The Attitudes of Young Adults to Low Dose Oral Contraceptives in Japan

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Abstract

Japanese health ministry committee approved the sale of low-dose oral contraceptives in Sep. / 1999, almost 40 years after they were introduced in the United States. An application to approve the pill in Japan has languished in the health ministry for 9 years. Until the introduction in 1999, Japan was the only industrialized country to prohibit the use of the pill for contraceptive purposes.

Approval of the pill was rebuffed in 1992 because of fears that it would lead to a surge in AIDS, and again in 1995 after a scare in Europe about a possible link with blood clots.

In order to know the attitudes of young adults to low-dose oral contraceptives, the surveys were conducted in July and August 1999 just before the pill has started to be sold.

About the question for the desire of use, 85% of young adults answered NO. Resistance to the pill in Japan has largely come from some doctors, who say they are worried about side effects. Mistakenly stressing the terrors of the pill’s side effects implanted the idea that the pill is dangerous. These negative images are hard to wipe out.

The male anti-impotence Viagra was approved in a matter of months, despite being linked with more than 130 deaths around the world since it went on sale in the United States in 1998. We also asked the opinions about perceived sexual double standards.

Introduction

The birth control pill was first approved for use in the United States in 1960, needless to say many improvements regarding its safety and effectiveness have been made since then. The low-dosage pill which contains less than half the estrogen of the high- and medium-dosage pills are safer and even the World Health Organization has gone so far as to declare that "no further changes in prescription are necessary." Therefore the number of women taking the pill have risen to 60 million worldwide now. Yet Japan's reaction to the pill has been strikingly different from that of other nations.

After sales of the original high-dose pill began in the U.S. in 1960, it could soon be purchased in Japanese drugstores without a prescription for hormone- and menstruation-related problems. That was in 1965. But the timing of the pill's introduction in Japan turned out to be unfavorable. In the 1960s, Japan was shaken by several scandals involving chemical
poisoning: fetal malformations in infants born from mothers who had taken Thalidomide sedatives during early pregnancy; infant poisoning from arsenic in Morinaga's milk powder; poisoning by fish containing mercury in Minamata.

In 1967 the Ministry of Health and Welfare forbade the production of the pill by Japanese pharmaceutical makers. From the beginning of 1972, the pill was available only by prescription. It soon disappeared from drugstores. One year later the Ministry of Health and Welfare declared that the pill was considered a medical treatment, not a contraceptive. Throughout the '70s, repeated moves were made within the government to delete the article of the 1945 Eugenic Protection Law which allows abortions for economic reasons. But the proposals never found sufficient support in the parliament and were strongly opposed by the women's movement.

In 1990, nine pharmaceutical companies submitted an application for approval of the pill after conducting clinical trials on 5,000 women. In early 1992 the legalization of the pill was expected, yet approval was withheld. According to ministry officials, the decision to freeze approval was made in response to findings by its AIDS Surveillance Committee that the number of people with AIDS in Japan reached 238 in 1992, a 2.5-fold increase over 1990. This has led to theories about the possible connections between pill intake and the increased incidence of heterosexually contracted HIV infection. On the other hand, the pill’s supporters question the linkage between AIDS, the pill and condom-usage. In a similar study of the ratio of pill use and spread of HIV in other countries, the subcommittee found that cause and effect relationship was negligible, the central Pharmaceutical Affairs council reported.

A 1985 study by the Environment Agency in Britain revealed that manufactured hormones contained in contraceptive pills were finding their way into waste water. The study found that fish in rivers in the U.K. were showing signs of feminization. It hypothesized that the hormonal reactions among the fish were brought about either by synthetic estrogen found in birth control pills or by other industrial chemicals.

Although some gynecologists declare that the manufactured hormones contained in the pill will not affect the environment because they are physiologically inactive, several environmental groups asked that the pill not be approved in 1997. The group leader said that the pill has been used widely in various countries for 30 years does not ensure its safety. For example, DES, another hormone drug, was found after decades of use to be toxic for the next generation. DES is synthetic estrogen that was used to prevent miscarriages from 1945 to 1960 in the U.S. It was later found to increase the risk of cervical or testicular cancer in children of mothers who took the drug.

The ministry reacted to this British study with unusual speed. Although review of birth control pills had reached the final stages, officials sent the discussion back to a subcommittee of the pharmaceutical council to look into the issues raised by the study.

Another underlying theme in the anti-pill movement is that young people becomes more promiscuous if the pill is available. Anti-pill arguments were strengthened in 1995 when a report from the U.K. found increased risk of blood clots, for pill takers.
In 1997, the ministry's Council on Public Health concluded that there was no evidence linking birth control pills to an increase in AIDS.

An oddity of the environmental arguments swirling around the pill in Japan is that they are not taking place anywhere else. Concerns raised by the Japanese groups are not major issues in the West. The estrogen level in the excrement of pill takers is not much beyond that of non-takers, and anyway it is only one or two thousandths of the level in pregnant women.

Also the government is concerned about Japan’s low birth rate. Much to the chagrin of politicians and bureaucrats is a shrinking Japanese population since 1982, which has dropped below an average of 1.5 children per couple in 1993. They obviously worried that the pill would add to the decline. Declining fertility rate in Japan is not only caused by the pill. Japanese women have become more autonomous in choosing their lifestyle, including not to have children – with or without the pill.

In Japan, the suspicion surrounding pharmaceutical and chemical products when the pill was first introduced and the continuing exaggeration of side-effects, AIDS and an estrogenized universe by women's groups, environmental groups, doctors and officials - reinforced by the regulations of the Ministry of Health and Welfare - created an almost hysterical perception of the pill in Japan.

However finally the low-dose version was put on sale in Sept. 2 / 1999.
Results

The surveys were conducted in July and August 1999 just before the introduction of the low dose pill in Japan. 139 women and 73 men were selected at random. Fig.1 showed their age. From 17 to 22 in women is 92%, and from 17 to 22 in women is 91%. They were students.

Fig.2 showed the results of the question – [do you want to use the pill?]. Both 85 and 86% of men and women answered [No, I don’t want to use the pill.] or [I don’t want my girlfriend to use it.] Only 15% of men and women wanted to use it.

In another survey, 11% of high school students (age-15 to 17) in an urban district wanted to use it. These are almost the same results.

Then we asked the question – [why don’t you want to use the pill?]. Fig.3 is the results. “Its side effects are scary.” “It’s dangerous, somehow. So we want to use other methods.” “It’s only women’s burden” “It is troublesome to take the tablet every day.” “anxiety for AIDS” etc.

One pharmaceutical company said that orders for the pill have almost dried up in Feb.2000. For its Sep.1999 launch, this company shipped about 70 million yen ($580,000) worth of the pill, but sales have slowed to a trickle as hospitals and pharmacies are left with unused stock. They said, "There is no demand for it."
There are no solid statistics for sales of the pill, but the doctor said that about 200,000 women are taking the drug. That would work out at approximately one pill-taker for every 150 women of childbearing age. But almost all of these are woman who have switched from the high-dose version, which has been on sale here for decades. The drug companies have so far almost completely failed to make any progress in attracting new customers.

Figure 4 showed their knowledge about the pill. About 70% of men and women answered, “We know little about the pill.” This is not a special case. The vast majority of Japanese, especially women are in the same situation. They know that the pill may have side effects, but they don’t seek more information.

Figure 5 showed Annual Change in Abortion. According to Health Ministry statistics, there were 333,220 abortions performed in Japan in 1998, which means that women opted for abortions after conception 22% of the time. The percentage of abortions on teen-agers has been increasing year by year. Gynecologists and feminists hope that the pill will cut down on Japan’s abortion rate.
Fig. 5 Annual Change in Abortion

Fig. 6 showed what the surveyed people think about the cost of the pill. Over 60% of people answered “it is expensive”. The pill is not covered by national health insurance, meaning women have to fork out from their own pocket 4,000 yen ($33) for a month's supply. On top of that, the medical check and HIV test, which are both strongly recommended to people seeking a prescription, bump the initial cost past a hefty 30,000 yen ($250).

On the survey at France in 1994, 84% of women who were from 20 to 24 years old, used the pill. Since the French law was reformed in 1974, the cost of the pill and medical check have been paid by the health insurance. This reform greatly contributed for using the pill by French women.

Fig. 7 showed the survey when we asked the question – [can other people see the effects of the pill on you?]

66% of surveyed people said YES, but over 30% of men and women answered NO.

In the TV program on Dec. 1999, young men were asked for the image of women who take the pill. Their images include sex seekers, prostitutes, unhealthy women etc. Taking the pill may be seen as a symbol of "loose" women. This is another discouraging factor for taking the pill.
Fig. 8 showed what the surveyed people think about the relation between AIDS patients and using the pill. About 70% of the surveyed people think using the pill would push up rates of HIV infection.

Awareness of the dangers of STDs, including AIDS is still inadequate, and the best way of preventing contamination is to continue using condoms. In Netherlands, their policy is “unwanted pregnancy stops by the pill, and STD stops by the condom”. And Netherlands showed the lowest percentage in the abortion and STD infection among all industrialized countries.

We asked their thought whether Japanese sexual behavior would change by using the pill. The results were shown in Fig. 9. About 60% of men and women think that the pill give would you sexual freedom without fear of pregnancy. Japanese politicians worry that the pill would damage society's morality.

Fig. 10 showed the results of the question – [does the birth-rate decrease by using the pill?]. 75% of women and 48% of men think that the present low birth rate would dip even further.

The average number of children a woman bears dropped to an all-time low of 1.34 in 1999, far below the 2.08 that is considered essential to maintain current population levels. Japan's population, which stood at 44 million in 1900, has nearly tripled since. This rapid population growth has been a major contributor to the nation's phenomenal social and economic development of the past century. According to a 1997 study by the National Institute of Social Security and Population Problems, the population is estimated to peak at 128 million in 2007, and reach 100 million in 2050. The demographic composition of the nation will change markedly. Simply put, our society will have more elderly people, fewer children and fewer working-age people than it does now. In particular, the proportion of actively engaged people (those aged 20-64) will drop sharply, with every two of these people supporting one elderly person in 2025, compared with four to one at present.
I don’t think that the shrinking of the Japanese population is accelerated by the pill. Nowadays Japanese women are working outside and they are demanded to work just like men. It means they cannot have a baby with their work because of lack of child care. So if the working conditions of women is well arranged, the shrinking of the population would stop.

Fig. 11 showed the comparison for planned pregnancy in four countries. Four nations were Japan, U.S.A., France and China. Planned pregnancy is much lower in Japan than in the U.S., France or China. 66% is planned pregnancy in France, and this percentage is very high compared with other countries.

French women consider that birth control is very important in their lives, and they will have babies when they want. According to Pharmacia & Upjohn Global survey, 95% of French women use the pill as the main birth control methods throughout their lives which is the highest figure among the industrialized countries. So if Japanese women start to use the pill as the French women, they will have babies when they want to and it will change the situation.

Fig. 12 showed the results of the question - [ do the right’s of women increase by using the pill ?]. 52% of women and 60% of men answered “NO”. For many Japanese women, the pill is not a tool for liberating oneself from the vagaries of pregnancy, and increasing women’s rights. This reaction is strongly different from other industrialized countries.

Japanese women question if it really is an advantage. They think its availability would
encourage men not to use the condom, and would exempt men from their responsibility to care about contraception. Even some feminists say that women have an unfair burden by taking the pill in this male-oriented society.

**Viagra**

The male anti-impotence medication, Viagra was approved in Dec.1998 after only 6 months of discussion, despite being linked with more than 130 deaths around the world since it went on sale in the United States in1998. We also asked the opinions about perceived sexual double standards.

Most of the surveyed people answered that Viagra seems somewhat symbolic, reflecting the power relationship in Japan's male-dominated society. Some said, "Viagra is the medication which helps to have babies. In contrast, the pill is the medication which restricts fertility. This is the reason."

The speedy approval of Viagra raised public criticism of the long postponement of approval of the pill. As a result, Viagra has contributed to the discussion of the pill.

**Conclusion**

The surveys have shown that most Japanese women who can take the pill don't plan to. The 40-year waiting period has gradually led these women to the conclusion that the pill must be dangerous. The information that occasionally dribbled out via the media these past four decades was almost exclusively negative.

The Health Minister said in 1995, "the pill distorts the natural physiological function of women. It is unusual when women have no side effects." What the Health Minister said reflects the public fear that women's internal functions will somehow change if they take the pill. For Japanese women, it is very important that their birth control would be non-hormonal. We can say it is somehow oriental thinking. Since the government understood that most women wouldn't avail themselves of the pill, they stopped worrying about it.