

Meiji University Asian Studies

Online Journal of the School of Arts and Letters, Meiji University

Why modern contraceptive methods are not widely used in Japan

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Introduction

The Japanese government approved the production and sale of the oral contraceptive pill (popularly referred to as the “pill”) in 1999. It was the last among the UN member states to do so. However, on the other hand, Japan was the first country in the world to legalize abortion under the Eugenic Protection Act (優生保護法), that was enacted in 1948 (abortion for economic reasons was also legalized in a revision of this law in 1949). Thus, Japan’s legal system regarding reproductive rights is dissimilar in this respect, and this has greatly influenced the unique nature of Japanese citizens’ sexual awareness and behavior, including contraception.

Although 2022 marks 23 years since the pill was approved by the Japanese government, its use in Japan remains limited. According to a large-scale survey conducted in 2016, only 2.9% of “women using contraception” at the time were using the pill as a means of contraception. Other highly effective contraceptive methods which are classified as “modern contraceptives” worldwide such as IUD and IUS are barely used among the citizens, and the government has not even given approvals to other methods such as implants, and contraceptive injections. Instead, condoms and the pull-out method (withdrawal), which are classified as “traditional contraceptive methods,” and which have a high failure rate, are widely used in Japan.

In this paper, I discuss the reasons behind the pill being an unpopular method of contraception in Japan despite its approval over two decades ago; although the contraceptive impact of the pill is higher than that of condoms and withdrawal, and even though women can use it of their own free will and exercise their reproductive rights, the pill remains unpopular among the Japanese. In order to investigate this issue, first, I will briefly review the historical process until 1999 when the pill was approved, and will explore how the state-led legalization of abortion and the family planning movement affected Japanese people’s sexual awareness and behavior, including contraception. Second, I will trace the progression in society regarding the pill since 1999, and analyze the changes in people’s awareness toward the pill based on the results of existing surveys. Additionally, I will describe Japanese women’s movement for sexual and reproductive health and rights, the aftereffects of this movement, and the spread of modern contraceptive methods in

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Japan since 2018. Finally, I will discuss the reasons for the lack of the widespread use of modern contraceptive methods and the measures necessary to promote their widespread use.

Previous studies have discussed why the pill did not gain popularity in Japan prior to its approval in 1999 in feminism, gender studies in sociology and political science, midwifery, obstetrics, and gynecology (Kitamura 2002; Matsumoto 2005). However, the question of why Japanese women have continued to disfavor the pill as a contraceptive even after the approval in 1999 is still rarely considered, especially in social sciences. This paper attempts to take the lead in the field of sociology, presenting an overall picture of this phenomenon.

The pill has been internationally credited with promoting women's liberation and advancing the sexual revolution. It has also been demonstrated that the pill ensured women's life planning, delayed the age of marriage, and boosted higher education and professional attainment (Goldin and Katz 2002). However, the story of the pill in Japan is decidedly different. This paper aims to better understand the ongoing story of the pill in Japan, a story with a rather convoluted plot and some characters whose motivations are difficult to understand.

1. The period until the approval of the pill in 1999

(1) Legalization of abortion prior to the spread of contraceptive methods

In post-World War II occupied Japan, a baby boom occurred amidst extreme food shortages, which led to growing concerns about the population problem. A powerful medical group at the time persuaded Diet members to pass the 1948 Eugenic Protection Act. The occupying power, GHQ, also believed that legalizing abortion would control overpopulation and ultimately help Japan's economic recovery and prevent a resurgence of militarism. After the 1949 and 1952 amendments of the 1948 law, in Japan, abortion under a designated doctor, including those for economic reasons, was legalized; thus, Japan became the first country in the world to legalize abortion. In other developed democracies, the decriminalization of abortion was won by women only after a protest movement. In contrast, in Japan, the process did not involve the emerging postwar women's movement; however, it should be noted that the law was passed only for the sake of national interest. This process was also the reason why Japanese women's awareness of reproductive rights remained low and their ability to assert their demands against the intent of state policy was not developed (Norgren 2001, Chap. 4). The abovementioned doctors also subsequently formed a political group that profited from abortion. Moreover, abortion was included into policy earlier than birth control, since the cabinet decision to spread fertility control was made in 1951.

Since then, in the 1950s and 1960s, the number of abortions was extremely high, and when the number of abortions that were not recorded in the official statistics is added, considering all pregnancies, it is observed that more abortions occurred than births. There was a great deal of grief over this reality, and from 1954, midwives took the lead in a nationwide family planning campaign that included teaching

people about birth control and facilitating the sale of condoms (Coleman 1993). However, at the time, there was also strong resistance and prejudice against the idea of contraception. The Ministry of Health and Welfare asked various private organizations to join the family planning movement, but as it did not offer any funds, the sale of condoms became a source of funds for the movement. It can be said that the use of condoms spread as a result of the government's policy (Matsumoto 2005).

From the end of the 1950s, due to dramatic economic growth and declining birth rates, there were early concerns about future labor shortages; consequently, anti-abortion movements arose from several groups, including those from the ruling government party, medical associations, midwives' associations, family planning activists, and religious groups. The political movement to greatly restrict abortion became highly active between 1967 and 1974; this was the first movement seeking to revise the Eugenic Protection Law. The right to abortion, which had been granted to women as a matter of national policy, was about to be taken away from women; once again, the interest of national population policy proved to be a stronger force for the government than women's reproductive health (Norgren 2001 Chap. 5).

(2) Development regarding the approval of the pill (from the late 1950s to 1970s)

Next, let us turn our attention to the pill. In Japan, the medium- to high- dose pill was approved at the end of the 1950s; however, it was approved only for the treatment of dysmenorrhea; it took an unusually long period, approximately 40 years, before it was approved as an oral contraceptive by the government.

The process of approving the pill in Japan was similar to that of other developed countries until the early 1960s. This took a sharp turn during 1961–1962. In 1964, the Ministry of Health and Welfare ended the process of approving the pill after being forced to do so by anti-pill protesters. Norgren's analysis shows the following reasons for this phenomenon: (1) Because of fears of damage from drugs such as thalidomide, anti-pill protesters feared that the pill would impair health. Additionally, the long-term health effects of artificially manipulating hormone balance via the pill were not fully understood at the time. (2) Anti-pill protesters were concerned that the pill would be sold illegally over the counter and cause drug abuse, similar to the "sleeping pill game" that was popular at the time. (3) Men feared that it would disrupt women's sexual behavior, especially that of young women. (4) Medical associations, midwives' associations, and family planning groups, in addition to groups of abortion doctors, opposed the approval of the pill (Norgren 2001), largely due to their concerns about the decline in the birth rate and the future labor shortage. Women did not take part in the negotiations regarding the pill at this stage.

In 1971, the Ministry of Health and Welfare asked commercial TV broadcasters to restrict the use of the words "the pill" and "oral contraceptive pills" in their coverage. However, this resulted in a "pill controversy." In 1972, the Ministry of Health and Welfare designated the pill as a prescription drug and withdrew it from pharmacy shelves. However, the public debate became intensified; from 1973 to 1974, the "pill debate" was the subject of numerous media and parliamentary debates. At that time, the percentage of women taking the pill was slightly higher as compared to the current data: 3.0% (in 1975)

and 3.3% (in 1977) of married women, according to the “National Family Planning Public Opinion Survey” conducted by the Public Research Council of Mainichi Newspaper. Those in favor of the pill mainly included pharmacists, obstetricians, gynecologists, and a few politicians. Obstetricians and gynecologists, who profited from abortions, were divided between those who opposed the pill and those who hoped to earn money from prescription fees for the pill. The Ministry of Health was also divided between the Medical Department and Pharmaceutical Department (Norgren 2001, Chap. 7).

The “abortion controversy” and “pill controversy” resulted in a number of women’s liberation movements (which called themselves women’s lib or lib movements) across the country. For the first time, women wanted to include women’s rights in the policy process regarding contraception and abortion. (Ogino 2014) However, after much debate among the women of the lib movement about the pill, many ultimately did not indicate their approval of the pill.

This is the primary difference between Japan and other developed countries. As the women in other developed countries did not have access to legal abortion, they desperately needed to have access to contraception. Norgren stated that the lib women opposed the pill for the following reasons: (1) They saw the pill as a way for doctors and the pharmaceutical industry to use women’s bodies to make a profit. (2) They saw the pill as having side effects that were harmful to women’s health (it is true that the US Senate held hearings on the safety of the pill in 1970, and the safety of the pill was not certain at this point in time). (3) They considered that the pill would make the responsibility of contraception as solely a woman’s responsibility and would make it impossible for men and women to share the responsibility. Additionally, I argue (4) lib women generally emphasized the “right to give birth” but focused less on the “right to not give birth.” (Shigematsu 2014) (5) In an experiment, a group of women in lib movements tried the pill at the same time; however, a number of them complained of physical and mental discomfort, adding to their already disfavored stance toward the pill (Akiyama 1993).

Only one prominent faction of the lib movement, the “*Chūpiren* (Coalition for Women’s Liberation opposing the Abortion Ban Law and demanding the lifting of the ban on the pill) (1972–1977),” advocated the lifting of the ban on the pill. This group wore pink helmets and broke into the rallies of other groups in an attempt to attract public attention through extremist activities. From the perspective of the present times, *Chūpiren*’s claims are rational and pioneering, drawing from reproductive rights ideology and pharmaceutical expertise. However, such activities also gave the pill a negative image as an extremely radical women’s movement, that has since then deterred people from seriously discussing the pill. Subsequent feminists were also unenthusiastic about reproductive themes such as contraception and abortion in general. The activities of *Chūpiren* also led to divisions within the lib movement, and neither the mainstream nor dissident factions of the lib movement were able to sway politicians and bureaucrats (Akiyama 1993).

In 1974, when pro-pill lawmakers asked the Diet about lifting the ban on the pill, the then-Prime Minister Kakuei Tanaka responded, “The pill is not approved for contraceptive use because of safety

concerns, but the law does not prohibit its use for unapproved purposes.” The pill was thus unofficially legalized, and the Ministry of Health and Welfare discarded its responsibility for the safety of the pill when it was used for contraception. In the second half of the 1970s, a second-generation pill with fewer side effects was developed, but it was not used in Japan (and no further information about it was provided to the public), and some women who used the pill for contraception were forced to use high-dose pills for menstrual therapy until 1999. This led to the widely shared perception that the pill has significant side effects based on the women’s actual experiences (Norgren 2001).

(3) Movements regarding the approval of the pill from the 1980s to 1999

As the pill became increasingly popular worldwide and no serious health problems occurred over the following 30 years, obstetricians, gynecologists, and family planning groups in Japan changed their stance by 180 degrees in favor of the pill and submitted a petition to the Ministry of Health and Welfare in 1985 asking for permission to begin clinical trials of the second-generation pill. The trials were successful, and in 1990 and 1991, pharmaceutical companies applied to the Ministry of Health for permission to manufacture and import the pill. It seemed that the Ministry of Health and Welfare was cooperative until this stage (Norgren 2001).

However, in 1992, the Ministry of Health and Welfare reported that the number of HIV infections had increased by 2.5 times from the previous year; subsequently, the ministry’s Central Pharmaceutical Affairs Council postponed approval of the pill again because it stated that the approval of the pill could reduce condom use and lead to an increase in HIV infections. This is believed to be a policy aimed at halting the decline in Japan’s birth rate as well (Iwamoto 1994). Obstetricians, gynecologists, family planning groups, and pharmaceutical companies jointly criticized the Ministry of Health and Welfare for this decision. The ministry’s response was that the approval of the pill was still under discussion, that there were already effective birth control methods available in Japan, and that women were not in favor of approving the pill.

In reality, the majority of women, even during the 1990s, were indifferent or opposed to the pill. The number of women who stated they would use the pill if it were approved was 9.9% in 1992, 12.8% in 1994, 13.1% in 1996 and 7.2% in 1998, according to the Mainichi Newspapers National Family Planning Poll. The women who stated they would not use the pill accounted for 54%, 72% of which attributed the reason for this to their concern over the safety of the pill (Mainichi Newspaper Population Issues Research Group ed. 2000). As of 2017, side effects were still the number one reason stated by women for not using the pill (see Figure 4). Women were not wrong to be concerned about side effects, since there were instances of deaths caused due to thrombosis due to the intake of Yaz and Yasmin in many countries in the 2010s; however, the concerns over side effects were disproportionate in Japan. Doctors, family planning activists, midwives, female commentators, and feminists are also responsible for forming and reinforcing the strong belief that the use of the pill entails dangerous side effects.

Finally, in the 1990s, some feminists gradually came to support the pill. The “Association of Women

Experts on Sexuality and Health,” a professional organization with women’s reproductive rights as its guiding principle, was designated as part of an action plan at the International Conference on Population and Development in Cairo in 1994; this conference was also organized in 1997.

From 1995 to 1997, the Ministry of Health and Welfare restarted discussions regarding the approval of the low-dose pill; however, in 1998, the Central Pharmaceutical Affairs Council postponed approval of the pill again, citing concerns about the hormone-disrupting effects of the pill, stating that these needed to be investigated further. The fact that this council primarily was comprised of male members with only one or a few female members was another factor that delayed the approval of the pill. This final stage of the approval of the pill was an international reminder of the male-dominated nature of Japanese society. Feminists, female politicians, and the international media, sharply criticized the Ministry of Health and Welfare’s decision-making procedures as sexist, contrasting the exceptionally quick approval of Viagra in 1999 (within 6 months) with the almost 40-year long process of the approval of the pill since its initial application. Subsequently, the pill was approved 2 months after Viagra’s approval.

2. The period since the approval of the pill in 1999

(1) The pill system in Japan

Before and after the approval of the pill, media expressed statements such as “This is the first year of sexual liberation” (Saotome 1999), voicing concerns such as a decline in sexual morality and an increase in HIV infections because people would stop using condoms due to the pill; however, in reality, very few women started using the pill, and in general, Japanese citizens were ignorant and indifferent to the pill.

This section discusses the systems under which the pill began to be marketed in Japan. The lack of widespread use of the pill can be attributed to the following systems, which make it difficult to use the pill.

Prescription drugs not available at pharmacies

A condition of the pill’s approval was that it had to be prescribed by a doctor, not sold in pharmacies (i.e., over the counter) in order for the medical doctors to protect their own interest. Only doctors can prescribe the pill, not midwives or public health nurses. Since many women in Japan are reluctant to visit a gynecologist, this is a barrier to the widespread use of the pill.

Initially, many tests were required for obtaining prescription

The guidelines on the use of the pill, prepared by the Japanese Society of Obstetrics and Gynecology and other interdisciplinary organizations in 1999, were non-binding, but they recommended a number of tests, including cervical cancer screening (internal examination) and testing for STDs, when prescribing the pill; this was considered to be a major hurdle for women. This situation changed later in 2005, when the WHO criteria were adopted, and the tests were greatly simplified.

Not covered by insurance and expensive

In Japan, the prescription and sale of the pill is not covered by health insurance. The monthly cost of the pill, including testing and guidance fees, ranges from 3,000 to 4,000 yen, which is extremely high as compared to some countries where the pill is covered by insurance or distributed free of charge. In addition to contraception, other than Caesarean section, all medical care related to natural reproductive health, including abortion, prenatal checkups, childbirth, and advanced fertility treatments such as artificial insemination, are not covered by health insurance in Japan. There are governmental financial assistances to some of the medical care such as prenatal checkups, childbirth, and certain infertility treatment. However, there are no public financial supports to things which are not directly related to labor such as birth control and abortion. Thus, sexual and reproductive health/rights are not guaranteed in Japan.

Doctors may be hesitant to prescribe to teenagers or those over the age of 35

In Japan, until a few years ago, some doctors themselves had a prejudice that the pill was a dangerous drug with many side effects, and that it should not be prescribed to teenagers and women over the age of 35. It cannot be denied that older male doctors have opposed to the pill for long time as other males of their generations, and are motivated to regulate the free sexual behavior of teenage women in making this decision. However, age restriction in this regard is weakening.

No organizations offer the pill for free

Although some clinics offer a student discount of approximately 10% on the pill, it is still too expensive for teenage women. Additionally, only a few organizations provide contraceptive services (including emergency contraception) for students or low-income people.

Few activities and organizations for women's sexual health are independent of medical and pharmaceutical companies

The universal health insurance policy is implemented in Japan. While there are many strengths to the system, it is very difficult to establish activities and organizations that are independent of the Ministry of Health, Labor and Welfare, medical professionals, and pharmaceutical companies. In the case of the pill, even if women have questions about medical and pharmaceutical companies' motives in promoting the pill and its side effects, they cannot find a solution. Women's general distrust of medical and pharmaceutical companies and avoidance of the pill may be reinforced. In this context, organizations such as Pilcon, founded in 2013 and the Nandenaino Project, launched in 2018, have made significant contributions to maintaining women's sexual health.

(2) Dissemination of knowledge about the pill and educational activities

Against the backdrop of a serious lack of sex education, many Japanese citizens have extremely limited scientific knowledge and human rights-based awareness of sex and reproduction as compared to the citizens of other developed countries. Specifically, many women are trapped in ignorance and shame about sex and reproduction. The pill cannot be used properly without scientific knowledge about sex and reproduction and the ability to self-determine one's sexuality; the lack of this knowledge and self-

determination among Japanese citizens is another major reason why the pill has not become popular.

The unexpectedly small number of people who were willing to use the pill after its approval also changed the minds of doctors. During this time, doctors and other specialists took the lead in providing women's health education from various perspectives. Seminars for media personnel were held to ensure that the mass media provided correct information. From the start of 2000 onward, it became easier to find explanatory articles on the pill in the media, including women's magazines, health magazines, general magazines, books, pamphlets, and Internet sites. However, there still remains a lack of education and dissemination of knowledge about the pill, as prejudice against the pill has been slow to weaken.

Specifically, information on the effectiveness of various contraceptive methods and the contraceptive failure rate (the Pearl Index) was not disseminated in Japan until very recently. There are several Japanese websites that provide contraceptive information, including official websites of medical institutions and pharmaceutical companies; however, to the best of the author's knowledge, information regarding the Pearl Index was posted on these sites for the first time in 2018. If the information that the contraceptive failure rate of condoms and the pill differed considerably, ranging from 2%–18% and from 0.3%–9%, had been known earlier, the spread of the pill would have been more advanced.

Additionally, there is insufficient information on the Internet from people who use the pill, in terms of both the quality and quantity, and there still exists a lack of information on the lifestyle, relationship with partners, and financial aspects with respect to people who use the pill, other than medical and pharmaceutical information from the perspective of doctors. For example, I observed that many women are worried about how to inform their male partners that they will start taking the pill. Some women worry that taking the pill will make men irresponsible about contraception. Some women are unsure how to talk to men who mistakenly believe that taking the pill will make women unable to get pregnant in the future. Many students worry about how to pay for the pill due to its high cost. Therefore, to make the pill more accessible, it is necessary to exchange information about the lifestyle and relationship issues related to the pill use in venues where people of all genders can participate. Education about contraception and the pill provided in schools has been even more disadvantageous.

During a parliamentary debate in 2002, Eriko Yamatani, a conservative member of the House of Councilors, criticized supplementary educational materials for junior high school students since it included information on avoiding unwanted pregnancies and the pill, stating that the materials encouraged junior high school students to take the pill and that they provided "too much" sex education. She believed that knowledge about sex should be learned only after marriage. The then Prime Minister Junichiro Koizumi agreed with her criticism of sex education. The same criticism was leveled at the Tokyo Metropolitan Assembly in 2003, and a number of teachers who provided sex education were disciplined (the teachers later filed a lawsuit and the disciplinary action was reversed). A nationwide campaign of condemning systematic sex education was launched, and sex education in schools was obstructed and reduced.

In 2004, the Ministry of Education, Culture, Sports, Science and Technology criticized a sex education pamphlet published by the Kawasaki Gender Equality Center in 2001 for high school students as inappropriate. As the pamphlet included the statement that homosexuality and masturbation are not abnormal, it also had the statement the pill: “Be sure to consult with your obstetrician. For those with established menstrual cycles, it is an appropriate form of birth control, even for teens.”

The criticism of sex education subsided around 2007, but sex education in schools, which had always been inactive, since then became a taboo topic (Hirose 2014). As I discuss in the next section, the sexual behavior of Japanese youth became riskier and more active during this period. However, politicians and government officials failed to see this and rather criticized sex education. In a global context, UNESCO published the International Technical Guidance on Sexuality Education (UNESCO 2009, 2018), and at a time when comprehensive sex education was being promoted, Japan went against the current. This also seriously undermined the educational basis of contraceptive methods, including the pill.

Simultaneously, pornographic information on the Internet increased in the 2000s, and young people and children continued to be exposed to its effects without receiving appropriate literacy education. In Japanese pornographic fantasies, intravaginal ejaculation without a condom as depicted in pull-out method sequences is used as a symbolic representation of male liberation and exaltation, and this has led to a pornographic connotation of the pill, which will be discussed later.

(3) The status and analysis of pill use

The younger generation’s ignorance and indifference regarding the pill and their lack of awareness of pregnancy and contraception itself were conspicuous in the 2000s. In a survey of 1615 male and female university students in Fukuoka Prefecture conducted in 2000, only 9% of the female respondents stated that they wanted to use the pill, while 47% of the female respondents stated that they did not have an opinion in this regard because they did not know much about the pill. A total of 44% of the female respondents stated that they “don’t want to use the pill” mainly due to “its side effects.” These women were also less aware of pregnancy and contraception (Momose et al. 2001). According to another survey of 715 university students in Akita Prefecture conducted in 2001, of those who were sexually active (64.0% of females and 49.4% of males), only 36.8% of the female respondents and 48.5% of the male respondents stated that they “always” used contraception; this percentage is extremely low considering their status as students. For female respondents, the most common reason for not using contraception was “because there are no contraceptive devices,” followed by “because it is too much trouble,” indicating that awareness of pregnancy and contraception itself is extremely low. Additionally, when asked about the criteria for choosing a contraceptive method, 22.6% of the female respondents chose “male-led,” while only 9.9% chose “female-led” contraception, indicating a strong sense among the female respondents that contraception is something that should be handled by men. However, these female students also wanted to learn more about the pill and expected the Internet and magazines as a medium of knowledge (Hanyu

and Sato 2002). From the second half of the 1990s until the mid-2000s, the younger generation was extremely ignorant of pregnancy, contraception, and STDs, while they experienced the fluidity of human relationships against the backdrop of the spread of information technology (IT); they experienced the fluidity of sexual relationships as one aspect of this fluidity. The age of first sexual intercourse continued to fall, and sex among the younger generation became riskier and more vigorous, but these were changes that occurred even though the pill was not widespread. The number of teenage abortions jumped from six per 1,000 girls in 1995 to 13 per 1,000 girls in 2001 while the number of abortions among those in their 20s also increased. The increase of unsafe sex during this period also resulted in a decline in sex among youth from the mid-2000s.

The following section discusses the state of people's attitudes and behaviors regarding contraception and the pill based on results of large-scale nationwide surveys.

① Long-term trends regarding the choice of contraceptive methods among married women (1950 to 2002)

Figure 1 demonstrates the long-term trends among married women who used contraception from 1950 to 2004 (for data up to 1979, the data include those who practiced contraception in the past but were not using it at the time of surveys). However, because the bodies that conducted the surveys differed year to year (in 2000, 2002, and 2004), simple comparisons cannot be made.

In the family planning movement, condoms, the Ogino method (rhythm method), withdrawal, and pessaries were recommended according to individual circumstances. According to the surveys conducted in 1950, 1959, 1969 and 1979, condom use increased from 35.6% to 58.3% to 68.1% to 81.1%, withdrawal as a method of contraception gradually decreased from 12.7% to 11.5%, to 6.9% to 5.2%, and the Ogino method greatly increased from 27.4% to 40.4% until 1959 and decreased to 33.9% to 23.1%, respectively. Regarding the 1950 and 1959 surveys, the Ogino method was promoted due to the widespread unavailability of condoms during this period. However, as the sale of condoms later became widespread, condoms became absolutely dominant as a contraceptive in the 1970s, and this position has not changed until the present, roughly 50 years later. In the case of the Ogino method, women should have been aware of contraception, and at least some communication should have taken place between men and women regarding contraception, but as condoms gained absolute dominance, the awareness that “contraception is primarily for men” spread, and women's awareness of contraception declined.

There has been a significant increase in withdrawal since 2000, because the option was changed from “coitus interruptus” to “withdrawal.”

The use of the pill, after its approval in 1999, showed only a slight increase from 1998 to 2004, from 1.1% to 1.5% to 0.6% to 1.5%, respectively. From 2000 to 2022, sex between couples in Japan decreased dramatically, and as of 2020, 51.9% of couples had sex less than once a month (defined as sexless). Another reason for the low use of the pill may be that it is difficult for couples who have sex infrequently

to use it. (Okano 2021)

Additionally, copper IUDs and hormonal IUDs (also known as IUSs) were launched in Japan in 2005 and 2007, respectively, but both have lower usage rates than the pill.

Newer technologies such as implantable contraceptives, contraceptive injections, and patch methods are being developed and used worldwide; however, it is expected that it will be some time before they are approved in Japan.

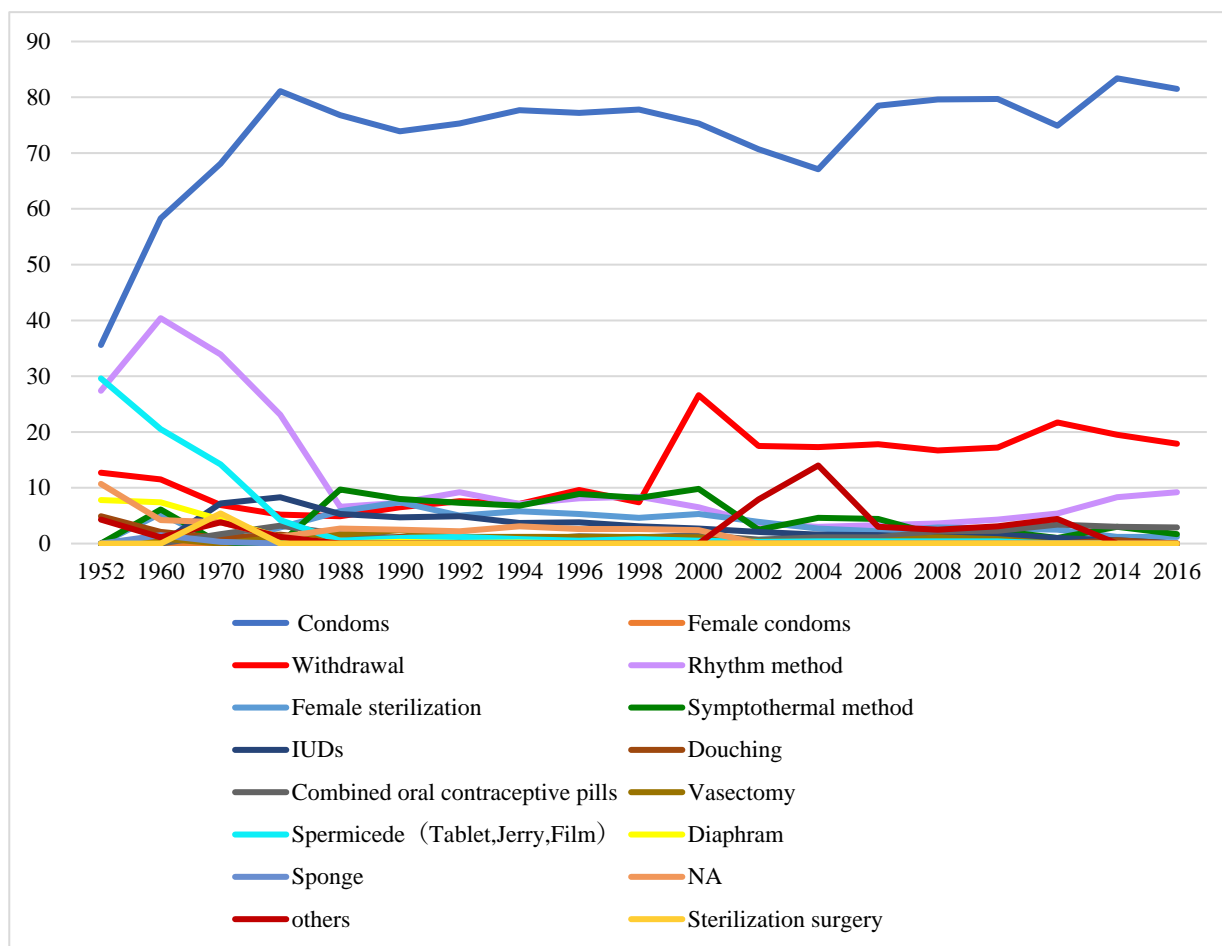


Figure 1. Contraceptive Methods of Married Women Using Contraception in Japan (1952 to 2016)

Source: The surveys from 1952 till 2000 were conducted by Mainichi Newspapers Population Issues Research Group; surveys from 2002 to 2016 are “Survey on the Lives and Attitudes of Men and Women” (from the second to the eighth surveys), conducted by Japan Family Planning Association., including respondents who were married women aged between 16 and 49. Prepared by the author from the tables in the second “Report on the Survey on the Lives and Attitudes of Men and Women.” Until 1970, there were three options: vasectomy, female sterilization, and sterilization surgery. In 1980, the sterilization option was eliminated. The 1952-1980 survey included then-current and past contraceptive recipients. Since 1988, the survey only targets those using contraception.

② **Primary contraceptive method (up to two methods) among women using contraception from**

2002 to 2016

This section discusses contraceptive methods used by Japanese women from 2002 to 2016, regardless of their marital status; the results of surveys conducted in this period are discussed. From Figure 2, it can be seen that the use of condoms increased from 70% to 82 % from 2002 to 2016, and that withdrawal remained a frequently used method, moving from 15% to 19%. The use of the pill increased only slightly from 1.0 % in 2016 to 4.2% in 2002.

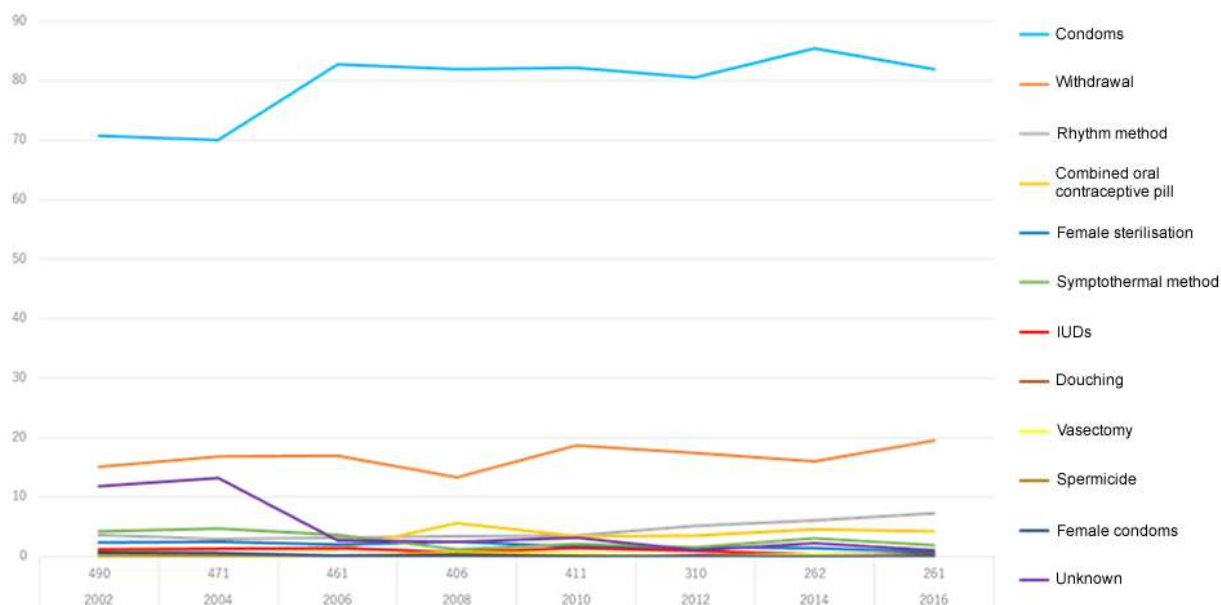


Figure 2. Primary contraceptive method (up to two methods) among women using contraception (aged between 16 and 49) for 2002–2016

Source: Compiled by the author from the second to eighth reports on “Survey on the Lives and Attitudes of Men and Women,” Japan Family Planning Association (2017).

③ Primary method of contraception among women using contraception (up to two methods) in 2016, break-down by age

The breakdown of the results in 2016 for “Current primary contraceptive method among women using contraception (up to two methods)” by age (Table 1) shows that there is a large difference in the use of the pill by age. It can be seen that the pill became more widespread among younger age groups in 2016, with 12% of women aged between 20 and 24 and 8.3% of women aged between 25 and 29 using the pill. These age groups also had high rates of condom use (88.0% and 88.9%), suggesting that many surveyed people used the pill and condoms together.

Age	16~19	20~24	25~29	30~34	35~39	40~44	45~49	Total
number	7	25	36	31	56	56	50	261
Condoms(%)	85.7	88.0	88.9	77.4	83.9	80.4	76.0	82.0
Withdrawal(%)	42.9	12.0	11.1	19.4	17.9	16.1	32.0	19.5
Rhythm method(%)	-	-	5.6	-	16.1	8.9	6.0	7.3
Contraceptive pill(%)	-	12.0	8.3	3.2	5.4	1.8	-	4.2
Symptothermal method(%)	-	-	-	-	3.6	1.8	4	1.9
Female sterilisation(%)	-	-	-	3.2	-	1.8	-	0.8
Douching(%)	14.3	-	-	-	-	-	-	0.4
IUDs(%)	-	-	-	-	1.8	-	-	0.4
Spermicide(%)	-	-	-	-	-	-	-	-
Vasectomy(%)	-	-	-	-	-	-	-	-
No response(%)	-	-	-	-	3.6	1.8	-	1.1

Table 1. Primary contraceptive methods (up to two methods) among women using contraception in 2016, breakdown by age

Source: Compiled by the author based on Japan Family Planning Association's Second to Eighth reports on "Survey on the Lives and Attitudes of Men and Women" (2017).

④ Intention to use the pill (men and women aged between 16 and 49) in 2016, breakdown by age

Table 2 demonstrates the responses of the men and women (breakdown by age) in 2016 regarding whether they wanted to use the pill (for women) or wanted their partner to use it (for men). Approximately 10% of both male and female respondents in their teens, 20s, and 30s selected the following options: "I don't use it now, but I really want to" and "I want to use it in the future, but I can't use it under the present circumstances." However, the option "don't want to use it (don't want my partner to use it)" accounted for more than 60% of both male and female respondents in almost all age groups. The percentage of women who thought that they "don't want to use it" was higher than that of men who thought that they "don't want women to use it" in all age groups.

⑤ The main reasons behind the response "I cannot use it under the current circumstances" or "don't want to use (or don't want my partner to use) the pill." A break down by gender of the 2016 results and change in women's responses from 2004 to 2016

From ④, it can be seen that many people stated that they "cannot use it under current circumstances" or "don't want to use (or don't want my partner to use) the pill." What are their reasons behind this phenomenon?

	Total	I am already using it (%)	I'm not currently using it, but I really want to (%)	I can't use it under the present circumstances (%)	Don't want to use it (don't want my partner to use it (%)	Don't know/ no response
	1,263	2.9	9.3	12.0	67.9	7.8
Male	587	2.9	10.4	14.5	63.2	9.0
16~19	62	-	9.7	21	61.3	8.1
20~24	69	4.3	17.4	23.2	50.7	4.3
25~29	64	6.3	15.6	15.6	57.8	4.7
30~34	83	4.8	7.2	13.3	67.5	7.2
35~39	85	2.4	14.1	16.5	63.5	3.5
40~44	106	2.8	6.6	9.4	70.8	10.4
45~49	118	0.8	6.8	9.3	64.4	18.6
Female	676	3	8.4	9.9	71.9	6.8
16~19	48	-	14.6	12.5	64.6	8.3
20~24	68	5.9	13.2	13.2	60.3	7.4
25~29	72	6.9	6.9	18.1	62.5	5.6
30~34	98	3.1	10.2	12.2	72.4	2.0
35~39	120	5	6.7	11.7	69.2	7.5
40~44	130	1.5	6.2	6.9	78.5	6.9
45~49	140	-	7.1	2.9	80.7	9.3

Table 2. Do you want to use the pill or would you like your partner to use it? (break down by age)

Source: Japan Family Planning Association, The Eighth report on “Survey on the Lives and Attitudes of Men and Women” (2017).

First, let us break down the 2016 results by gender. The question asks the respondents to choose one option from 13 options. Among the male respondents, the option “Worried about side effects” ranked first with 53.1%, “Places burden on women alone” ranked second with 13.4%, and “None of the above” ranked third with 12.9%. For women, “Worried about side effects” was ranked first with 47.6%, “None of the above” came second with 15.6% and “It is troublesome to take it every day” was ranked third with 10.1%. “Information is not available” was also high on the list for both men and women. From this, it can be seen that concern about side effects was still the greatest in 2016, but “None of the above” came third among men and second among women; this showed that they could not find relevant reasons among the 13 options. What these respondents’ “reasons” are is an issue that should be examined in more detail.

Next, let’s look at changes in the reasons from 2004 to 2016, focusing only on women’s responses (Figure 3). As mentioned above, the most frequently chosen reason was “Worried about side effects,” and we can see this gradually declined from 59.3% in 2004 to 47.6% in 2016. This indicates that the dissemination of knowledge about the pill is slowly but surely having an effect. The reason “It is troublesome to take the pill every day” increased from 6.1% to 10.1%, probably due to the irregularity of life in the Internet age. What is most noteworthy is an increase from 8.4% to 15.6% in the number of women citing “None of the above” indicating reasons not included in the list of 13 options, and it stayed as the second. It suggests that reasons which make women feel “unable to use” or “Not wanting to use”

the pill have been growing but that these have not yet been captured.

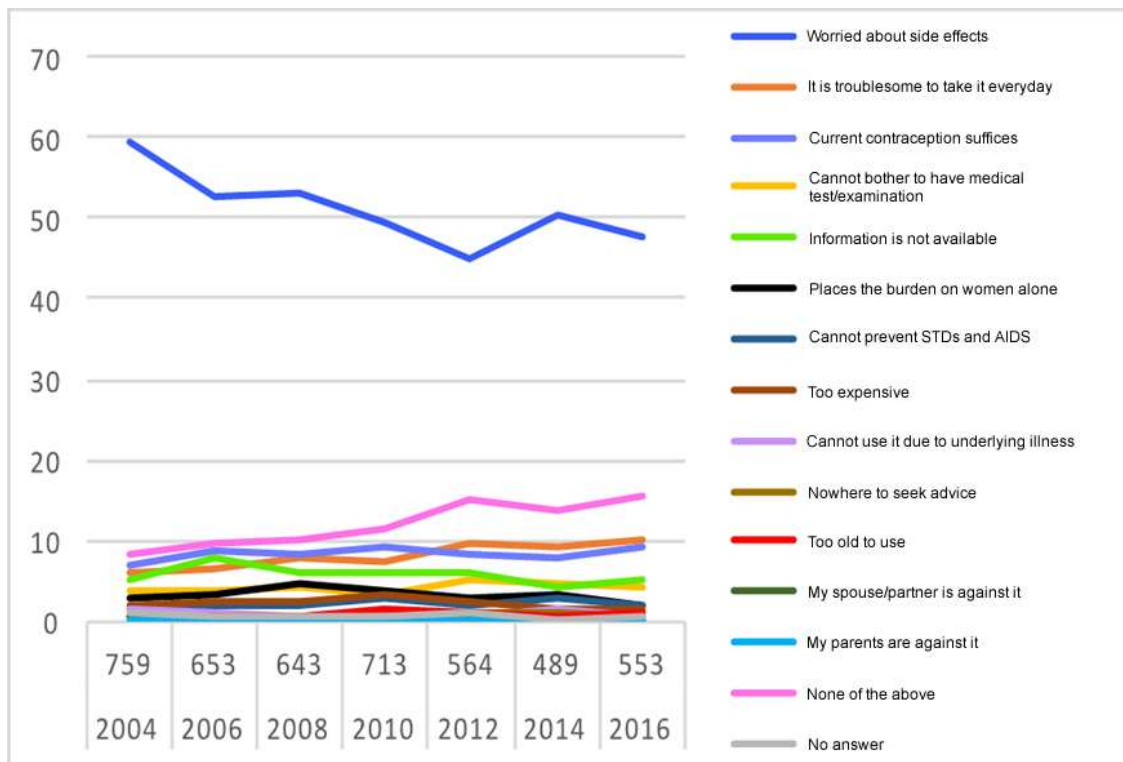


Figure 3. Primary reasons given by those who say they “cannot” or “do not want to” use the pill (from 2004 to 2016)

Source: Compiled by the author from the Japan Family Planning Association, the Second to Eighth reports on “Survey on the Lives and Attitudes of Men and Women” (2017).

⑥ Intention of women who use the pill in 2012, break down by gender

Let’s take a closer look at the growing list of reasons why women “can’t” or “don’t want to” use the pill (or “Why men don’t want their partners to use it”). A relatively small Internet-based survey conducted in 2012 asked respondents to describe the image of the women they knew who were on the pill (see Figure 4). Because of the sampling method and the size of the responses, it is less reliable than the surveys cited so far, but it seems to provide valuable insights that merit discussion.

For both males and females, the most common answer was “She is serious about contraception,” and the second most common answer was “I do not have any particular image.” However, some negative images emerged from among the male respondents: “Seems to be loose” came third and “Appears to engage with nighttime work” came fourth (“nighttime work” includes commercial sex work). The option “seems to be loose” implies that women on the pill may have casual sex with unreliable men who may or may not wear condoms; this image of women is negatively evaluated in Japan. Women who engage in commercial sex work use the pill for self-protection, but it was also suggested that women who use the

pill on the whole may be perceived as sex workers.

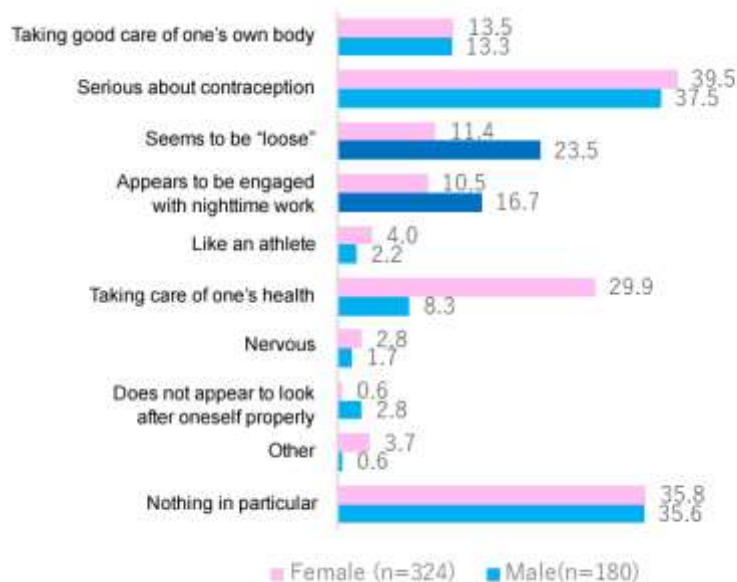


Figure 4. Survey results of acquaintances/women who have low-dose pills (surveyed in 2012)

Source: Orchid Club http://www.orchid-club.gr.jp/new/pdf/info_20121228.pdf

In ④ and ⑤, I mentioned that some of the reasons for “cannot use it under current circumstances” or “not wanting to use” the pill became more prominent between 2004 and 2016; however, these are not yet accurately understood. I am of the view that this may be at least partly because “men have prejudice against women who use the pill as if they had casual sex or as if they were sex workers.” It can be assumed that such image with the pill was shaped by the discourse that “the pill causes sexual promiscuity in young women” (see 1(2)), which the opponents of its medical approval have argued for decades since the 1960s fearing that its use would lead men to lose control over women's sexual behavior. As mentioned earlier, the Internet facilitated a rapid spread of pornographic information in the 2000s, and ejaculation without a condom is used as a symbol of male liberation and exaltation in pornographic fantasies. The representation of women porn actors who receive it is also suspected to increase such prejudice.

If men have a negative image of women who use the pill in this manner, women naturally become reluctant to use it. They may also use it without informing their male partners.

The following reasons also contribute to this phenomenon. It is not sufficiently known that condoms are an unreliable contraception method with a high failure rate. Additionally, the ideas of reproductive health/rights that women, as the individuals who become pregnant, should ultimately decide for themselves about pregnancy and contraception and have the means to do so, are not widespread, and the self-serving fantasy of pornography for men has influenced male perceptions.

(4) Relationship and communication methods for discussing contraception are not yet established

Since the 1970s, when male-led use of condoms became almost the only contraceptive option

available in Japan, in a relationship, only men made the decisions about contraception. In this context, women have traditionally assumed a completely passive attitude toward contraception and have felt hesitant to speak out about it.

According to the “International Survey on Fertility and Declining Birthrates” conducted by the Cabinet Office in 2005, when asked whether men or women should take the initiative in contraceptive use, the respondents in Japan who answered that “women should take the initiative in contraceptive use” or “probably, women should take the initiative in contraceptive use” accounted for only 15%, which suggests that the belief that contraception is supposed to be led by men is prevalent. In an international comparison, this result is close to that of South Korea, but widely varies from that of other Western countries (Figure 5).

Japanese men have a stronger sense of responsibility for contraception than their Western counterparts, and when an unmarried man and woman have sex that results in pregnancy, the man often chooses to marry her rather than declining to accept any responsibility. According to the statistics of the Ministry of Health, Labor and Welfare, 24.7% of all marriages in 2014 had pregnancies before marriage, although this slowly decreased from 30.6% in 2006 (Ministry of Health, Labor and Welfare, “Demographic Statistics” (from 2006 to 2014)).

Nevertheless, the suffering of Japanese women due to unwanted pregnancies is great. According to a survey of women who had unwanted pregnancies due to unsafe sex or no contraception (aged between 16 and 32 when experiencing unwanted pregnancy, n=41) in 2112 (Pilcon 2012), the reasons given for unsafe sex or no contraception were as follows. A total of 16 respondents chose “Because I went with the flow,” 12 respondents selected, “Because I couldn’t ask my partner [to use contraception],” another 12 respondents selected, “Because I had not become pregnant before, I thought I wouldn’t become pregnant again,” and 11 respondents stated, “Because the man didn’t want to use a condom.” The passivity of “letting oneself be carried away” by the flow of sex, including contraception, is conspicuous among the women, and they were unable to “ask their partner” in words even if they had concerns.

Women in Japan are generally very reluctant to discuss sex. Even when women are knowledgeable about pregnancy and contraception, they are often prevented from speaking out in sexual relationships. Some women are persuaded by men saying things such as “I’ll definitely pull out on time” and think “I’ll never get pregnant.” It is not enough for women to be knowledgeable about reproduction; they must be able to assert themselves effectively in communication, and there is a need for education to equip people of all genders with the ability to discuss sexual activity, pregnancy, and contraception in an equal and frank manner.

With the pill, an opportunity to discuss contraception has arisen for the first time. However, there has been no public discussion of the relationship Japanese people are experiencing for the first time in which partners discuss contraception; there is no system to facilitate such new discussions of contraception. What is called for is, for example, role-playing and other experiential workshops to discuss contraception in a

public forum.

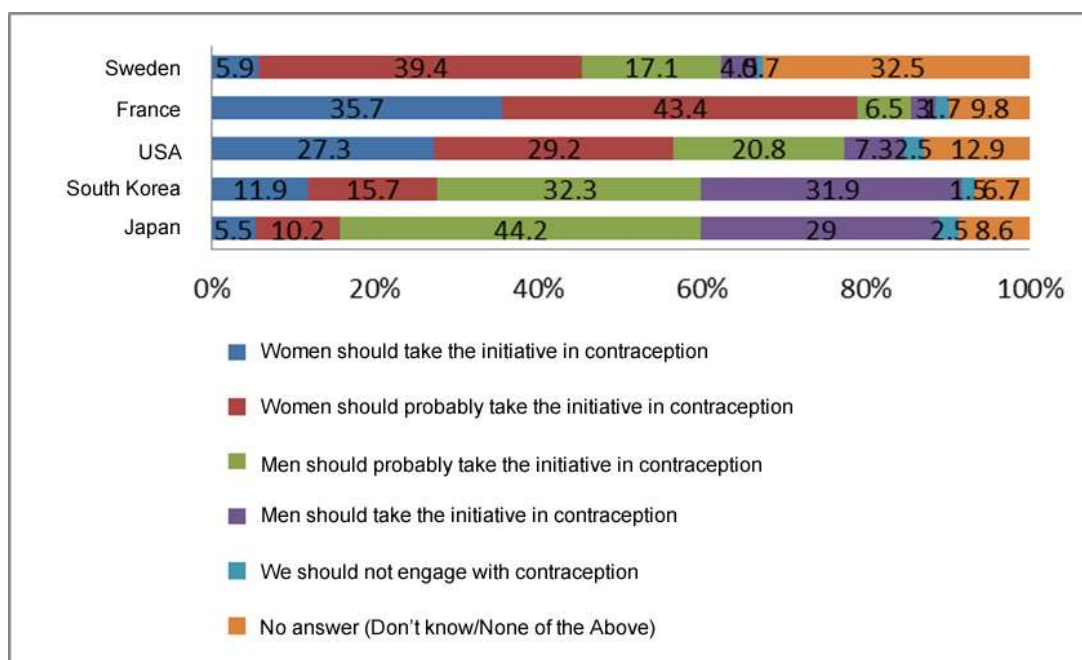


Figure 5. Who takes the lead in contraceptive use, men or women? International comparison

Source: International Survey on Fertility and Declining Birthrates, Cabinet Office, Government of Japan, 2005

(5) Shift in the use of the pill from being used as a contraceptive to being used as a means of treatment for dysmenorrhea or other purposes

Seeing that the pill was not gaining popularity as expected, around 2004, doctors began to change the course of using the pill—from being used as a contraceptive to being used as a treatment for dysmenorrhea. In an effort to change the image of the pill, many doctors began to use the name “OC” in place of the pill. Although the pill is also a contraceptive, doctors have been trying to educate the public through various media about its effectiveness in balancing female hormones and improving menstrual problems. The Japanese people’s deep-rooted belief that the pill has dangerous side effects is being changed to a correct understanding of its pharmacological effects.

Since 2008, insurance began to cover the use of the low-dose pill for the treatment of dysmenorrhea. Previously, only the medium-dose pill was available for the treatment of dysmenorrhea. The same low-dose pill is not covered by insurance when used for contraceptive purposes, but is covered for therapeutic purposes. As mentioned in 2 (3), as reproductive health is not covered by health insurance in Japan, the pill is difficult to use as a contraceptive, but easy to use as a treatment. (Kamata and Hiramatsu 2008)

Doctors’ initiatives to educate people regarding the pill is having an effect. According to a survey by the Japan Family Planning Association, the number of women who said that the most important reason they use or would like to use female hormones is to “relieve menstrual pain and prevent anemia” kept

increasing from 6.2% in 2004 to 39.9% in 2016. Since 2010, it has become the topmost reason for using the pill, overtaking the reason “they are effective in contraception” (Figure 6). For Japanese women, the pill is seen as primarily effective in improving dysmenorrhea, and contraceptive effectiveness is seen as a “side effect.”

This change can be understood as a sign that Japanese people’s excessive fear and prejudice against hormonal drugs is gradually fading away. It is also an opportunity for women to learn more about their sexuality and how their bodies work. In Japan, although the number of women receiving HRT (hormone replacement therapy) for menopause was as low as 1.7% in 2004 (Lundberg, et al. 2004), the lack of women receiving the benefits of HRT has gradually changed. A small-scale survey in 2021 indicates a prevalence rate of 16.6% (Chebura 2021). There is also a great possibility that women who have started using the pill as a treatment will take more initiative regarding contraception. However, while the pill as a treatment can be used without communication with a partner, the pill as a contraceptive requires establishing a relationship and communication method that allows consultation with a partner on an equal footing. Institutions, people, and places that provide social support for this, such as information exchange, advice, and consultation, are essential.

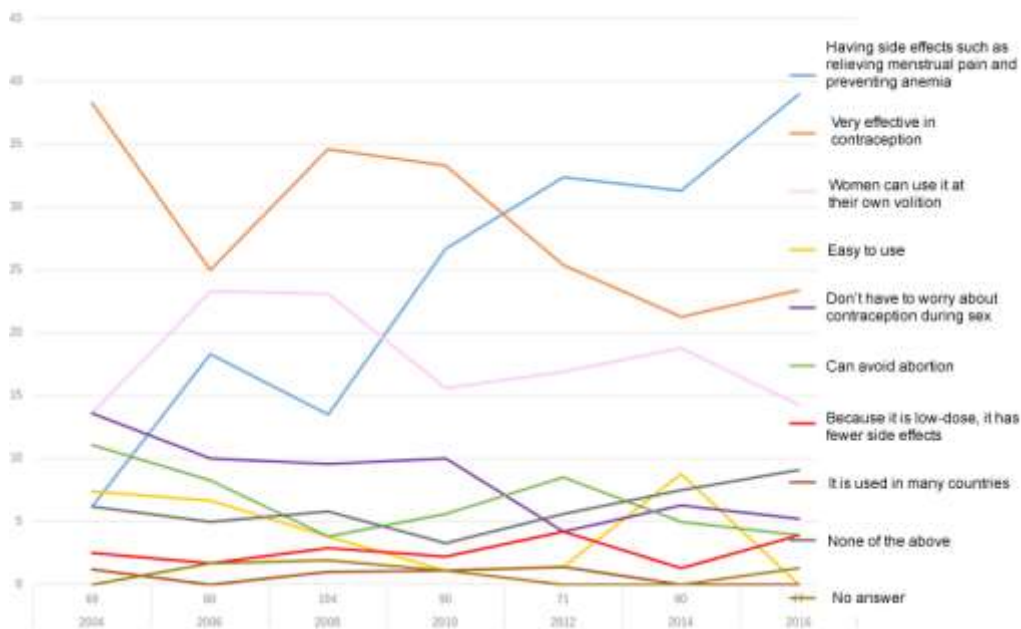


Figure 6. Primary reasons for those who answered that they “are using” or “definitely want to use” female hormone drugs

Source: Japan Family Planning Association, the Second to Eighth reports on “Survey on the Lives and Attitudes of Men and Women” (2017).

3. Conclusion: Factors that have prevented widespread use of the pill: What needs to be done to promote the widespread use of the pill?

(1) From the above discussion, the reasons of why the pill is not widely used in Japan even after its approval can be summarized as follows.

- ① Because abortion was legalized as early as 1948 as a state policy, Japanese women's awareness of contraception and abortion was kept at a low level and they were prevented from developing the ability to resist state policies and assert their demands.
- ② Due to the extremely low percentage of women in politics, in government, and in medical field, women have been effectively excluded from most of the political processes surrounding abortion and the pill, and deliberations and decisions have continued to be male-dominated.
- ③ Condoms became used widely as a result of national policy. As condoms gained absolute dominance, the awareness that "contraception is male-led" spread, and women's awareness of contraception declined. Japanese men resisted to cede to women the power they had gained to control pregnancy and, by extension, women's sexual behavior.
- ④ The women of the women's liberation movement (women's lib movement) were not in favor of the pill. Only one faction of the lib movement campaigned for the ban on the pill to be lifted, but it gave the pill a negative image as a radical women's movement and has kept people away from seriously discussing the pill ever since. Subsequent feminists were also unenthusiastic about reproductive and sexual themes in general.
- ⑤ In the long years leading up to the pill's approval, the myth that "the pill has side effects" was formed.
- ⑥ Even after the approval, many of the systems surrounding the pill make it very difficult to use. This problem is significant because the pill is expensive and youth cannot afford it. In principle, sexual and reproductive rights and health (SRRH) should be guaranteed by the state and covered by health insurance as in other developed countries, but the problem is that this is not the case.
- ⑦ It has been very difficult in Japan to have public discussion based on scientific knowledge about sex and reproduction due to a lack of sex education over the years. (Hirayama 2020). They lack scientific knowledge about sex and reproduction and the ability to self-determine their sexuality and continue to use the pill correctly.
- ⑧ Japanese men have long opposed the approval of the pill because "The pill causes sexual promiscuity in young women." Such discourse, in which women who use the pill have casual sex or who are as if sex workers, has been reinforced by the pornographic representations during the 2000s.
- ⑨ After the establishment of the absolute dominance of condoms, women became completely passive about contraception and many women felt uncomfortable speaking up to their male

partners about contraception. Even with the pill, there is no public debate about relationships and new communication in which they discuss contraception, an experience Japanese people are having for the first time, nor is there a social support system for relationships and communication.

- ⑩ It can be discussed there were significant responsibilities that experts played for the stall. Such professionals as gynecologists and midwives were not interested in the advanced situation in other countries, and lacked awareness of women's reproductive health/rights. The failure to introduce more reliable contraceptive methods to Japan, and the fact that doctors and other experts did not disclose the failure rate of each contraceptive method on their website.
- ⑪ The failure rate of each contraceptive method was not disclosed for many years. Publicly available information on the pill primarily includes medical information, and there is a scarcity of information on the concerns of women who use the pill, such as their aspects of the pill related to their lives, finances, and relationships with their partners. This lack of information continues to the present and needs to be addressed immediately.

(2) The Changes since the late 2010s

While such situation continues as of 2022, there has been some changes since the late 2010s due to the broadening interest in gender equality among the public. The following section will describe these developments.

In 2011, the emergency contraceptive pill was finally approved in Japan. It is not sold at pharmacies, but is a prescription drug, not covered by insurance, and is expensive, regarding which women have a high level of dissatisfaction. As of 2016, the percentage of women who used the emergency pill in the past year was estimated to be just over 460,000, about 1.8% of the female population (Kitamura 2016). Following the guidelines for the proper use of the emergency pill, many doctors advise the use of the low-dose pill. It is thought that some women may shift to contraception with the pill after having experienced the use of the emergency pill.

In the 2010s, especially since the late 2010s, there were significant pressures, many of which were brought from abroad, to many factors that had long hindered the spread of the pill. At first, when Tokyo won the bid to host the 2020 Olympic in 2013, sex education in schools, which had been almost decimated, began to reintroduced in an effort to fulfill the Olympic Charter's clause that prohibits discrimination against sexual minorities. Secondly, the Japanese translation of UNESCO's International Technical Guidance on Sexuality Education was published in 2017 (It was originally published in English in 2009). This translation was widely read in Japan, and became the guidelines when they promoting reconsidering the content of sexuality education. Also, with the development of social media since 2018, the number of people who used Twitter and YouTube to conduct sex education increased rapidly around 2018 (They viewed school sex education curriculum took times to make improvement). Social media disseminated abundant information on the pill, ranging from offering expert knowledge to reporting personal

experiences. Some of them became famous as a sex education Youtuber such as *Shiori-nu* (Shiori-nu 2019) who is a midwife. In response to social media, public broadcasters also began to focus on sex education, and frequently included information on the pill. As a result, the problems mentioned in 2(2) have gradually been resolved to a large extent.

In 2018, Kazuko Fukuda became aware of the poor state of contraception in Japan when she was studying in Sweden as an undergraduate exchange student, and launched a social initiative called the “#Nandenaino Project.” With a growing number of supporters, Fukuda has been working tirelessly to disseminate knowledge on contraception and reproductive health/rights, holds events and lectures, makes policy proposals for the nonprescribed use of emergency contraceptive pills and for the approval of more effective birth control methods, and collects petitions. She has also been working to provide a platform to collaborate with other organizations that provide counseling and support for women’s sexuality. As a result of these efforts, there has been improvements with the issues 2(1) and 2(2).

Furthermore, in 2020, under the state of emergency due to COVID-19, Pilcon and other organizations formed a coalition to demand the nonprescribed availability of emergency contraceptives. Their action drew significant social attention. However, in response to their demand, a vice president of the Japan Association of Obstetricians and Gynecologists, who was a male, opposed and said to the media, “Japanese women cannot use emergency contraceptives correctly due to a lack of scientific knowledge. I am afraid that women in Japan will be led into the easy way of thinking that they can constantly use the emergency contraceptives.” His statement drew intense social criticism as it gave the impression that some gynecologists were also preventing women from having their reproductive rights. It also had rose public awareness of the issue. In Japan, such topics as contraception, emergency contraception, abortion, and menstruation, were not traditionally discussed in public but were de-tabooized and turned into public topics (Hirayama & Pacher 2022). UNESCO’s International Technical Guidance on Sexuality Education of 2018 was translated into Japanese in 2020, and helped to popularize the idea of sexuality and reproduction from the perspective of human rights and gender equality. It also promoted the awareness that women should be the main actors on contraception, and also advanced the understanding of the pill. In addition, as the Ministry of Health, Labor, and Welfare has significantly loosened the requirements for online medical consultation in order to slow down the spread of the COVID-19, the ministry has also made it possible to prescribe the pill online from the first visit. Many Japanese women find online gynecological consultation far less psychologically pressuring than in-person format. This policy will promote the spread of the pill.

In 2016, 4.2% of women between 16 and 49 who answered “currently using contraception” responded that they were on the pill. Among them, 5.9% of women between 20 and 24 and 6.9% of those between 25 and 29 were using the pill. These numbers were higher than other age groups (Japan Family Planning Association 2017). In addition, 7.6% of college women nationwide who “practiced contraception” said they use the pill in the survey from 2018 (97.2% for condoms) (Japanese Association for Sex Education

2019). Thus, the popularity of the pill is gradually increasing among youth. Although data on the pill is not available in the 2020s, it may have increased more due to the above changes.

However, there are still obstacles in terms of the spread of the pill, as described in 2: it is a prescription drug and cannot be purchased at pharmacies; it is expensive and not covered by insurance; and there are still no institutions that distribute the pill for free. In addition, there has been small changes in the following factors which hinder the widespread use of the pill: as described in 3(1)⑧, ⑨, and ⑩, there are such negative images of the pill as women who engages in casual sex or in night work; there are not much effective communication methods between couples on using the pill for contraception; and there is a lack of information on relationship and on sharing the financial burden with using the pill. Therefore, even if women understand the benefits of the pill and want to use it: the medical system prevents them from doing so; women use the pill to treat dysmenorrhea or to hide it from their partner, but they cannot discuss it with them in order to choose it as a contraceptive method. However, many of them are not able to discuss this with their men and choose it as a contraceptive method. There are major issues that need to be resolved in the future such as the discrepancy between women's awareness and the medical/pharmaceutical systems, and the fact that men and women do not share the same awareness of contraceptive issues.

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This article was originally published in Japanese on the *Journal of Psycho-Sociology* (心理社会学研究), No. 14, (2018: pp. 43-62). The author revised and modified it with updated data and analysis for this journal.