Resisting Intervention, (En)trusting My Partner: Unmarried Women’s Narratives about Contraceptive Use in Tokyo

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Introduction
In the late 1990s, national surveys asking women about contraceptive use changed terminology to include words actual people were most likely to use. Rather than referring to the withdrawal method as “coitus interruptus” (seikou chūzetsu which is easily confused with ninshin chūzetsu, meaning abortion) it was newly described as “withdrawal” (chitsugai shasei), a term that is closer to what people use in everyday speech (Hayashi 2000). This survey’s results made clear that use of the withdrawal method was much more widespread in Japan than previously thought, and the shift in terminology demonstrates both the particular challenges surrounding research about birth control and how birth control practices are fundamentally embedded within webs of social meaning. The withdrawal method, as I will describe below, is popular precisely because many people feel it enables trust and reliability between partners.

This chapter examines narratives about contraception in Japan by focusing on young, unmarried women living in the Tokyo metropolitan area in the early 2000s. In discussing their contraceptive choices, the women I interviewed touched upon many culturally salient issues, revealing a complex mix of desires—to engage in a sexual relationship while postponing childbearing, to protect both their own bodies as well as the national body from perceived dangers, and to enhance trust, intimacy, and pleasure in their relationships while remaining within the bounds of proper feminine behavior. By highlighting the strategies that these young women use to postpone reproduction in Japan, I contribute to the study of intimacy in contemporary Japan, demonstrating the way that such strategies—while constructed as purely private, personal decisions—actually reflect and reinforce wider social constructions of the body and what is considered “natural,” as well as revealing constructions of femininity and the romantic ideals that women prioritize in their premarital sexual relationships (Ahearn 2002; Cole 2010; Hirsch 2003; Sobo 1995, 1998). I argue that women commonly articulated “reliability” as a necessary characteristic for intimate relationships, and birth control was a key context in which such reliability was demonstrated, challenged, and negotiated.

Methodological Approach
This chapter grew out of a larger research project (Sandberg 2010) designed to examine unmarried women’s understandings of premarital romantic relationships, sexuality, and contraceptive use in light of recent demographic trends in Japan such as marriage postponement (bankonka) and the falling birthrate (shōshika). Because of this focus, the study targeted unmarried women between the ages of 20 and 30 who fit the demographic category most likely to “delay” marriage and childbearing—that is, urban women with post-secondary education from middle and upper-middle class backgrounds (Edwards and Pasquale 2002; Retherford and Ogawa 2005). The research took place in and around Tokyo between 2002 and 2005. Tokyo was selected because it is a mecca for young
women who want to further their education or pursue career opportunities; average ages at first marriage are higher and fertility rates are lower in Tokyo than in more rural areas (Gender Equality Bureau 2008). Through word of mouth and social contacts, I recruited 40 women between the ages of 20 and 30 in the target population to participate in ethnographic interviews. All but three of the women I interviewed were attending or had graduated from four-year universities, and four had pursued education beyond the university level. The remaining three had graduated from two-year junior colleges or trade schools.

This study draws upon a mix of qualitative methods including ethnographic interviews, questionnaires, and participant observation. Questions covered the individual’s understanding of dating and dating terms, recent relationship experience, thoughts about marriage, sources of sexual knowledge, and attitudes toward sexual behavior and contraception. The most sensitive questions about sexual experience and contraceptive use were presented in the form of a written questionnaire administered three-quarters of the way through the interview. This technique followed that of earlier researchers in Japan (e.g., Coleman 1991), allowing women to share sensitive, personal information without having to verbally utter words related to sexual behavior that they might have been unaccustomed to speaking aloud.

While living in Tokyo for twenty-one months, I also participated in everyday life as an unmarried woman. Living in a women’s dormitory for the first six months of my research and with a Japanese host family for over a year provided insights into social institutions and interpersonal dynamics that I could not have gained through interview and survey data alone. For example, I learned about the strong role of dormitory curfews and parental expectations in reinforcing proper feminine behavior—as well as learning how my dorm-mates and friends circumvented these expectations on occasions when they wanted to stay out late. I also achieved a closer understanding of the lives of the young women I interviewed by reading the magazines and comic books, and watching the movies and television shows, that they brought up in conversation or referred to in their interviews. I accompanied them to shops, cafes, bars, and dance clubs when they extended invitations. Through these activities, I came to know the women I interviewed as individuals, and to place their words and actions in larger context.

**Fertility Regulation across Japanese History**

Before discussing women’s narratives about contraception, I lay out a brief historical overview of political and social debates about reproductive policy in Japan. While birth control is often thought of as a modern invention, it has been practiced in various forms for centuries. As elsewhere, debates about contraception and abortion in Japan have been closely tied to debates about the family, sexuality, and the role of women in society. Understanding the way that women’s roles and reproductive policy have been intertwined in the past will help shed light on what is at stake in women’s discussions about contraception today.
During the Tokugawa, or Edo, period (1603-1868), historical records show that abortion, infanticide, and child abandonment were all commonly used as means of limiting family size (Hardacre 1999; Norgren 2001). In the Meiji period (1868-1912), an era of active nation-building, the development of a modern “health regime” involving various public health initiatives underscored the relationship between the health of individual bodies and the health of the Japanese nation (Frühstück 2003). In line with efforts to modernize and promote family stability, in 1873 infanticide was made punishable on the same terms as homicide, and the revised Penal Code of 1907 introduced the Criminal Abortion Law (Datai Zai), which specified maximum prison time for those who performed abortions and for women who received them (Norgren 2001). Despite the crackdown on infanticide and abortion, use of other forms of birth control remained legal until later. Condoms were imported from abroad—primarily the Netherlands—beginning in the late Meiji period, and in 1909 a rubber goods factory introduced the first condom manufactured in Japan (Frühstück 2003). Even so, knowledge about birth control did not spread among the wider population until the latter half of the century.

During the 1910s and 1920s more women entered the workforce, leading to the popularization of the term shokugyō fujin (working woman), and also giving rise to a series of debates about women’s roles, female sexuality, reproductive rights, and prostitution (Nagy 1991). As condoms and diaphragms were too expensive for most of the population, the methods most commonly recommended by social reformers active in Japan’s growing birth control movement were temporary abstinence and coitus interruptus, also known as the “withdrawal method” (Frühstück 2003). Activists had to walk a fine line—although contraception itself was legal, discussion of it that strayed too far from a scientific base or attracted too much attention was punishable under corruption of public morality. In 1924, the Japanese physician Ogino Kyūsaku demonstrated that the fertile and infertile periods of a woman’s menstrual cycle could be reliably predicted by estimating the time of ovulation based upon the start of the cycle. The “Ogino contraceptive method” (Ogino hinihō), as it is still sometimes called, or the “safe period method” (anzenkihō), provided a low-cost option available for those who were able to read about it (Frühstück 2003).

As Japan entered the wartime era (1926-1945), the government cracked down on many forms of activism, including the birth control movement. By the late 1930s, publications by the Ministry of Education and other books, essays, and poetry emphasized women as the “mothers of the nation” and promoted “motherhood in the interest of the state” (kokkateki bosei) (Miyake 1991:271). In 1930, the Home Ministry banned the sale and display of contraceptive pins, rings, and other devices that were deemed dangerous to women, reflecting the ministry’s decision to discourage contraceptive use in order to increase the birthrate and to pursue colonial expansion as the sole solution to problems of overpopulation (Norgren 2001; Tama 1994). Condoms were not included in the ban because they were not considered harmful and were crucial for controlling the spread of venereal disease among soldiers, but they had to be marketed as disease prevention devices rather than birth control (Frühstück 2003). By the late 1930s and early 1940s, the government went further, banning the publication of any written material discussing birth control entirely.
control, raiding condom distributors, and passing the National Eugenic Law, which allowed for both voluntary and involuntary sterilization in people who had diseases thought to be hereditary (Frühstück 2003; Norgren 2001).

The postwar period brought major changes in reproductive policy, as the Japanese government shifted from the pronatalist policies implemented during the Pacific War to new policies enacted under the Allied occupation designed to address overpopulation and economic devastation. After seeing rates of infant abandonment and illegal abortion increase, in April 1948 the Diet passed a new law and it became safe once again to openly market contraception. IUDs were excluded, however, as they were still deemed dangerous to women’s health. Around the same time, Taniguchi Yasaburō, an obstetrician-gynecologist and member of the Upper House of the Diet, drafted a bill that liberalized the abortion law. Called the Eugenic Protection Law (Yūsei Hogo Hō), it passed in 1948, allowing abortions to be performed under certain circumstances but only by “designated doctors” (shitei ishi) after approval by local evaluation committees. In 1949, a revision added a clause, now called the “economic reasons” clause, that made Japan the first country in the world to allow abortion in cases where the mother could not afford to raise the child (Norgren 2001). Between the late 1940s and the late 1950s, the ideal family size shifted from five children per family to two children (Okazaki 1994) and the total fertility rate in Japan dropped substantially.

At an international family planning conference held in Tokyo in 1955, American biologist Gregory Pincus reported the success of clinical trials of the new birth control pill (Tone 2001). In 1957, the United States approved this compound as a prescription treatment for gynecological disorders, and Britain followed suit in 1961. In the late 1950s, drug companies in Japan also received government approval to market the drug as a medical treatment and it became available in drugstores without a prescription (Norgren 2001; Ogino 1994). However, fears about drug safety and resistance from women’s groups ultimately derailed the process to approve and market pills as a method of birth control in Japan. In 1971 the Ministry of Health and Welfare (MHW) suddenly issued regulations banning radio and television programs about contraceptive pills and specifying that the terms “the pill” (piru) and “oral contraceptives” (keikō hinin yaku) should not be used on air in programs or commercials. In April 1972 the MHW designated the therapeutic pill a prescription drug, which further limited its distribution (Norgren 2001), and in 1974 the Prime Minister made a statement that the government would no longer consider approving the pill for contraceptive reasons due to safety concerns.

Japanese feminist groups became increasingly active in the 1970s, but most either avoided the issue of the pill (in the case of more mainstream women’s organizations), or were against it (in the case of most women’s liberation groups). Liberation groups did

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1 Because oral contraceptives deliver a standard dose of synthetic progesterone and estrogen at regular intervals, they can be used to treat gynecological symptoms that stem from uneven or low levels of these hormones.
not support the pill because they generally believed that drug companies were conspiring with the government to reap profits from the pill at the expense of women’s health. They also feared that approval of the pill would be used as justification for curtailing abortion rights—and indeed, some politicians did discuss making revisions to the abortion law contingent upon approval of the pill and IUDs (Jistukawa 1997; Norgren 2001). The one exception was the radical feminist group Chūpiren, who used aggressive tactics to express their support of the pill and opposition to attempts to revise the abortion law.² This group’s publicity-seeking activities, along with its leader’s combative attitude toward other women’s lib groups, made other feminist groups wary and some have even speculated that their activities did more to hurt acceptance of the pill in Japan than to help it (Ashino 1999; Norgren ibid.).

Although the pill was reconsidered for approval as a contraceptive several times in the 1990s, it wasn’t until the late 1990s that it finally became legal. In 1998, the impotence drug marketed as Viagra was approved in the United States. Although it was not yet approved for use in Japan, it created a lot of media attention and a large black market for the drug developed (Frühstück 2003). Relying solely on foreign clinical trial data, the Japanese Ministry of Health and Welfare’s Drug Council approved the drug for erectile dysfunction after only a six-month review in January 1999 (Frühstück 2003; Norgren 2001). This gross disparity in the treatment of Viagra in comparison to the birth control pill prompted an immediate outcry from Japanese feminist groups, female politicians, and the media. Bowing to pressure and unable to continue ignoring clinical tests concluding that the low-dose pill was safe, the Ministry of Health and Welfare approved its use as a contraceptive in June 1999. Prescription guidelines are quite stringent, requiring pill users to undergo a pelvic examination every three months, as well as tests for sexually transmitted diseases and uterine cancer. Because it does not treat a particular illness, the low-dose pill—like pregnancy—is not covered by health insurance in Japan (Norgren ibid.). More than ten years after approval as a method of birth control, use of the pill remains very low in Japan. National surveys indicate that Japanese couples tend to rely on other methods such as condoms and fertility calculation methods to prevent conception.

Contemporary Young Women’s Narratives about Contraception
Contraception was something quite familiar to the women I interviewed. All 30 of the sexually active women in my sample had used contraception at least once. The top three methods in order of how widely-used they were mirrored the top three methods indicated in national surveys, in the same order (Kitamura 2007). Condoms were the most widely used, having been used by each of the women in my sample at least once. The second-most widely used method was the withdrawal method; nearly three-quarters had used that method at least once. Finally, approximately one-third had used either the rhythm

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² Chūpiren is an abbreviated version of the full name of the group, which was Chūetsu Kinshi Hō Ni Hantai Shi Piru Kaikin o Yōkyū Suru Josei Kairō Rengō, or the Women’s Liberation Federation for Opposing the Abortion Prohibition Law and Lifting the Ban on the Pill (Norgren 2001:66).
method or basal body temperature method. Only one woman had used the pill and one had used a spermicidal film. No other methods were reported.

**Condoms: Ubiquitous but Problematic**
In addition to being the most widely used method, over three-quarters of the women indicated that condoms were the method they liked the best. The most common reason they gave was that they were easy to obtain. “You can buy them anywhere, they even sell them at convenience stores,” one woman wrote on her questionnaire. Condoms were also clearly the most well understood method. Indeed, when asked why she preferred condoms, one woman wrote on the questionnaire that they were the “only method [she] knows.” Several other women also said that they preferred condoms because they were the “most familiar” (ichiban mijika) and easy to use.

Despite the condom’s popularity and familiarity, none of the women I asked felt it was common for women to buy condoms themselves or carry them in their pockets or purses. “It’s not really something that girls buy,” explained a twenty-year-old university student. Although she personally did not see anything wrong with a woman buying condoms, she admitted that she was in fact too embarrassed to buy them herself. Another twenty-year-old university student said she did not think one should be embarrassed about buying condoms if one was old enough to have sex, but acknowledged that many women probably did find buying them uncomfortable: “To take the condom, bring it to the register, and then if there’s a male store clerk—it’s embarrassing. He’s probably thinking, ‘This girl is about to have sex.’” Another woman said that she was the one who had to buy condoms in the past because her boyfriend was shy and he got too nervous. Still, she tried to find a female cashier when possible.

Others indicated that having condoms on hand might signal promiscuity. A twenty-one year old university student said she felt that women should have access to condoms in order to protect themselves, but also felt that if a woman carried condoms with her it conveyed a message that she was willing to have sex with anyone. A twenty-four-year-old preschool teacher expressed a similar sentiment. “If you have condoms, it’s like [you’re saying] you have an insatiable sex drive (motteru to yaruki manman mitai na),” she said. Even women who did not feel that it should be particularly shameful or embarrassing to buy or carry condoms still indicated that they preferred that their partner provide them. Speaking of women she knew, a twenty-one-year-old department store clerk said, “I get the feeling they like to entrust it to their partner (aite no makase).” A twenty-one-year-old student said that she felt it was appropriate that her boyfriend was the one in their relationship who procured the condoms. After all, “he’s the one that wears it,” she explained.

**Social Meanings of Condoms**
In *Taking Chances: Abortion and the Decision Not to Contracept*, sociologist Kristin Luker (1975) identified several social costs attached to obtaining and using contraception consistently among a sample of American women in California in the early 1970s. By obtaining contraception, a woman becomes “a woman who must take initiative, view
herself as sexually aggressive, and abandon the traditional role of female passivity” (Luker 1975:46). Condoms are one method that exemplifies this social cost, because they require advanced planning and acknowledging to oneself (and sometimes others: doctors and drugstore clerks) that one is going to engage in sexual intercourse. If they used condoms, most women in my sample preferred to rely on their partner to provide them. This allowed them to retain the “good girl” image for middle-class women promoted in families and schools that I discuss elsewhere (Sandberg 2010).

Furthermore, the fact that the women I spoke with often relied on their partners to provide contraception also allowed them to sustain the narrative that their partners are reliable partners worthy of their trust. While Elisa J. Sobo (1995, 1998) has demonstrated a “monogamy narrative” and a “wisdom narrative” used by American women to justify unsafe sex with their partners, I propose a “reliability narrative” at work among young women in Japan. Many of the women in my sample said that either they or their friends preferred to rely on their sexual partners to provide condoms for their sexual encounters. In parts of the interview where women discussed relationship ideals, the ability to rely (tayoru) psychologically on one’s partner emerged as a key ideal that women identified in discussing their understandings of steady dating relationships in Japan.3

Another closely related ideal was the partner’s willingness to take his girlfriend’s needs into account. Relying on one’s partner for contraception, then, may serve as a means of signaling that one’s boyfriend is someone who takes his girlfriend’s desires into account and is worthy of such reliance. In this understanding, a romantic partner proves his reliability and commitment to the relationship by being willing to procure and wear a condom. Similar to the women studied by Sobo (1995, 1998), the women I interviewed upheld this “reliability narrative” even in the face of evidence to the contrary. Most women, including those who said they relied upon their partners for contraception, could point to instances where they did not use any (or resorted to a method they felt was less reliable) because their partner had failed to provide contraception, yet they maintained the relationship.

In addition to requiring advanced planning and signaling a lack of trust, condoms also extract a cost because they require the couple to stop foreplay in order to apply the condom and thus can “wreck the mood” (mūdo kowareru), as several women commented on their questionnaires. This is especially significant given the ideology of romantic love that women drew upon to describe their ideals for premarital relationships and the significance of sexual activity within those relationships. Luker notes, “one part of the sexual ideology surrounding intercourse is that it must be romantic, an act of impulse infused with passion and noble feelings” (1975:49). Viewed in this light, stopping to put on a condom is a rational and practical act—in other words, the antithesis of a romantic impulse infused with passion.

3 See Sandberg 2010:172-175 for a more extensive description.
In sum, while condoms were clearly the most-preferred method, they were also considered problematic because they must be obtained in advance, they must be put on right before intercourse begins, and they can change the way sexual intercourse feels for both men and women. For these reasons, many women alternated condom use with other methods such as withdrawal and fertility calculation; less than one quarter of the women in my sample had used condoms exclusively.

Alternatives to Condoms: Withdrawal and Fertility Calculation Methods
While both withdrawal and fertility calculation methods require some degree of advance planning, both of these have the advantage of not having to purchase anything repeatedly.\(^4\) In addition, during the infertile periods of a woman’s cycle, fertility calculation methods do not require interrupting the sexual encounter to apply a contraceptive and do not change the way intercourse feels. The popularity of fertility calculation methods have received a relatively significant amount of attention in the anthropological literature on Japan (see Coleman 1991, Jitsukawa 1997). Because they work in line with the body’s rhythms they are generally considered more “natural” than medical interventions such as condoms and pills. Due to the extensive analyses provided by earlier anthropologists, in this section I focus on the use of withdrawal, which has received significantly less attention in either the anthropological or public health literature on Japan.

Why is use of withdrawal so popular in Japan? The primary reason seems to be that it provides some protection against pregnancy without requiring advance planning. When asked why they had used withdrawal, the largest number of women indicated that they had used it in situations when “we had not made preparations in advance, such as having condoms on hand.” In other words, if women themselves felt uncomfortable buying condoms, and they were relying on a partner to provide them but he did not, they were in a situation without a lot of other options. This is similar to findings based on research among American couples, some of whom said they used withdrawal because they felt that it was “better than doing nothing” (Jones et al. 2009: 409). Even the rhythm or basal body temperature methods involve some degree of advance planning because a woman needs to either keep track of her menstrual cycle or take her temperature daily in order to know whether it is the infertile time during her monthly cycle. An advantage of withdrawal is that it can be used without any planning in advance, on any day of the month.

Beyond being used as a method of last resort, withdrawal may have additional benefits that coincide with women’s priorities in their romantic relationships and their

\(^4\) One fertility calculation method, the basal body temperature method, does require the purchase of a special digital thermometer that can measure body temperature down to a fraction of a degree. These are readily available in most drugstores and only need to be purchased once in order to use the method continuously.
understandings about the place of sexual behavior in those relationships. Several women indicated that they had used withdrawal because they wanted to deepen the relationship with their partner. Anthropologist Jennifer S. Hirsch (2003) has called into question the inherent “backwardness” attributed to “traditional” contraceptive methods by demonstrating that some couples in her ethnographic research in Mexico used “traditional” methods in order to reinforce more companionate marital roles, which are understood as “modern” by her interviewees. These companionate roles, which downplay financial support and adherence to gender hierarchies in favor of joint decision-making as well as both partners expressing their care and consideration for the other, are similar to the premarital relationship ideals that young women in Japan described to me in other parts of the interview. As Hirsch notes, use of withdrawal involves both parties in a joint decision, and also requires both parties to sacrifice some pleasure for the sake of the relationship. The women she interviewed proudly described the way their husbands “took care” of them by sacrificing their own pleasure and exercising control for the sake of their family goals.

Within my sample, there was also evidence that some women viewed use of withdrawal as a method that demonstrates care and communication. Miho, a twenty-three year old woman working in the financial sector, described the way that she and her then-boyfriend (who later became her husband) negotiated the use of withdrawal in their relationship:

He said that he didn’t want to wear a condom, that he could feel a difference whether he was wearing one or not. So, I felt a little sorry for him, and at first I thought, ‘Well, it’s okay [to have sex without a condom]. But later, I also said, ‘You can’t ejaculate inside me.’ Just that, I said. We made a compromise.

While at first she was willing to go along with condom-less sex, she felt more comfortable once they reached a joint decision to use withdrawal. She told me that she did not think of it as a foolproof method, but she seemed to view it as a way that each of them could get their needs met—fulfilling her desire to use some form of contraception while also fulfilling her boyfriend’s desire not to wear a condom.

In addition to the fact that use of withdrawal involves a joint decision, it also requires a significant amount of trust between partners because a woman must trust her partner enough to be reasonably sure that he will withdraw in time. Thus, use of withdrawal may reinforce trust and uphold the “reliability narrative” discussed above. Reliability can be maintained even if one’s partner “slips up,” as long as it is not intentional. On her questionnaire, a twenty-year-old university student described a time when she and her boyfriend had agreed to practice withdrawal, but he did not withdraw in time. “I could see he felt really bad about it,” she wrote. “It wasn’t deliberate, so it didn’t ruin our relationship.” In her view, the fact that it was not intentional and his subsequent regret both demonstrated that he cared about her and their relationship, and therefore he remained worthy of her trust.

Use of withdrawal may not only enhance a sense of emotional intimacy. The fact that many women in my sample felt that withdrawal was less effective and that they were risking a pregnancy may have enhanced the erotic experience for them. A study of
contraceptive use among Americans found that several interviewees (both male and female) described increased sexual arousal at the idea of risking pregnancy in explaining why they had not used contraception at certain times in past relationships (Higgins et al. 2008). This finding also echoes the extensive research on “barebacking” among gay men that has found that erotic pleasure may be heightened for some by the prospect of risking a disease or sharing it with their partner (Caballo-Diequez and Bauermeister 2004; Díaz 1999; Junge 2002; Shernoff 2005).

**The Pill: Burdensome, Unnatural, and Fostering the Wrong Dependency**

Only one woman I interviewed had used the pill. Most of the others claimed to know little about it and expressed reluctance toward trying it. In explaining their reluctance to use the pill, most women in my sample drew upon one or more of the following discourses: that the pill is burdensome to take everyday, that it is “unnatural” and dangerous to the body, and that pill use could lead to an undesirable dependency on medication. The following excerpt is taken from my interview with Hitomi, a twenty-one-year old student at a four-year university in Japan. Her interview incorporated each of the above themes, and is representative of the way many women explained their feelings to me about the pill.

**Shana:** Have you ever thought about using [the pill]?

**Hitomi:** No, I don’t really think I would.

**S:** Why not?

**H:** I don’t really know much about it and, you have to keep taking it, so there’s that and, well, it seems kind of constricting (sokubaku), that you have to take it everyday. I don’t like that.

**S:** Have you heard anything about side effects, or things like that?

**H:** Yes. It’s a medicine so there are definitely side effects, it’s not a natural thing, you know? (Shizen mono ja nai deshō.) So it’s scary (kowai), it makes me uneasy (fuan).

**S:** What kind of side effects have you heard about?

**H:** Well—probably—I’m not sure, but you can’t really adjust it yourself, so it scares me.

**S:** I understand. Well, putting aside the issue of whether you would use it or not, do you think it’s a good idea for it to be legally available?

**H:** It was approved recently wasn’t it?

**S:** What do you think of that?

**H:** I don’t really—Does it have the highest efficacy possible for a contraceptive?

**S:** Yes, I believe so.

**H:** And the dosage [of hormones] was changed, right?

**S:** Yes.

**H:** But, you are dependent on a medicine (kusuri ni tayotteru), right? I think that’s scary.

**S:** What if many people began to use it?

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5 A pseudonym.
H: It’s something you [must] get at a clinic, right? Because you have to go to the clinic. If everyone started buying it, it would be a problem.
S: Why?
H: People would think, “I have this, so it’s okay.”
S: People would think, “it’s okay to have sex anytime,” you mean?
H: I don’t really know, but it’s like an addiction (jōyō), you can’t just use medicine habitually. I know a lot of women who use it to delay their period before they go on trips, but—it doesn’t feel natural (shizenna kanji ja nai), so I don’t really [think it’s a good idea]…. 

Although Hitomi stated at the beginning that she “does not know very much” about the pill, through our conversation she revealed that she does actually know quite a bit about it when she mentioned the fact that it is only available through prescription at clinics, that it is highly effective in preventing pregnancy, and that the version recently legalized contains a lower dose of hormones than the pill previously available in Japan used for medical treatments. Despite the latter two potentially positive features, she continually returned to the discourse that the pill is “unnatural” and that it is “scary” to depend upon medication, even drawing a parallel to drug addiction. I specifically prompted Hitomi about side effects because fears about them continue to be the primary reason most women give on national surveys for not wanting to try the pill (Kitamura 2007).

When asked more for concrete examples of side effects, however, most women had only vague ideas about them (see also Jitsukawa 1997). For example, a twenty-seven-year-old clerical worker mentioned side effects right away when explaining why she did not want to try the pill. When I asked her to elaborate, she said, “I haven’t really heard anything specific, but you know, like you might not be able to have children in the future or something. I’ve heard lots of different things.” Fears about future infertility as a result of pill use were voiced by several women, along with more short-term side effects such as headaches, nausea, and weight gain. A twenty-one-year-old working in retail said that, even though she had a friend on the pill who reassured her that she had not had any trouble with it, she remained skeptical. “You know, if side effects appear, like, in the next generation, when the child is really small, I don’t like that.” There remain strong links in some women’s minds between the birth control pill and drug scandals in the 1960s and 70s, including the Japanese version of Thalidomide (Jitsukawa 1997; Norgren 2001).

Although the birth control pill delivers a standard dose of hormones daily and is therefore sometimes prescribed to correct hormonal irregularities, several women felt the pill can “destroy your hormonal balance” (horomon baransu kowareru/kuzureru). There may be an implicit comparison here between pharmaceuticals originally developed in North America and Europe (which are considered stronger and to have more side effects) and kampō, the form of Chinese herbal medicine that has a long history in Japan and continues to remain popular as an alternative to allopathic medicine. While women view the pill as disturbing the balance of their bodily hormones, the primary aim of kampō is to restore the natural balance inherent in the body (Ohnuki-Tierney 1984). The value of
maintaining the internal balance of one’s body has a long history in Japan, and continues to be reflected in a variety of social and educational settings (Lock 2002), including the health section of women’s magazines.

The construction of the pill as “unnatural” is also related to the discourse that it is a burden to have to take medication everyday. “I am resistant to the idea of taking medicine,” said Hiroko, “So I can’t really see taking something everyday.” While taking medicine temporarily to clear up an infection or treat another medical problem was considered reasonable, they expressed resistance to continuing to take the pill over a long period of time. This is because it is not used to treat a disease, and must be taken even on days one does not need contraception. Furthermore, many women explained that they did not even like to rely on medication to treat temporary ailments like colds or headaches. They did not trust that these medicines were wholly beneficial and pointed to harmful effects on their bodies as well as the pill’s propensity to foster a sense of dependency. This sentiment is similar to one of the arguments Japanese feminists used in a book arguing against the pill published by an Osaka women’s health center in the late 1980s, in which the authors stated, “I don’t have sex everyday and don’t need contraception everyday either. But, if I have to take a pill everyday, I feel my whole life will be revolving around the pill at the center” (Onna no Tame no Kurinikku Junbi Kai 1987:113).

The fact that it is necessary to visit a medical clinic in order to obtain a prescription serves as a significant obstacle for Japanese women who otherwise might like to try the pill. Unless they experience a menstrual problem, most women in Japan do not visit gynecologists until they become pregnant and the majority of women I interviewed had never been even though they were sexually active. Going to visit a gynecologist as an unmarried woman can raise pregnancy suspicions, and once there, few attempts are made to ensure privacy. As many gynecology clinics are quite small and crowded, it is not uncommon to overhear conversations between doctors and patients from the waiting room. Thus going to a clinic was equated with making a public statement that one is sexually active. Emiko had taken the higher dose pill in the past as a medical treatment, but she would not consider going back on it in order to use it as birth control. “My parents would definitely be suspicious if I began going to the clinic,” she explained. “They know I’ve stopped the treatment, so they would ask me why I need to go [so often].” The fact that it is relatively common in Japan for unmarried men and women to live in their natal household serves as an additional barrier to being able to obtain and take any medication covertly.

Several medical anthropologists have highlighted the way that debates about bodily health can reveal larger social tensions. In an essay on “The Mindful Body,” Nancy Scheper-Hughes and Margaret M. Lock (1987) suggest that the physical body is symbolically equated with society so that healthy bodies represent a healthy society and a diseased body represents a malfunctioning society. In a similar way, women talked about their resistance to the pill not only as a way to protect their own bodies from perceived risks, but also as a way to protect the Japanese national body. A major anxiety expressed...
by several women was that if pill use became more widespread in Japan, sexually transmitted diseases such as AIDS would become more rampant and pose a threat to the health of the population. Implicit in these concerns also seemed to be a fear that Japan would become more similar to the United States, which is associated in many minds with promiscuity and high rates of AIDS and other social problems.

Finally, the near-universal rejection of the pill also underscores many of the relational themes that appeared in discussions of other contraceptive methods. For example, many of the feminist groups in Japan who opposed the birth control pill until the late 1990s did so because they felt that the pill would expose women to physical harm while placing the burden of contraception on women and removing any sense of male responsibility for birth control (Jitsukawa 1997). Viewed in this light, women’s preference that their partners take responsibility for providing condoms can be seen as way to protect themselves from health risks and also ensure that their partners remain involved and committed to the shared goal of preventing pregnancy. Similarly, use of withdrawal also fostered a sense of cooperation and shared commitment among the women I interviewed. The pill, which is lauded in much of the international family planning literature because it is a “female-controlled method” and thus allows a woman to practice contraception without her partner’s knowledge (or even against his wishes), does not further such goals. In fact, a twenty-five-year-old working in finance commented that the pill “seems like it would make men lose their sense of responsibility.” A twenty-seven-year-old clerical worker suggested that the pill might be appropriate for women who were having relationships with a lot of different men. Along with reinforcing the association between using the pill and promiscuity, this statement suggests that pill use is appropriate if one has relationship priorities other than fostering long-term communication and cooperation. Finally, in saying they did not want to be “dependent” on the pill, as Hitomi did, women were essentially rejecting physical dependence on something they viewed as an unnatural technological intervention in favor of the ability to depend psychologically and emotionally on their romantic partners. Through their contraceptive choices, many women physically embody their commitment to the ideals of reliance, cooperation, and emotional intimacy that they prioritized in long-term relationships.

**Conclusion**

While condoms have remained in wide use in Japan over the past forty years and therefore much of the literature about family planning in Japan has focused on them (Coleman 1991), more recently family planning surveys have found that withdrawal is more widely practiced than previously thought (Hayashi 2000). Among the young women I interviewed, condoms were the preferred and most widely-used method due to their familiarity, efficacy, and the sense that “everyone uses them,” but most women also found them problematic. Thus, three-quarters of the women in my sample had relied on different methods at different times, and all but one of the women who had used multiple methods had used withdrawal at some point in the past. In fact, use of withdrawal was viewed as fostering particular relationship goals—such as cooperation and trust—that had emerged elsewhere in my interviews as key components of premarital romantic relationships. In light of these findings, I have proposed that use of both condoms and
withdrawal allow women to sustain a “reliability narrative,” in which they view their partners’ role as one in which he demonstrates his commitment to the relationship by being the one to provide condoms or to withdraw at the appropriate time during sexual intercourse. Although most women did not personally feel that withdrawal was as effective as condoms in preventing pregnancy, some may have viewed their partner’s willingness to risk a pregnancy with them as the ultimate sign of reliability and commitment to the relationship. Viewed in light of the historical perspective provided earlier, my research demonstrates the way that contraceptive strategies have changed as expectations about romantic relationships and women’s priorities have changed among middle and upper-middle class urban women. Rather than revealing either ignorance or patriarchal oppression, these women’s contraceptive choices make sense in light of the particular priorities they hold for both their bodies and their romantic relationships.

References


