

## Original Paper

## Attitudes toward Sexuality among High School Students in Japan

Emiko SUZUI\* and Atsuko HIRAOKA\*\*

*(Accepted Dec. 12, 2006)*

Key words: high school students, sexual education, gender traits

## Abstract

I invited groups of adolescent students to whom I had given sexual education talks to e-mail me their questions. Respondents were composed of 1,267 high schoolers (512 boys and 755 girls) from 3 high schools. The survey was conducted for 9 months, between July 2003 and April 2004 and covered 169 e-mails, 87 from boys and 82 from girls. The questions reflected the respective gender traits. The boys indicated worries over physiological and psychological aspects of sex, but the bulk of their questions expressed interest in sexual activity. In addition to physiological and psychological worries, the girls' questions for the most part concerned associating with the opposite sex. Specifically, almost all examples of this type of question from the girls referred to their mixed feelings about sexual activity; they were afraid of pregnancy but engaging in sexual activities anyway out of deference to their boyfriends' wants. My conclusion is that sexual education for high school students should improve their level of self-determination.

## Introduction

In Japan as elsewhere, teens are becoming sexually active at earlier ages than ever before. As a result, pregnancies, abortions, and sexually transmitted diseases are all on the rise in the teen population [1]. Surveys on sexual activity among young people corroborate this trend: the Japanese Association for Sex Education found that physical contact between the sexes is increasing at the middle school level [2], and that as many as 77.2% of high school girls view sexual activity in a positive light [3].

Furthermore, increasing ownership of cell phones is making it all the easier for teens to meet members of the opposite sex. Popular entertainment, readily available to teens, too often feeds the perception that teens should be sexually active because "everyone is doing it" or that sex is part of a "cool" lifestyle.

Added to this environment is the heightened awareness of individual sexuality, as teens experience the physical changes of puberty. It is easy to see that the excessive saturation of print and other media with sex-related material can fan impulsive sexual activity by teens. Oda concludes that teens are easily influenced by such messages, and "are losing sight of the profundity of human sexuality" [4].

The rising incidence of sexual activity and changing attitudes have turned teens into a high-risk segment of our population, and given rise to some grim trends. There were 30,984 induced abortions among teens reported in 1997, but the number climbed to 46,511 in 2001 and is still on the rise. A Ministry of Health and Labor committee tracking AIDS (Acquired Immune Deficiency Syndrome) reports that in 2001, 40% of HIV (Human Immunodeficiency Virus)-positive Japanese were in their teens and twenties. Of those

\* Department of Nursing, Faculty of Health and Welfare, Kawasaki University of Medical Welfare  
Kurashiki, Okayama 701-0193, Japan

\*\* Department of Nursing, Prefectural University of Hiroshima  
Mihara, Hiroshima 723-0053, Japan

who were infected by their partners, 70% of the HIV-positive teens were female. Among people in their twenties who were infected by sexual partners, women still outnumber men at 60%. Transmission rates for Chlamydia are also high among young people, of those who have had four or more partners, almost 20% are infected [5].

In light of the growing seriousness of health and social problems related to sexual activity, educators have called for greater emphasis on sex education for middle and high school students, various activities are already being pursued and documented [6].

Despite such efforts, however, unwanted teen pregnancies and STD's (Sexually Transmitted Disease) are still on the rise. This in itself is a warning that the content of sex education as it is being offered today is not influencing a sufficient number of teens.

The present study attempts to obtain a more detailed picture of teen attitudes relating to sex and sexuality that may help us to provide more effective sex education. The study is based on the written comments of high school students, collected after a lecture on sex and sexuality in puberty, as well as emails that some of these students sent to a helpline.

In my analysis and recommendations, I have used as a reference the four basic attributes identified by Sekizuka et al. in their research on preventive behaviors by teens [7]. They found that teen use of contraceptives and actions to prevent transmission of STD's depended on 1) their level of acceptance of sexual activity, 2) tendency to dismiss negative outcomes, 3) ability to make decisions autonomously, and 4) awareness of implications/recognition of the need for preventive behaviors.

## Methods

This study used qualitative methods and data was collected from written reports.

### *Study participants*

This study is based on data provided by 1,267 high school students (512 male and 755 female) attending one of three high schools in Hiroshima Prefecture. (The high schools are located in three cities: Fukuyama, Onomichi, and Mihara.)

At each of these schools, the author gave the same 60 minute talk on sex and sexuality in high school students. Topics covered included physical and emotional changes in puberty, differences in individual responses to these changes, and attendant concerns such as anxiety, pregnancy, induced abortion, and sexually transmitted diseases.

### *Data collection*

Immediately after this talk, I distributed a response paper to all the students present. They were asked to respond in writing, freely and anonymously, about the topics discussed in the lecture. The students were also invited to ask questions or discuss concerns relating to the topic.

The students were also informed that they could e-mail a helpline with their questions and concerns. Six members of the university teaching staff (4 female and 2 male) had agreed to respond to e-mails from students. Their e-mail addresses were given to the students on small cards the size of standard business cards.

### *Study period*

The lectures were given and the e-mail helpline maintained over a nine-month period from July 2003 through March 2004.

### *Data analysis*

A total of 1,097 responses (86.6% response rate; 448 male and 649 female) were provided immediately following the lectures, and the helpline received 169 e-mail messages (87 male and 82 female).

The written responses collected after the lectures were summarized for content. For each response, two researchers conferred to produce a summary, combining related ideas and deleting reiterations. The opinions that described or reflected the respondent's attitudes relating to sex and sexuality were categorized according to content, summarizing again so that similar views expressed in different ways would not be recorded as multiple responses.

The e-mail messages were also categorized by content in the same manner.

From these two sets of data, I have analyzed the attitudes of high school students, and offer some recommendations based on my interpretations.

### *Ethical considerations*

The intention of the study was explained to the high school teachers and students who attended the lecture that the authors gave. Their approval was obtained before the study. The data was provided anonymously.

## Results

### *Attitudes expressed following the talk on high school students' sexuality*

#### 1) Age differences in attitudes toward sex and sexuality

The written comments produced by the students following the lecture dealt with one or more of the following seven topics:

- i) concern about STD's as a serious health issue
- ii) concern about induced abortions
- iii) the need for self-esteem
- iv) the need for responsible behavior
- v) encouraging the use of contraceptives
- vi) the need for abstinence
- vii) respect for the feelings of one's partner

The traits that become apparent in these categories echo the four basic attributes identified by Sekizuka et al. in their research on preventive behaviors by youths. However, because each of these seven categories is discrete and because they serve to group the various comments without overlap, this breakdown is deemed relevant to the present study.

There are some differences between Grades 10 and 11 to Grade 12. Some students in Grades 10 and 11 wrote that they did not understand the information offered on pregnancy, abortion, and/or STD's. In

contrast, none of the Grade 12 students expressed lack of interest in these issues; rather, some students expressed a desire to learn more, but Grade 11 students were most concerned about STD's. Grade 10 mentioned the need for abstinence. In addition, Grades 10 and 11 commented on the need to respect their partner's feelings.

It is also interesting that only Grade 10 students had comments on encouraging the use of contraceptives, while only Grade 12 students expressed concern regarding the topic of induced abortion. However, given that, Grade 12 students expressed concerns regarding abortion, responsible behavior, and self-esteem, it seems clear that they are more aware than younger high school students of the personal impact of issues involving sex.

## 2) Differences in attitudes based on gender

More boys than girls commented on STD's and the need to respect their partner's feelings, while more girls than boys commented on the need for responsible behavior, abstinence, and self-esteem. The concept of self-esteem in relation to sexuality and sexual behavior appears to be far more relevant to girls.

There was not a great difference between male and female students in the number of responses that mention abstinence. Awareness is also high for both sexes regarding respect for the feelings of partners. In addition, while there were some age differences regarding awareness of STD's and the need for responsible behavior, the gender difference on these two issues was not large.

On the other hand, judging solely on the basis of comments provided by students following sex education, there is a clear difference between male and female students in the level of concern regarding abortion, contraception and the need for self-esteem. It is notable that only the girls articulated concern over abortion and commented on encouraging contraception. As the ones who will have to deal personally with the consequences of pregnancy, awareness was predictably high.

Awareness of the seven issues identified in this study increases more for girls as the respondents' age increases. This tendency was most pronounced regarding issues relating to pregnancy and abortion.

### *Concerns expressed by high school students*

#### 1) Concerns expressed by male students

In all, 87 e-mail messages were received from male students. Grouping them by the main topic, 14 were about physical concerns and 13 were about emotional concerns, 43 were on sexual urges, and 17 were about relationships. (see Table 1)

The 14 messages on physical concerns focused largely on the external genitalia. They included 6 on the appearance (such as color and functioning), 4 on suspected abnormalities (pain, suspicion of STD's), and 2 on their size and shape. There were also 2 messages on STD's.

The 13 messages on emotional concerns included 8 on pregnancy (ascertaining "safe days" and the possibility of pregnancy), 3 on abusive behavior by classmates, 1 on homosexuality, and 1 on lack of sexual experience.

The messages discussing sexual urges included 30 which asked about female sexuality and female sex organs, 11 on sexual urges per se, including rape fantasies, and 2 on homoeroticism.

Of the 17 messages dealing with relationships, 5 asked about contraceptive methods (the use and removal of barrier methods), and 12 discussed relationships or the lack of a relationship.

Interest in physical sex stood out as the topic addressed in the largest number of messages, followed

Table 1 Concerns expressed by male students.

Topics	Total Number of Cases	Contents	Number of Cases
Physical Concerns	14	the appearance (color, functioning)	6
		suspected abnormalities (pain, suspicion of STD)	4
		the genitals (size and shape)	2
		STD	2
Emotional Concerns	13	pregnancy (ascertaining "safe day", the possibility)	8
		abusive behavior by classmates	3
		homosexuality	1
		lack of sexual experience	1
Sexual Urges	43	female sexuality and female sex organs	30
		sexual urges per se, rape fantasies	11
		homoeroticism	2
Relationships	17	contraceptive methods (the use and removal of barrier methods)	5
		lack of relationships	12
<b>Total</b>	<b>87</b>		<b>87</b>

Groupings of the 87 e-mail messaged receives from male students.

by questions and concerns regarding external genitals, then pregnancy. The messages concerning physical sex were notably blunt and graphic. Expressions such as "I just want to do it", invitations to engage in sex, and undisguised curiosity about female genitalia gave the researchers a glimpse of the respondents' difficulties reining in their hormones.

## 2) Concerns expressed by female students

On the other hand, the 82 e-mail messages received from female students comprised 39 on physical questions, 18 on emotional issues, 0 on sexual urges, and 28 on relationships. (see Table 2)

The questions on physical concerns included 13 on menstruation (volume of flow, period cycles, menstrual pain and ways to deal with it, menstrual irregularity, and breakthrough bleeding), 10 on physical characteristics (particularly the shape and size of breasts and/or nipples), 7 on pain or bleeding during intercourse, 5 on STD's, 3 on genital inflammation, and 1 on physique.

The emotional issues raised in the e-mail messages included 13 on worries over pregnancy (and methods of abortion), 3 on post-abortion stresses (physical symptoms as well as impact on sexual relations), 1 that wrote off all discussion of sex as "distasteful", and 1 that expressed frustration at "being treated like a child".

Of the messages concerning relationships with the opposite sex, the majority involved concerns relating to physical intercourse. Some girls were hesitant, such as the 15 who asked questions such as "Is it okay to have sex?" "How long is he going to wait?" and "I feel bad because he really seems to want to do it". Some were struggling, such as the 7 whose relationships "aren't going well" or were in the process of splitting up. There were 2 messages from girls who described themselves as "not in a relationship any more" but were still having sex with their ex-boyfriends. Three messages were about boyfriends who won't use a condom or cannot because of a latex allergy. There was also 1 message from a student who was unable to find a boyfriend and wondered if there was something wrong with her.

Overall, the most salient concerns among the girls were menstruation and relationships. Regarding the latter in particular, a large number of messages wanted advice on how long they could or should

Table 2 Concerns expressed by female students.

Topics	Total Number of Cases	Contents	Number of Cases
Physical Concerns	39	menstruation(volume of flow, period cycles, menstrual pain and ways to deal with it, menstrual irregularity, breakthrough bleeding)	13
		physical characteristics(particularly the shape and size of breasts and/or nipples)	10
		pain or bleeding during intercourse	7
		STD	5
		genital inflammation	3
		physique	1
Emotional Concerns	18	worries over pregnancy(and methods of abortion)	13
		post-abortion stresses(physical symptoms as well as impact on sexual relationships)	3
		wrote off all discussion of sex as "distasteful"	1
		expressed frustration at "being treated like a child"	1
Sexual Urges	0		0
Relationships	28	concerns relating to physical intercourse	15
		struggling relationships	7
		still having sex with their ex-boyfriend	2
		lack of contraceptive methods (boyfriends who won't use a condom or cannot because of a latex allergy)	3
		unable to find a boyfriend	1
<b>Total</b>	<b>82</b>		<b>82</b>

Grouping of the 83 e-mail messages received from female students.

keep a boyfriend waiting before engaging in sexual intercourse. At least one message explicitly asked for permission to go ahead because the writer "felt sorry about making him hold back".

In these messages, the priority seemed to be maintaining the relationship and fulfilling the sexual desires of boyfriends. In all of the 7 messages that mention pain or bleeding during intercourse, all of the writers explained that they were engaging in sex because their partners wanted it. It appears that the writers themselves had no desire for sexual intercourse, but could not refuse to gratify their boyfriend.

On the other hand, many of the messages expressed strong fears concerning pregnancy and abortion. As the messages on emotional concerns ignore, the female students were acutely conscious of the dangers of pregnancy and abortion. Yet, in spite of these fears, they seemed to feel a responsibility to fulfill the sexual urges of their boyfriend.

Overall, the private e-mail messages from male students provide a glimpse into the physical and emotional concerns of male teens. What most clearly set their messages apart from those written by girls were the frank expressions of interest in sex, which ranged from hesitant to baldly aggressive. Although the physical changes typical to this age group are at the root of their heightened sex drive, the e-mail messages suggest that the male high school students were not dealing effectively with their physical and emotional arousal.

In contrast, the girls' e-mail messages also gave voice to physical and emotional concerns, but they clearly illustrated the stresses inherent in relationships that involve sex. Although they worried about STD's, pregnancy and abortion, many of them were acceding to their boyfriends' desires rather than making their own decisions regarding sex.

### Conclusions

In their study of contraception and prevention of STD's among college students, Sekizuka et al. [8] found that women scored higher than men in active decision-making and that women were more conscious than

men of the social consequences of pregnancy. Sekizuka concludes that these findings underscore the greater direct impact of pregnancy and childbirth on women's lives.

The present study also indicated higher consciousness among female high school students regarding contraception, concern over abortion, and the need for self-esteem. In this sense, the present study echoes the findings of Sekizuka et al.

However, the study of college-age men and women found that women exercised a high level of self-determination in the use of contraceptives. In contrast, many of the high school girls in the present study engaged in sexual intercourse because they did not feel comfortable about "making him wait" or because their boyfriends "say they want to", even though they entertained fears over pregnancy and abortion, were aware of the importance of contraception, and were worried about pregnancy following unprotected sex.

Once these teens were in actual relationships, the girls appear to accede control over their own sexuality. There were not a few messages from girls mentioning vaginal bleeding following unwanted sexual intercourse, another indication that males are taking an active role and females a passive one regarding sexual relations in the teen years.

Mishima [9] advises that high school students need to be better informed of contraceptive methods including birth control pills, and that sex education must provide accurate information on sexually transmitted diseases. Efforts must also be made, Mishima urges, to communicate moral values in relation to sex.

Sekizuka et al. also insists that our sexually permissive climate must be altered if we are to decrease the incidence of unintended pregnancies and STD's. In light of the early age at which teens are becoming sexually active, sex education must not just teach teens to say no to sex, but urge them to actively decide in matters that affect their health. Sekizuka also urges that teens be taught communication skills that will empower them to assert their views to partners in a relationship so that they can act in ways that reflect their decisions.

The case for sex education is made by many researchers. Saito et al. points out that "for both men and women, an understanding of each other's anatomical and physiological functions relating to sex is fundamental to respect for one another" [10].

Hiraoka [11] has found that as many as 3 in 4 high school students feel that "sex is okay", and argues that this situation calls for sex education in all schools, from elementary school if possible. From middle school at the latest, Hiraoka urges that sex education be systematic and comprehensive.

These and many other health professionals and educators are emphasizing the importance of sex education and the need to provide such classes to younger students. But Ken reports that sex education as it is being provided in Japan is not meeting the needs of today's teens [12], because content is not sufficient to be viewed as relevant, students are not taking interest in the classes.

One aspect that must be remedied is the current tendency for sex education to be provided at the high school level as a stop-gap measure to prevent pregnancies among students who may already be high risk. What is more educationally important and effective is to provide appropriate education at each age level, centering on an effort to nurture in each student an awareness of their responsibility to themselves and their right to make decisions affecting their health and personal integrity.

A disturbing reality that comes to light from this study is that the determinants of sexual behavior differ for boys and girls. In simple terms, the determinants boil down to a double standard that reflects perceptions adopted by both sexes. While sex drive is a feature of both males and females in our species, the sex drive of males is often viewed as "something irrepressible that would burst forth if not fulfilled, while women are viewed as sexually passive" [13].

Sadly, this perception often seems to be accepted by women [14]. Although modern society has become

progressively more permissive, allowing an environment in which sexually explicit materials are readily available for consumption even by teens, individual awareness of sexual rights appears to hew to traditional models.

Even if schools provide sex education to teens, it is often a hurried response to the reality of increasing sexual activity. Without an awareness of sexual rights on the part of each teen, however, it is not likely to be effective in promoting independent, responsible decision-making.

Because the present study deals only with high school students, it is not possible to generalize about our society as a whole from its findings. The results do indicate, however, that at least a portion of young women are not developing sufficient awareness of their rights. At a crucial period in their lives, they are not asserting themselves based on their own views and needs.

In order to ensure the reproductive health rights of each individual and improve our society's record on sex-related issues involving teens, it seems advisable not only to provide sex education from an early age (as appropriate even to young children), but also to alter the dichotomy of perceptions that are preventing young women from asserting their sexual rights. An awareness of this double standard can also help young men to make more responsible choices that are sensitive to their partners' needs.

This is a vital finding that must be considered in determining content for sex education that is relevant to teens and effective in aiding both young women and men.

## References

1. Saito M, Sekishima E: The reality of sex education in middle schools — studies on puberty. *Adolescentology* 21:236, 2003.
2. Japanese Association for Sex Education: Fifth Report on Sexual Activity Among Our Youths — a survey of middle school, high school, and college students. *Japanese Association for Sex Education*, 2000.
3. Mitsui Y: Teaching about sexuality and life. *Saitama University Publishing*, Saitama, 41–42, 1999.
4. Oda H: Sexual activity and contraception among middle and high school students. *J Midwives* 53:969–974, 1999.
5. Ministry of Health, Labor and Welfare, Department of Statistical Information: 2001 Statistical Report on Maternal Health. *Association for Health Statistics*, Tokyo, 2002.
6. Murase Y: *Directions for Sexuality and Sex Education in the 21<sup>st</sup> Century*, Otsuki Shoten, Tokyo, 102, 1998.
7. Sekizuka M, Seki H, Sasagawa T, Mimoto M, Ito C, Ono M, Haga E, Wakata T, Inagaki R, Wanaka M: Avoiding pregnancy and STD's — independent decision-making and preventive behaviors by college students. *Studies on Puberty* 22:149–156, 2004.
8. Mishima M: A study on the awareness of low-estrogen birth control pills among high school students. *Studies on Puberty* 20:320–321, 2002.
9. Hiraoka T: The attitudes of high school students regarding sexuality and sex education. *Studies on Puberty* 21:192–199, 2003.
12. Turugi Y: Sexual awareness at the middle school level — a study of students at four middle schools in the city of Kita-Kyushu. *Studies on Puberty* 21:320–321, 2003.
13. Inoue T, Ueno C, Ebara Y, Osawa M, Kano M: *A Dictionary of Women's Studies*, Tokyo, Iwanami Shoten, 284, 2002.
14. Ashino Y: The meaning of reproductive health rights. *Reproductive Health Rights*, Kunio Kitamura, Education. Medical Publishing, Tokyo, 13–15, 1998.