

The White Paper on Gender Equality 2024



June 2024

Gender Equality Bureau, Cabinet Office, Government of Japan

White Paper on Gender Equality

- An annual report that must be submitted to the Diet each year based on the Basic Act for Gender Equal Society (statutory report).
- Cabinet decision and report to the Diet were made on June 14 for the 2024 edition.

[Composition of the White Paper]

1. FY2023, Status of the Formation of a Gender Equal Society

Special Feature: Balancing Work and Health

“Toward the Realization of a Society in Which Everyone Can Be Actively Involved According to Their Wishes”

Record: G7 Ministerial Meeting on Gender Equality and Women’s Empowerment
in Nikko, Tochigi

Each Sector: Women’s Participation in Policy, Decision-making Processes, etc.

2. Policies Related to the Promotion of the Formation of a Gender Equal Society

Part 1 Policies Implemented in FY2023 to Promote the Formation of a Gender Equal Society

Part 2 Policies to be Implemented in FY2024 to Promote the Formation of a Gender Equal Society

<Special Feature>Balancing Work and Health

“Toward the Realization of a Society in Which Everyone Can Be Actively Involved According to Their Wishes”

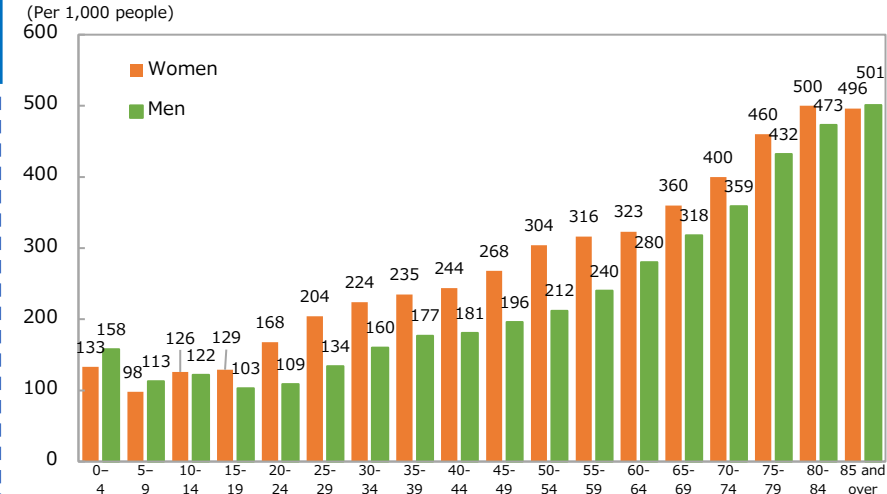
Section 1. Changes in the social structure and different health issues by gender

Section 2. Balancing work, housework/childcare, etc. and health issues

Section 3. Support for balance moving to a new stage

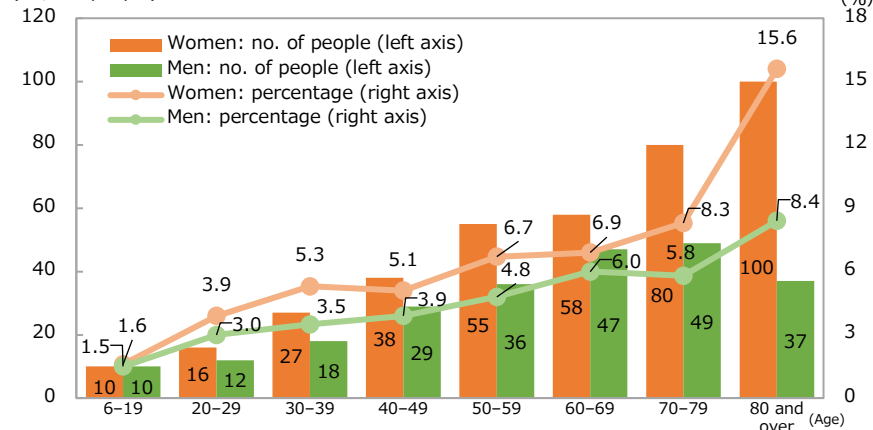
- Health is the foundation of the move toward the realization of the Reiwa Model, a society where all people can be actively involved both at home and at work, according to their wishes.
- The details of health issues and the period in which they tend to occur differ between men and women.**
- For women to continue their careers and improve their prospects, they need support to balance work, housework, and childcare, etc., **as well as understanding of and support for their health based on symptoms specific to women.**
- Now, as the baby boomer generation approaches older age, balancing work and nursing care, including handling dementia, is a key issue. Working carers, who engage in nursing care while working, are increasing in number, and in this context whole-society support for the issue of nursing care is required, rather than individuals facing it by themselves.
- Health support for employees in companies is essential, and it is necessary for initiatives concerning KENKO Investment for Health to expand into SMEs as well as large companies.
- There is an expectation that a society in which it is easy for women to work while facing health problems is a society in which it is easy for everyone to work, including men.** It is important that there is change leading to workstyles that can help realize balance, such as flexible workstyles.
- If people can balance work with their ideal way of life, they will be motivated to continue and enhance their careers. To realize an ideal way of life, it is important that people ensure they are healthy, handle health issues well, and that there is social support for the health of and nursing care for the people around them, such as family members.
- The expectation is that maintaining and promoting health in professional lives will increase well-being among men and women, and improve productivity in companies. Tackling health problems as a whole society will surely increase people’s labour participation and their participation in community activities and other activities, leading to economic growth in Japan and improved dynamism in society overall, including local communities.

FigureSF-12: Percentage of people with subjective symptoms from illness and injury, etc. (Percentage of people, per 1,000) (by gender and age group, in 2022)



Notes: 1. Prepared from 2022 Comprehensive Survey of Living Conditions, Ministry of Health, Labour and Welfare
 2. The question was: “In the last few days, have you been physically unwell (subjective symptoms) due to illness or injury?”
 3. Percentage of people = people with subjective symptoms (excluding people in hospital)/household members in relevant age groups (including people in hospital) X 1,000

FigureSF-13: No. and percentage of people whose work, housework, etc. is affected by health issues (by gender and age group, in 2022)

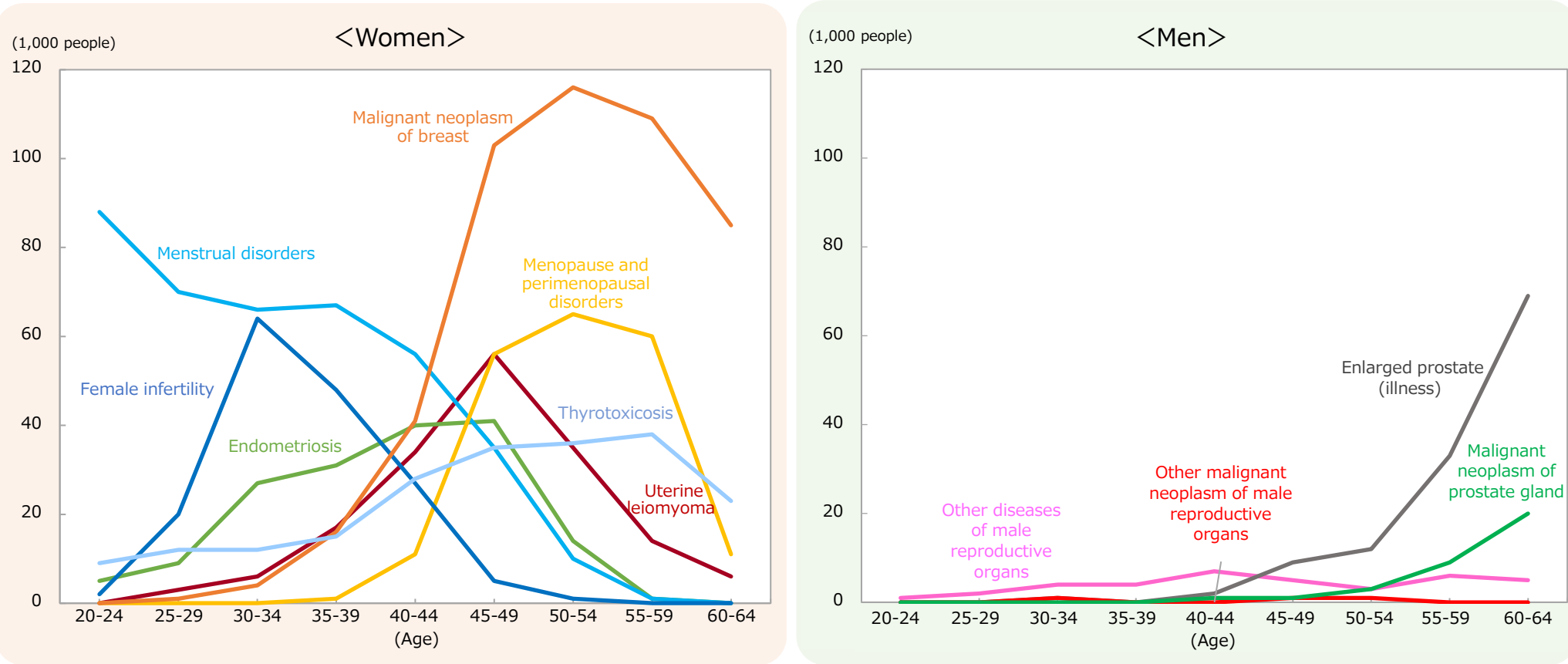


Notes: 1. Prepared from 2022 Comprehensive Survey of Living Conditions, the Ministry of Health, Labour and Welfare
 2. “People whose work, housework, etc. is affected by health issues” are people who responded “health issues currently have some effect on my daily life” and gave “work, housework, studies (time or amount of work is limited)” as the area affected.
 3. Not including people in hospital.

Section 1. Changes in social structure and different health issues by gender

- There is a trend for illnesses specific to men to **increase from age 50** onwards, but **most illnesses specific to women** occur in the **working generation from age 20 - 59**.

Figure SF-14: Total no. of people with illnesses specific to men or to women (by age group, in 2020)

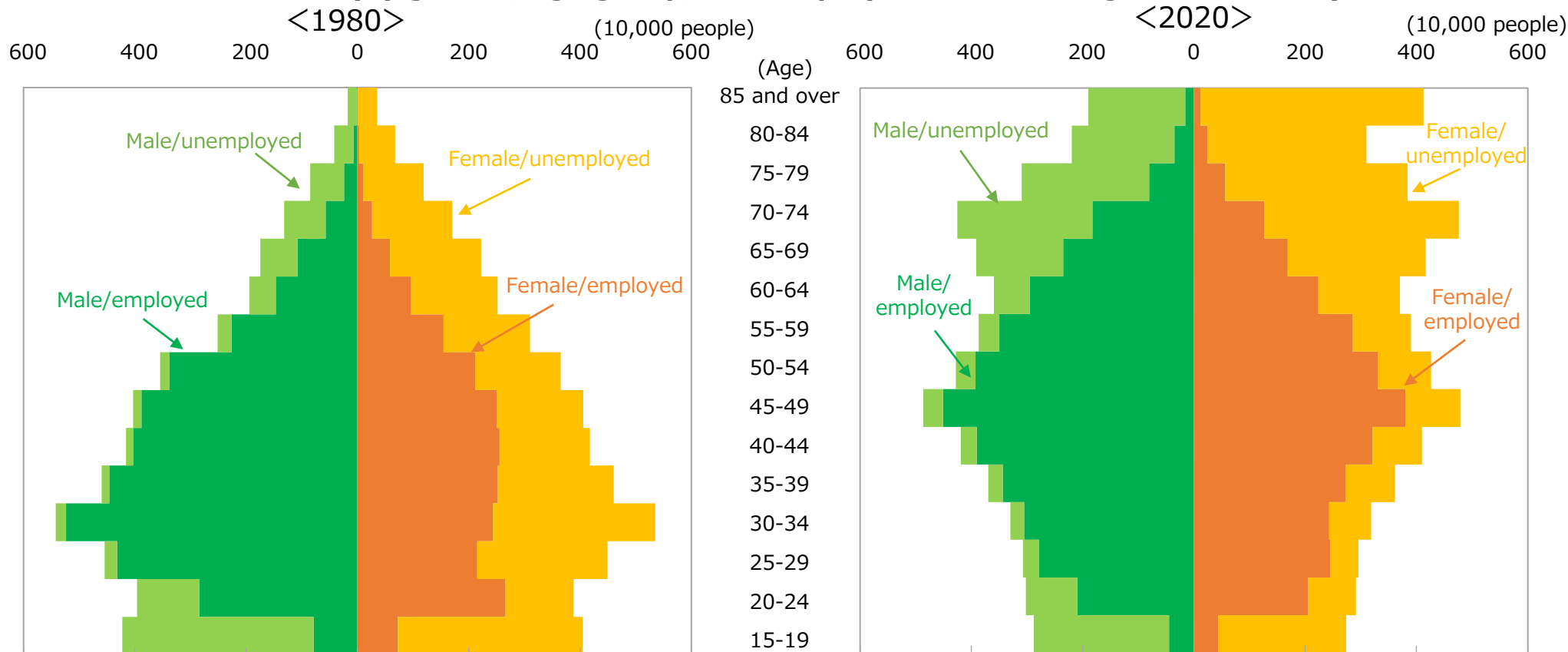


Notes: 1. Prepared from 2020 Patient Survey, Ministry of Health, Labour and Welfare
 2. The total number of people is an estimate of the number of people receiving continuous medical treatment as of the day of the survey (including those not being treated at a medical institution on the day), based on the assumption that outpatients with certain illnesses return after a certain period of time and adjusted with consideration for the working days of medical facilities. It is calculated using the formula below:
 Total no. of people = estimated number of people in hospital + estimated number of first-time outpatients + (estimated number of returning outpatients × average time between medical treatments × adjustment factor (6/7))
 The average times between medical treatments used for estimation are calculated excluding 99 days or more.
 3. It is possible for men to experience malignant neoplasm of breast and thyrotoxicosis, but these are illnesses more commonly found in women.

Section 1. Changes in social structure and different health issues by gender

- The population structure and worker structure have changed from the Showa era, in which Japanese employment practices formed, to today.
- While the number of female workers is increasing, the overall workforce is aging. There is also an increase in the number of older people who are unemployed.
- Maintaining and promoting health is a key issue in enabling people to demonstrate their individuality and skills according to each person's wishes.

**Figure SF-1: Changes in population structure
(by gender, age group, and employment status; age 15 and over)**



Notes: 1. Prepared from *Population Census*, Ministry of Internal Affairs and Communications

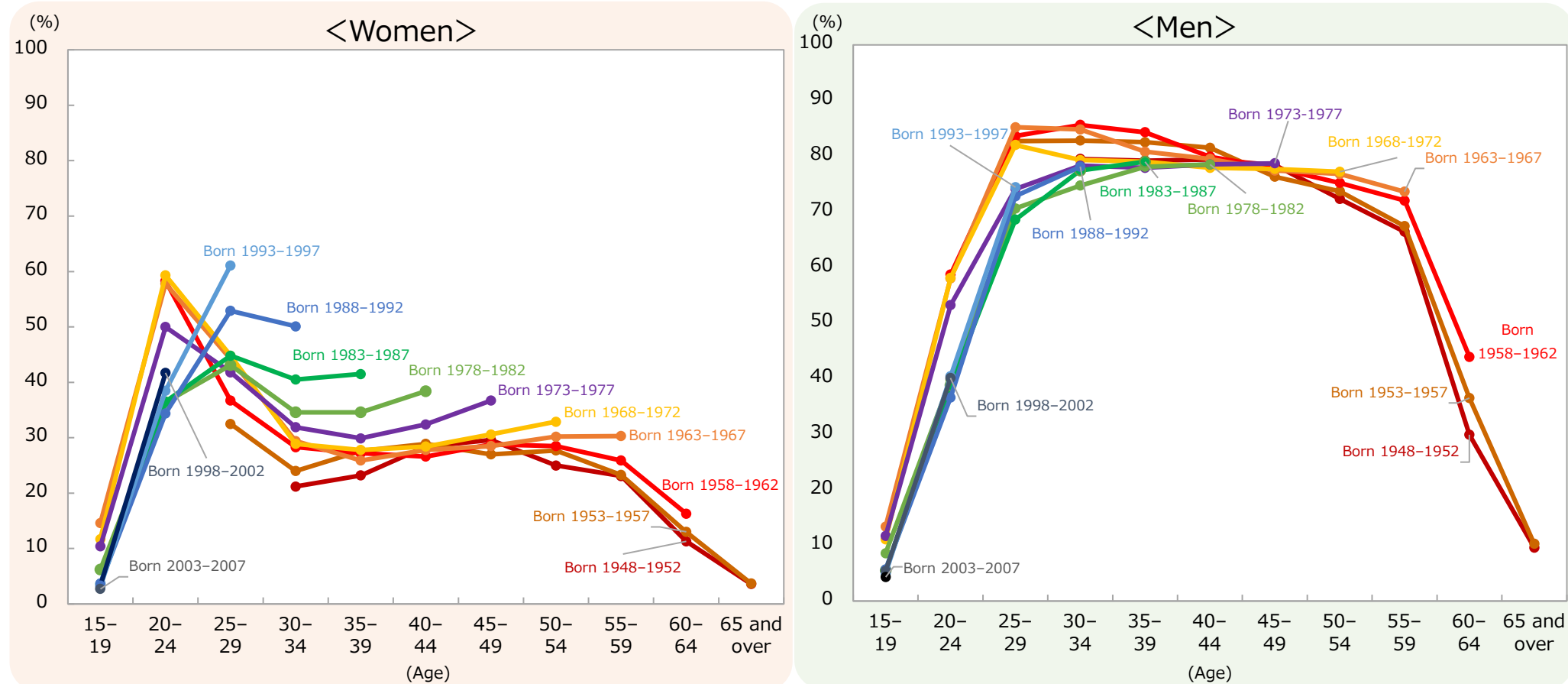
2. The *Result with Imputation on 2020 Population* were used for 2020.

3. Unemployed = population by age group – employed persons. Note that for 1980, “unemployed” also includes people whose work situation was “unknown.”

Section 1. Changes in social structure and different health issues by gender

- The regular employment rate for women peaks for those aged 25–29 and continues to fall with age, forming an L-shaped curve.
- Looking at the changes by generation through birth cohorts, **in recent years the size of the decline of the regular employment rate for women, thought to be due to childbirth and childcare, has shrunk**, and there is an expectation that the regular employment rate for women will increase in the future.

Figure SF-4: Changes in the regular employment rate (by gender, birth cohort)



Notes: 1. Prepared from *Employment Status Survey*, Ministry of Internal Affairs and Communications (prepared with data obtained since the 1982 survey).
 2. The regular employment rate is the percentage of executives and regular personnel/employees in the population by age group.
 3. As the survey uses people's current age as of October 1 each year, there is a three-month gap from the actual birth year (e.g. "born 2003–2007" actually includes people born October 2002 to September 2007.)
 4. "65 and over" also includes people born before the year in question.

Section 1. Changes in social structure and different health issues by gender

- In recent years, the **percentage of employed persons** among those caring for pre-school children and people providing nursing care to family members **has increased**.
- **There are still more women** than men responsible for both childcare and nursing care.

Figure SF-5: Changes in people caring for pre-school children (by gender and employment status)

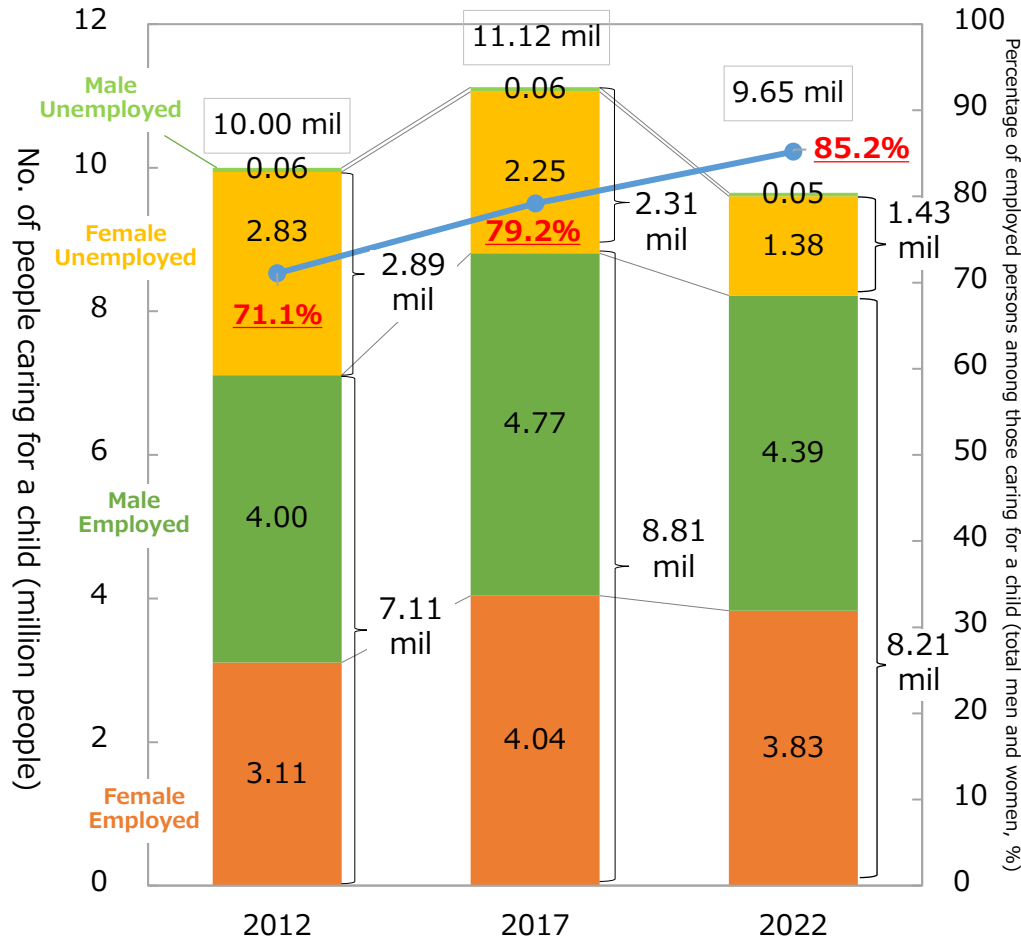
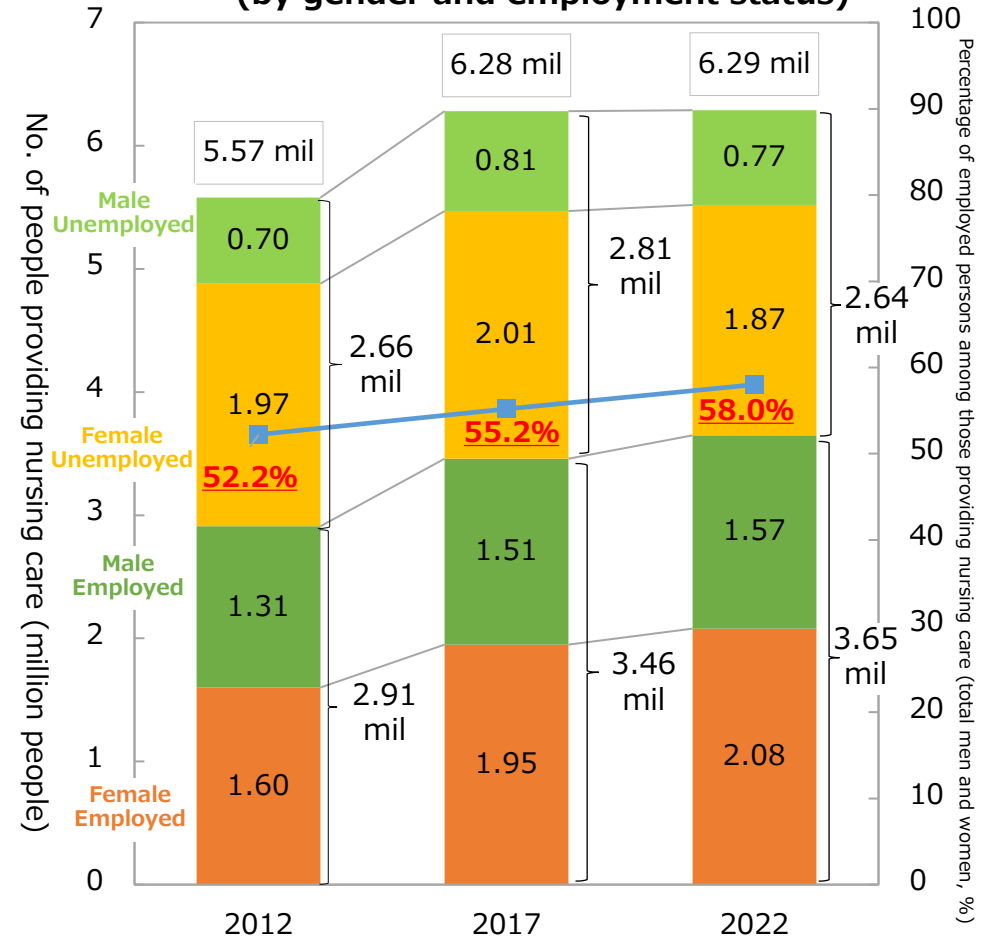


Figure SF-7: Changes in people providing nursing care to family members (by gender and employment status)



Notes: 1. Prepared from *Employment Status Survey*, Ministry of Internal Affairs and Communications.
 2. "Caring for a child" refers to caring for pre-school children who have not entered elementary school (caring for or watching over infants, etc.), and does not include caring for grandchildren, nephews, nieces, siblings, etc.
 3. "Providing nursing care to family members" also includes people who do not have primary nursing care requirement authorization under the nursing care insurance system, and nursing care for family outside the home. However, it does not include nursing care for people temporarily bed-ridden due to illness, etc.

Section 2. Balancing work, housework/childcare, etc. and health issues

- When asked about ways of handling concerning symptoms, a high percentage of people responded, "take time off/rest," "take over-the-counter medicine and supplements," and "go to a hospital," but **30% to 40% said they "don't do anything in particular to handle them."**

Figure SF-38: Ways of handling the most concerning symptoms (by gender, age group, employment status)

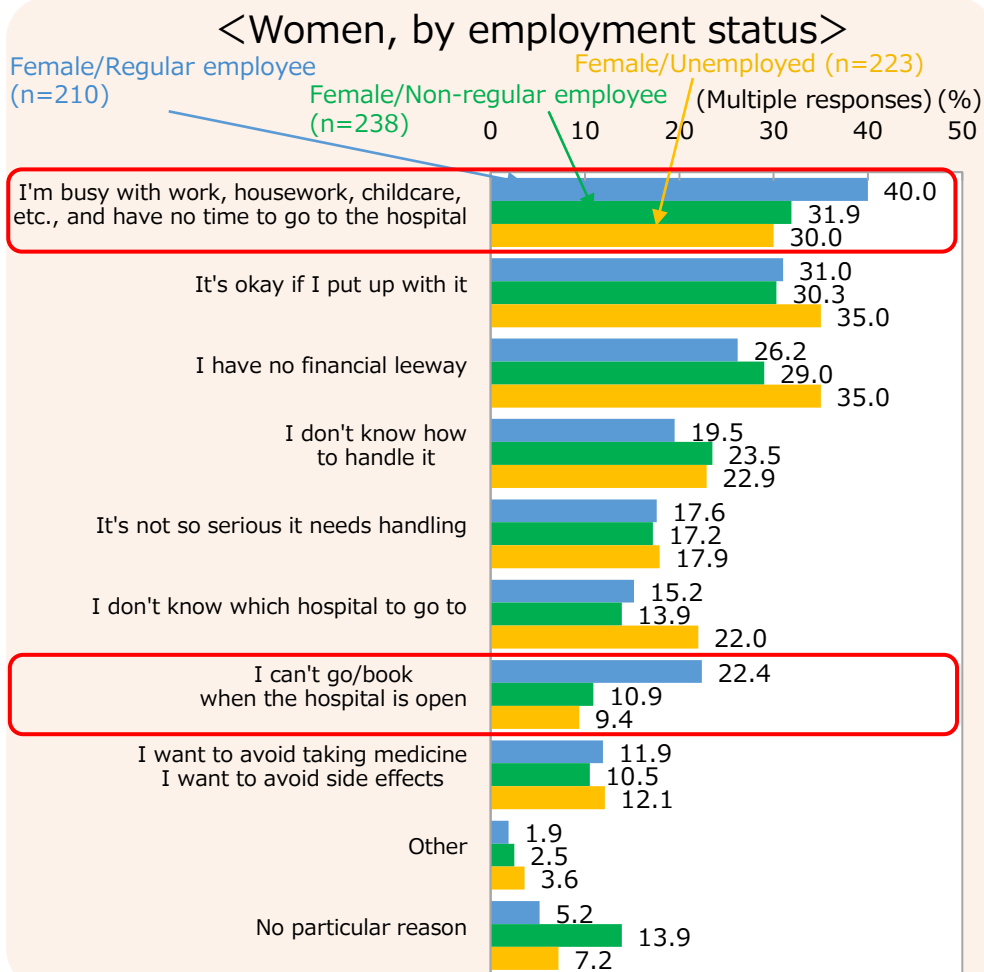


Notes: 1. Prepared from FY2023 Survey on Health Awareness Among Men and Women (survey commissioned by the Cabinet Office in 2023).
 2. The question "How do you handle the most concerning symptoms? Select all that apply" was asked to respondents who said they have experienced their most concerning symptoms in the last month.

Section 2. Balancing work, housework/childcare, etc. and health issues

- A lot of women who are regular employees and raising a child are unable to adequately handle concerning symptoms because they are **“busy with work, housework, childcare, etc., and have no time to go to the hospital”** or **“can’t go when the hospital is open.”**

Figure SF-40: Reasons people cannot adequately handle their most concerning symptoms (people living with children in elementary school or younger)



Notes: 1. Prepared from *FY2023 Survey on Health Awareness Among Men and Women* (survey commissioned by the Cabinet Office in 2023).

2. The question “Why are you unable to adequately handle the most concerning symptoms? Select all that apply” was asked to respondents who had their most concerning symptoms in the last month and who answered, “I am unable to handle them adequately” or “I suppose I am unable to handle them adequately.”

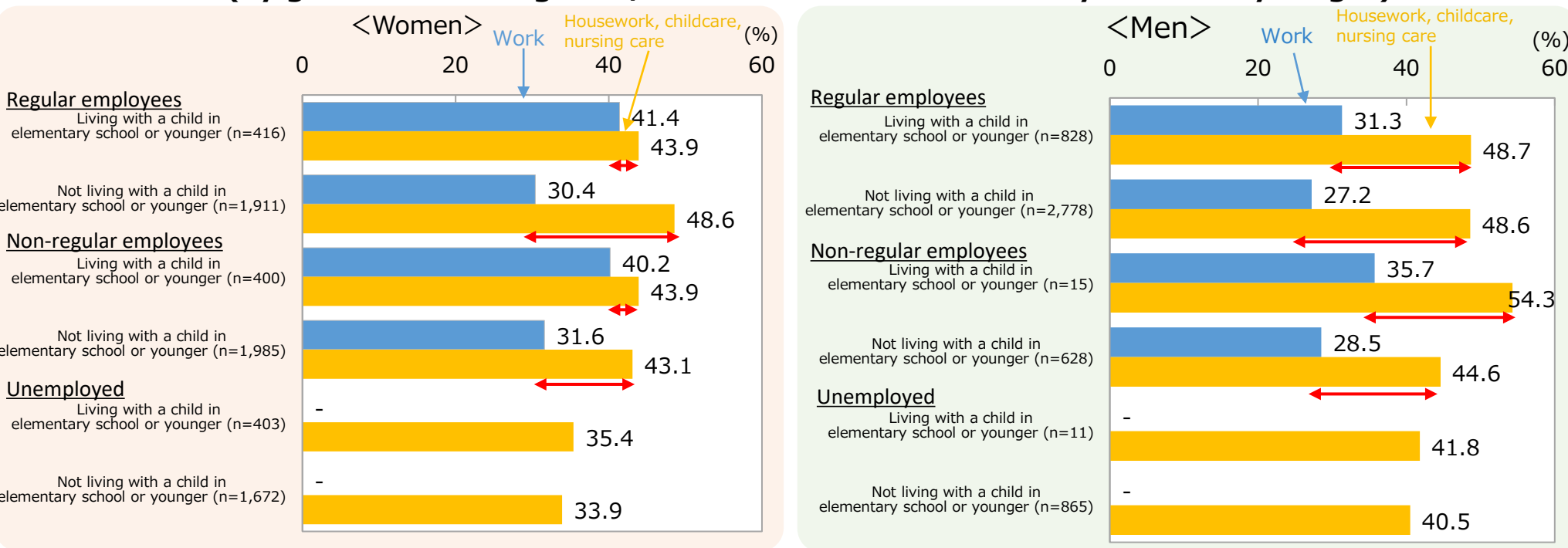
3. Male non-regular employees and unemployed persons had very small n values and so were not included.

Section 2. Balancing work, housework/childcare, etc. and health issues

- The presenteeism* loss ratio when people have concerning symptoms is higher for housework, etc. than work. People said that when they have health issues, they are more aware of the effect on housework, childcare, etc. than work.
- For working women living with a child in elementary school or younger, the presenteeism loss ratio is the same for work and housework, etc.; it is assumed that they are aware of health issues having an effect on both work and housework, childcare, etc., so it is important to support the balance between them.**

*Presenteeism refers to people attending work when they are unwell and being unable to deliver their basic performance; their outcome level (productivity) is measured using self-assessment via a survey. Note that here, this is used to refer to their outcomes (productivity) when unwell for housework, childcare, and nursing care too.

Figure SF-41: Presenteeism loss ratio for “work” and “housework, childcare, nursing care” during the most concerning symptoms (by gender and living with/without a child in elementary school or younger)



Notes: 1. Prepared from FY2023 Survey on Health Awareness Among Men and Women (survey commissioned by the Cabinet Office in 2023)
 2. The question was: “Assuming that your outcomes in work and in housework, childcare, and nursing care are 100% at normal times (when you don’t have concerning symptoms), evaluate your outcomes in work and in housework, childcare, and nursing care when you had your most concerning symptoms in the past month.”
 For example, when compared to normal times, if your outcomes drop 20% due to being unwell, answer “80%.” This is only asked to employed persons regarding work.
 3. The presenteeism loss ratio = 100% - average figure calculated in Q.2.
 4. The sample was very small for male non-regular employees and unemployed persons, so this must be noted when reading the results.

Section 2. Balancing work, housework/childcare, etc. and health issues

- **80%** of women who menstruate find that their daily life (work and housework, childcare, nursing care) is **“hindered”** by menstrual disorders. In particular, **90% of women in their 20s and 30s** find their daily life is **hindered**, and **40%** of these find there is **“considerable hinderance.”**
- **90% of women and 60% of men** who are aware of menopause **believe their daily life is hindered.**

Figure SF-51: Degree of hinderance from menstrual disorders in daily life (by age group; menstruating women)

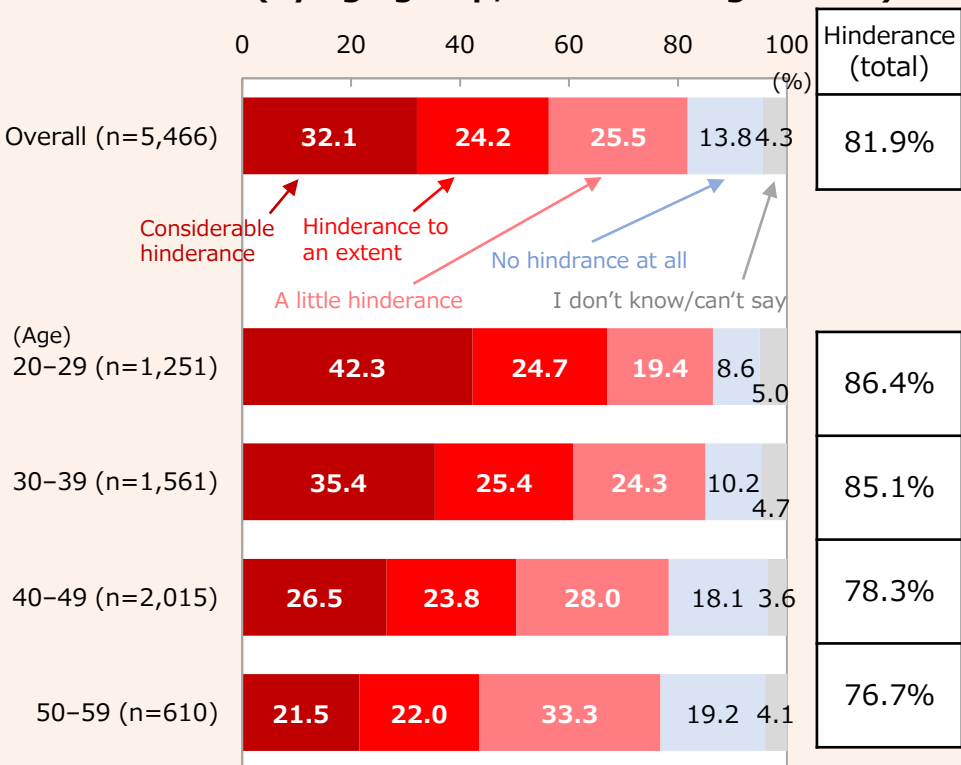
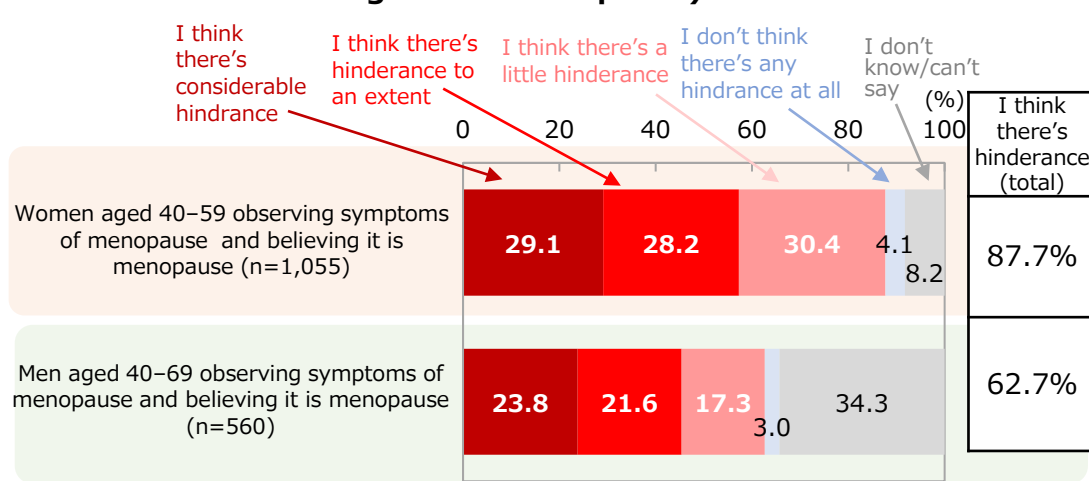


Figure SF-60: Degree of hinderance from menopausal symptoms in daily life (by gender; women aged 40–59 and men aged 40–69 observing symptoms of menopause and believing it to be menopause)



Representative symptoms of menopause

[Women]

Physical symptoms: Hot flashes, hot face, palpitations, abnormal sweating, headaches, dizziness, hip and back pain, eye pain
 Mental symptoms: Irritation, anxiety, depression, insomnia, lethargy
 (Source: *Guidelines for gynecological practice in Japan: Japan Society of Obstetrics and Gynecology and Japan Association of Obstetricians and Gynecologists 2023 edition*)

[Men]

Physical symptoms: Easily tired, hot flashes, less body strength, gynecomastia, reduced pubic hair
 Mental symptoms: Irritation, sadness, depression, insomnia, reduced interest, impaired concentration/memory
 Sexual function: Loss of libido, dysfunction (ED)
 (Source: Japan Endocrine Society, Japanese Society of Men's Health *Guideline for male hypogonadism 2022*)

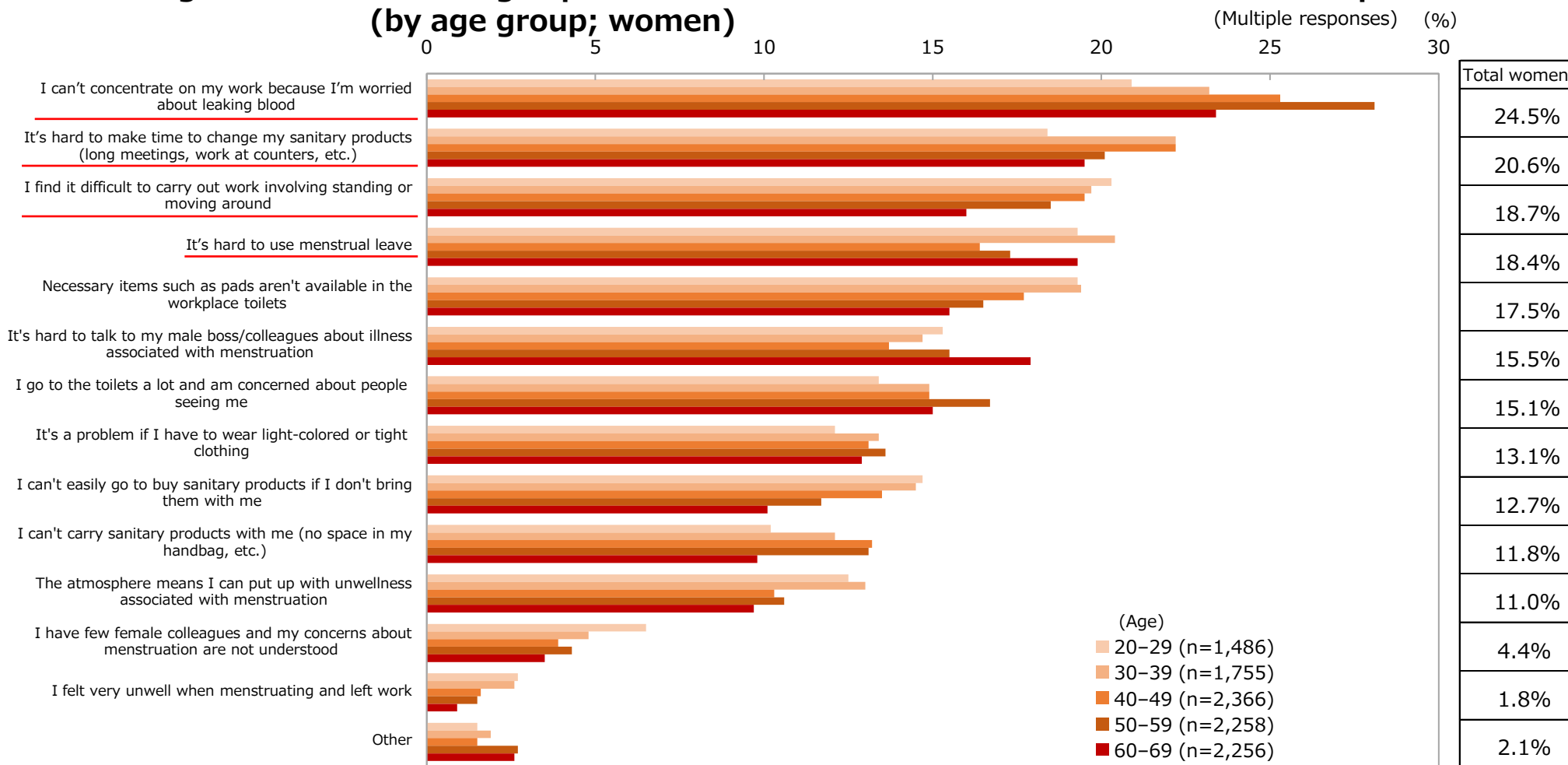
Notes: 1. Prepared from *FY2023 Survey on Health Awareness Among Men and Women* (survey commissioned by the Cabinet Office in 2023)

- For menstrual disorders, people who responded “menstruated regularly,” “menstruated but not regularly,” “menstruation stopped due to being pregnant or having given birth,” or “controlled menstruation using low dosage birth control pills” regarding the status of their menstruation (periods) in the past year were asked the degree of hinderance to daily life caused by specific menstrual disorders (8 items). Those who responded “considerable hinderance” for one item were counted in “considerable hinderance”; of those remaining, the people who responded “hinderance to an extent” for one item were counted in “hinderance to an extent”; of those remaining, the people who responded “a little hinderance” for one item were counted in “a little hinderance”; of those remaining, the people who responded “no hinderance at all” for one item were counted in “no hinderance at all,” and those who responded “I don't know/can't say” for all items were counted in “I don't know/can't say.” Women in their 60s had a low n value and so were not included.
- Generally, menopausal symptoms manifest more in women in their 40s and 50s and men in their 40s and older, so the focus is data for these age groups.
- The respective totals (“Hinderance (total)” and “I think there's hinderance (total)”) are the totals of the values of the “(I think there's) considerable hinderance,” “(I think there's) hinderance to an extent,” and “(I think there's) a little hinderance” categories.

Section 2. Balancing work, housework/childcare, etc. and health issues

- With regard to troubling experiences associated with menstruation in the workplace, high percentages of women responded, “I can’t concentrate on my work because I’m worried about leaking blood,” “It’s hard to make time to change my sanitary products,” “I find it difficult to carry out work involving standing or moving around,” and “It’s hard to use menstrual leave.”

Figure SF-54: Troubling experiences associated with menstruation in the workplace (by age group; women) (Multiple responses) (%)



Notes: 1. Prepared from FY2023 Survey on Health Awareness Among Men and Women (survey commissioned by the Cabinet Office in 2023)

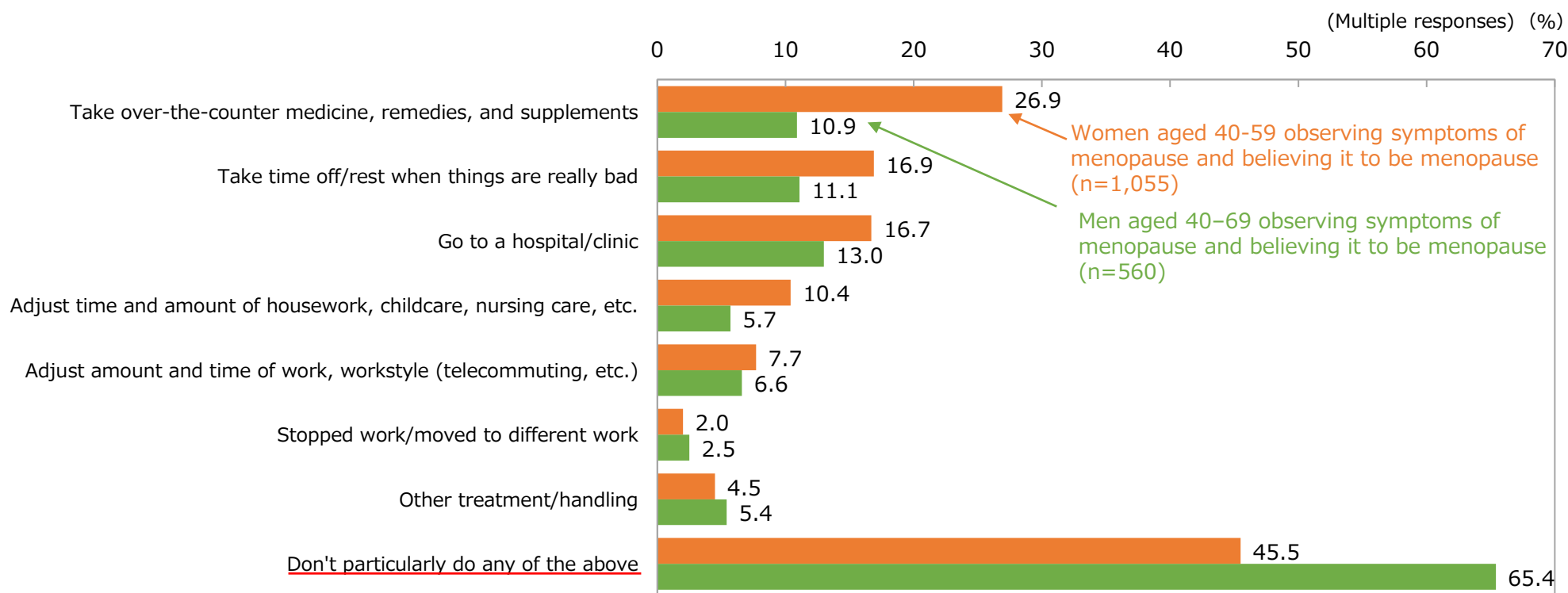
2. The question was: “Do you have any troubling experiences associated with menstruation (your period) in the workplace? Select all that apply”

They were also asked, “If you are experiencing menopause, select responses based on your overall memories of work before you stopped menstruating (when you had periods).”

Section 2. Balancing work, housework/childcare, etc. and health issues

- Looking at ways of handling menopause symptoms, the highest percentage of women take over-the-counter medicines, etc.
- On the other hand, **70% of men and 50% of women don't do anything in particular to handle them.**

Figure SF-61: Ways of handling menopause symptoms (by gender; women aged 40–59 and men aged 40–69 observing symptoms of menopause and believing it to be menopause)



Notes: 1. Prepared from *FY2023 Survey on Health Awareness Among Men and Women* (survey commissioned by the Cabinet Office in 2023)

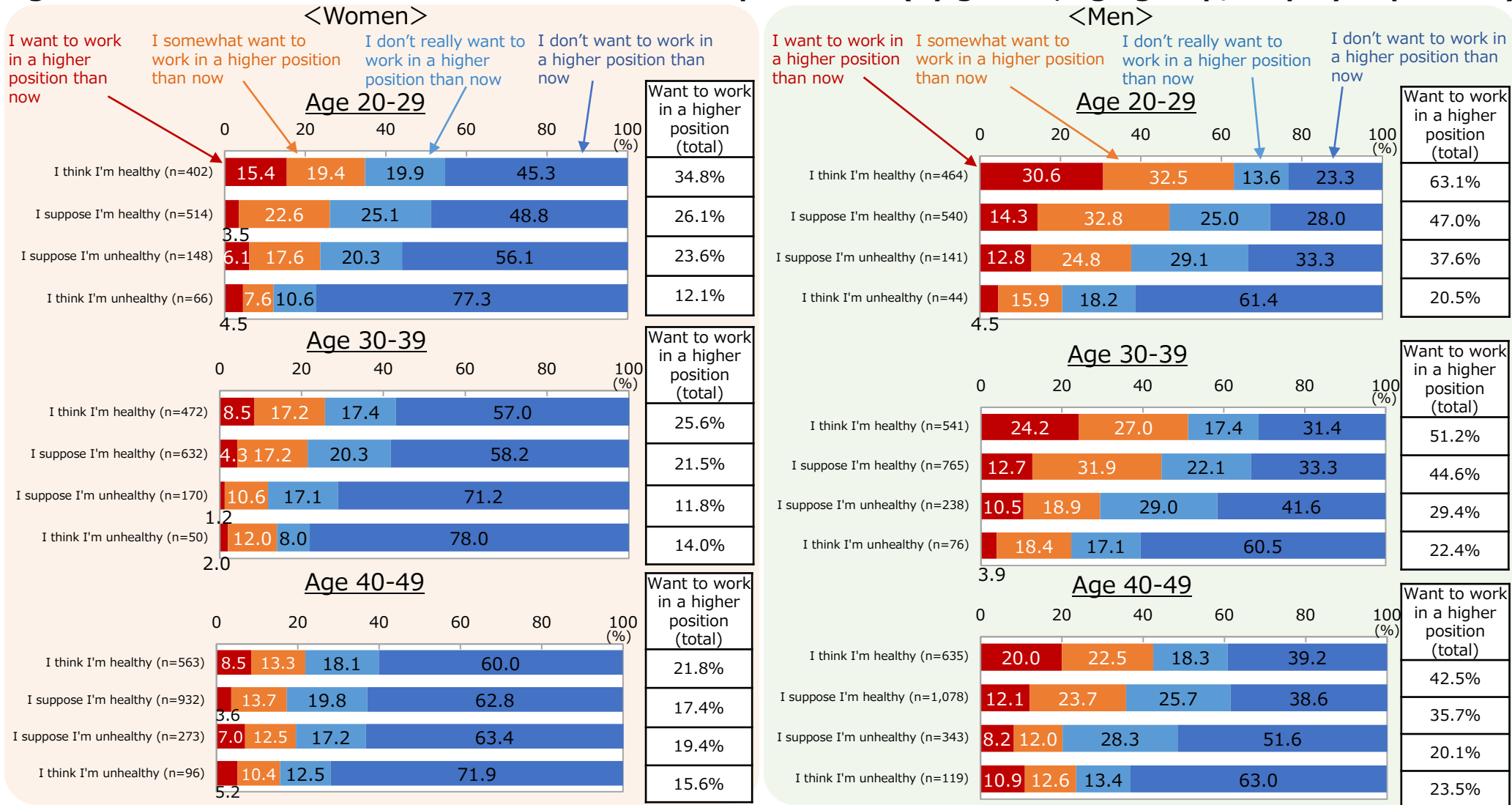
2. The question was: "Did you do anything about your symptoms of menopause in the last year? Select all that apply."

3. Generally, many menopause symptoms manifest in women in their 40s and 50s and men from 40 onwards, so these age group were the focus for data.

Section 2. Balancing work, housework/childcare, etc. and health issues

- There is a tendency among both men and women for **people with high health consciousness to have a high desire for promotion.**

Figure SF-62: Health consciousness and desire for promotion (by gender, age group; employed persons)

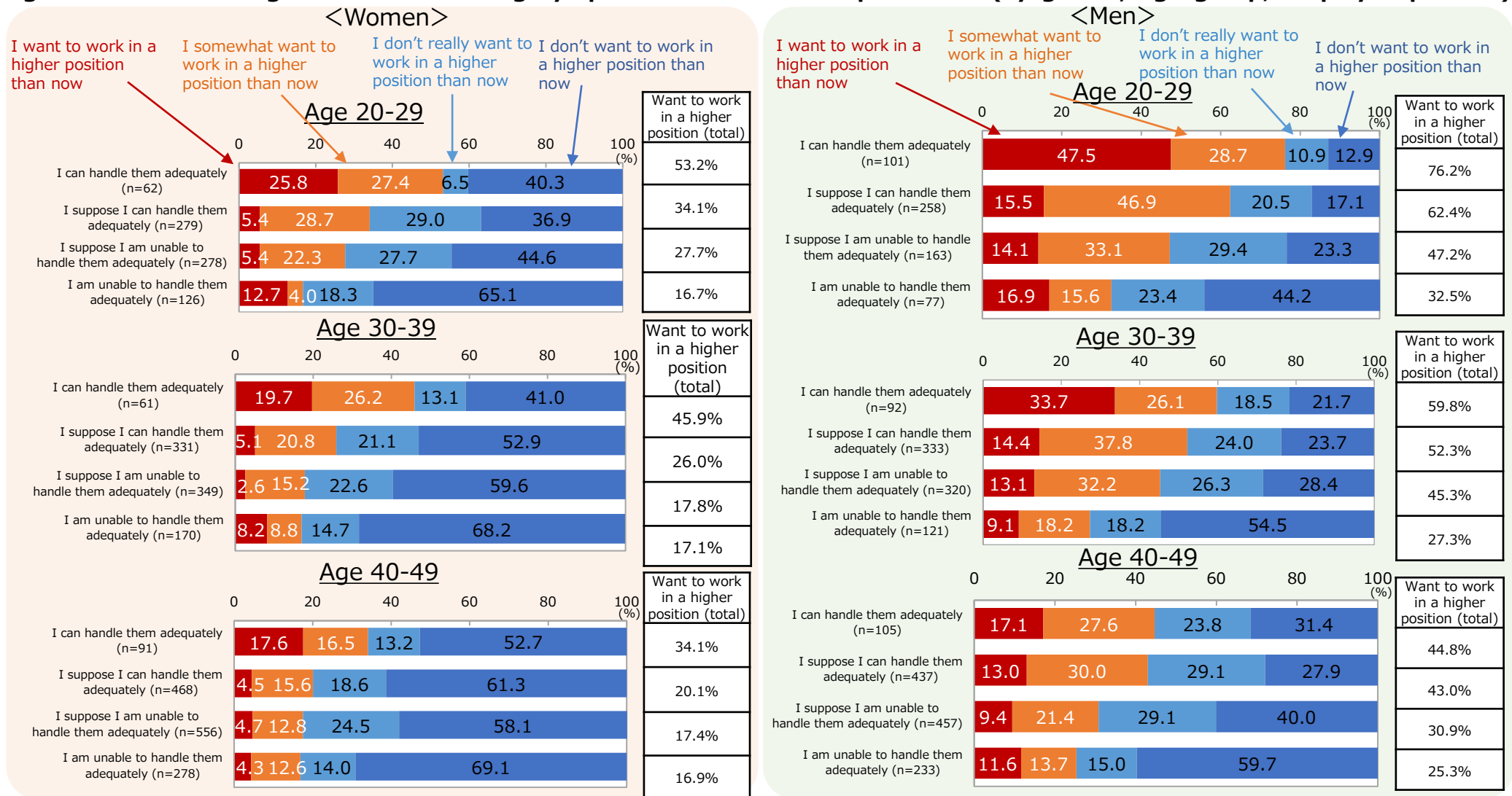


Notes: 1. Prepared from FY2023 Survey on Health Awareness Among Men and Women (survey commissioned by the Cabinet Office in 2023)
 2. The questions were: "Do you think you are healthy? Select one" and "Do you want to work in a higher position than you do now? Select one"
 3. "Want to work in a higher position (total)" is the total of "I want to work in a higher position than now" and "I somewhat want to work in a higher position than now."

Section 2. Balancing work, housework/childcare, etc. and health issues

• There is a tendency among both men and women for those who are able to handle their most concerning symptoms to have a high desire for promotion.

Figure SF-63: Handling of most concerning symptoms and desire for promotion (by gender, age group; employed persons)



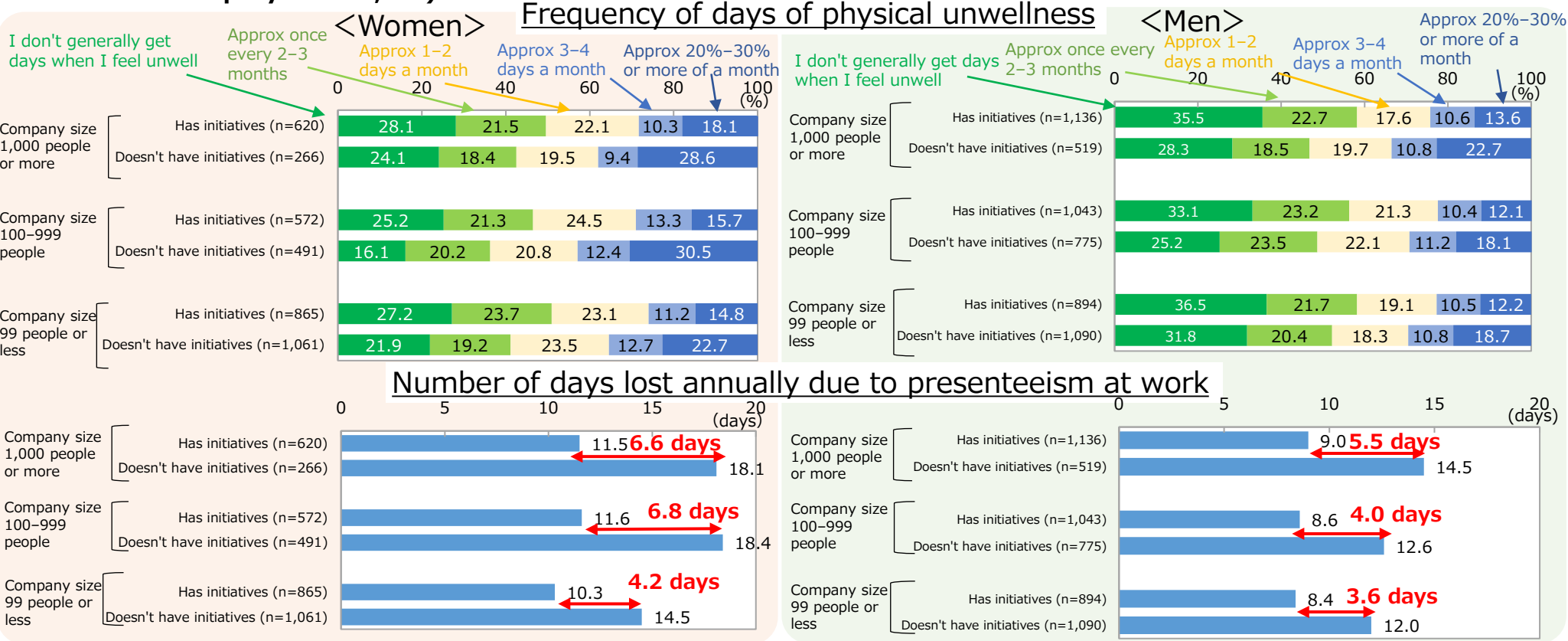
Notes: 1. Prepared from FY2023 Survey on Health Awareness Among Men and Women (survey commissioned by the Cabinet Office in 2023)
 2. The questions were aimed at people who said they have experienced their most concerning symptoms in the last month: "Are you able to adequately handle your most concerning symptoms? Select one" and "Do you want to work in a higher position than you do now? Select one"
 3. "Want to work in a higher position (total)" is the total of "I want to work in a higher position than now" and "I somewhat want to work in a higher position than now."

Section 2. Balancing work, housework/childcare, etc. and health issues

- People whose workplace, regardless of company size, engages in KENKO Investment for Health* have less frequent days of physical unwellness.
- The number of days lost annually due to presenteeism **can be reduced by 4–7 days per year** with KENKO Investment for Health, and **the reduction is higher for women.**

*KENKO Investment for Health means to consider managing the health of employees, etc. from a management perspective and implementing this strategically. *Survey on KENKO Investment for Health*, Ministry of Economy, Trade and Industry levels investigated initiatives to encourage people to see doctors, etc. for optional check-ups and screenings and improve medical attendance rates, the implementation of education to improve health consciousness among employees, and initiatives focused on health issues specific to women.

Figure SF-66: Outcomes of KENKO Investment for Health
 (by gender, size of employing company, presence of KENKO Investment for Health initiatives; employed persons and company workers, etc.)

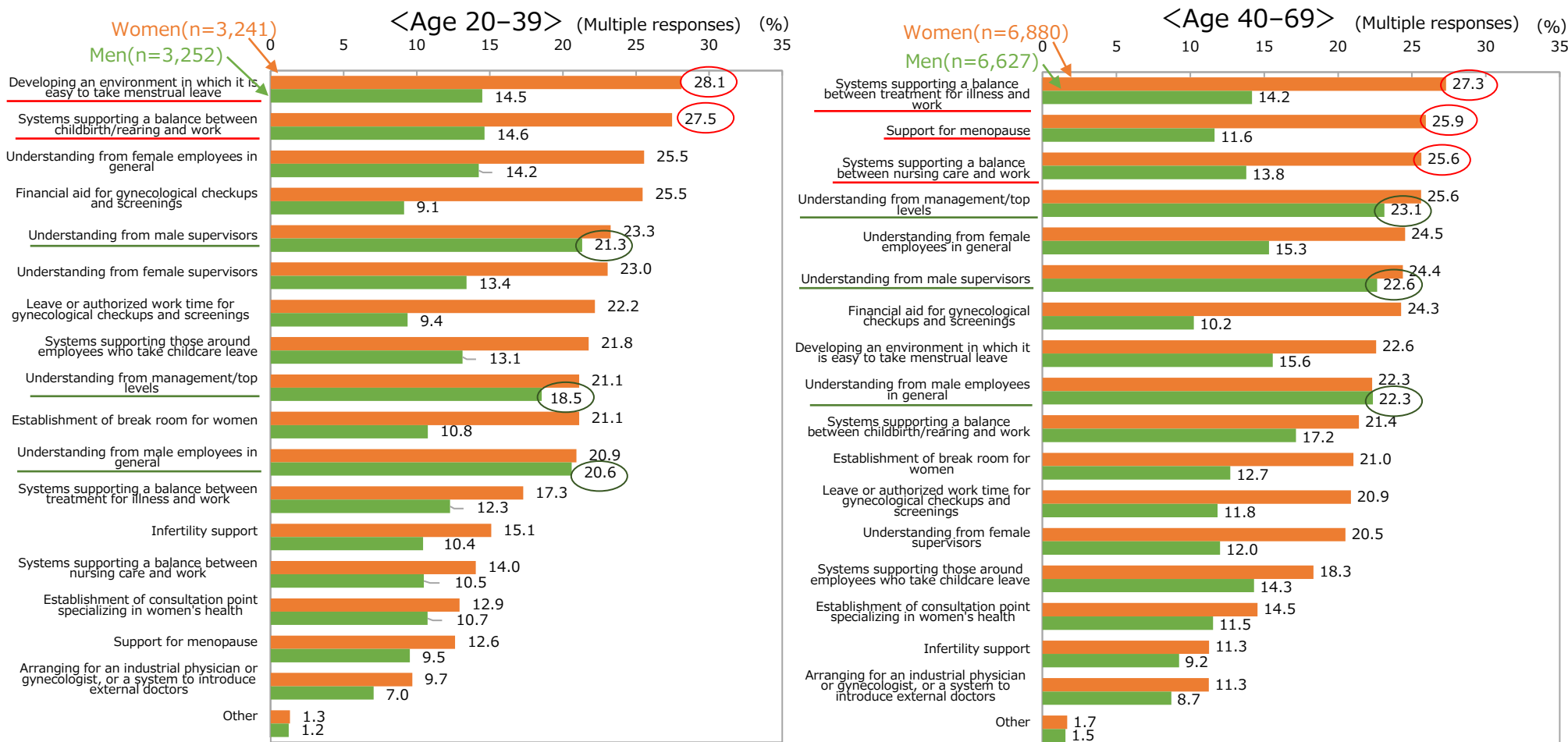


Notes: 1. Prepared from FY2023 Survey on Health Awareness Among Men and Women (survey commissioned by the Cabinet Office in 2023)
 2. "Has initiatives" counts people who responded with regard to overall KENKO Investment for Health in their place of employment that there are "considerable efforts" and "a certain amount of effort."
 "Does not have initiatives" is the category for people who responded that there are "no efforts" and "not really any efforts."
 3. The number of days lost annually due to presenteeism at work is calculated by multiplying the number of days worked per year, which for regular employees is assumed to be 245 days a year and for non-regular employees was calculated using the no. of days actually worked a week × 52 weeks, by the frequency of days of physical unwellness and the presenteeism loss ratio at work during physical unwellness.

Section 2. Balancing work, housework/childcare, etc. and health issues

- High percentages of women aged 20–39 wanted an “environment in which it is easy to take **menstrual leave**” and “supporting a balance between **childbirth/rearing and work**” in the workplace. Among women aged 40–69, the desire was for “supporting a balance between **treatment for illness and work**,” “support for **menopause**,” and “supporting a balance between **nursing care and work**.”
- Regardless of age, high percentages of men chose **understanding from management/top levels, male supervisors, and male employees in general**.

Figure SF-67: What accommodations for health issues specific to women would make work easier? (by gender, age group)

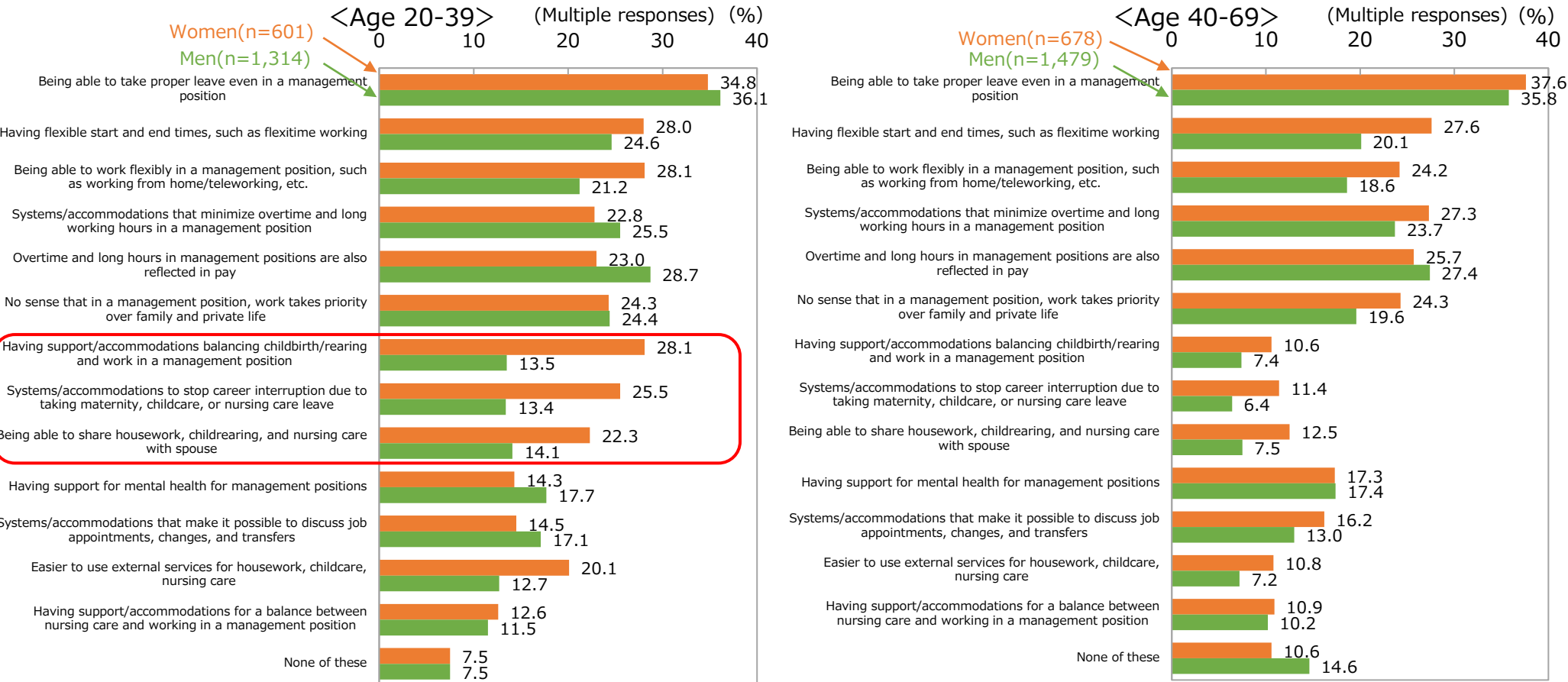


Notes: 1. Prepared from FY2023 Survey on Health Awareness Among Men and Women (survey commissioned by the Cabinet Office in 2023)
 2. The question was: “What workplace accommodations for health issues specific to women would make work easier? Select all that apply”
 *People were also asked: “If you are not currently working, please select what systems you think would make it easier for women to work.”

Section 3. Support for balance moving to a new stage

- When it came to working conditions for management positions, **“Being able to take proper leave even in a management position”** was the most-given response regardless of gender or age.
- Among women aged 20–39, **“support balancing childbirth/rearing,” “systems/accommodations to stop career interruption due to maternity leave,”** and **“being able to share childrearing, etc. with spouse”** were high compared with women aged 40–69 and men.

Figure SF-68: What would make you able to work in a management position?
(by gender, age group; employed persons with a desire for promotion)



Note: 1. Prepared from FY2023 Survey on Health Awareness Among Men and Women (survey commissioned by the Cabinet Office in 2023)
 2. The question was: “In your work, what would make you want to work/be able to work in a management position? Choose factors other than work abilities. Select all that apply.”
 3. This category focused on people currently in work who responded, “I want to work in a higher position than now” and “I somewhat want to work in a higher position than now.”

Section 3. Support for balance moving to a new stage

- In the era of 100-year life, it is important that men and women **are healthy, and have an environment in which to demonstrate their skills.**
- With the declining birthrate and aging society, health support is vital to maintain the workforce and improve work productivity.
- These will likely become the **factors that enable a sustainable balance between people’s ideal lifestyles and work.**

“Showa Model”

- A society in which the home and health management is left to housewives while husbands focused on work
- Male-centered workplace environment
- Employment practices in which long working hours and job transfers are expected

Changes in social and population structures

- ✓ Declining birthrate and aging population
- ✓ Decrease in working age population
- ✓ Changes in family structure, diversification of lives

A society in which anyone, male or female, can be actively and dynamically involved as they wish

The era of 100-year life

- Everyone’s workstyles are changing, men as well as women
- Men and women can work while raising children or providing nursing care
- It is possible to balance work and health
- Everyone can choose the lifestyle they wish for

Society

- Increasing female managers
- Resolving presenteeism among employees
- Improving productivity
- Sustainable economic growth

Maintaining and promoting health

- Economic empowerment of women
- Medium- long-term continuing employment, career formation
- Improving well-being
- Increasing healthy life expectancy

To realize the “Reiwa Model” – a society where all people can be actively involved both at home and at work, according to their wishes – **“health” is the foundation**

Company

- Promoting health support and KENKO Investment for Health in accordance with the characteristics of men/women and age
- Health support for working women utilizing Femtech
- Development of environments that facilitate consultations
- Development of flexible workstyles (teleworking, flexible working, etc.)
- Rectifying long working hours and making work more efficient

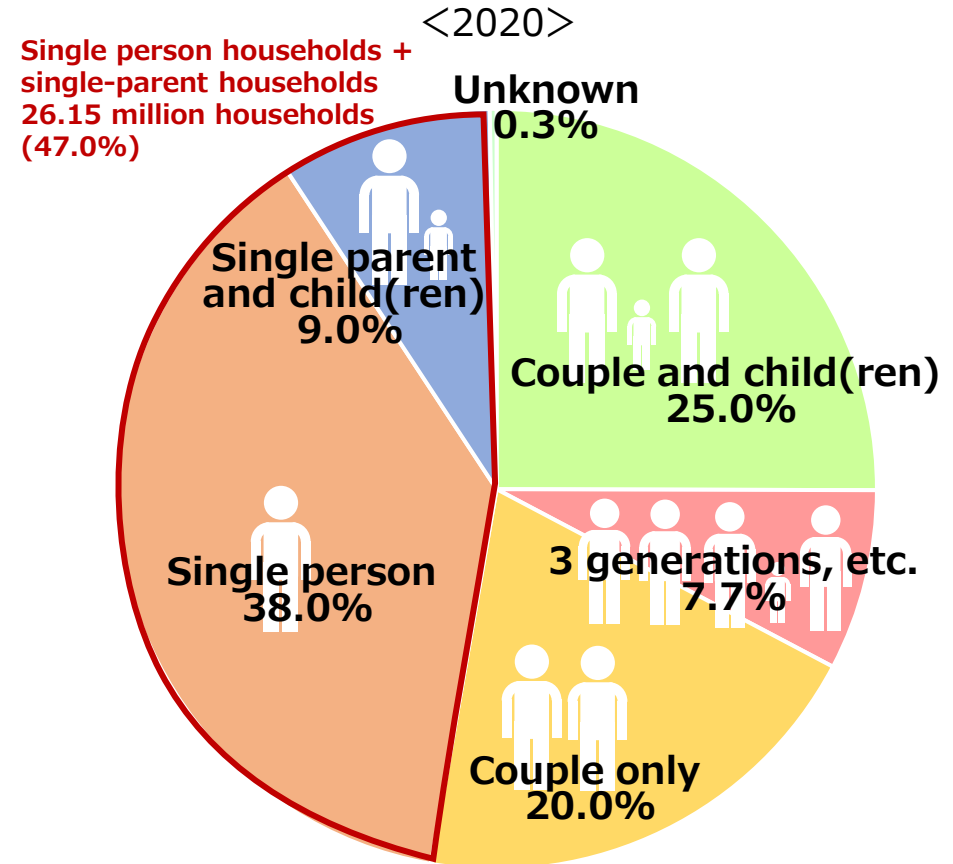
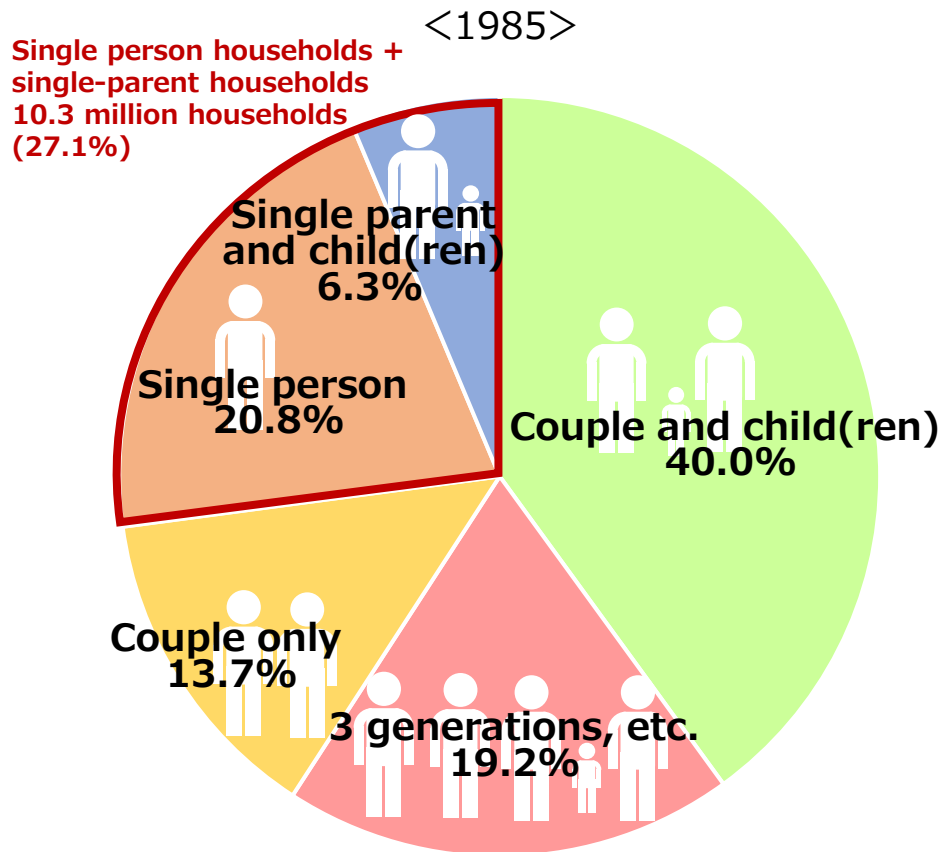
- Gaining correct knowledge of health
- Mutual understanding of health issues based on the characteristics of men/women
- Appropriate visits to hospitals and attending checkups
- Appropriate measures to improve physical and mental health status (including balance with treatments)

Individual (employee)

(Appendix) Changes in the family structure

- Entering the era of 100-year life, **family structures in Japan are changing and people's lives are becoming more diverse.**
- “Couple and child(ren)” households accounted for 40% of all households in 1985. As of 2020, they accounted for only 25%, and the total of single person households and single-parent households accounted for nearly half of all households.

Changes in the family structure

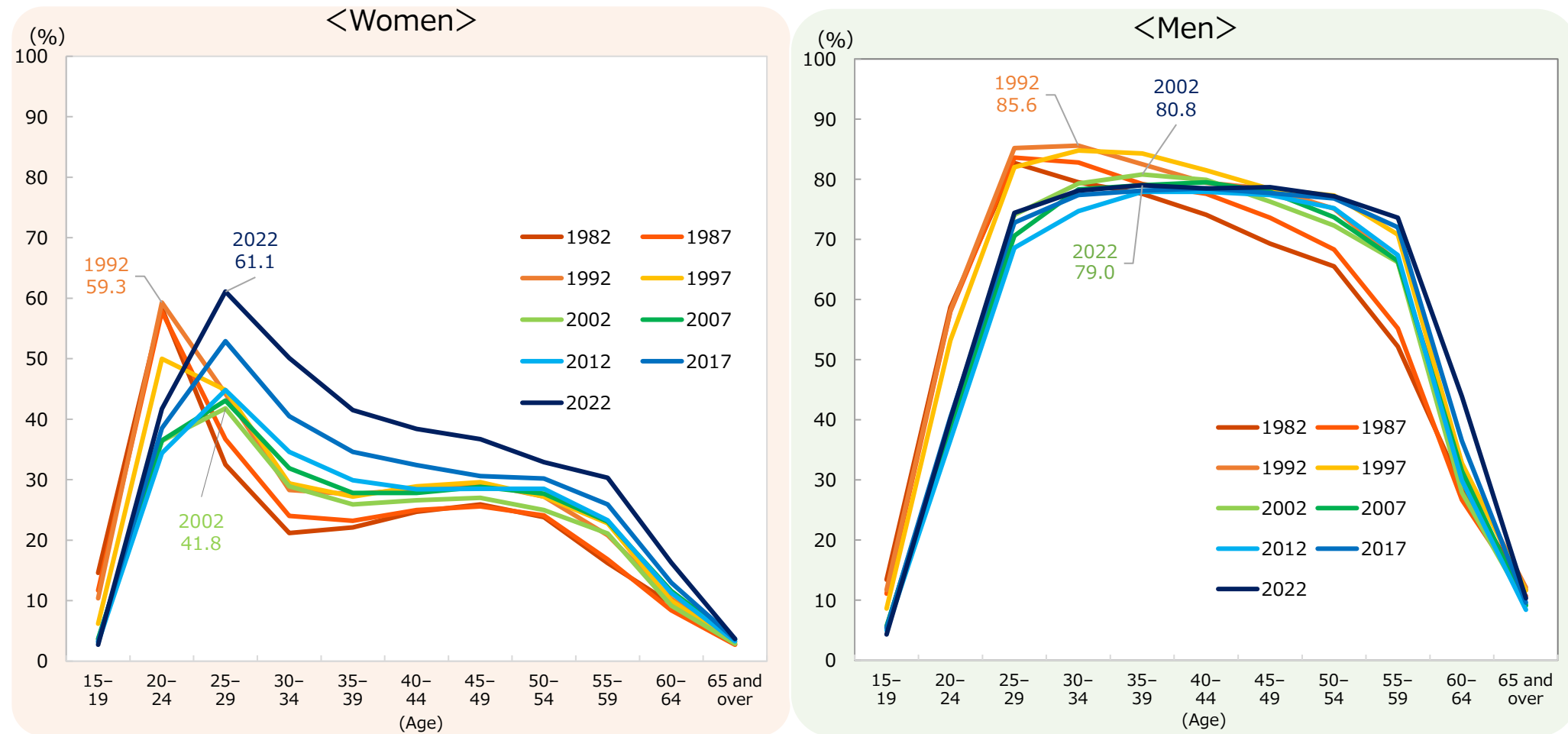


- Notes: 1. Prepared from *Population Census*, Ministry of Internal Affairs and Communications
 2. Percentage of private households. Does not include persons in institutions, etc. “3 generations, etc.” is the sum of households consisting only of relatives, excluding nuclear families, and households that include non-relatives.
 3. “Child” refers to a member of the household who is a “child” of the youngest “married couple” among the relatives in the household, and includes adults.

(Appendix) Changes in the regular employment rate (L-shaped curve)

- The regular employment rate for women peaks for those aged 25–29 and continues to fall with age, forming an L-shaped curve.
- On the other hand, in recent years, **the regular employment rate for women, especially those aged 20 - 49, has risen.**

Figure SF-3: Changes in regular employment rate (by gender, age group)



Notes: 1. Prepared from *Employment Status Survey*, Ministry of Internal Affairs and Communications.
 2. The "regular employment rate" is the percentage of executives and regular personnel and employees among the population by age group.