

To the press and whom it may concern

Announcement

Research Report on the “Questionnaire Survey on Work-Treatment Balance”

Based on the voices of 2,265 respondents, only 6% answered “there is a support system for fertility treatment in workplace” and **92% found “difficulty in balancing work and treatment.”**

NPO Fine (Fertility Information Network) <http://j-fine.jp/>

NPO Fine is a self-support group for infertility patients and those who are suffering from infertility by the people who have had the experience of infertility. Fine carried out the “Questionnaire Survey on Work-Treatment Balance” which was answered by 2,265 respondents. We report that the result showed many working women who are going through a treatment found it difficult to gain support and maintain work-treatment balance.

The actual situation surrounding the respondents clarified in this research shall be disseminated for educational purpose on infertility and lobbying the government as materials for the submission of our demand statements to the MHLW. We sincerely request that the survey results are featured by your medium for raising awareness in society at large. More detailed questionnaire survey results will be released on our website.

Summary of survey results

- Of those who have received fertility treatment while working, 91.9% found “difficulty in balancing work and treatment” (Q4), of which 42.3% changed their work forms, including retirement (Q5).
- Only 5.9% answered “there is a support system for fertility treatment in workplace” (Q12). Systems for holiday/temporary retirement and flexible working and employment are required (Q17).
- Including the above, this survey results showed that many of fertility treatment patients continue to work in order to squeeze out a heavy cost of fertility treatment, accompanying an extreme difficulty in balancing work and fertility treatment, that these people are caught in a dilemma. In addition, while the government and companies are working to promote women’s social advancement, the reality shows that supporting systems are still inadequate. In the declining birthrate and aging society, the development of flexible employment and work forms, not only in fertility treatment, but also in child care and long-term care, and the organization and societal culture that allows their use without hesitation are critical, which, we believe, should be supported by society as a whole.

Survey Outline

Survey objectives

“Questionnaire Survey on the Financial Burden of Fertility Treatment Part 2” conducted by NPO Fine in 2012 (No. of respondents = 1,993) revealed the reality of “financial burden” in fertility treatment. Many voiced that, although they are willing to continue their “work” in order to squeeze out the treatment cost, balancing fertility treatment and work accompanies a considerable difficulty. Therefore, this survey focused on the “balance between work and

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fertility treatment" and delved into the causes of the difficulty in balancing work and fertility treatment. In order to consider the needed support for maintaining the balance, we have assessed the present situation, as well as to gather opinions from a broader population.

Survey method

Setting the questionnaire form on NPO Fine's website. Announcement to a broader population including Fine members. In a total of 35 questions, 20 questions addressed the work-treatment balance and support in the workplace and other questions covered treatment cost, attributes of respondents, and so forth.

Note) The questionnaire adopted multiple-choice and open-ended questions. As the percentages in the texts and graphs are calculated by rounding a number with 2 decimal places, there may be a slight gap.

Scope of the survey

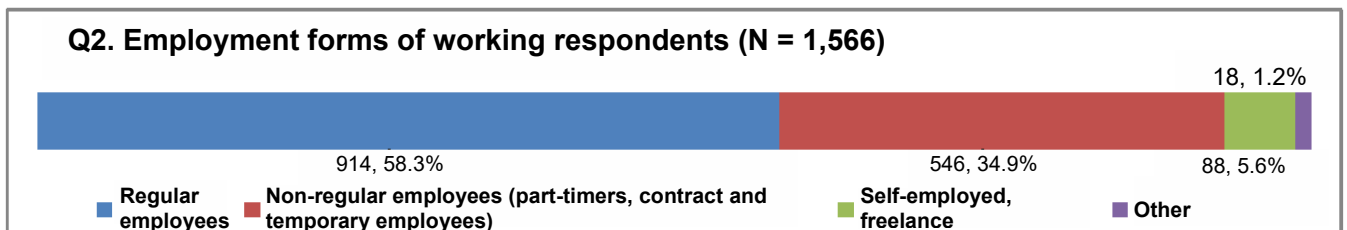
2,265 persons who are interested in fertility treatment (of which 95.0% have the experienced of fertility treatment)

Survey period

May 15, 2014 - January 5, 2015

Excerpts from the survey results

Q2: Please select your current employment form.



The survey result showed that approximately 60% of those who are currently not working retired for the reason of treatment and approximately 90% of the total have worked and received treatment in the past.

Q4: Have you ever felt difficulty in balancing work and treatment?

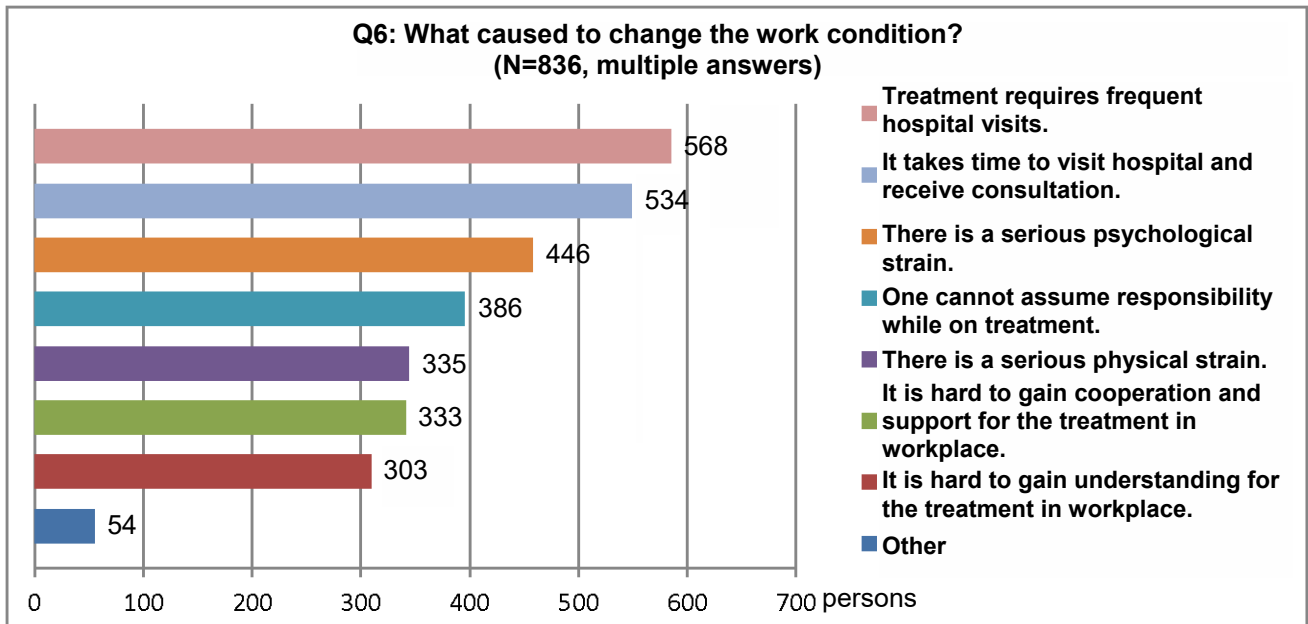
Of 2,152 respondents who have the experience of fertility treatment, 1,978 (91.9%) answered that they "felt difficulty in balancing work and treatment."

Q5-Q6: Reasons for the difficulty in balancing work and fertility treatment and their consequential actions

Q6: If there was any change to work condition, what was the reason? (N=836, multiple answers)

Depending on the treatment stage, fertility treatment cannot predict when the next consultation will be. Therefore, many are forced to be late for work, leave early or change their schedule in the last minute for the treatment and

hospital visits. In addition, there is a serious psychological strain as understanding and support are hard to gain (Q6).



The result showed that more than 40% changed their work conditions (Q5).

Q5: Have you ever changed the work condition as a result of balancing treatment and work?

Of 1,978 respondents, 836 (42.3%) answered that they have changed the work condition as a result of balancing treatment and work. Breakdown showed 527 (63.0%) for retirement, 121 (14.5%) for job change, 104 (12.4%) for temporary retirement and 84 (10.1%) for transfer.

Q9 & Q10: Did you find it difficult to talk about the treatment in your workplace? What was the reason?

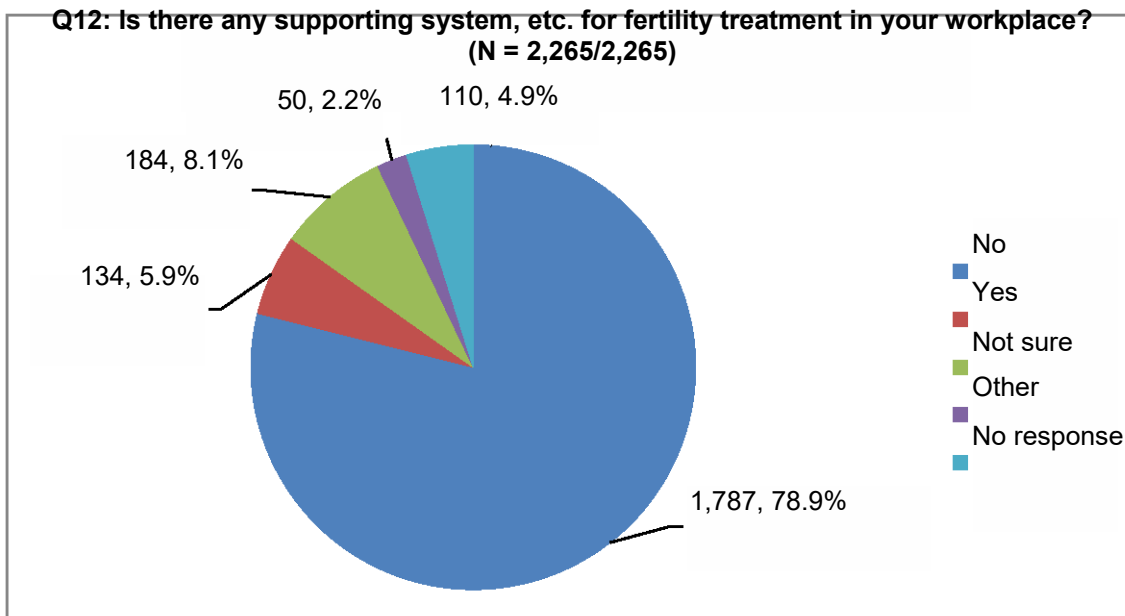
Of those who answered that they have talked about the treatment in workplace, 68.8% answered “Yes (that they found it difficult to talk about the treatment)” (Q9). The most common reason for not to talk about the treatment was that they “did not want the others to know about infertility.” Also many voiced that they “did not want to cause inconvenience to others by the treatment” (Q10). These are not just concerns by the respondents, but the severe reality in workplace, as the following comments show.

Behind the above concerns...

- “Understanding from my colleagues was limited that if I am late, leave early or make other changes in the last minute, I could hear my colleagues talking behind my back. I was stressed and consequently left the job.”
- “When I informed about the IVF treatment, my supervisor said ‘Get on with it and do it right in one go.’ Considering there are many who suffer from infertility for many years, I was devastated by such words even before starting the treatment and the thought that such a harassment would continue every time.”

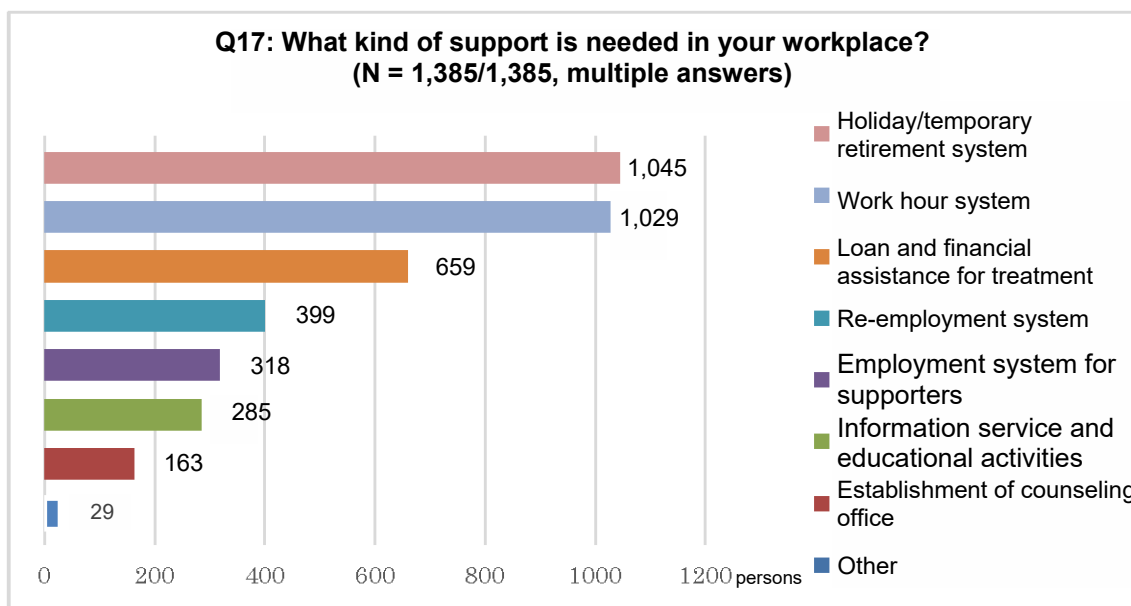
Q12~17: Fertility treatment support system in workplace

Only 5.9% answered “Yes” for having a fertility treatment support system in their workplaces and 78.9% answered “No.”

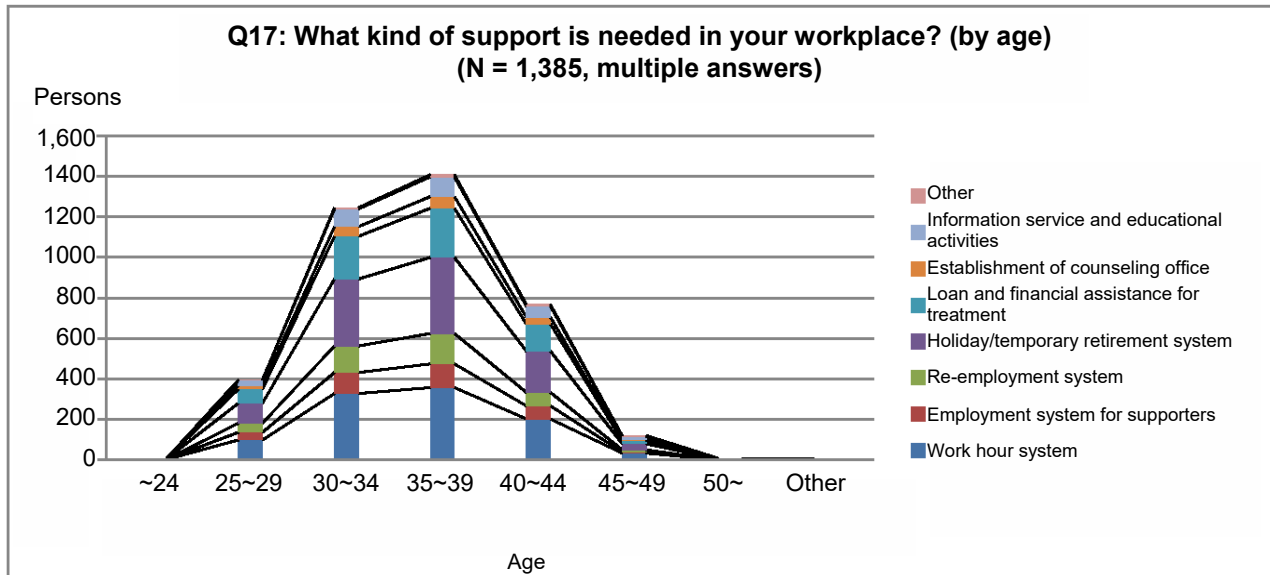


Q17: What kind of support is needed in your workplace? (N=1,385, multiple answers)

In addition to financial support, many requested changes to working and employment environment. In particular, voices seeking flexible use of the systems depending on various life events were eminent.



The following graph shows the “needed support” by age. Respondents in their 30s, who are becoming busy in their work and moving onto a higher position, showed greater needs, seeking support for “holidays/temporary retirement,” “work hours” and others concerning time management.



On the other hand, some said they do not seek support from their workplaces. Comments are excerpted below.

Intention for “not seeking support from workplace”

- “It is not that I am ill, and the treatment is for my personal reason, so I do not want any preferential treatment. It would help me if my employment form is changed to a part-timer temporarily, based on the premise that I will be reinstated as a regular employee...”
- “I believe the system where reduced work hour and other options can be freely selected depending on lifestyle would be helpful, but not in the pretext of a support to fertility treatment. I hope that such system can be also used for pregnancy, child caring and long-term care.”

Findings from the survey results

Number of children who are born by ART such as IVF and micro fertilization in Japan was 37,953 in 2012 and shows that approximately 1 in 27 live births is born by ART. Furthermore, live births by ART accumulates to 341,750 in Japan (Note 1). Having a child by fertility treatment is by no means uncommon now.

However, the advanced treatment requires high cost. According to the results from NPO Fine’s “Questionnaire Survey on the Financial Burden of Fertility Treatment” conducted in 2010, one cycle of IVF or micro fertilization costs between 300,000 to 500,000 yen. By repeating the treatments, the cost becomes high. The subsidy programs by the national and local governments benefit 150,000 yen per treatment (75,000 yen depending on the content of treatment) with restrictions on the frequency and the combined income of the couple, as well as the age of a wife. Therefore, the treatment cost cannot be covered by a subsidy alone. In order to raise the money for the treatment cost, the environment that ensures work-treatment balance becomes essential for the patients receiving fertility treatment.

Companies that provide a supporting system for the treatment are extremely rare, and the survey result showed only 5.9% answered “Yes” for the question on the existence of any supporting system in workplace (Q12). Furthermore, it is a reality that more than 40% had to change their work form, including retirement (Q5). Understanding and support from companies and the national and local governments are required so that women are able to enjoy pregnancy, childbirth, child caring and fertility treatment while working.

Some comments are introduced from open-ended answers.

- If I let go of my regular employee status and my treatment is unsuccessful, I would have lost everything. So I feel I cannot commit myself to leave my work.
- Although I would like to reduce my work hours, that would reduce my salary and I could not afford the fertility treatment cost. It is difficult to return to office as a regular employee once you become a non-regular employee.
- If you cannot gain understanding of colleagues in your workplace, it is difficult as you cannot take a day-off.
- As women are often taking care of housework, balancing work, housework and treatment was extremely tough. Even my work hours were reduced, physical and psychological burden was too much.

What are the specific systems needed by the respondents to maintain the balance?

Many requested for flexible work and employment environment, such as reduced work hours, flextime system and other temporary change of employment form. For this open-ended question, there were over 400 comments. Among them were voices for improving the current work environment where “paid leaves, reduced work hour and flextime system can be used” and “long-hour labor is reduced,” rather than seeking a “new system” in order to maintain the balance. We believe these comments are overarching requests that not only apply to the “balance between fertility treatment and work,” but also to childcare and long-term care.

While it is important that companies establish a supporting system, the survey result showed that a majority of respondents have not used the system even though they are entitled to. Therefore, we believe there is a need for understanding and cooperation for infertility and the fertility treatment in the company and to change the soft aspect of corporate culture that supports reinstatement after pregnancy, childbirth and child caring. Some comments are introduced below.

- Local government employees are known to be entitled to rich welfare package, however, actually benefiting from it often receives criticism from others and is not easy.
- I hope the company would understand a sudden day-off can happen. There are many who wish to properly perform their duties. For those who hold that strong sense of responsibility, it truly becomes psychologically hard to accept the reality.
- Understanding of a supervisor. Understanding of the workplace will make a great difference in psychological burden of fertility treatment that extends for a long period of time. I was heartily grateful for my supervisor’s understanding in my workplace.
- The reality is that people rarely have accurate knowledge on the fertility treatment. I hope that companies, and society, would conduct training to promote understanding of infertility.
- Promote diversification of work styles. Improve operational efficiency and reduce unnecessary overtime work. Change the mentality that overtime work is a virtue. Promote the diverse work styles, such as telecommuting. Not only in the case of fertility treatment, ensure that all employees are able to enjoy their holidays by firmly legislating the upper limit of the statutory work hours to eliminate the long work hours. By doing so, more women would be able to have a child when they are young without the fertility treatment through prevention of pregnancy in the older age.

Almost every respondent answered to the open-ended question, “Do you feel support outside your Company is needed for work-treatment balance?” Many commented on “their husband’s participation in housework and understanding and cooperation for the treatment.” In addition, many voiced to seek opportunities for manager

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training and company-wide training to deepen understanding for infertility and the treatment.

The research survey showed a difficulty in balancing work and treatment, a lack of understanding for infertility in workplace and home, gaps between the existing systems and requests and many other situations surrounding the respondents. First, it is essential to acknowledge the reality and advocate in order to solve the problems.

There are more intriguing results from other numerous questions, including those on the Subsidy Program. More detailed results will also be released on our website in the near future. For inquiries and opinions regarding the survey results, please feel free to contact the following.

*1 Japan Society of Obstetrics and Gynecology, "Number of live births by age" <http://plaza.umin.ac.jp/~jsog-art/data.htm>
MHLW, "FY2012 Vital Statistics" http://www.mhlw.go.jp/toukei/saikin/hw/jinkou/kakutei12/dl/03_h1.pdf

*For the past questionnaire survey results and all of the present survey questions, please access below. <http://j-fine.jp/activity/enquete/index.html>

----- **Examples of NPO Fine's activities and performances** -----

First in Japan! Petitions to the Diet were submitted by those who are suffering from infertility.

For the first time as an advocacy organization representing people who are suffering from infertility, seeking to reduce the economic burden of infertility patients, we submitted our first petition to the Diet in 2007. In May 2011, the fourth petition to the Diet, signed by approximately 20,500 people, was adopted by the House of Representatives for the first time and sent to the Cabinet. *Reference URL : <http://j-fine.jp/activity/act/message.html>

Submission of various demand papers

We have submitted demand papers on approval of new drugs and re-consideration for the reduction in the Subsidy Program for Specific Fertility Treatments to the MHLW, and the addition of "correct knowledge and education about pregnancy and child birth" to the curriculum in the guidelines for junior and senior high schools to the MEXT. *Reference URL : <http://j-fine.jp/activity/act/index.html>

Media

Asahi Shimbun, Yomiuri Shimbun, Mainichi Shimbun, Nihon Keizai Shimbun, Sankei Shimbun, Tokyo Shimbun, Hokkaido Shimbun, Shinano Mainichi Shinbun, Chunichi Shimbun, Kyoto Shimbun, Nishinippon Shimbun, Kumamoto Nichinichi Shimbun, Kobe Shimbun, Shizuoka Shimbun, Sanyo Shimbun, Hokuriku Chunichi Shimbun, Nihonkai Shimbun, Kyodo News, Jiji Press and others, NHK "Close-up Gendai," "Metropolitan Area Networks," "Morning Market (Asaichi)," NTV "Today's Event," Nippon TV G+ "Healthcare Renaissance," Fuji TV "Tokudane!," "Speak," TBS TV "Hanamaru Market," "Ippuku!," "Weekly Asahi," "AERA," "AERA with BABY," "I Want a Baby," "Bungeishunju," "Domani," "Fujinkoron," "Weekly Gendai," "Weekly Bunshun," "GLOW," "VERY," "WEDGE," "Ninkatsu Premo" and others.

Number of Fine members is approximately 1,650 and we have started the SNS! Number of registrants: Approximately 1,600 (as of August 2015)

----- **Future activities of NPO Fine (excerpt) (as of July 1, 2015)** -----

"Fine Festival 2015: Country-wide Talk Event Special"

This year's Fine Festival 2015 lands on Tohoku for the first time!

Organized in Sapporo, Sendai, Tokyo, Nagoya and Osaka.

* Reference URL: <http://j-fine.jp/matsuri/2015/matsuri.html>

NPO Fine <http://j-fine.jp/>

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***We would appreciate if you could e-mail us for any inquiries as the office is not attended at all times.**

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