

Sexual Practices and the Risk for HIV/STDs Infection of Youth in Japan

JMAJ 45(12): 520–525, 2002

Masako ONO-KIHARA*, Masahiro KIHARA** and Hiroshi YAMAZAKI***

*Assistant Professor, Department of Public Health,
Hiroshima University School of Medicine

Professor and *Lecturer, Department of Global Health and Socio-epidemiology,
Kyoto University School of Public Health

Abstract: With the beginning of the twenty-first century, the spread of sexually transmitted infections, especially HIV, is expected to rise, particularly among youth in Japan. We have carried out a series of nationwide surveys to identify sexual behavior of Japanese youth. The results indicate that the sexual behavior of Japanese youth is drastically changing. They tend to increasingly engage in first coitus at an earlier age, perform more oral sex, and participate in more sex with casual friends or multiple partners. Among young couples in downtown Tokyo, those who have had over five sex partners ranked the second only after those who have had a single partner. This indicates that young people's sexual networks have become highly expansive and interwoven. We have also found that Japanese youth are actively involved in paid sex, at a rate nearly ten times that of their Western counterparts. As a corollary of this situation, the abortion rate of teenagers has doubled and the number of chlamydia and gonorrhea cases among youth has also increased since 1995. Changing the sexual behaviors of Japanese youth is the key to curb the expected HIV epidemic in Japan. To accomplish this, we must urgently develop culturally appropriate HIV prevention measures, following the thorough examinations of the current sexual behaviors of youth in Japan.

Key words: Youth; Sexual network; HIV; Sexually transmitted diseases (STDs)

Introduction

With the beginning of the 21st century, concern is growing over the possible outbreak of sexually transmitted infections, including

HIV/AIDS, particularly among youth in Japan. Our study group (the Study Group for Socio-epidemiological Studies on Monitoring and Prevention of HIV/AIDS), sponsored by the Ministry of Health & Welfare, has conducted a

This article is a revised English version of a paper originally published in the Journal of the Japan Medical Association (Vol. 126, No. 9, 2001, pages 1157–1160).

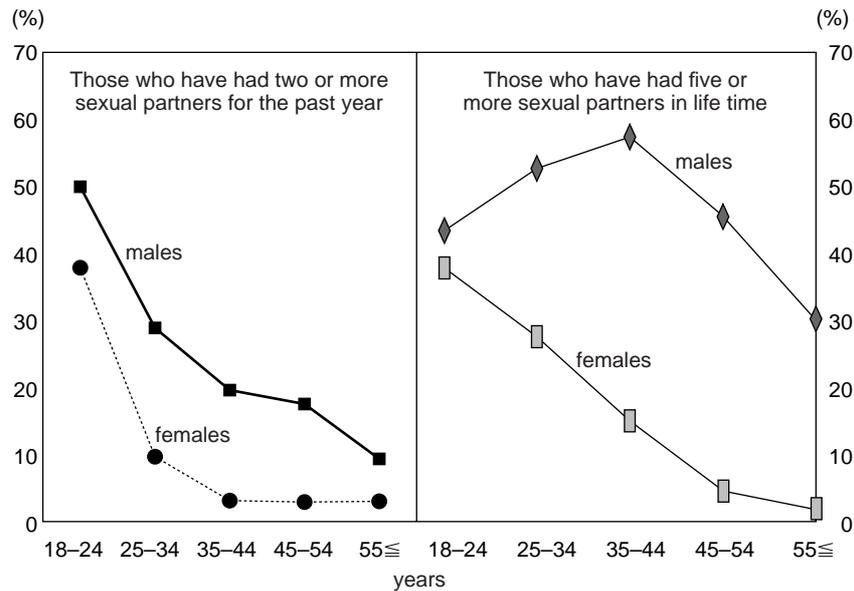


Fig. 1 Sexual behaviors according to age groups (based on the nationwide survey)

nationwide survey since 1999 to discern the characteristics of sexual behavior among sexually active populations in Japan. This paper outlines the results of the surveys, giving a particular focus on youth. Based on the results, we argue for the urgent need of introducing prevention measures for HIV and sexually transmitted diseases (STDs) among youth which are culturally appropriate for the target population.

Current Status and Characteristics of Sexual Behaviors among Japanese Youth

The Japanese Association of Sex Education and the Tokyo Study Group on Sex Education for Kindergartens, Primary Schools, Junior/Senior High Schools, and Schools for Mentally Handicapped (JAE/TSG) have conducted periodic surveys on sexuality of the students of selected schools and universities since 1985, disclosing valuable information such as initiation of sexual intercourse becoming younger rapidly over the last decade among the target group.^{1,2)} However, only limited information in terms of

HIV/STDs risk assessment has been provided from these surveys. It is this background that we carried out the first nationwide survey in 1999 on sexual behavior with 5,000 random samples aged 18–59 (3,562 participated with 71.2% response rate).³⁾

According to the survey, we found that the sexual behaviors of Japanese youth has undergone drastic changes. They tend to increasingly engage in first coitus at an earlier age, perform more oral sex, and participate in more sex with casual friends or multiple partners (Fig. 1). We also witnessed diversification of their sex partners and sexual practices (more oral sex), earlier initiation of sexual practices, and a greater involvement in paid sex. Except for paid sex, these changes appeared more pronounced in women, diminishing the gap or reversing the ratio that existed between the two genders.

Those who engage in paid sex accounted for over 10% on an average and 15 to 19% for youth. Since this population in other developed countries only adds up to 1 to 2% at most, Japan certainly stands out as an exception for this matter. The Japanese case is rather similar to that of other Asian nations. The survey also

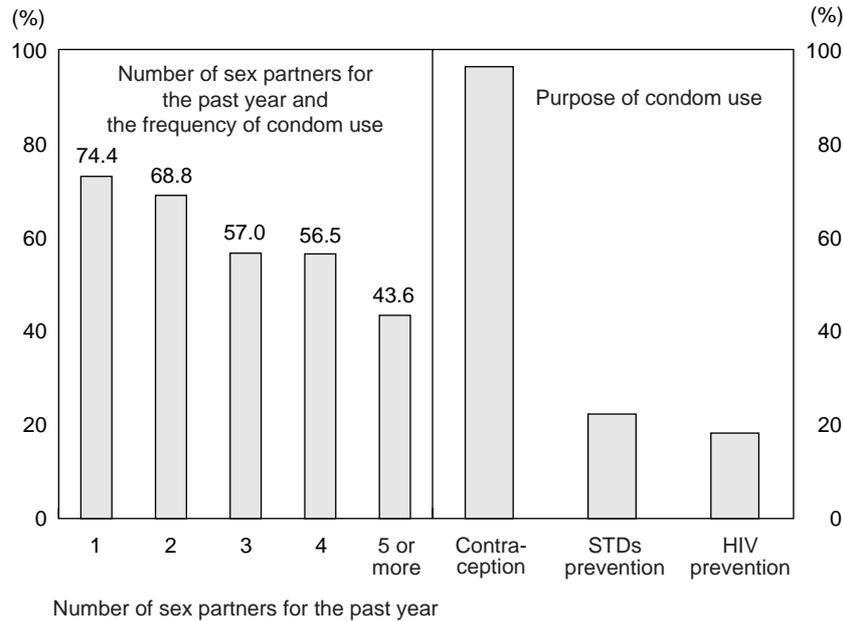


Fig. 2 Condom use and its purpose among students of national universities

revealed that the Japanese youth are quite ignorant about HIV/STDs (Many are unaware, for example, that STDs infection could occur by oral sex, or that those infected with STDs are more susceptible to HIV infection).

In the same year our study group carried out another survey entitled “Sexual Health Study for Students of National Universities (13,645 participated among 26 out of 96 universities with 57.5% response rate) to identify the sexual behavior of Japanese youth in their late teens and early twenties.⁴⁾ The result showed that 70% of the respondents used condoms for their last sex irrespective of grade or gender, and over 90% of them regarded condoms as a tool for contraception while less than 20% regarded it as a preventive measure for HIV/STDs infection (Fig. 2). Over 70% of the respondents answered that they used condom with their regular partner regularly while less than 50% used it with their casual partners. Those who had more partners used condoms less frequently (Fig. 2), indicating their very limited perception of HIV/STDs risk. In terms of sexual practices, only 6 to 7% used condom for oral sex, perhaps

reflecting their limited knowledge regarding STDs transmission via oral sex.

In 2000, we further conducted a survey on sexual behavior of teenage couples in downtown Tokyo⁵⁾ (time-space sampling; 301 couples). Unlike conventional surveys, the responses of these respective couples are linked so as to gain insight into their sexual network. The most prevalent combination was both sides having had one sex partner, which nevertheless accounted for merely 17% of all the couples. The second most frequently observed combination was both sides having had over five sex partners (Fig. 3). These outcomes suggested that teenage couples in the metropolitan area have developed a highly interwoven sexual network.

Urban youth are often singled out as those more likely to harbor risks for HIV/STDs transmission. There was, however, no evidence in Japan, whether or not sexual behaviors of teenagers in rural areas is indeed less susceptible to HIV/STD infection. Our survey conducted on second grade high school students at one of provincial prefectures in western Japan in 2001 revealed otherwise⁶⁾ (4,552 participated

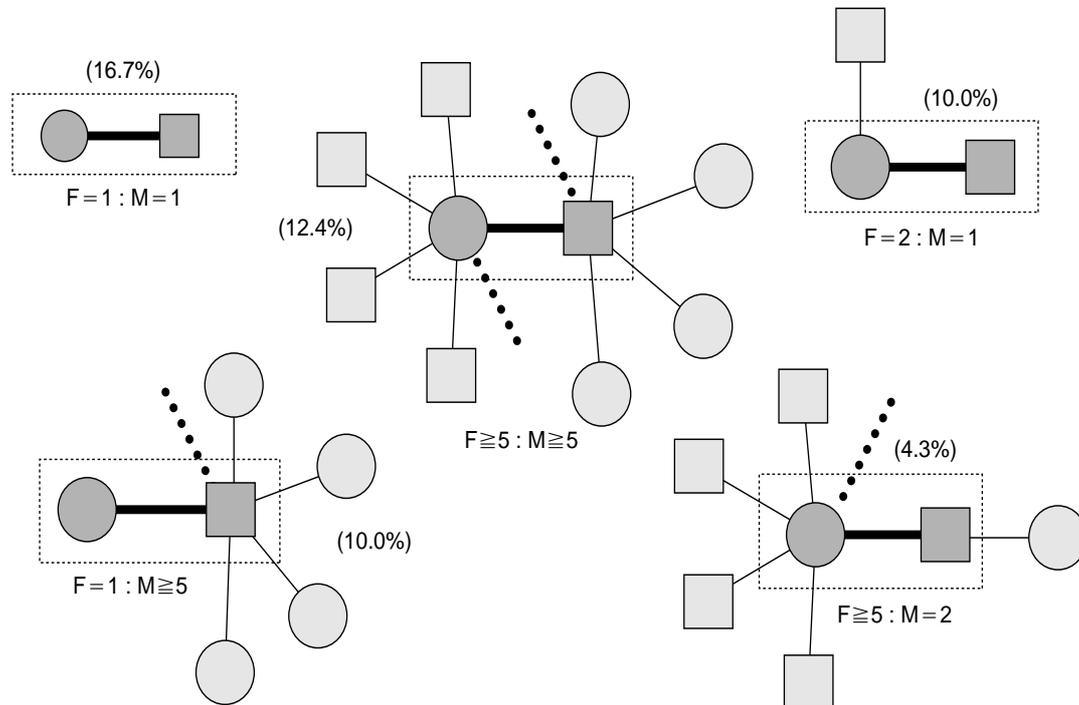


Fig. 3 Patterns of sexual networks among 231 teenage couples in Metropolitan Tokyo
 *Circle and square stand for female(F) and male(M), respectively, with dark ones representing survey participants and light ones their concurrent and/or past partners.

among 33 out of 86 high schools with 99% response rate). The survey results indicated that approximately 30% of both male and female second year students had experienced sex. This outcome largely coincides with those of the periodical surveys conducted by the KAE/TSG. Only less than 50% of sexually active respondents answered that they have had a single sex partner, indicating that rural youth are not necessarily sexually inactive compared to their urban counterparts. Moreover, their awareness toward STD prevention turned out to be quite limited; only 20% of the respondents used condoms regularly for sexual intercourse. These results reveal that the sexual behavior of teens in the provinces is also unsafe in terms of HIV/STDs prevention.

Increase of STD/HIV Infection and Abortion Rate among Youth

As discussed above, Japanese people, espe-

cially youths, have become highly sexually active in recent years, expanding their sexual network and becoming increasingly vulnerable to HIV/STDs infection. Since 1995, rapid increases of chlamydial infection among women and gonococcal infection among men have been reported.⁷⁾ Although the abortion rate has dropped or reached a plateau among all women, that among teenagers has sharply risen after 1995, doubling in the last five years.⁸⁾ As a corollary, the reported cases of HIV infection among youth by sexual contact are rapidly increasing both among homosexuals and heterosexuals, regardless of their gender.⁹⁾

The STDs epidemic deserves greater consideration, particularly in view of the AIDS epidemic. According to the HIV Prevention Strategic Plan published recently by the Centers for Disease Control and Prevention (USA),¹⁰⁾ ulcerative STDs increase the risk for HIV infection per sexual exposure by ten to a few hundred times and for nonulcerative STDs by

two-fold to five-fold. HIV carriers infected with other STDs, may also augment the risk of HIV transmission since the shedding load could be higher relative to those without STDs. This synergistic cycle of HIV/STDs transmission could accelerate the HIV epidemic. The simultaneous increase in both STDs and HIV infection in Japan may therefore trigger this synergism and lead to a full-blown HIV epidemic in the 21st century, if no immediate action is taken.

Key Elements for Prevention Intervention

From the discussion so far, it is obvious that the current trends in sexual behavior in Japan are leading the country into an increasingly vulnerable situation with regard to the HIV epidemic. Whether or not we succeed in controlling this trend (triggering behavioral changes towards safer sex) will determine the future magnitude of HIV epidemic in this society. But, how should we go about inducing behavioral changes? Unfortunately, existing prevention activities offer few prospects for the future of HIV prevention in Japan. Activities such as circulating leaflets and posters, giving lectures, and hosting HIV-related cultural events, which only aim to increase knowledge, have proven unsuccessful in countries that experienced the HIV epidemic in 1980s. If such failures are the repeated in Japan, so, too, will the epidemic.

The key elements in improving future prevention intervention include theories, cultural sensitivity, partnership, and evaluation, all having been lacking from HIV prevention programs in Japan.¹¹⁻¹³⁾ Theories help to provide frame work and meaning to the program and thus enable evaluation. Cultural sensitivity and partnership help program to shift of perspective from top-down to bottom-up. Instead of authorities handing down the information that they think are appropriate in a didactic manner, the development of prevention measures

should be centered directly on those who face the risk of HIV infection. The best possible measures emanate from knowing the culture, lifestyle, language, and values of the target groups.

Evaluation is also essential to reach this goal since ineffective measures will be reproduced unless their effectiveness is assessed. Japan needs to move quickly in order to mobilize both political commitment and available resources to develop and implement HIV/STDs prevention program equipped with these key elements.

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