

The Reality of Sexuality for Teenage Girls in Japan

JMAJ 53(5): 279–284, 2010

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Abstract

As individual rights separate from the framework of marriage, Japanese teenage girls are enjoying sexuality. In 2008, about one out of two girls of ages 17 to 18 years (equivalent of third-year senior high school students in Japan) are reported to have experienced sexual intercourse. They engage in sexual intercourse not necessarily with a single partner, and curiously, the rate of condom use decreases as the number of partners increases. Marriage after pregnancy, date rape, and domestic violence are also increasing. With such sexual freedom, increasing health risks influenced by gender bias and economic poverty because of pregnancy and delivery are issues of concern. In Japan, oral contraceptives are estimated to be used by only about 5% of women who are in need of contraception. Over 10 years has passed since the initial approval of oral contraceptives in Japan in 1999, but it is hard to say that they are commonly used. Although sexually transmitted diseases including chlamydia infection have increased particularly among young women, there has been a decrease in the number of patients with sexually transmitted diseases as well as the incidence of artificially induced abortions in these years. Considering how young people are familiar to commercialized sexism, providing useful information about the essential significance of sexuality and means to avoid health risks by health educators and providers is highly advisable.

Key words Reproductive health, Reproductive rights, Contraception, Sexually transmitted disease (STD), Self-esteem

Introduction

Although the title of this article is “the reality of sexuality for teenage girls in Japan,” sexuality is essentially universal and not related to age or gender. However, sexual events that occur among teenage girls who have started sexual activities may become important life events that could have significant meaning in their later lives from the mental, physical, and social aspects, and therefore require particular caution when addressing them.

In 1994, the International Conference on Population and Development (ICPD) was held in Cairo, Egypt. Chapter 7 of the ICPD Programme

of Action describes “reproductive health and reproductive rights,” declaring that everyone has the right to sexual and reproductive health, regardless of age, gender, belief, creed, marital status, religion, etc. This represents the idea that all women, including unmarried teenagers, are endowed with certain rights in regard to reproductive health including contraception, infertility, childbearing, and artificial abortion, regardless of the marital status. It is of great significance that many United Nations member countries, including Japan, have ratified this Programme of Action. On the basis of this concept, this paper presents an overview of the reality of sexuality among Japanese teenage girls.

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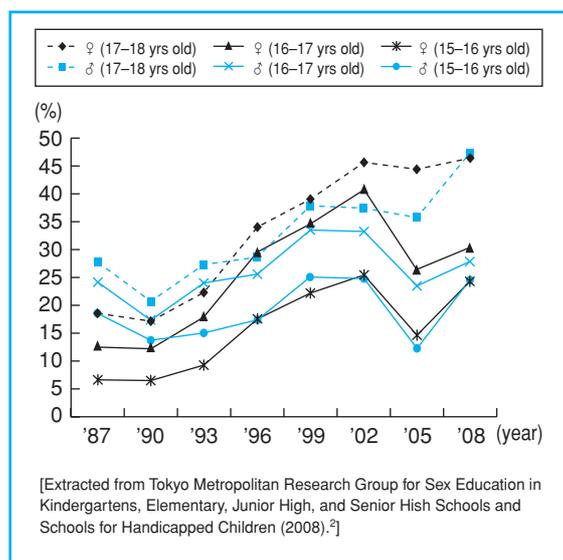


Fig. 1 Annual changes in the experience of sexual intercourse among adolescents in Japan

Note: In Japan, 15 to 18 years of age generally correspond to senior high school years (1st year, 15 to 16; 2nd year, 16 to 17; 3rd year, 17 to 18)

Changes in the Sexual Behavior of Teenage Girls

According to data from the survey conducted in 2008 by Tokyo Metropolitan Research Group for Sex Education in Kindergarten, Elementary, Junior High, and Senior High Schools and Schools for the Handicapped (Fig. 1),²⁾ 47.3% male and 46.5% female students in the third year of senior high school (17 to 18 years of age) had experienced sexual intercourse. Since the mean age at first marriage has been increasing year after year in Japan (30.1 years for men and 28.3 years for women in 2007), it would seem that the initiation of sexual activity by young people today is independent of marriage. In particular, since 1996, the percentage of female students who have experienced sexual intercourse has generally exceeded that of male students among those in the second year and after of senior high school (16 to 17 years of age), with the only exception of 2008 for female students that was 0.8% lower.

The recent trend in the sexual behavior of young people is more appropriately described as an increase in the number of young people who

become sexually active rather than as a decrease in the age at first sexual intercourse. According to the national survey in 2000 regarding the knowledge of HIV/STD, sexual behavior, and sex consciousness among Japanese people, 10.7% of those 55 years old or older at the time of the survey had their first sexual experience when they were 16 to 19 years old, whereas the corresponding percentage was 79.2% for individuals who were 18 to 24 years old. In addition, younger people are more likely to change partners, which is a characteristic tendency. According to a survey on sexual life and consciousness among Japanese senior high school students, carried out by the National Federation of High School PTAs in March 2005, only slightly more than 40% of teenagers who had experienced sexual intercourse were confined to a single partner.

The report on a socio-epidemiologic study on the trend of HIV infection and the development and spread of the prevention model of the Japanese Ministry of Health, Labour and Welfare (2003) demonstrated that 50% of individuals who had a single partner use condoms, but those who had multiple partners used condoms less frequently despite the risk of increased infection as the number of partners increased. In particular, there was a marked decrease in the rate of condom use among females who had more partners. Both males and females showed a low rate of condom use (about 20%) when they had 4 or more partners despite the increased risk.

Such kind of sexual behavior does not mean that young people are devoid of involvement in romance. However, it is considered that the time of sex shielded in marriage is over. Today, it is not unusual for people to have multiple sex partners concurrently or serially one after another over a short period of time. It is also not unusual for divorced women to re-marry preceded by premarital pregnancy. Monogamy, the idea of only one lifelong spouse as generally espoused until about the 1980s, may have lost its ethical grounds in the light of sexual rights.

Even in this situation, the role of healthcare providers is to prevent and solve health problems occurring under these sexual behaviors, non-judgementally. Although the promotion of reproductive health is not intended to endorse selfish sexual activities, it is important to maintain sexual health without intruding on sexual morality.

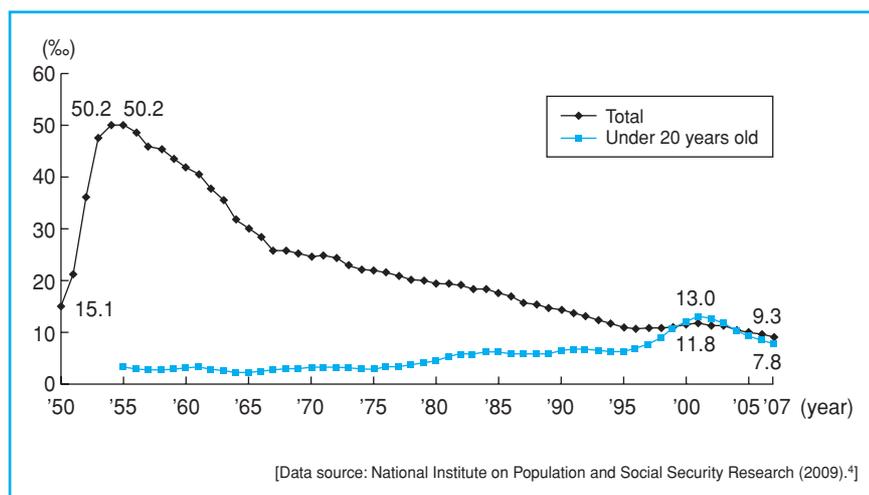


Fig. 2 Status of abortion among adolescents in Japan: Rate of implementation of artificial abortion (per 1,000 female population)

Pregnancy, Contraception, and Abortion

Only women can assume the important role of pregnancy, delivery, and breast-feeding in the setting of reproduction. However, the burden of reproduction-related behaviors in women's lives, if not pursued under appropriate conditions, may require alterations in one's life plan or lower one's self-esteem.

In Japanese society, there is general reticence with regard to the mention of contraception, and therefore even adults may not have adequate knowledge regarding basic contraceptive methods. Condoms are an important tools of preventing sexually transmitted diseases (STDs), but they are far inferior in contraceptive effectiveness compared with hormonal contraceptive methods including oral contraceptives (OC) and intrauterine systems (IUS) in which progestogen is added to intrauterine devices (IUD).³ It is recommended that teenage girls who are not yet considering pregnancy use an oral contraceptive, which is more advantageous in practicing contraception. However, the use of low-dose oral contraceptives in Japan remains low at about 5% of women in need, unlike other countries.

While active sexual behavior at younger ages is increasing, the frequency of marriage preceded by pregnancy in females aged 15–19 years have increased from 47.4% in 1980 to 81.7% in 2000

due to unreliable contraceptive behavior. On the other hand, the divorce rate among teenagers, which was less than to 30% in 1980, reached above 60% in 2000. In actuality, marriage motivated by pregnancy often results in divorce, leading to more single-mother families and subsequently the needs of public assistance.

In post-war Japan, the peak of artificial abortions was 1,170,143 cases in 1955, and an abortion-to-birth ratio reached a peak of 71.6% (birth:abortion=1:0.716) in 1957. Thereafter these figures decreased gradually to 276,352 abortions with an abortion rate of 9.9%, and an abortion-to-birth ratio of 25.3% in 2006. Although the number of teenage abortions gradually increased to 40,475 in 2003, but it decreased to 27,367 in 2006, and decreases in the abortion rate have been particularly noted in teenagers over the past few years (Fig. 2).⁴

On the contrary, the number of teenage girls who give birth has been less than 20,000 annually, showing no particular tendency to increase in recent years. The reason why artificial abortions decreased remains unclear. When taking into account the gradual decline in the incidence of STDs in recent years, it is possible that young people became more knowledgeable or they became less sexually active because of the economic depression.

In Japan, the criminal law for illegal abortion

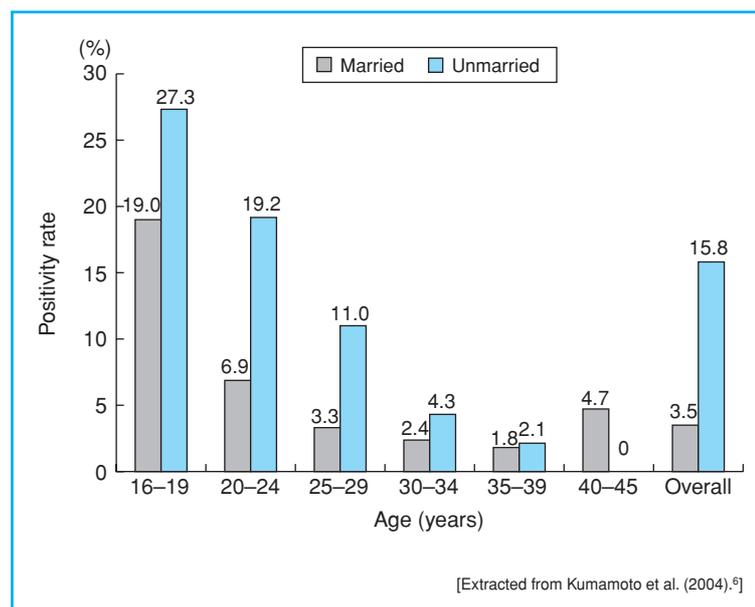


Fig. 3 Prevalence of chlamydial infection in pregnant females in Japan (among 18,442 pregnant females who underwent prenatal checkups in the Year 2002 survey)

still exists. Artificial abortion can be performed lawfully only by physicians designated under Mother's Body Protection Law and accredited by the prefectural medical association. When a teenager wants to undergo an abortion, she needs the signatures of herself and her partner as well as consent from her guardian prior to the operation. However, there are often difficulties in fulfilling these conditions in the clinical practice. She may not be able to identify the father if she was in relationship with multiple partners. Consent from the parent can be difficult to acquire. Or, especially when domestic violence is involved, the signature of the partner may be hard to obtain. The procedures necessary for undergoing abortion can be troublesome without sufficient consideration to protect the health of pregnant females.

Although not yet well known in Japan, the so-called abortion pill (an antiprogesterone agent, mifepristone),⁵ which has already been approved and commonly used in over 40 countries, is being established as an alternative to surgical abortion in overseas. Although such pill should not be used easily, given the option of either surgery or pills, most women would rather prefer pills. Compared to surgical abortion, the use of abortion pill is more likely to maintain the

quality of life for a woman both mentally and physically. In Japan, there are various restrictions on contraceptive means and the availability is also poor, precluding the possibility to discuss the abortion pill. This problem is not caused by women themselves—healthcare providers who should be promoting female health are to be held responsible.

The risk of delivery at the age of 18 years or older is not high. However, delivery at younger ages is associated with mental and physical stress and should be avoided. In the past, about 10 cases of delivery by a mother younger than 14 years old were reported annually in Japan. The number of such cases increased to 37 in 1995 and to over 40 each year after 1999, suggesting an increase in sexually inclined children. The pelvis and ovarian function are not well developed in teenage mothers, and consequently complications are not rare. The infants are more likely to have abnormality, and perinatal mortality is higher. The frequency of pregnancy-induced hypertension syndrome is slightly higher in teenage mothers than in those in their 20s. As a result, the rate of cesarean section is slightly higher in teenage mothers. Thus, the health risk related to pregnancy and delivery in teenage girls must not be neglected.

STDs Are Now Diseases of Young Women

STDs are no longer characteristic of men who have a specific sexual behavior at a certain place but are contagious to anyone engaged in any normal sexual relations. Sexuality in women, who are no longer confined by the boundary of marriage, must accept the risks of STDs on their own. In addition to the frequently occurring chlamydial infection, the occurrence of viral diseases such as genital herpes and condyloma acuminata is increasing. The right of sexuality is not meant to take health risks but to protect health. Sexual freedom without protection is not advantageous to women. Another problem of STDs is the risk to the fetus for it can be vertically transmitted from the affected mother to her babies.

According to the 2002 survey of 18,442 pregnant women who received prenatal checkups in Japan, the prevalence of mildly symptomatic chlamydial infection was particularly high (27.3%) among unmarried pregnant teenagers (**Fig. 3**).⁶ Chlamydial infection was about 2-fold more frequent in females than in males, particularly among individuals less than 20 years of age. The overall rate of chlamydial infection was 3.5% among married pregnant females and 15.8% among unmarried pregnant females. This indicates the spread of STDs to young individuals.

Fortunately, the trend over the past several years showed a decrease in STDs and decreased implementation of artificial abortions among teenagers. However, we must be careful to conclude that such trend serve as the evidence of successful sex education, since the involvement of other factors such as economic and social factors should also be considered.

Influences of Gender Bias

The recognition of gender roles among males and females influences the sexual behavior of an individual. Younger generations approve of sexual activity prior to marriage, and therefore appear to be independent. However, they are bound by various gender biases, and there have been no marked changes in the power politics of male-

female relationships. Females who have not fully developed self-esteem are likely to be subjected to the more detrimental effects of sexuality, e.g., not practicing proper contraception and leaving it to their partners, or acting as the role of loving girls who obey their partners.

Young people cannot spend time without their mobile phones, and they measure the degree of intimacy in love by the frequency and response speed of calls and e-mails. An excess of such trend may lead to stalking behavior or domestic violence in the form of restraint. In particular, date rape has become a recent problem among young people. This is a one of the patterns of domestic violence among young lovers. Females who misinterpret restraint or violence as an expression of love may be psychologically cornered or may succumb to unwanted pregnancy. Nowadays, people have easy access to many seductive traps such as online dating sites on the Internet. Young people are surrounded by commercial information about sex that may dull their sense of morality. Providing information on issues associated with sexuality may not lead to a successful outcome unless young males and females are clearly informed of what their fundamental human sexual rights are.

Conclusion

Pregnancy is a biological function of females, and it is their right to enjoy the pleasures of pregnancy and delivery. However, unplanned pregnancy tends to cause economic hardship for women. This eternal problem is realized globally, and the Year 2008 State of the World Population repeatedly emphasize the empowerment of women.⁷

Unless adults understand the essential meaning of sexuality and can behave as sexually independent and mature individuals, it is difficult to convey the ideal image of sexuality to young people. If the reality of teenage girls' sexual behavior is unfavorable, the blame should be placed on adults who cannot read today's trends. What healthcare providers can do would be to prevent and treat the sexual health risks of society and individuals from the standpoint of guarding the health of sexuality.

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