual diversity in Japan was promulgated, and in 2023, the Act on Promoting Public Understanding of Diversity in Sexual Orientation and Gender Identity was implemented. Except for measures against AIDS and supporting women with difficult problems, measures to address health problems related to diversity in sexual orientations and gender identities have not progressed adequately. To develop health policies that take sexual diversity into account, it is necessary to identify in detail the health status and problems of people with diverse sexualities and to define the ideal of health for each sexuality.

keywords: sexuality, maternity, women's health, gender equality, diversity

(accepted for publication, November 5, 2024)

I. Introduction

Regarding health and sexuality, the Constitution of Japan stipulates the following [1]:

Article 14. All of the people are equal under the law and there shall be no discrimination in political, economic or social relations because of race, creed, sex, social status or family origin.

Corresponding author: TAKEMURA Shinji
E-mail: takemura.s.aa@niph.go.jp

Article 25. All people shall have the right to maintain the minimum standards of wholesome and cultured living. In all spheres of life, the State shall use its endeavors for the promotion and extension of social welfare and security, and of public health.

The two articles above require that all Japanese people be provided equal opportunities to enjoy health and welfare without discrimination regarding sexuality, or between men and women. Although the oldest existing medical encyclopedia in Japan, compiled in the 10th century, notes that women have higher rates of disease than men [2], women did not have access to adequate healthcare due to their low social status [3,4].

Although measures to improve women's health have long been implemented, they have focused on women's specific situations or roles (e.g., measures of maternal health that focus on the mother, which is one of the roles of women). Only recently have efforts been made to comprehensively support women's health. In 2015, a section was established in the Ministry of Health, Labour and Welfare (MHLW) with jurisdiction to promote women's health [5], under which various programs, such as the Comprehensive Research Program for Women's Healthcare [6], have been developed. Furthermore, the National Center for Women's Health (tentative name) is scheduled to be established at the National Center for Child Health and Development by the end of fiscal year 2024 [7,8]. It is expected that efforts to address women's health in Japan will be further developed in the future and will serve as a reference for other countries.

This article aims to show an outline of the history of health policies related to sexuality in Japan, focusing on the challenges to improve women's health and welfare, and to discuss the future policy directions from the perspective of the diversity of sexuality.

II. Health policies related to pregnancy and childbirth

1. Measures to protect maternity before World War II

Measures to protect the health and lives of women in pregnancy and childbirth, or "maternity," have been in place for many years. In 1929, the Relief Law was formulated to provide public assistance to pregnant women and childbearing women raising children under 1 year of age [9-11]. Subsequently, in 1937, the Maternal and Child Protection Act was promulgated [9-12], which stipulated that relief should be provided to mothers who had children under 13 years of age, were unable to meet basic living standards due to poverty, and either had no spouse or had a spouse but were in the same situation as if they did not have a spouse because of disappearance or other reasons. The types of support provided were livelihood, childcare, occupational, and medical care assistance [9-12]. The purpose of this act was to protect the child and mother as an integral part of the child to promote the protection of the child [9,11].

The Public Health Center Act was also enacted in 1937 [9,11,13,14]. This act stipulated that local governments should establish public health centers as the authority to improve the health of residents [15], including matters concerning maternal and child health [9,11,14,15]. Furthermore, the Ministry of Health and Welfare was formed in 1938 and established a system to promote maternal and child health measures nationwide [9,11,13]. In 1942, the handbook for expectant and nursing women was introduced as a specific measure [9-11,13,14,16]. As this was during World War II, the aim of maternal and child health measures was to increase the population and ensure a healthy military force [9,11,16].

2. Measures for maternal health after World War II

After World War II, measures for maternal and child health in Japan shifted away from the previous policy focus of increasing the population, toward the perspective of the health and welfare of pregnant and nursing mothers and infants [9]. In 1947, the Child Welfare Act was promulgated, which implemented measures for maternal and child health [9,10,14], under which pregnant and nursing women were regarded as subordinate to achieving the Act's purpose [12,17]. Dental checkups and health instructions for expectant and nursing women were initiated in 1949 [9,11,12], maternal and child health centers have been established in rural areas to promote safe deliveries and provide health guidance since 1958 [9,10,12,13], and medical expenses for expectant women experiencing toxemia during pregnancy began to be subsidized in 1964 [9,10,12].

Despite significant improvements in the health of mothers and children, the maternal mortality ratio did not improve sufficiently, and separate legislation from the Child Welfare Act was required to protect maternity as the basis for the birth and growth of healthy children [9,12]. Finally, in 1965, the Maternal and Child Health Act was enacted to provide health checkups, health guidance, and other measures to improve the health of mothers, infants, and young children [9,10,18]. This Act requires municipalities to accept notification of pregnancy, issue maternal and child health handbooks, and provide pregnant and nursing women with health guidance, home-visit guidance, and nutrition intake, including the distribution of milk free of charge to low-income groups [9,12,18]. Furthermore, the Act requires health checkups to be provided or recommended for expectant and nursing mothers, as necessary [18]. Subsequently, medical subsidies for expectant women with diabe-

tes began in 1968 [9,12], and subsidies for the cost of health checkups for expectant and nursing women began in 1969 [9,10,12,14]. In 2019, the Maternal and Child Health Act was revised to launch a postpartum care program, which is provided by municipalities to mothers and infants who gave birth less than one year prior, emphasizing health guidance and support according to individuals' physical and mental condition [14,18].

In 2001, the Healthy Parents and Children 21 Plan was introduced, including goals and indicators, to address new issues related to maternal and child health, such as anxiety regarding childcare, child abuse, and child-rearing stress [13]. The first and second phases of this plan were set for 2001–2014 and 2015–2024, respectively [13]. Beginning in 2024, it is now legally defined as a plan, based on the basic policies stipulated by the Act on Comprehensive Promotion of Measures for Providing Necessary Child Care and Medical Treatment to Children [19]. The indicators and targets set in the plan which are related to pregnant and nursing women include decreasing the maternal mortality rate, reducing the rate of smoking during pregnancy to 0%, increasing the percentage of mothers who submit their pregnancy reports at or before 11 weeks of pregnancy, and decreasing the percentage of mothers at high risk for postpartum depression one month after childbirth [13,20].

Regarding assistance for single-mother families experiencing poverty, the Maternal and Child Protection Act was abolished and integrated into the Public Assistance Act enforced in 1946 [9-11], which was not necessarily satisfactory [9]. Therefore, in 1953, a scheme was initiated to provide loans to single-mother families [9-12]. In 1964, the Act on the Welfare of Mothers with Dependents was established to comprehensively implement measures to support single-mother families, including financial aid [9,10,12]. This Act was renamed the Act on Welfare of Mothers with Dependents and Widows in 1982 [9], and then the Act on Welfare of Mothers and Fathers with Dependents and Widows in 2014 [21], expanding its coverage.

Other measures related to pregnancy and childbirth include the protection of pregnant and nursing women in the workplace (described below), prevention of infectious diseases in pregnant and nursing women, and support for those wishing to undergo infertility treatments. Regarding infectious disease prevention, in 1966, women were required to receive a serological test for syphilis during pregnancy to prevent the infection of sexually transmitted diseases (STDs) [9,12]. Currently, pregnant women are tested for hepatitis B and C, Human Immunodeficiency Virus (HIV), rubella, Human T-cell leukemia virus type 1, and genital chlamydia, in addition to syphilis [22], primarily to prevent mother-to-child transmission of infectious diseases.

Specialized infertility consultation centers have been established in prefectures, designated cities, and core cities since 1996 [23]. In 2003, the Basic Act for Measures to Cope with Society with Declining Birthrate was enacted, stipulating that national and local governments must take necessary measures, such as providing information and counseling on infertility treatment to those who may wish to receive it [24]. Since 2022, medical insurance has covered general infertility treatments, such as artificial insemination with semen from the patient's husband, and assisted reproductive technology, such as in vitro fertilization and intracytoplasmic sperm injection [25]. In addition, it intends to establish a scientific basis for fertility preservation therapy and assisted reproductive technology for children, adolescents, and young adults with cancer [26].

3. Measures against abortion

In relation to pregnancy, Japan has taken measures to prevent abortion for many years. Although abortion was commonly practiced during the Edo period [3,9], it is stipulated as a crime in Articles 212–216 of the Penal Code [27]. The National Eugenic Act was implemented in 1941 [9-11], with the purpose of increasing the quantity and improving the quality of the population by enforcing sterilization against those with malignant genetic diseases, such as mental disorders, mental deficiency, physical disorders, and malformation. This Act also prohibited abortion by those who were healthy in the context of the policy of increasing national wealth, military strength, and population [9,11,28].

After World War II, the National Eugenic Act was abolished, and the Eugenic Protection Act was promulgated and enforced in 1948 [9-12,16]. This Act stipulated that sterilization and abortion should be performed to prevent the birth of defective descendants from a eugenic standpoint, and to protect the life and health of the mother [9-12]. Under this act, abortion was legally permitted for women whose pregnancies could seriously harm their health [9,28]. In 1949, the Act was amended to ensure that abortions could be performed even in cases where the continuation of pregnancy was likely to seriously harm the health of the mother for economic reasons [9,11,12].

Following the proposal of the concept of reproductive health/rights at the International Conference on Population and Development held in Cairo in 1994, the Maternal Health Act was enacted in 1996 as a partial amendment to the Eugenic Protection Act [28,29], removing the eugenic concept of preventing the birth of defective descendants [30]. This Act stipulates that sterilization should be permitted if the pregnancy or delivery is likely to endanger the life or deteriorate the health of the mother, and that abortion is permitted under the following circumstances: (a) the

continuation of pregnancy or delivery is likely to seriously harm the health of the mother for physical or economic reasons, and (b) the pregnancy was caused by violence, threats, or adultery while the woman was unable to resist or refuse [31].

III. Health policies against diseases potentially attributable to sexual activity

1. Measures against "Karyu-byo" before World War II

STDs can infect both men and women through sexual intercourse. However, in Japan, STDs were once officially defined as "Karyu-byo," which is a disease transmitted in the "Karyu-kai," that is, the society of geishas and female prostitutes [3,4,32]. The first measure against STDs in Japan was syphilis examinations for prostitutes in 1860 [3,32], and in 1876, the Ministry of Home Affairs issued a notification to conduct nationwide examinations for prostitutes [3,9-11,16,32]. Thus, measures against STDs in Japan were promoted solely at the expense of prostitutes (i.e., women) [3].

Prostitution was permitted in designated areas beginning in the Edo era [9], and a licensed prostitution system was established in 1900 [3,9-11]. Examinations were conducted in accordance with the Regulations for the Control of Prostitutes for licensed prostitutes [4,9-11] and the Administrative Enforcement Act for unlicensed prostitutes [9-11]. Consequently, a framework was established to control the activities and STDs of licensed and unlicensed prostitutes [3,9,11]. In 1927, the Karyu-byo Prevention Act was promulgated, stipulating that barmaids and geiko, as well as licensed and unlicensed prostitutes, should be covered, and local governments must establish clinics to treat persons at risk of spreading Karyu-byo in the course of their business [9-11].

2. Measures against STDs and other diseases related to sexual activity after World War II

In 1945, a special provision of the Karyu-byo Prevention Act was promulgated by the instructions of the General Headquarters (GHQ), which stipulated that the scope of the measures should be expanded to the general population [9-12]. In 1946, GHQ issued a memorandum, "Concerning the Abolition of Licensed Prostitution in Japan," ordering the repeal of all acts and regulations that permitted licensed prostitution, followed by a formal end to the system of licensed prostitution [9-12]. Therefore, measures that mainly consisted of regular medical examinations for prostitutes had limitations [9,11,12].

In 1948, the Karyu-byo Prevention Act was repealed and replaced by the Act on the Prevention of Sexually Transmitted Diseases [9-12]. This Act stipulated that physicians were obliged to report patients with STDs, that those who intended to marry or were pregnant were recommended to undergo STD examinations, and that mandatory examinations were to be conducted for those suspected of habitual prostitution [9,11,12]. The Anti-Prostitution Act was promulgated in 1956 and fully enforced in 1958, leading to the latency and dispersion of prostitutes and other sources of infection, as well as the spread of STDs among the general population [9,11,12]. Consequently, the Act on the Prevention of Sexually Transmitted Diseases was amended in 1966, which simplified the notification of patients with STDs and included an obligatory serological test for syphilis at the time of marriage [9,10,12].

In 1999, the Act on the Prevention of Sexually Transmitted Diseases was merged with the Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases [33]. Currently, measures against STDs are promoted in Japan based on the prevention guidelines for specified infectious diseases related to STDs [34], which were formulated in accordance with this Act. The guidelines provided for public awareness and education, recommended examinations, opportunities for examinations, enhanced counseling and instruction, and medical care [34]. Although STDs are a significant health problem for both men and women, consideration should be given to women because they are anatomically at a higher risk of infection, and because women of reproductive age can affect the next generation through mother-to-child transmission of STDs, if infected [34].

Diseases that can be transmitted through sexual intercourse include hepatitis and acquired immunodeficiency syndrome (AIDS). The government has been promoting public awareness of the risk of contracting the hepatitis virus through sexual intercourse [35]. Measures against AIDS are promoted based on the prevention guidelines for specified infectious diseases related to AIDS [36], as well as STDs. The guidelines state that all people who engage in sexual activity are at risk of being infected with HIV; special attention should be given to men who have sex with men, who account for the majority of those with HIV; and consideration should also be given to those who work in the sex entertainment industry [36].

IV. Health policies for women with difficult problems

1. Measures to protect prostitutes after the abolition of the licensed prostitution system

The Ministry of Health and Welfare issued the Outline for the Protection of Women in 1946, when the system of

licensed prostitution was abolished [9-11], and measures to prevent women from engaging in prostitution were implemented [9,11]. However, prostitution itself was tolerated as a socially necessary evil, resulting in the existence of red-light districts nationwide, where people engaged in prostitution [9,11].

The Anti-Prostitution Act, promulgated in 1956 and fully enforced in 1958, was intended to provide guidance, protection, and reform for women who may engage in prostitution [9,10,37] and stipulated the establishment of counseling offices for women and facilities for the protection of women in prefectures and counselors for women in prefectures and cities, respectively [9,10,12,37]. In 1963, the Ministry of Health and Welfare enacted operational guidelines for programs on the protection of women, which emphasized preventing women from engaging in prostitution rather than protecting and reforming women who have engaged in prostitution [9].

2. Measures to support women with various difficult problems

In the movement to promote gender equality, the "Vision for Gender Equality" was formulated in 1996, which clearly stated that all forms of violence against women, including rape and other sexual crimes, sexual abuse of girls, prostitution, and violence by husbands and others, should be eradicated, and that victims need protection and relief, as well as support for their social and economic self-reliance [38]. The eradication of all forms of violence against women was clearly stated in the "2000 Plan for Gender Equality" [39] formulated in the same year, and in the "Basic Plan for Gender Equality" [40] formulated by the government, as stipulated in the Basic Act for Gender Equal Society [41] promulgated in 1999.

The Act on the Prevention of Spousal Violence and the Protection of Victims enacted in 2001 stipulated that prefectures were to ensure that appropriate facilities functioned as spousal violence counseling and support centers [42]. Consequently, counseling offices for women were given the new function of spousal violence counseling and support centers. In 2004, offices were also required to provide protection to foreign women who had been victims of human trafficking [43]. In addition, the Act for Partial Revision of the Anti-Stalking Act promulgated in 2013 clearly defined these offices as facilities that provide support to victims of stalking behavior [44].

However, the program for the protection of women based on the Anti-Prostitution Act was limited in its ability to solve problems such as spousal violence, trafficking, and stalking behavior. Subsequently, the Act on Support for Women Facing Difficult Problems was promulgated in 2022 and fully enacted in 2024 [45]. The term "women with difficult problems" as used in this Act refers to women who have or are at risk of difficulties in conducting their daily or social lives smoothly because of sexual victimization, family situation, relationship with the community, and various other circumstances [45]. This Act stipulates that prefectures must establish counseling and support centers and officers for women and may establish self-reliance support facilities for women [45]. The counseling and support center for women, whose predecessor was the counseling office for women stipulated by the Anti-Prostitution Act [46], is responsible for providing counseling to women with difficult problems, as well as medical or psychological support for facilitating their recovery, and for securing safety in an emergency [45].

In relation to eradicating all forms of violence against women, an act was promulgated in 2022 to provide for the protection of health of the performers in sexually explicit videos and relief for those who have suffered harm due to their performance [47].

V. Health policies for working women

1. Measures to protect working women before World War II

As industrialization, primarily in the textile industry, progressed in Japan starting in the late 19th century, factory workers, who were mainly women and young people, were forced to work long hours under hard working conditions and poor working environments, causing their health to deteriorate [9,16]. Although legislation on restrictions on working hours was discussed [11], capitalists, factory owners, and others opposed these measures on the grounds that it would discourage industry development [3,9,11,16].

The Factory Act was promulgated in 1911, with a grace period before it came into enforcement [3,9-11,16]. In 1913, Osamu Ishihara published "Women Factory Workers and Tuberculosis," proving that women factory workers faced a high mortality rate and tuberculosis as a serious health problem [3,4,11,16,32]. The Factory Act finally came into effect in 1916 [3,4,9-11,16], partly due to this article [3,4,11,16,32,48]. The Factory Act restricted working hours (up to 12 hours) and prohibited late-night work and dangerous and hazardous work for women [9-11,16]. Subsequently, the Factory Act was amended to shorten the maximum working hours [10], and provide pre-birth and postpartum maternity leave for pregnant and nursing women [9-11]. In addition, the "Shop Act" implemented in 1938 stipulated restrictions on working hours (up to 11 hours) for women employed in large stores [9-11].

2. Measures to protect working women and promote their advancement after World War II

The Labor Standards Act was enacted in 1947, providing restrictions on overtime, holidays, and late-night work for all working women and ensuring a six-week leave of absence before and after childbirth (currently, an eight-week postpartum absence is ensured [49]) as well as leave for menstruation [9]. In addition, expectant or postpartum women were restricted from engaging in belowground or dangerous and hazardous operations [49]. Furthermore, if these types of work are harmful to a woman's health or functions related to pregnancy or childbirth, restrictions on work may be applied to other women [49]. The restricted types of work include drilling or mining of minerals; handling of heavy objects; operations that involve handling boilers, cranes, or press machines; working at high altitudes; and working in places where hazardous substances are emitted [50].

In 1972, the Working Women's Welfare Act was enacted, which stipulates that employers must take necessary measures to ensure that their female employees have time to receive health guidance and medical examinations under the Maternal and Child Health Act [51]. In 1985, this act was substantially revised and renamed as the Act on Equal Opportunity and Treatment between Men and Women in Employment [52]. It prohibits disadvantageous treatment of women due to marriage, pregnancy, and childbirth and implements measures to prevent sexual harassment, among other matters, although the stipulations on employer measures for the health of working women have not been amended [52]. The MHLW also recommends the use of the Maternal Health Management and Guidance Card to facilitate the health of working women [53].

In 1999, restrictions on overtime, holidays, and late-night work for female workers under the Labor Standards Act were abolished [54]. Accordingly, guidelines have been established regarding measures that employers should take to improve the working environment for female workers who engage in late-night work, including ensuring safety when commuting to and performing work, and providing health checkups [55].

VI. Comprehensive health policies for women

1. Measures targeted at women to improve the health of the population

Cancer screening is one of the longest-standing measures used to improve the health of women in general, rather than women in specific groups, such as mothers and workers. Although a stomach cancer screening program for both men and women was initially launched in fiscal year 1966, a screening program for cervical cancer, which is specific to women, was initiated the following fiscal year [9,12], and breast cancer screening was added afterwards [56]. Regarding measures against cervical cancer, although regular HPV vaccination at the public's expense began in 2013, the government refrained from actively recommending it because side effects that could not be excluded as having a causal relationships with the vaccine were identified [57]. However, active recommendations for the vaccination were resumed in 2022 [26,57].

In fiscal year 1978, the Ministry of Health and Welfare introduced the first national health promotion measures to prevent non-communicable diseases in Japan, and since then, the measures have been revised approximately every 10 years [58]. The third national health promotion measures, referred to as "Health Japan 21," which began in fiscal year 2000, set targets regarding lifestyle-related diseases and lifestyles that cause them [58]. While most of the measures and targets were common to men and women, the targets specific to women included "reducing the proportion of thin persons, that is, those with a body mass index (BMI) of less than 18.5 among women in their twenties" [59]. In the second term of Health Japan 21, which began in fiscal year 2013, targets for eliminating smoking among pregnant women were added [60]. In the third term, which began in fiscal year 2024, a target was added to increase the rate of osteoporosis screening among women [61].

2. Measures that focus on the comprehensive health of women

The measures against cancer and non-communicable diseases described above cover the entire population, and are not specific measures intended exclusively for women. In 1977, the "National Action Plan" was formulated to address various issues related to women, including improvement of status, employment, social participation, education, and health. However, this plan specifically used the term "maternal health," rather than "women's health" [62].

In 1996, the "Vision for Gender Equality" was formulated, which explicitly referred to reproductive health/rights proposed at the International Conference on Population and Development in 1994, and emphasized the need to ensure women's health throughout their life cycle and their health-related self-determination, not only in terms of maternity [38]. Furthermore, in the "2000 Plan for Gender Equality" formulated in 1996, support for women's health throughout their lives was listed as a measure to promote gender equality, along with the assurance of equal opportunity and treatment between men and women in employment and the eradication of all forms of violence against women [39].

In fiscal year 1996, the Ministry of Health and Welfare launched the "Program to support women's health throughout their lives" [23,28], which includes health education, women's health support centers, and specialized infertility consultation centers [23,63]. In fiscal year 2022, this program was reconfigured and renamed as the "Sexuality and Health Consultation Center Program," and provides seamless consultation and support appropriate to the stages of life, such as adolescence, pregnancy, and childbirth, in order to promote "preconception care" that provides both men and women with accurate knowledge about sexuality and pregnancy, and helps them to manage their own health [64]. Other relevant programs include "Women's Health Week" and "HealthCareLab." Since 2008, March 1–8 has been designated as "Women's Health Week" every year, with an emphasis on promoting and educating the public about women's health [65]. In addition, the "HealthCareLab" website (https://w-health.jp/) was established to provide comprehensive information on women's health [66].

Regarding women's health in the gender equality policy, the first Basic Plan for Gender Equality, formulated in 2000, stipulated the development of systems to deal with contraception, pregnancy, infertility, STDs, gynecological diseases, menopausal disorders, and various other problems related to women's health, and the promotion of projects related to the maintenance of women's health throughout their lives, including adolescence, pregnancy and childbirth, menopause, and old age [40]. The second plan, formulated in 2005, prioritized the promotion of "gender-specific medicine," which is precise medical care appropriate for gender differences, based on differences between men and women in the causes and treatments for various diseases [67]. Since 2021, local governments have provided feminine hygiene products to address "period poverty," in which some women are unable to purchase these products for economic or other reasons [68]. In addition, "FemTech," which refers to products and services that use advanced technologies to solve problems specific to women such as menstruation and menopause [68], and "Gendered Innovations" that incorporate the perspective of gender differences in the research and development of products [69], are being promoted.

Regarding research and development in women's health, the Comprehensive Research Program for Women's Healthcare and the Project for Whole Implementation to Support and Ensure the Female Life (hereinafter referred to as "Wise") were launched in 2015 [6], with the former falling under the jurisdiction of the MHLW, and the latter under the Japan Agency for Medical Research and Development (hereinafter referred to as "AMED"). The Comprehensive Research Program for Women's Healthcare aims to establish a scientific base for constructing systems to provide specialized and comprehensive health and medical services to women, to facilitate human resource development, and to collect and disseminate information [70]. Wise aims to promote research and development and its practical application that will contribute to solving issues related to women's health throughout their lives [71].

A search of research projects conducted in the Comprehensive Research Program for Women's Healthcare and the Wise that were completed by fiscal year 2023 was carried out using the MHLW Grants System (https://mhlw-grants.niph.go.jp/) and the AMED funding for innovation database (AMEDfind) (https://amedfind.amed.go.jp/amed/index.html). As a result, 42 projects (including 12 projects in the MHLW Grants System and 30 projects in the AMEDfind) were extracted. The themes of the research projects conducted under the Comprehensive Research Program for Women's Healthcare include the social determinants of women's health, economic burden of diseases specific to women, impact of disease on women's quality of life, cost-effectiveness analysis of interventions in women's health, and methodologies for collecting and disseminating information on women's health. HealthCareLab [66] is one of the major research products under this program. Wise includes research on diseases specific to women and research contributing especially to women's health among health problems common to both men and women. The former includes endometriosis, adenomyosis, premenstrual syndrome, premenstrual dysphoric disorder, postpartum depression, menopausal disorders, and the female athlete triad (i.e., low energy availability, amenorrhea, and osteoporosis). The latter is conducted to clarify the pathogenesis of cancer, coronary artery disease, obesity, diabetes, metabolic syndrome, osteoporosis, sarcopenia, chronic pain, and other diseases from the perspective of gender-specific medicine.

VII. Policies related to diversity of sexuality

The first legislation related to sexual diversity in Japan was the Act on Special Cases in Handling Gender Status for Persons with Gender Identity Disorder [72], passed in 2003. This Act stipulated that a person with gender identity disorder may be deemed to have been assigned to the opposite gender following a ruling of a change in the recognition of gender status at the request of the person [72]. The Third Basic Plan for Gender Equality, formulated in 2010, clearly stated that human rights education, consultation, investigation, and relief activities for suspected cases of human rights violations should be implemented to eliminate discrimination and prejudice against persons in difficult conditions due to their sexual orientation, whether men or women, and against persons with gender identity disorder

[73]. The Fourth Plan, formulated in 2015, stipulated concrete measures, such as the development of human rights counseling at Legal Affairs Bureaus and District Legal Affairs Bureaus and the reinforcement of school counseling services [74]. In 2018, it was clearly stated that a correct understanding of sexual orientation and gender identity in the workplace should be promoted to establish a workplace environment that accepts diversity [75]. The Fifth Plan, formulated in 2020, pertained directly to preventing harassment related to sexual orientation and gender identity [76].

Finally, the Act on Promotion of Public Understanding of Diversity of Sexual Orientation and Gender Identity was enacted in 2023 [77]. This Act aims to realize a society that is tolerant of diversity in sexual orientation and gender identity, based on the understanding that no one should be subjected to unreasonable discrimination due to sexual orientation and gender identity [77]. Specifically, the Act stipulates that the national and local governments should formulate and implement measures to promote public understanding, employers should promote understanding among employees, and school administrators should promote understanding among students, by disseminating information, raising awareness, improving the environment, and ensuring opportunities for consultation [77]. Currently, the MHLW is implementing various measures to promote the understanding of sexual minorities, including raising public awareness, establishing consultation services, and ensuring that medical insurance can be applied for sex reassignment surgery [78].

Measures to address health problems related to diversity in sexual orientation and gender identity include those related to AIDS. To promote AIDS control, men who have sex with men, who account for the majority of those infected with HIV, should receive special consideration [36]. Furthermore, diverse sexual orientations and attitudes toward sexuality should be considered when educating young people as part of the measures against AIDS [36]. In addition, regarding measures to support women with difficult problems, potential support for transgender people who identify as women should be considered [46].

VIII. Future directions for health policies appropriate for sexual diversity

Since the end of World War II, health policies for women in Japan have primarily focused on pregnancy and childbirth (i.e., maternal health) [79]. Furthermore, the improvement of child health is a high-priority issue in Japan, where the birthrate is declining rapidly, and measures to address this issue are being promoted under the framework of "maternal and child health." However, maternal health should not be treated as subordinate to child health or separated from women's health because of an excessive emphasis on child health.

It is possible to identify the features of women's health compared to men, as well as the features of men's health compared to women, by addressing women's health problems from the perspective of gender-specific medicine. For example, the Third Basic Plan for Gender Equality formulated in 2010 stipulates that measures to prevent suicide should be promoted for men, given that many men tend to be mentally isolated, and that improvement of men's lifestyles should be facilitated, considering the smoking and drinking habits of many men [73]. Therefore, support for women's health throughout their lives is expected to help improve men's health as well.

To promote health policies in light of sexual diversity, the health status and problems of people with various sexualities and gender identities need to be understood in detail. However, under the current circumstances, discrimination and prejudice against diverse sexualities may make this difficult. Although the Act on Promotion of Public Understanding of Diversity of Sexual Orientation and Gender Identity has only been in effect for a short time, public understanding is expected to be promoted, making it acceptable to disclose the health of people with diverse sexualities.

Both health and equality are concepts that describe one's status in relative terms; therefore, women's situations, problems, and health status can only be identified by comparing them with those of men. However, it remains unclear which sexualities should be compared to describe the status of each group. Before establishing what should be compared, what constitutes health of each diverse sexuality should be defined. Furthermore, the similarities and differences in the ideals of health for persons of each sexuality need to be identified, to develop policies that contribute to improving the health of all persons with diverse sexualities, and thus reducing disparities in health among them.

Conflicts of Interest

The author declares that there are no conflicts of interest regarding the publication of this article.

References

[1] 日本国憲法．昭和二十一年憲法．1946. [The Constitution of Japan. Constitution 1946, 1946.] https://laws.e-gov.go.jp/law/321CONSTITUTION (in Japanese) (accessed 2024-11-01)

[2] 新村拓．日本医療社会史の研究：古代中世の民衆生活と医療．東京：法政大学出版局； 1985. Shinmura T.

[Nihon iryo shakaishi no kenkyu: Kodai chusei no minshu seikatsu to iryo.] Tokyo: Hosei Daigaku Shuppankyoku; 1985. (in Japanese)

[3] 川上武．現代日本病人史：病人処遇の変遷．東京：勁草書房； 1982. Kawakami T. [Gendai nihon byoninshi: Byonin shogu no hensen.] Tokyo: Keiso Shobo; 1982. (in Japanese)

[4] 小坂富美子．病人哀史：病人と人権．東京：勁草書房； 1984. Kosaka F. [Byonin ai shi: Byonin to jinken.] Tokyo: Keiso Shobo; 1984. (in Japanese)

[5] 厚生労働省の内部組織に関する訓令の一部を改正する訓令．平成 27 年 9 月 30 日厚生労働省訓第 28 号, 2015. [Kosei rodosho no naibu soshiki ni kansuru kunrei no ichibu o kaiseisuru kunrei. September 30, 2015, kosei rodosho kun dai 28 go, 2015.] (in Japanese) https://www.mhlw.go.jp/web/t_doc?dataId=00tc1321&dataType=1&pageNo=1 (accessed 2024-11-01)

[6] Takemura S. Health research policy and systems in Japan: A review focused on the Health, Labour and Welfare Sciences Research Grants. J Natl Inst Public Health. 2021;70(1):2-12.

[7] すべての女性が輝く社会づくり本部，男女共同参画推進本部．女性活躍・男女共同参画の重点方針 2023（女性版骨太の方針 2023）．令和 5 年 6 月 13 日．Subete no Josei ga Kagayaku Shakai Zukuri Hombu and Danjo Kyodo Sankaku Suishin Hombu. [Josei katsuyaku danjo kyodo sankaku no juten hoshin 2023 (Josei ban honebuto no hoshin 2023). June 13, 2023.] https://www.gender.go.jp/policy/sokushin/pdf/jyuten2023_honbun.pdf (in Japanese) (accessed 2024-11-01))

[8] こども大綱．令和 5 年 12 月 22 日閣議決定，2023. [Kodomo taiko. Cabinet Decision on December 22, 2023, 2023.] https://www.cfa.go.jp/assets/contents/node/basic_page/field_ref_resources/f3e5eca9-5081-4bc9-8d64-e7a61d8903d0/276f4f2c/20231222_policies_kodomo-taikou_21.pdf (in Japanese) (accessed 2024-11-01)

[9] 厚生省五十年史編集委員会，編．厚生省五十年史．記述篇．東京：厚生問題研究会； 1988. Koseisho Gojunenshi Henshu Iinkai. [Koseisho gojunenshi. Kijutsu hen.] Tokyo: Kosei Mondai Kenkyukai; 1988. (in Japanese)

[10] 厚生省五十年史編集委員会，編．厚生省五十年史．資料篇．東京：財団法人厚生問題研究会； 1988. Koseisho Gojunenshi Henshu Iinkai. [Koseisho gojunenshi. Shiryo hen.] Tokyo: Kosei Mondai Kenkyukai; 1988. (in Japanese)

[11] 厚生省二十年史編集委員会，編．厚生省二十年史．東京：厚生問題研究会； 1960. Koseisho Nijunenshi Henshu Iinkai, edited. [Koseisho nijunenshi.] Tokyo: Kosei Mondai Kenkyukai; 1960. (in Japanese)

[12] 厚生行政調査会, 編．戦後厚生省二十五年史．東京：厚生行政調査会； 1971. Kosei Gyosei Chosakai, edited. [Sengo koseisho niju-go nenshi.] Tokyo: Kosei Gyosei Chosakai; 1971. (in Japanese)

[13] Osawa E, Ojima T, Akiyama Y, Yamagata Z. National campaign to promote maternal and child health in 21st-century Japan: Healthy Parents and Children 21. J Natl Inst Public Health. 2019;68(1):2-7.

[14] Kodama T, Osawa E, Fukushima F. Current public healthcare system for improving mothers and children's health and well-being in Japan. J Natl Inst Public Health. 2023;72(1):14-21.

[15] Takemura S, Ohmi K, Sone T. Public health center (Hokenjo) as the frontline authority of public health in Japan: Contribution of the National Institute of Public Health to its development. J Natl Inst Public Health. 2020;69(1):2-13.

[16] 川上武．現代日本医療史：開業医制の変遷．第 3 刷．東京：勁草書房； 1969. Kawakami T. [Gendai nihon iryoshi: Kaigyoi sei no hensen.] 3rd printing. Tokyo: Keiso Shobo; 1969. (in Japanese)

[17] 中山まき子．「母子保健法」をつくった戦後の日本社会―リプロダクティブ・ヘルス／ライツをめざして―．原ひろ子，根村直美，編著．健康とジェンダー．東京：明石書店； 2000. p.241-272. Nakayama M. ["Boshi hokenho" o tsukutta sengo no nihon shakai: Reproductive health / rights o mezashite.] Hara H, Nemura N, edited. [Kenko to gender.] Tokyo: Akashi Shoten; 2000. p.241-272. (in Japanese)

[18] 母子保健法．昭和四十年法律第百四十一号，1965. [Maternal and Child Health Act. Act No. 141 of 1965] 1965. https://laws.e-gov.go.jp/law/340AC0000000141 (in Japanese) (accessed 2024-11-01)

[19] 成育過程にある者及びその保護者並びに妊産婦に対し必要な成育医療等を切れ目なく提供するための施策の総合的な推進に関する法律．平成三十年法律第百四号, 2018. [Act on Comprehensive Promotion of Measures for Providing Necessary Child Care and Medical Treatment to Children. Act No. 104 of 2018] 2018. https://laws.e-gov.go.jp/law/430AC1000000104 (in Japanese) (accessed 2024-11-01)

[20] 成育医療等基本方針に基づく施策の実施状況に関する評価指標．[Seiiku iryoto kihon hoshin ni motozuku shisaku no jisshi jokyo ni kansuru hyoka shihyo.] https://index.infanthces.ncchd.go.jp/pub/ (in Japanese) (accessed 2024-11-01)

[21] 母子及び父子並びに寡婦福祉法．昭和三十九年法律第百二十九号，1964. [Act on Welfare of Mothers and Fathers with Dependents and Widows. Act No. 129 of 1964] 1964. https://laws.e-gov.go.jp/law/339AC0000000129 (in Japanese) (accessed 2024-11-01)

[22] 妊婦に対する健康診査についての望ましい基

準. 平成二十七年三月三十一日厚生労働省告示第二百二十六号. 2015. [Nimpu ni taisuru kenko shinsa ni tsuite no nozomashii kijun. Heisei 27 nen 3 gatsu 31 nichi Kosei rodosho kokuji dai 226 go] 2015. https://www.mhlw.go.jp/web/t_doc?dataId=82ab4662&dataType=0&pageNo=1 (in Japanese) (accessed 2024-11-01)

[23] 生涯を通じた女性の健康支援事業の実施について. 平成八年五月一〇日児母第二四号. 1996. [Shogai o tsuujita josei no kenko shien jigyo no jisshi ni tsuite. Heisei 8 nen 5 gatsu 10 nichi jibo dai 24 go] 1996. https://www.mhlw.go.jp/web/t_doc?dataId=00ta9654&dataType=1&pageNo=1 (in Japanese) (accessed 2024-11-01)

[24] 少子化社会対策基本法. 平成十五年法律第百三十三号. 2003. [Basic Act for Measures to Cope with Society with Declining Birthrate. Act No. 133 of 2003] 2003. https://laws.e-gov.go.jp/law/415AC1000000133 (in Japanese) (accessed 2024-11-01)

[25] こども家庭庁. 不妊治療に関する取組. Children and Families Agency. [Funin chiryo ni kansuru torikumi.] https://www.cfa.go.jp/policies/boshihoken/funin (in Japanese) (accessed 2024-11-1)

[26] がん対策推進基本計画. 令和 5 年 3 月 28 日閣議決定. 2023. [Basic Plan to Promote Cancer Control Programs. Cabinet approval on March 28, 2023.] 2023. https://www.mhlw.go.jp/content/10900000/001138884.pdf (in Japanese) (accessed 2024-11-01)

[27] 刑法. 明治四十年法律第四十五号. 1907. [Penal Code. Act No. 45 of 1907] 1907. https://laws.e-gov.go.jp/law/140AC0000000045 (in Japanese) (accessed 2024-11-01)

[28] 芦野由利子. 日本におけるリプロダクティブ・ヘルス／ライツ政策. 原ひろ子, 根村直美, 編著. 健康とジェンダー. 東京：明石書店； 2000. p.111-131. Ashino Y. [Nihon ni okeru reproductive health/rights seisaku.] Hara H, Nemura N, edited. [Kenko to gender.] Tokyo: Akashi Shoten; 2000. p.111-131. (in Japanese)

[29] 金井淑子. 生殖の政治学. 国立婦人教育会館女性学・ジェンダー研究会, 編著. 女性学教育/学習ハンドブック：ジェンダーフリーな社会をめざして. 東京：有斐閣； 1999. p.146-150. Kanai T, [Seishoku no seijigaku.] Kokuritsu Fujin Kyoiku Kaikan Joseigaku / Gender Kenkyukai, edited. [Joseigaku kyoiku / gakushu handbook: gender free na shakai o mezashite.] Tokyo: Yuhikaku; 1999. p.146-150. (in Japanese)

[30] 優生保護法の一部を改正する法律等の施行について（抄）. 平成八年九月二五日厚生省発児第一二三号. 1996. [Yusei hogoho no ichibu o kaiseisuru horitsu to no shiko ni tsuite sho. Heisei 8 nen 9 gatsu 25 nichi koseisho hatsu ji dai 123 go.] 1996. https://www.mhlw.go.jp/web/t_doc?dataId=00ta9676&dataType=1&pageNo=1 (in Japanese) (accessed 2024-11-01)

[31] 母体保護法. 昭和二十三年法律第百五十六号. 1948. [Maternal Health Act. Act No. 156 of 1948] 1948. https://laws.e-gov.go.jp/law/323AC0100000156 (in Japanese) (accessed 2024-11-01)

[32] 立川昭二. 病気の社会史：文明に探る病因. 東京：日本放送出版協会； 1971. Tatsukawa S. [Byoki no shakaishi: Bunmei ni saguru byoin.] Tokyo: Nihon Hoso Shuppan Kyokai; 1971. (in Japanese)

[33] 感染症の予防及び感染症の患者に対する医療に関する法律. 平成十年法律第百十四号. 1998. [Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases. Act No. 114 of 1998.] 1998. https://laws.e-gov.go.jp/law/410AC0000000114 (in Japanese) (accessed 2024-11-01)

[34] 性感染症に関する特定感染症予防指針. 平成三十年一月十八日厚生労働省告示第十号. 2018. [Sei kansensho ni kansuru tokutei kansensho yobo shishin. Heisei 30 nen 1 gatsu 18 nichi Kosei rodosho kokuji dai 10 go.] 2018. https://www.mhlw.go.jp/file/06-Seisakujouhou-10900000-Kenkoukyoku/0000186685.pdf (in Japanese) (accessed 2024-11-01)

[35] 肝炎対策の推進に関する基本的な指針. 令和四年三月七日厚生労働省告示第六十二号, 2022. [Kanen taisaku no suishin ni kansuru kihontekina shishin. Reiwa 4 nen 3 gatsu 7 nichi Kosei rodosho kokuji dai 62 go.] 2022. https://www.kanen.ncgm.go.jp/news/2021/pdf/202203083.pdf (in Japanese) (accessed 2024-11-01)

[36] 後天性免疫不全症候群に関する特定感染症予防指針. 平成三十年一月十八日厚生労働省告示第九号, 2018. [Kotensei meneki fuzen shokogun ni kansuru tokutei kansensho yobo shishin. Heisei 30 nen 1 gatsu 18 nichi Kosei rodosho kokuji dai 9 go.] 2018. https://www.mhlw.go.jp/file/06-Seisakujouhou-10900000-Kenkoukyoku/0000191837.pdf (in Japanese) (accessed 2024-11-01)

[37] 売春防止法. 昭和三十一年法律第百十八号, 1956. [Anti-Prostitution Act. Act No. 108 of 1956.] 1956. https://laws.e-gov.go.jp/law/331AC0000000118/20170401_428AC0000000063 (in Japanese) (accessed 2024-11-01)

[38] 総理府男女共同参画審議会. 男女共同参画ビジョン－21 世紀の新たな価値の創造－. 平成 8 年 7 月 30 日. Sorifu Danjo Kyodo Sankaku Shingikai. [Danjo kyodo sankaku vision: 21 seiki no aratana kachi no sozo. July 30, 1996.] https://www.ipss.go.jp/publication/j/shiryou/no.13/data/shiryou/syakaifukushi/588.pdf (in Japanese) (accessed 2024-11-01)

[39] 総理府男女共同参画推進本部. 男女共同参画 2000 年プラン－男女共同参画社会の形成の促進に関する平成12年（西暦2000年）度までの国内行動計画－. 平成8年12月. Sorifu Danjo Kyodo Sankaku Suishin Hombu. [Danjo kyodo sankaku 2000 nen plan: Danjo kyodo sankaku shakai no keisei no sokushin ni kansuru heisei 12 nen (seireki 2000 nen) do madeno kokunai kodo keika-

ku. December 1996.] https://www.ipss.go.jp/publication/j/shiryou/no.13/data/shiryou/syakaifukushi/610.pdf (in Japanese) (accessed 2024-11-1)
[40] 男女共同参画基本計画．平成12年12月12日閣議決定. 2000. [Basic Plan for Gender Equality. Cabinet Decision on December 12, 2000.] 2000. https://www.gender.go.jp/about_danjo/basic_plans/1st/index.html (in Japanese) (accessed 2024-11-01)
[41] 男女共同参画社会基本法. 平成十一年法律第七十八号, 1999. [Basic Act for Gender Equal Society. Act No. 78 of 1999, 1999.] https://laws.e-gov.go.jp/law/411AC0000000078 (in Japanese) (accessed 2024-11-01)
[42] 配偶者からの暴力の防止及び被害者の保護等に関する法律．平成十三年法律第三十一号，2001. [Act on the Prevention of Spousal Violence and the Protection of Victims. Act No. 31 of 2001, 2001.] https://laws.e-gov.go.jp/law/413AC0100000031 (in Japanese) (accessed 2024-11-01)
[43] 堀千鶴子．婦人相談所の現実．林千代，編著．「婦人保護事業」五〇年．東京：ドメス出版；2008. p.101-119. Hori C. [Fujin sodanjo no genjitsu.] Hayashi C, edited. ["Fujin hogo jigyo" 50 nen.] Tokyo: Domesu Publishers; 2008. p.101-119. (in Japanese)
[44] ストーカー行為等の規制等に関する法律の一部を改正する法律．平成二十五年法律第七十三号，2013. [Act for Partial Revision of the Anti-Stalking Act. Act No. 73 of 2013, 2013.]https://houseikyoku.sangiin.go.jp/bill/pdf/h25-073.pdf (in Japanese) (accessed 2024-11-01)
[45] 困難な問題を抱える女性への支援に関する法律．令和四年法律第五十二号，2022. [Act on Support for Women Facing Difficult Problems. Act No. 52 of 2022, 2022.] https://laws.e-gov.go.jp/law/504AC0100000052 (in Japanese) (accessed 2024-11-01)
[46] 困難な問題を抱える女性への支援のための施策に関する基本的な方針．令和五年三月二十九日厚生労働省告示第百十一号，2023. [Konnan na mondai o kakaeru josei eno shien no tame no shisaku ni kansuru kihonteki na hoshin. Reiwa 5 nen 3 gatsu 29 nichi Kosei Rodosho kokuji dai 111 go, 2023.] https://www.mhlw.go.jp/content/001232713.pdf (in Japanese) (accessed 2024-11-01)
[47] 性をめぐる個人の尊厳が重んぜられる社会の形成に資するために性行為映像制作物への出演に係る被害の防止を図り及び出演者の救済に資するための出演契約等に関する特則等に関する法律．令和四年法律第七十八号，2022. [Act Establishing Special Provisions on Performance Agreements That Are Meant to Help Prevent the Harm Associated with Performing in Sexually Explicit Videos and to Contribute to Remedies for Performers in Order to Contribute to the Formation of a Society in Which Individuals' Sexual Dignity Is Respected. Act No. 78 of 2022, 2022.]https://laws.e-gov.go.jp/law/504AC1000000078 (in Japanese) (accessed 2024-11-01)
[48] 福田眞人．結核の文化史 近代日本における病のイメージ．名古屋：名古屋大学出版会；1995. Fukuda M. [Kekkaku no bunkashi: Kindai Nihon ni okeru yamai no image.] Nagoya: Nagoya Daigaku Shuppankai; 1995. (in Japanese)
[49] 労働基準法．昭和二十二年法律第四十九号，1947. [Labor Standards Act. Act No. 49 of 1947, 1947.] https://laws.e-gov.go.jp/law/322AC0000000049 (in Japanese) (accessed 2024-11-01)
[50] 女性労働基準規則. 昭和六十一年一月二十七日労働省令第三号, 1986. [Josei rodo kijun kisoku. Showa 61 nen 1 gatsu 27 nichi Rodosho rei dai 3 go, 1986.] https://www.mhlw.go.jp/web/t_doc?dataId=73031000&dataType=0&pageNo=1 (in Japanese) (accessed 2024-11-01)
[51] 勤労婦人福祉法. 昭和四十七年法律第百十三号, 1972. [Working Women's Welfare Act. Act No. 113 of 1972, 1972.]https://www.shugiin.go.jp/internet/itdb_housei.nsf/html/houritsu/06819720701113.htm (in Japanese) (accessed 2024-11-01)
[52] 雇用の分野における男女の均等な機会及び待遇の確保等に関する法律．昭和四十七年法律第百十三号，1972. [Act on Equal Opportunity and Treatment between Men and Women in Employment. Act No. 113 of 1972, 1972.] https://laws.e-gov.go.jp/law/347AC0000000113 (in Japanese) (accessed 2024-11-01)
[53] 妊娠中及び出産後の女性労働者が保健指導又は健康診査に基づく指導事項を守ることができるようにするために事業主が講ずべき措置に関する指針．令和元年五月七日厚生労働省告示第二号，2019. [Ninshinchu oyobi shussango no josei rodosha ga hoken shido matawa kenko shinsa ni motozuku shido jiko o mamoru koto ga dekiru yo ni suru tame ni jigyonushi ga kozubeki sochi ni kansuru shishin. Reiwa gan nen 5 gatsu 7 nichi Kousei rodosho kokuji dai 2 go, 2019.] https://www.mhlw.go.jp/content/000643882.pdf (in Japanese) (accessed 2024-11-01)
[54] 雇用の分野における男女の均等な機会及び待遇の確保等のための労働省関係法律の整備に関する法律．平成九年法律第九十二号，1997. [Act on the establishment of laws related to the Ministry of Labour for Equal Opportunity and Treatment between Men and Women in Employment. Act No. 92 of 1997, 1997.] https://www.shugiin.go.jp/internet/itdb_housei.nsf/html/houritsu/14019970618092.htm (in Japanese) (accessed 2024-11-01)
[55] 深夜業に従事する女性労働者の就業環境等の整備に関する指針．平成十年三月十三日労働省告示第二十一号，1998. [Shinyagyo ni juji suru josei rodosha no shugyo kankyo to no seibi ni kansuru shishin. Heisei

10 nen 3 gatsu 13 nichi Rodosho kokuji dai 21 go, 1998.] https://www.mhlw.go.jp/web/t_doc?dataId=73998220&dataType=0&pageNo=1 (in Japanese) (accessed 2024-11-01)

[56] がん対策推進基本計画. 平成 19 年 6 月閣議決定. 2007. [Basic Plan to Promote Cancer Control Programs. Cabinet approval on June, 2007. 2007.] https://www.mhlw.go.jp/file/06-Seisakujouhou-10900000-Kenkoukyoku/gan_keikaku03.pdf (in Japanese) (accessed 2024-11-01)

[57] 厚生科学審議会予防接種・ワクチン分科会予防接種基本方針部会. HPVワクチンの接種について. 令和 6 年 5 月 22 日. 2024. Kosei Kagaku shingikai yobo sesshu vaccine bunkakai yobo sesshu kihon hoshin bukai. [HPV vaccine no sesshu ni tsuite. Reiwa 6 nen 5 gatsu 22 nichi. 2024.] https://www.mhlw.go.jp/content/10900000/001255917.pdf (in Japanese) (accessed 2024-11-01)

[58] Yokoyama T. National health promotion measures in Japan: Health Japan 21 (the second term). J Natl Inst Public Health. 2020;69(1):14-24.

[59] 健康日本 21 企画検討会, 健康日本 21 計画策定検討会. 21 世紀における国民健康づくり運動（健康日本 21）について 報告書. 平成 12 年 2 月. 2000. Kenko nihon 21 kikaku kentokai, Kenko nihon 21 keikaku sakutei kentokai. [21 seiki ni okeru kokumin kenko zukuri undo (kenko nihon 21) ni tsuite hokokusho. Heisei 12 nen 2 gatsu. 2000] https://www.mhlw.go.jp/www1/topics/kenko21_11/pdf/all.pdf (in Japanese) (accessed 2024-11-01)

[60] 国民の健康の増進の総合的な推進を図るための基本的な方針. 平成二十四年七月十日厚生労働省告示第四百三十号, 2012. [Kokumin no kenko no zoshin no sogotekina suishin o hakaru tame no kihontekina hoshin. Heisei 24 nen 7 gatsu 10 nichi Kousei rodosho kokuji dai 430 go, 2012.] https://www.mhlw.go.jp/bunya/kenkou/dl/kenkounippon21_01.pdf (in Japanese) (accessed 2024-11-01)

[61] 国民の健康の増進の総合的な推進を図るための基本的な方針. 令和五年五月三十一日厚生労働省告示第二百七号, 2023. [Kokumin no kenko no zoshin no sogotekina suishin o hakaru tame no kihon teki na hoshin. Reiwa 5 nen 5 gatsu 31 nichi Kousei rodosho kokuji dai 207 go, 2023.] https://www.mhlw.go.jp/content/001102474.pdf (in Japanese) (accessed 2024-11-01)

[62] 内閣府男女共同参画局. 男女共同参画社会基本法制定のあゆみ. Gender Equality Bureau, Cabinet Office. [Danjo kyodo sankaku shakai kihonho seitei no ayumi.] https://www.gender.go.jp/about_danjo/law/kihon/index.html (in Japanese) (accessed 2024-11-01)

[63] 厚生労働省. 生涯を通じた女性の健康支援事業. Ministry of Health, Labour and Welfare. [Shogai o tsujita josei no kenko shien jigyo] https://www.mhlw.go.jp/jigyo_shiwake/dl/h30_jigyou03a_day2.pdf (in Japanese) (accessed 2024-11-1)

[64] こども家庭庁. 性と健康の相談センター事業の概要. Children and Families Agency. [Sei to kenko no sodan center jigyo no gaiyo] https://www.cfa.go.jp/policies/boshihoken/seitokenkogaiyo (in Japanese) (accessed 2024-11-01)

[65]「女性の健康週間」の実施について. 平成 20 年 1 月 28 日健発第 0128002 号, 2008. ["Josei no kenko shukan" no jisshi ni tsuite. Heisei 20 nen 1 gatsu 28 nichi ken hatsu dai 0128002 go, 2008.] https://www.mhlw.go.jp/bunya/kenkou/pdf/woman01.pdf (in Japanese) (accessed 2024-11-01)

[66] 厚生労働省. 女性の健康推進室ヘルスケアラボ. Ministry of Health, Labour and Welfare. [Josei no kenko suishinshitsu HealthCareLab.] https://w-health.jp/ (in Japanese) (accessed 2024-11-01)

[67] 男女共同参画基本計画（第二次）. 平成 17 年 12 月閣議決定, 2005. [Basic Plan for Gender Equality (the Second). Cabinet Decision on December 2005.] 2005. https://www.gender.go.jp/about_danjo/basic_plans/2nd/pdf/all.pdf (in Japanese) (accessed 2024-11-01)

[68] すべての女性が輝く社会づくり本部, 男女共同参画推進本部. 女性活躍・男女共同参画の重点方針 2021. 令和 3 年 6 月 16 日. 2021. Subete no josei ga kagayaku shakai zukuri hombu and Danjo kyodo sankaku suishin hombu. [Josei katsuyaku danjo kyodo sankaku no juten hoshin 2021.] June 16, 2021. https://www.gender.go.jp/policy/sokushin/pdf/jyuten2021_honbun.pdf (in Japanese) (accessed 2024-11-1)

[69] すべての女性が輝く社会づくり本部, 男女共同参画推進本部. 女性活躍・男女共同参画の重点方針 2024（女性版骨太の方針 2024）. 令和 6 年 6 月 11 日. 2024. Subete no josei ga kagayaku shakai xukuri hombu and Danjo kyodo sankaku suishin hombu. [Josei katsuyaku danjo kyodo sankaku no juten hoshin 2024 (Josei ban honebuto no hoshin 2024).] June 11, 2024. https://www.gender.go.jp/policy/sokushin/pdf/sokushin/jyuten2024_honbun.pdf (in Japanese) (accessed 2024-11-01)

[70] 厚生科学審議会科学技術部会. 令和 7 年度研究事業実施方針（厚生労働科学研究）. 令和 6 年 5 月 16 日. Kosei Kagaku shingikai Kagaku gijutsu bukai. [Reiwa 7 nendo kenkyu jigyo jisshi hoshin (Kusei rodou Kagaku kenkyu).] May 16, 2024. https://www.mhlw.go.jp/content/10600000/001264510.pdf (in Japanese) (accessed 2024-11-01)

[71] 厚生科学審議会科学技術部会. 令和 7 年度研究事業実施方針（AMED研究）. 令和 6 年 7 月 18 日. Kosei Kagaku Shingikai Kagaku gijutsu bukai. [Reiwa 7 nendo kenkyu jigyo jisshi hoshin (AMED kenkyu).] July 18, 2024. https://www.mhlw.go.jp/content/10600000/001285136.pdf (in Japanese) (accessed 2024-11-01)

[72] 性同一性障害者の性別の取扱いの特例に関する法律.

平成十五年法律第百十一号，2003. [Act on Special Cases in Handling Gender Status for Persons with Gender Identity Disorder. Act No. 111 of 2003, 2003.] https://laws.e-gov.go.jp/law/415AC0100000111 (in Japanese) (accessed 2024-11-01)

[73] 第 3 次男女共同参画基本計画．平成 22 年 12 月 17 日閣議決定，2010．[The Third Basic Plan for Gender Equality. Cabinet Decision on December 17, 2010.] 2010. https://www.gender.go.jp/about_danjo/basic_plans/3rd/pdf/3-26.pdf (in Japanese) (accessed 2024-11-01)

[74] 第 4 次男女共同参画基本計画．平成 27 年 12 月 25 日閣議決定．2015. [The Fourth Basic Plan for Gender Equality. Cabinet Decision on December 25, 2015.] 2015. https://www.gender.go.jp/about_danjo/basic_plans/4th/pdf/print.pdf (in Japanese) (accessed 2024-11-01)

[75] 労働施策基本方針．平成 30 年 12 月 28 日閣議決定，2018. [Rodo shisaku kihon hoshin. Cabinet Decision on December 28, 2018.] 2018. https://www.mhlw.go.jp/content/11602000/000465363.pdf (in Japanese) (accessed 2024-11-01)

[76] 第 5 次男女共同参画基本計画　―すべての女性が輝く令和の社会へ―．令和 2 年 12 月 25 日閣議決定（令和 5 年 12 月 26 日一部変更）．2023．[The Fifth Basic Plan for Gender Equality: Subete no josei ga kagayaku reiwa no shakai e. Cabinet Decision on December 25, 2020. (Partially amended on December 26, 2023)] 2023. https://www.gender.go.jp/about_danjo/basic_plans/5th-2/pdf/print.pdf (in Japanese) (accessed 2024-11-01)

[77] 性的指向及びジェンダーアイデンティティの多様性に関する国民の理解の増進に関する法律．令和五年法律第六十八号，2023. [Act on Promotion of Public Understanding of Diversity of Sexual Orientation and Gender Identity. Act No. 68 of 2023, 2023.] https://laws.e-gov.go.jp/law/505AC1000000068 (in Japanese) (accessed 2024-11-01)

[78] 厚生労働省．性的マイノリティに関する理解増進に向けて ～厚生労働省の取組～．Ministry of Health, Labour and Welfare. [Seiteki minority ni kansuru rikai zoshin ni mukete: Kousei rodosho no torikumi.] https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/koyou_roudou/koyou/shougaishakoyou/index_00007.html (in Japanese) (accessed 2024-11-01)

[79] 岸玲子．女性のライフスタイルの変化と健康．学術の動向．2006;11(5):46-52. Kishi R. [Josei no life style no henka to kenko.] Gakujutsu no Doko. 2006;11(5):46-52. (in Japanese)

＜総説＞

性（セクシュアリティ）に関連する日本の健康政策の歴史

武村真治

国立保健医療科学院公衆衛生政策研究部

抄録

本稿では，日本における性に関連する健康政策の歴史に関して，女性の健康と福祉の改善に向けた取り組みを中心に概観するとともに，性の多様性に適合した健康政策の今後の方向性を議論する．

女性の健康のための対策は，女性に固有の状況や役割に焦点を当てて実施されてきた．「母性」を保護するために，貧困の妊婦や母親への公的扶助が古くから実施されていたが，母子保健法制定後は全ての妊産婦の健康を増進する対策が，母性と小児を一体とした形で実施されている．性感染症対策は当初は「売春婦」を主な対象としていたが，公娼制度の廃止と売春防止法の施行によって一般市民に対象が拡大された．また売春防止法に基づいて，売春に従事する女性の保護と更生が実施されたが，その後「困難な問題を抱える女性」に対象を拡大して支援が実施されている．「働く女性」を保護するために，時間外労働，休日労働，深夜労働が制限されてきたが，雇用の分野における男女の均等な機会及び待遇の確保等に関する法律によって制限が撤廃された．しかし働く女性の健康を守る対策は，母性の保護を中心に引き続き実施されている．

1996 年にリプロダクティブ・ヘルス／ライツの概念が提唱されて以降，思春期，妊娠・出産期，更年期，老年期を含む，生涯を通じた女性の健康支援が，男女共同参画政策と健康政策の両方において明確に位置づけられるようになった．具体的な施策として，不妊治療を希望する人への支援，「女性の健康週間」やウェブサイト「女性の健康推進室ヘルスケアラボ」などの普及啓発，プレコンセプションケア，性差医療，フェムテック，ジェンダード・イノベーション，生理の貧困への対応，研究開発などが挙げられる．

2003 年に日本で初めて性の多様性に関連する法律が制定され，2023 年には性的指向及びジェンダーアイデンティティの多様性に関する国民の理解の増進に関する法律が施行された．しかし性的指向や性自認の多様性に関連する健康問題への対応に関しては，エイズ対策や困難な問題を抱える女性への支援を除いては，十分に進展していない．したがって今後は，多様なセクシュアリティを有する人々の健康状態や健康問題を詳細に把握して，それぞれのセクシュアリティにとっての健康の理想像を明確にした上で，性の多様性を踏まえた健康政策を展開していく必要がある．

キーワード：セクシュアリティ，母性，女性の健康，男女共同参画，多様性