3.　予防啓発活動へのHIV陽性者の視点の導入

1. 検査、医療の現場でのMSMに対する理解促進と差別防止

差別や差別的言動が社会的に許されないことは万人が理解しているところである。しかしながらこれらは常に無自覚に行われる所に問題がある。本研究のMSM陽性者への聞き取り調査から、検査機関や医療機関の専門職が自らの個人的価値観や嫌悪感などの感情に支配されたまま無自覚に差別的言動をとっていることが判ってきた。

MSM をはじめとする性的少数者に対する理解は近年進展を見せている。特に性同一性障害者に対しては一部戸籍変更が認められるなど制度上の改善も見られる。しかしながら男性同性愛者に対しては社会的認知も低く、当事者もまた男性同性愛者を含むMSMに対する否定的な社会心理を内在化させている場合が多い。このようなクライアント、患者の存在が重要な前提となるHIV感染症対策においては、まず職業人として保健、医療に従事する専門職がこの現実に対応する必要がある。

いっぽうで性社会学、性科学などの研究はわが国においても進展を見せている。MSM の社会的脆弱さがその自尊感情を低下させHIV感染の危険性を増加させている側面も明らかになってきた。(ゲイ・バイセクシュアル男性のHIV感染リスク行動と精神的健康およびライフイベントに関する研究/日高庸晴ら (2004) 日本エイズ学会誌第6巻3号165-173; 日本エイズ学会)また、当事者による研究も欧米諸国に比して遅れているとはいえ、進展を見せている。しかしながらわが国におけるHIV抗体検査に携わる保健関係者、HIV診療にたずさわる医療関係者の育成に関わる専門家研修においてはこの問題が軽視されている。そのため一部医療機関においては独自に学習の機会を設けざるを得ない状況にある。この不存在が意図的であれ、無意識であれ、わが国におけるエイズ対策の中心的機関がこの努力を怠っていることはまさしく差別が制度化されつつあり、後天性免疫不全症候群に関する特定感染症予防指針（平成十一年厚生省告示第二百十七号、平成十八年三月二日厚生省告示第八十九号により改訂）の無視に等しいと言わざるを得ない。

MSM陽性者が安心してHIV抗体検査を受検し、高度な医療を誇るわが国のHIV診療体制に円滑にアクセスできる環境を整備するためには、クライアントおよび患者としてのMSM理解促進および差別的対応の改善のための研修を関係者に対して強く推進する必要がある。

2. セクシュアルヘルス支援に実践的な経験、技術を持つ専門家の育成

わが国において性行動に関する研究は欧米先進諸国に比較して大幅に遅れをとっている。精神科領域においてもセックス依存症に対応しうる専門医は極めて少なく、臨床心理分野においてもセックスカウンセリングに関する研究は未だ数少ない。さらに実践的経験を有する専門職は皆無に等しく、HIV 陽性者の多くはセクシュアルヘルス向上のニーズを感じながらもその支援サービスへのアクセスをできない状況にある。

当研究の過程からも陽性告知後カウンセリングや医療現場において専門家の形式的理解による介入に反発を覚え性に関するコミュニケーションを自主規制している様子がうかがわれた。

この背景にはわが国の文化が社会構造的、社会心理的に性を卑しい存在とする性嫌悪症的傾向がある。しかしながらHIV感染症対策においてHIV陽性者のセクシュアルヘルス向上は現実的に最重要課題であり、この問題を回避してHIV感染症流行の流れは止めることは不可能である。特にMSMの性行動や心理を熟知した上で支援的対応が可能な専門家の育成は急務である。

3. 予防啓発活動へのHIV陽性者の視点の導入

HIV 陽性者は予防、検査、医療、ケア・サポートなどエイズ対策のすべての局面においてその対象となった経験を有している。そして、その経験を生かして予防活動、支援活動に積極的に参加しているHIV陽性者も少なくない。これらのHIV陽性者からは予防プログラムが時には自分を排除するメッセージとして感じるという指摘がなされている。

予防啓発の対象者は個別施策層として位置づけられそこに向けたメッセージが発信される。いっぽうで予防情報がHIV陽性者としての生活イメージ、つまり検査後の生活ビジョンが欠落したままHIV陽性者排除のイメージを感じ取らせるものであったならば、検査行動や受信行動を促す上で逆効果にもなりうる。

保健所など行政によって発信される予防メッセージが自らの職業上の使命を強く意識するあまりこの点への配慮が欠落しているケースが多々見られる。たとえば昨年日本ユニセフが作成したHIV陽性者の妊婦を加害者として位置づけるポスターはHIV陽性の女性をひどく傷つけるものであったし、エイズ予防財団が展開した「Living Together/大切な人を守るために」というキャンペーンテーマは、不用意に用いられた「守る」という言葉がHIV陽性者を感染源としてイメージさせるものであった。誰も自ら加害者の立場に立ちたいとは思わない。これらはさらにHIV陽性者を恐怖の対象として受け止めさせ、HIV/エイズのスティグマを拡大する可能性も大きい。

これらの予防メッセージはともに発信者の視点で形成されたもので、HIV 陽性者の視点が導入されていればこのような結果は回避されたはずである。

また、HIV陽性者の視点はHIV感染が主にどこで、どのようにして起こっているのかという問題の解明にも貢献できる。個別施策層の中でも介入困難層はHIV陽性者として初めてエイズ対策の一環である医療にアクセスしてくる。つまりHIV陽性者は現行のエイズ対策が本来提供すべきセクシュアルヘルス向上のためのプログラムに不幸にもアクセスできなかった人々であり、その障害を解明することで今後重点的に実施すべき解決のための課題が浮かび上がってくる。この時、MSM をはじめとする社会的に脆弱な立場の人々への倫理的配慮が十分になされ、支援的な態度、体制が重要であることは言うまでもない。

厚生労働科学研究費補助金 エイズ対策研究事業
男性同性間のHIV感染対策とその評価に関する研究

アジアのMSMにおけるHIV疫学、リスク、予防のレビュー研究: アジアのMSMと日本のネットワークの構造について

研究協力者：ジェーン・コーナ（名古屋市立大学大学院看護研究科/エイズ予防財団）、金子典代（名古屋市立大学大学院看護研究科/エイズ予防財団）、市川誠一（名古屋市立大学大学院看護研究科）

研究要旨

Since 2000, more sophisticated HIV epidemiological data collected among MSM in Asia indicates high levels of infection rates in many countries including Thailand, Indonesia and China despite low infection levels among general populations[1]. This paper aims to present data on HIV risk and infection rates among MSM in Asia, in particular North Eastern Asia, including Taiwan, Hong Kong, and Singapore, and compare it with data regarding Japanese MSM. Furthermore, travel and immigration data will be presented to elucidate the level of gay and bisexual men traveling between Asia and Japan. In conclusion, Japan shares a number of features with the Asian epidemic, including late appearance of HIV infection by global standards, previous assumptions of a heterosexual sexual epidemic due to lack of adequate HIV epidemiological surveys in homosexual populations, diverse homosexual identities, high levels of social and structural stigma which have resulted in low levels of government funding and services for gay and bisexual men.

A. 研究目的

Retrospective analysis indicates high increases of HIV infection rates among MSM in Asia have been occurring since the late 1990s. In response to this, a number of international aid donor organizations have conducted research on HIV infection and risk factors among MSM in the Asian region. However, much data is focused on lower income countries in South and South-east Asia, as well as China. This paper attempts to collate data on Northern Asia, including higher income countries of Hong Kong, Singapore, Taiwan and Japan. The aim of this research is to assess the connectedness of the Asian and Japanese HIV epidemic in Asia and Japan by comparing HIV risk and epidemiological data, and by analyzing travel and immigration rates in and out of Japan.

B. 研究方法

A literature search was conducted using PubMed and Google Scholar internet data bases to collect HIV risk and epidemiology relating to MSM in Asian countries, in particular high income and northern- Asian countries. Japanese MSM related surveillance data was collated from Ministry of Health Labour and Welfare AIDS Research

Reports, surveillance data and published literature were used for comparison. The literature search revealed 77 documents. Data were collected on the levels of male same sexual behavior, syphilis prevalence and HIV incidence among MSM, HIV related risk factors, and evaluation of Asian governments' funding of MSM prevention campaigns. Furthermore, Japanese immigration and travel statistics and academic literature on Japanese MSM residing overseas were analyzed to evaluate the level of travel by MSM to and from Japan and Asia.

C. 研究結果

While HIV epidemiological, behavioral and social data on MSM in Asia was rather sparse up until the late 1990s, there has been more sophisticated level of data collected since 2000. The exception to this is South Korea, for which no MSM behavioral data was located. Findings presented will include the epidemiological pattern of HIV among MSM in Asia, related behavioral risk factors, and governments' response.

1. The epidemiology of HIV among MSM in Asia

Until the late 1990s, HIV infection in Asia was presumed to be predominantly through sex work and infecting drug use[2]. However, recent epidemiological data indicates previously undocumented HIV epidemics among MSM through-out Asia[3)4)].

The first indications of an emerging epidemic among MSM came from epidemiological research conducted among MSM in Bangkok and Phuket in Thailand which observed a jump in reported HIV incidence from 17.3 % in 2003 to 28.3 % in 2005[5)6)]. High increases in HIV infection rates among MSM in Thailand in the early 2000s are also consistent with hidden epidemics among MSM in other parts of Asia, including Cambodia, Vietnam, Indonesia, India, and northern Asian countries China, Hong Kong and Singapore[7-9)] (See Table 1).

Table 1. HIV infection prevalence among MSM in a number of countries in Asia

Location	Year	Prevalence %	Study design
Bangkok Thailand	2003	17.3%	Time-location sample with sero-testing
Bangkok Thailand	2005	28.3%	
Singapore	2002	5.8%	I'net questionnaire
Singapore	2004	8.0%	I'net questionnaire
Hong Kong	2006	4.1%	Sero-testing with I' view
Beijing China	2004	0.4%	RDS with sero-testing
Beijing China	2005	4.6%	RDS with sero-testing
Beijing China	2006	5.8%	RDS with sero-testing
Taiwan	2006	8.0%	Sero-testing at bath house
Osaka Japan	2005	6.0%	Dance party questionnaire
Tokyo Japan	2005	4.0%	Gay-bar Questionnaire

(Action for AIDS 2004, Chen 2006, Kimura 2005, Kimura 2005, Ma 2007, PRiSM 2006, van Griensven 2005)

Similar to the assumption that homosexual transmission was not prominent in the Asian

HIV epidemic, HIV in Japan was previously presumed to be a globally unique pattern of one dominated by neither heterosexual or homosexual transmission[10]. The recent pattern of late appearance of HIV generally, and increasing infection among MSM in Japan since 2000[11] (See Figure1 and 2) is consistent with the situation among MSM in many parts of Asia, that of a previously hidden and un-reported epidemic among homosexually active men.

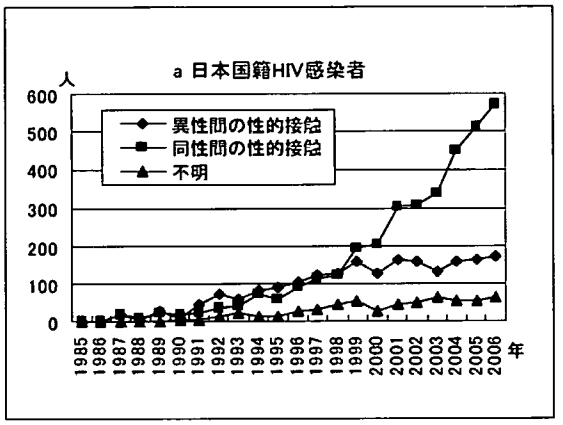

Figure 1. Yearly HIV infection among Japanese nationals by infection route (MHLW Surveillance Data)

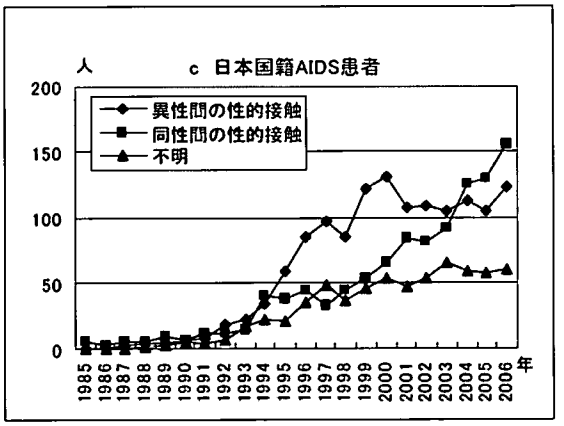

Figure 2. Yearly AIDS diagnosis among Japanese nationals by infection route (MHLW Surveillance Data)

Epidemiological HIV surveillance surveys among MSM in Japan were also late to be established, with the first such surveys conducted among gay and bisexual communities in the year 2000[12]. HIV testing rates among the general population have been quite low, thus the high representation of MSM in surveillance data can be partially explained by the activities of gay NGOs in promoting HIV testing events and services as a part of prevention activities[13].

HIV testing among MSM in Asia is low in comparison with MSM populations in Australia, North America and Europe (See Table 2). This is partially related to low self-perceptions of risk, lack of accessible STI services, and low levels of knowledge of HIV among gay and MSM on individual and group levels[14].

Table 2. Life time rates of HIV testing among MSM in a number of countries in Asia

Location	Year	Testing rate	Study design
Beijing	2006*	32%	RDS/sero-testing
Bangkok	2005*	21%	RDS/sero testing
Hong Kong	2004*	14%	Random sample telephone I' views with adult men
Taiwan	2006*	76%	Sero-testing and I' view with bath house attendees
Singapore	2004*	50%	gay portal I'net survey
Tokyo	2005*	36%	dance-party survey
Osaka	2005*	28%	gay bar survey
Melbourne	2006#	84%	gay community survey
Sydney	2006#	63%	gay community survey
US	1999*	84%	Random sample of MSM, telephone I' view/Sero-testing
London	2004*	69%	Sero-testing

* life time experience
# under-went testing in the previous 12 months
(Catania JA 2001, Dodds 2004, Frankland 2007, Ko 2006, Kimura 2005, Lau 2004, Ma 2007, van Griensven 2005, Zablotska 2007)

2. Factors contributing to HIV Risk among MSM: Unprotected Anal Sex

The literature identifies behavioral, social and structural factors impacting on MSM' s risk for HIV infection. Behavioral factors include: wide-spread and diverse same sex behaviors and identities, high levels of unprotected anal sex, high levels of syphilis prevalence, and increasing levels of HIV infection among MSM as a population group. Social and structural factors include: stigmatization of same sex behaviors and government inactivity in providing MSM targeted organizational support, information and prevention activities.

Behavioral research from a number of Asian countries indicates high levels of male to male sexual activity among men. While many of the sexual behavior studies have been conducted on convenience samples, including military conscripts, and are primarily young populations of men, the figures of 3% of to 18% indicate high levels of male same sexual activity (See Table 3).

Table 3. Prevalence of life-time same sex behavior among men in a number of countries in Asia

Location	Year	Prev %	Recruitment
Thailand	1993	3%	Interview survey with general adult population
Thailand	1993	16%	Military conscripts
Vientiane Laos	2004	18%	Young males
Hong Kong	2004	4.60%	Population based telephone survey with men 18 to 60
Japan	1999	1.2%*	Random sample Interview survey with adult general population

* Survey question asked the experience of same-sex sexual attraction

(Kihara 1999, Lau 2004, Sittriai 1993, Toole 2006 2004)

Adoption of a gay identity is not dominant among MSM in Asia, and there is a great deal of diversity in the types of homosexual identities adopted by men[14)15)]. Japanese data used for comparison relates to an interview survey conducted among adults which asked about experience of sexual intercourse or attraction to someone of the same sex[10)]. The methodological use of interviewers may have resulted in the low response rate to the question, as by international comparisons, Japanese same sex behavior among males is low.

One factor that has inhibited HIV epidemiological and prevention research for MSM in Asia has been the lack of indigenous research on homosexual behavior and culture[14)16)]. This is also true for Japan which only a small number of researchers involved in HIV prevention among MSM. The social research available indicates a number of similarities between MSM in Asia and Japan, including low levels of gay community organizing and openly taking on of gay identities[17-19)]. Similarly, while epidemiological data is being conducted in gay community attached gay and bisexual men, there is still little information known about MSM who consider themselves to be heterosexual, or for whom prefer to be hidden to avoid social stigma and discrimination associated with being homosexual in Asia[14)]. The same is also true for Japan[14)].

While population based studies have established that same sex behavior among men in Asia is high, MSM in Asia have a number of risk behaviors that make them vulnerable to HIV. These include: high levels of

unprotected anal sex (See Table 4), lack of knowledge about associated risk, high levels of transactional sex, high numbers of sex partners and low perceptions of self risk[14].

Table 4. Prevalence of unprotected anal-sex among MSM in a number of countries in Asia

Location	Year	Prevalence %	Unprotected sex
China Beijing	2005	79%	Regular male partner/in past 6 months
China Beijing	2007	68%	Unprotected sex with man in past 6 months
Taiwan	2005	22%	last bath-house visit
Hong Kong	2004	60%	Anal sex/last 6 months
Singapore	2004	30.8%	Unprotected anal sex with boy friend/ last month
		20.1%	Unprotected anal sex with casual partner/last month
Japan	2006	18.2%	Didn't use condom with last anal sex/ regular partner
		8.6%	Didn't use condom with last anal sex/ casual partner

(Ruan 2005, Ma 2007, Chen 2005, Kimura 2005, Lau 2004)

For example, the percentage of MSM using condoms with sex with commercial and casual partners is lower than the rates of condom use reported by male partners of female sex workers in the same cities (See Figure 2). This indicates low levels of knowledge among MSM regarding risk practices and prevention methods.

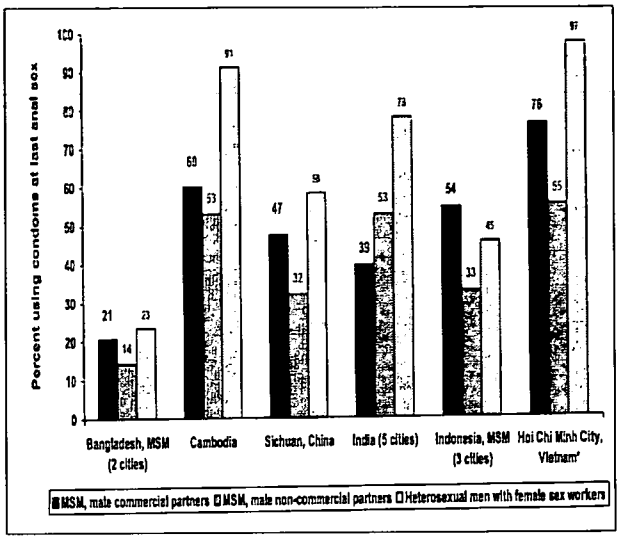

Figure 2. Percentage of MSM using condoms at last sex with commercial and non-commercial partners compared with condom use reported by clients of female sex workers in same locations (MAP 2004, Colby 2003, Girault 2004)

Data indicates high rates of syphilis among MSM through-out Asia. Syphilis prevalence among MSM is an indicator of unsafe sexual behaviour, as well as increased risk for HIV infection. Syphillis prevalence among MSM in Asia ranged from 5.5% in Phnom Pehn to 13.5% in Shiang Hai[1] (See Table 5). Surveys conducted in Bangkok in Thailand and Beijing, Hangzhou, Shiang Hai and Jiangsu in China were based on computer assisted interviews of behavioral sexual behavior as well as collection of biological sero sampling markers of existing or past syphilis infection. The Taiwanese survey, conducted in 2006 at a bath house found sero-markers for syphilis among 18% of the MSM sample[20]. In Singapore and Japan, Syphilis data obtained from internet surveys conducted

among samples of gay and bisexual men found 4.4% of MSM in Singapore[21] and 10.6% of Japanese MSM indicating life-time syphilis infection[22].

Table 5. Prevalence of syphillis among MSM in a number of countries in Asia

Location	Year	Prevalence	Method
Beijing China	2006	9.9%	RDS/sero-testing (current syphilis infection)
Bangkok Thailand	2005	6.8%	Time-location sample/ questionnaire/ sero-testing
Pnom-Pehn, Cambodia	2004	14.4%	Questionnaire/ sero-testing
Ho Chi Minh, Vietnam	2000	7.0%	MSM attending clinic for voluntary testing
Singapore	2004	4.4%	Internet questionnaire asking life-time experience of syphilis infection
Hong Kong	2004	5.7%	Telephone survey asking experience of STD infection
Taiwan	2006	18.0%	Sero-testing at bath-house
Japan	2005	10.5%	I'net survey asking life-time experience

(Action for AIDS 2005, Cao 2002 in Colby 2004, Chen 2006, Girault 2004, Hidaka 2005, Lau 2004, Ma 2007, van Grensven 2005)

HIV infection rates among MSM are high even in countries with low HIV prevalence among general adult populations (See Table 6).

Table 6. Percentage of Adult HIV Prevalence Attributable to MSM in a number of Asian capital cities 2005-2006

City	Prevalence
Bangkok	30%
Pnom-Pehnh	8%
Hanoi	28%
Beijing	35%
Yangoon	36%
Singapore	23%
Tokyo	64%

(van Griensven 2007)

Rates of HIV among MSM are up to 10 times higher than general populations. For example, in Bangkok Thailand, estimates that 3% of adult men have sex with men, HIV prevalence among MSM is 28.3% while HIV prevalence among the general adult population is 1.4% giving a 30.3% of adult HIV prevalence attributable to MSM[6]. Similarly, while Japan is considered a low prevalence country with a HIV prevalence rate among the general population of less than 1%, 63.6% of new HIV infections in 2006 were among MSM.

3. Sex Work

A number of local factors also impact on the vulnerability of MSM to HIV infection including sex work, drug use, and internal and cross border travel. Asian data indicates that payment for sex among MSM is quite prevalent[14]. For example, in Cambodia, 82.8% of Cambodian MSM reported being paid for sex by a male partner[8]. In the Cambodian survey, MSM reporting receiving money for sex one day, and paying for sex on another, indicating the difficulty in making clear definitions about who is the sex worker and

client in MSM sexual exchanges. In Japan, 15.8% of MSM respondents an internet survey answered that they had paid money for sex, with 10.2% answering that they had received money for sex[22]. While female sex workers are often brothel based, and are the focus of prevention programs, male sex workers are often difficult to reach, and transactional sex is often infrequent, exchange of money of favors may be ambiguous making outreach and prevention programs to these groups difficult.

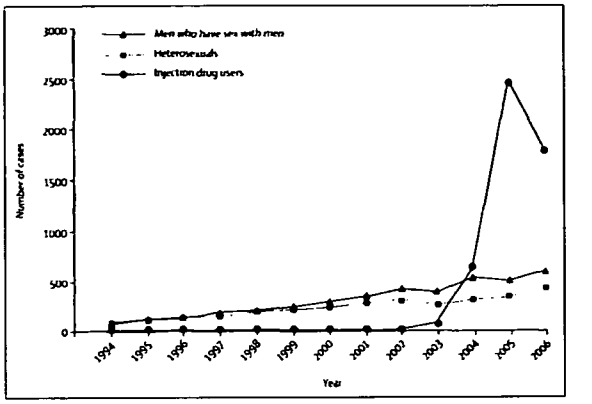

Figure 3. Annual numbers of HIV-1 infected persons according to infection route reported to the Taiwan Centers for Disease Control (Centers for Disease Control Taiwan 2006)

4. Drug Use

There is a large body of international data on the connection between drug use, MSM and unprotected sex. While drug use in Asia is highly implicated as a transmission route for HIV, the delay in collecting epidemiological data among MSM has resulted in inadequate levels of knowledge about how drug use is implicated with HIV risk behavior among MSM, and accordingly there is a lack of programs for MSM. Taiwan's situation indicates how dramatically the impact of injecting drug use can have on the increase in HIV infections in a short time span. In 2002, an increase in heroin importation into Taiwan, combined with an increase in needle sharing, led to a dramatic increase in HIV infections (See Figure 3).

While the epidemiological data published by the Taiwanese CDC treats IDU and MSM as separate infection route categories, sentinel survey indicates drug use among MSM to be high[20]. The rapid increase in HIV infection in Taiwan is not implausable in Japan.

While little research exists on Asia in particular, the literature contains a large body of research on the connection between drug use and dance party attendance. Circuit dance parties, which are popular among MSM in Asia (For explanation see http://en.wikipedia.org/wiki/Circuit_party) have been associated with unprotected unsafe sex, increased risk of STIs, and drug use in the United States[23-25].

Data on drug use among MSM samples in Japan includes an internet survey among MSM in Japan[22] which found that 59% of respondents had a lifetime experience of drug use, as well as from gay community dance parties and gay bars in Osaka. In the 2005 survey among gay bar patrons in Osaka, 61.4% of

respondents indicted they had used amyl nitrite, 21.1% 5Meo-DiPT, and 10.6% had used amphetamines during sex[17]. Of the respondents in this survey, only 36.9% reported never having using drugs during sex. Similarly, in a survey conducted at gay community and other dance parties in Tokyo, 48% of respondents reported using amyl nitrites, 8.8% 5MeO-DiPT and 5.3% reported using some other kind of drug[26]. In Japan, HIV sentinel surveillance is conducted among patients being treated for drug addiction in psychiatric hospitals and wards[27]. This data, along with HIV surveillance data, indicates that needle sharing and HIV transmission through needle use is increasing[11]. Despite increasing amounts of seizure of illegal narcotic drugs, particularly amphetamines in the Tokyo area, [28], there is a lack of behavioral and risk data among drug using populations and Japan's criminal justice policy strictly opposing drug use creates a barrier to undertaking research and public health HIV prevention approaches.

5. Travel

Travel, migration and instability have been implicated in facilitating HIV infection within Asia, and globally. Asian countries are popular travel destinations for Japanese. Gay dance parties in Thailand, Singapore, Philippines and Japan attract gay travelers. While data collected on Asian MSM in San Francisco, and Asian students in Sydney include Japanese in survey respondents, findings indicate low levels of knowledge of the HIV situation and prevention in the (overseas) countries they are residing, as well high risk practices including drug taking{Choi, 2005 #63}. While little research has been conducted on the level of travel within Asia undertaken by MSM, a telephone survey of men in Hong Kong found that among the 283 sexually active MSM respondents, 15.2% had traveled to mainland China in the previous 6 months for sex, and that cross-border networks correlated highly with anal sex with commercial sex workers, engagement in unprotected anal sex, and reported having an STI in the previous 2 months[29]. Furthermore, a social survey conducted among HIV positive MSM in Hong Kong, indicated that half of the 198 participants had traveled overseas for commercial sex and circuit parties, with the most popular tourist destinations being Thailand, Taiwan and Japan[30]. Spatial linkage of the geographical sexual networks outside of Hong Kong of HIV positive MSM is represented in Figure 4.

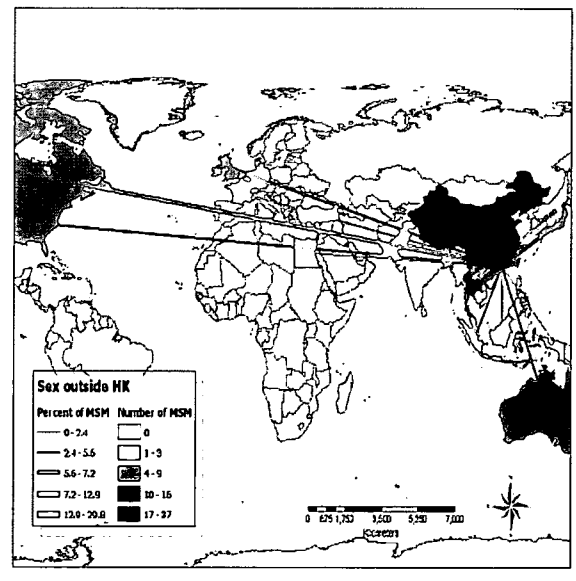

Figure 4. HIV positive MSM's links with sex partners outside Hong Kong (Lee et al. 2007) (Line thickness represents proportion of survey respondents, and color indicating absolute number of

respondents having sex in the country).

While the Hong Kong social network research indicates that MSM travel for the purpose of meeting and having sex with MSM, there is a lack of data on the connectedness between MSM in Asia and Japan. Examination of national travel data indicates that by year overseas tourists from Asia to Japan has increased exponentially due to the Japanese governments tourist promotion campaigns and the low value of the Japanese Yen (See Figure 5). While Japanese travel overseas has been increasing year by year, For Japanese travelers, visits to and from nearby Asia are particularly numerous (Figure 6).

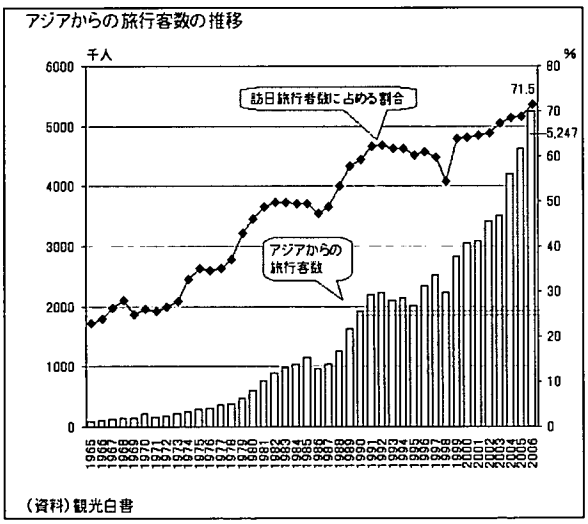

Figure 5. Annual numbers of Asian visitors to Japan (bars) and total number of visitors (line) to Japan

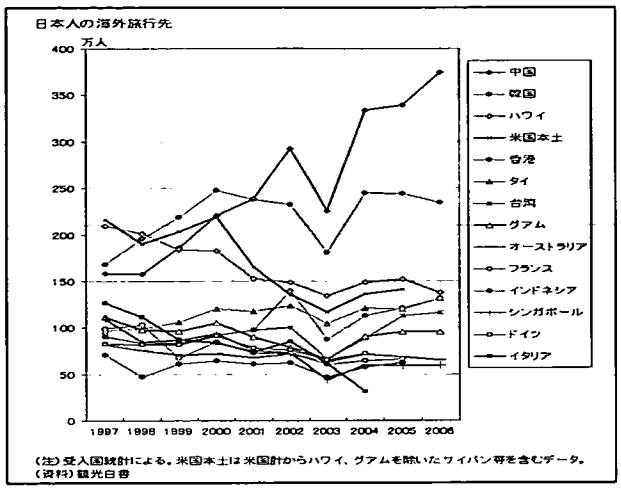

Figure 6. Annual number of Japanese travelers to most popular 14 countries of destination

Japan is a popular destination for foreign labor, particularly for workers from low income countries, who make up the majority of foreigners residing in Japan (See Figure 7).

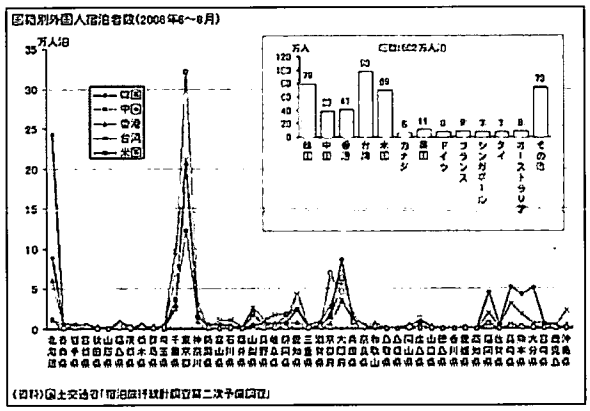

Figure7. Location and nationality of registered foreign residents in Japan.

Foreigners in Japan face a number of problems regarding HIV prevention and support. Lack of multi-lingual information and NGOs providing health and HIV related support for foreigners in Japan, and the isolation of many foreign workers means that many people are not able to access information regarding HIV transmission, HIV testing and support in the case of a HIV positive diagnosis. The few NGOs providing

support to foreigners are not necessarily able to deal with the specific needs of MSM[31]. Many workers do not have working visas or insurance, making them unable to access health services. While HIV infection rates among MSM in Japan have been quite low, in recent years, the numbers of foreign MSM diagnosed with HIV and AIDS has been slowly increasing indicating a need for HIV prevention information, outreach and support for foreign MSM.

As well as longer term visitors to Japan, anecdotal evidence from community center 'acta' in Shinjuku 2 chome in Tokyo, is that foreign gay and bisexual men, particularly from Asia, are more visible at gay bars and events in Tokyo. Similarly, since 2005, the number of foreign MSM in HIV and AIDS surveillance statistics have been increasing (See Figure 8 and 9).

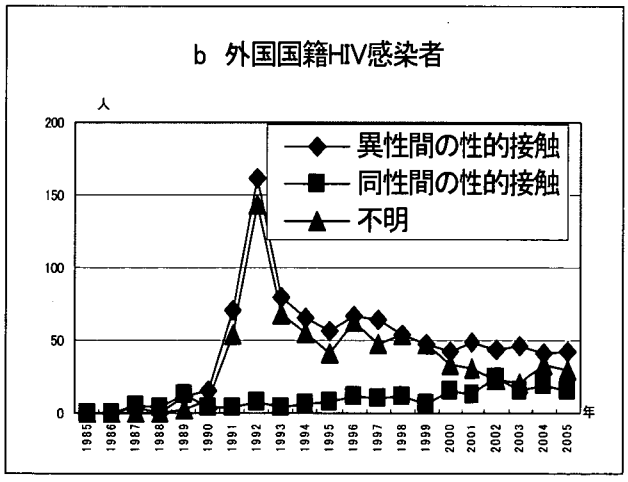

Figure 8. HIV Infection among foreign nationals in Japan (MHLW AIDS Surveillance Data)

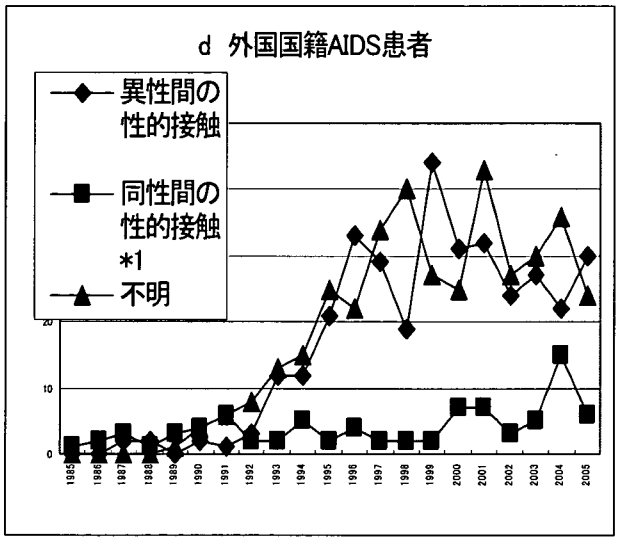

Figure 9. AIDS Infection among foreign nationals in Japan (MHLW AIDS Surveillance Data)

Increasing HIV infection rates among foreign MSM in Japan and the lack of adequate HIV prevention information and support for MSM will need to be addressed in interventions for MSM in Japan in the near future.

6. Why are Asian MSM disproportionately represented in HIV infection cases?

There are a number of reasons for the high disproportion of MSM among national and city HIV/AIDS cases. Data presented in earlier parts of this party indicate that high levels of male to male sex, HIV transmissive risk behavior, and STIs among MSM account for how HIV infection has spread in MSM in Asia populations. However, it is clear that particularly in the case of countries such as Thailand and Cambodia, which have internationally recognized success in averting rapidly increasing HIV infection rates among sex workers and heterosexual populations, that social and policy factors have impeded a rapid and effective response to HIV infection among MSM.

A number of factors have been put forward to account for the delay in conducting adequate epidemiological surveys and implementing HIV preventive programs among MSM in Asia. The Thai government's success in promoting the 100% Condom Program targeting sex work and extra-marital sex (read heterosexual) is estimated to have prevented 8 million new HIV infections. While the government has been defended for its surveillance and prevention approach towards MSM[32], analysis of how the explosion of HIV infections occurred number reveals a number of criticisms of the Thai approach. A number of barriers have been identified as to why the 100% Condom Program did not translate into effective prevention for MSM in Thailand, These include: stigmatization of homosexual behavior within Thai society, changes in the political environment which were less accommodating of commercial venues for MSM, lack of a strong commitment to public health approach, lack of MSM's inclusion in the Thai national AIDS plan, weak gay community organization, and lack of research on sexual and social research on Thai MSM's behaviour and sexual networks[16)33)]. A lack of surveillance and weak prevention efforts among Thai MSM allowed HIV to increase rapidly from 17.3% among MSM in Bangkok to 28.3%. Furthermore, low levels of HIV testing and unwillingness to disclose HIV status indicates the high amount of stigma in the Thai Department of Health and Thai society in creating a barrier to prevention, despite a successful national HIV prevention program[14].

Weakness in their approaches to MSM prevention and support is common to all countries in the Asian region. Examination of governments' HIV policy and program responses indicates that MSM have not been prioritized in national surveillance, AIDS plans and funding. A UNAIDS study among 20 countries in Asia found that although 60% of national surveillance included MSM in data collection, 15% did not collect behavioral and HIV infection data among MSM populations[34]. Furthermore, 40% of countries did not mention MSM in national AIDS plans, and 75% of countries did not have targeted funding for MSM programs (See Figure9). Positive aspects of governments' responses included the fact that 40% advocated for HIV interventions among MSM, and 100% had consultations between MSM communities, UN and governments. The study estimates that only 8% of the MSM population in respondent countries has access to comprehensive prevention services.

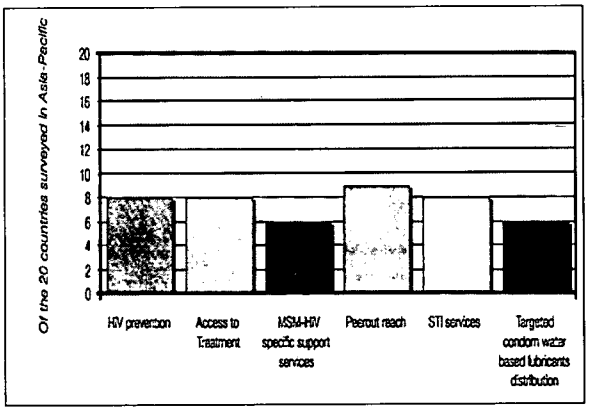

Figure9. Number of country respondents with MSM specific programs/interventions in their National AIDS Plans (UNAIDS Response Survey 2006 conducted among 20 countries in Asia including Pakistan, India, Bangladesh, Nepal, Sri-Lanka, Bhutan, Maldives, China, Mongolia, Indonesia, Philippines, Thailand, Laos, Cambodia, Vietnam, Myanmar, Malaysia, Singapore, Papua New Guinea, Fiji.

In relation to Japan specifically, a number of limitations have also been identified in relation to the Japanese government's response to HIV among MSM. First, social discrimination of homosexuality leading to stigma and harassment has been reported by a large number of gay and bisexual men[22] which is a large barrier to the provision of accurate information about homosexual transmission of HIV in schools, and in HIV prevention pamphlets produced by the government[13]. Further more, low levels of stable funding for NGO activities and poor coordination between local government and NGOs[13)35)], as well as reducing levels of financial support for local government HIV prevention and support have been identified in Japan.

7. What is needed to improve MSM's access to HIV prevention and support?

High and increasing prevalence among MSM populations necessitates scaling up of surveillance data on national MSM epidemics, inclusion of MSM in national plans, and increased funding and support to community organizations to provide prevention and support services. Furthermore, regional partnerships with MSM organizations bring visibility to MSM issues at a national level, encouraging the emergence of leaders within communities, legal and policy changes, and local advocacy are encouraged in order to foster advocacy for MSM.

D. 考察

1. Lack of epidemiological data and stigma have resulted in lack of detailed epidemiological data on MSM populations in Asia, and while MSM specific NGOs are providing outreach to the most visible MSM populations, coverage of hidden MSM populations is poor.
2. There is a large amount of male to male sexual behavior with a large diversity of homosexual identities among MSM in Asia, which have dense and loose network characteristics.
3. There are generally low levels of community mobilization among gay and MSM communities.
4. Little is known about the numbers, characteristics and behaviors of gay travelers to and from Japan and Asia.

E. 結語

1. Accessibility to HIV prevention and treatment services for MSM including education, sexual health clinics, condoms and lubricant need to be increased.
2. More financial support is needed for outreach including the funding of MSM community centers and MSM NGOs.
3. Epidemiological research focusing on the risk behavior, HIV related knowledge, and sexual and social networks of foreign MSM in Japan are needed.

References

1) van Griensven. *The epidemiology of HIV and STI among MSM and Transgender in Asia.* in *8th International Conference on AIDS in Asia and the Pacific.* 2007. Colombo, Sri Lanka.

2) Dore GJ, K.J., Ungchusak K, Mertens TE, *The epidemiology of HIV and AIDS in the Asia-Pacific region.* Medical Journal of Australia, 1996. 165: p. 494-8.

3) Ruxrungtham, K., T. Brown, and P. Phanuphak, *HIV/AIDS in Asia.* Lancet, 2004. 364: p. 69-82.

4) UNAIDS, *2007 AIDS Epidemic Update.* 2007.

5) CDC, *HIV Prevalence Among Populations of Men Who Have Sex with Men - Thailand, 2003 and 2005,* in *MMWR.* 2006. p. 844-848.

6) van Griensven F, S.T., R Jommaroeng, G Mansergh, S Naorat, R A Jenkins, K Ungchusak, P Phanuphak, J W Tappero, Bangkok MSM Study Group, *Evidence of a previously undocumented epidemic of HIV infection among men who have sex with men in Bangkok, Thailand.* AIDS, 2005. 19: p. 521-6.

7) Choi KH, L.H., Guo Y, Han L, Mandel JS, Rutherford G, *Emerging HIV epidemic in China among men who have sex with men.* Lancet, 2003. 361: p. 2125-2126.

8) Girault P, S.T., Song N, *HIV, STIs and sexual behaviors among men who have sex with men in Phnom Penh, Cambodia.* AIDS Education and Prevention, 2004. 6: p. 31-44.

9) Pisani E, G.P., Gultom M, *HIV, syphilis infection and sexual practices among transgenders, male sex workers and men who have sex with men in Jakarta, Indonesia.* Sexually Transmissible Infections, 2004. 80: p. 536-540.

10) Kihara, M., *HIV and Sex in Japan Survey.* Ministry of Health, Labour and Welfare Research Grant/AIDS Prevention Research Project Report, 1999: p. 565-583.

11) Ministry of Health, L.a.W.A.S.C., *2006 AIDS Trends Annual Report.* 2006.

12) Ichikawa, S. and, *MASH Osaka's HIV program 'SWITCH'.* MASH Osaka's 2002 SWITCH Report, 2002: p. 1-6.

13) Ichikawa S, O.-K.M., Kihara M, Zamani S, *Guidelines for HIV Prevention and Support for Men Who Have SEx with Men; for Local Government Initiatives.* Selected Guidelines for HIV Prevention and Testing using Rapid Tests: For local government initiatives, 2006.

14) TREATAsia, *MSM and HIV/AIDS Risk in Asia: What is Fueling the Epidemic Among MSM and How Can It be Stopped?* 2006.

15) Jenkins, C., *Male sexuality and HIV: The case of male-to-male sex,* in *Risks and Responsibilities: Male Sexual Health and HIV in Asia and the Pacific International Consultation.* 2006, Naz Foundation International: New Delhi,

India.

16) Baxter, D., *Bangkok's MSM HIV Explosion - Precursor for Asia's Mega-cities?* HIV Australia, 2005. 5(2).

17) Ichikawa S, N.K., S Omori, H Kimura, H Tsuji, T Onitsuka, *Research evaluating HIV prevention programs and behavior among MSM in Osaka*, in *HIV Prevention and Evaluation Research on MSM in Japan*, L. a. W. R. G. A. P. R. P. R. Ministry of Health, Editor. 2006.

18) Laurent, E., *Sexuality and Human Rights:An Asian Perspective*, in *Journal of Homosexuality*. 2005. p. 163-225.

19) Lunsing, W., *Beyond Common Sense: Sexuality and Gender in Contemporary Japan.* 2001.

20) Ko NY, L.H., Chang JL, Lee NY, Chang CM, Lee MP, Lin YH, Lai KY, Ko WC, *Prevalence of HIV and STI and risky sexual behaviors among men visiting gay bathhouses in Taiwan.* Sexually Transmitted Diseases, 2006. 33(8): p. 467-473.

21) AIDS, A.f., *2004 Singapore MSM survey results.* 2005.

22) Hidaka, Y., *Internet Survey into the sexual behaviour and HIV prevention knowldege of MSM in Japan - REACH Online 2005.* Ministry of Health, Labour and Welfare Research Grant, AIDS Prevention Research Project Report, 2006: p. 118-134.

23) Colfax, G.N., et al., *Drug Use and Sexual Risk Behavior Among Gay and Bisexual Men Who Attend Circuit Parties:A Venue-Based Comparison.* JAIDS, 2001. 28(4): p. 373-379.

24) Mansergh, G., et al., *The Circuit Party Men's Health Survey: findings and implications for gay and bisexual men.* Am J Public Health, 2001. 91(6): p. 953-8.

25) Ross, M.W., A.M. Mattison, and D.R. Franklin, Jr., *Club drugs and sex on drugs are associated with different motivations for gay circuit party attendance in men.* Subst Use Misuse, 2003. 38(8): p. 1173-83.

26) Kimura H, I.S., M Sato, Y Cho, *Results from Quantiative Surveys conducted at Club Events in Tokyo.* 2006.

27) Wada, K., *HIV infection related behavior of drug users in Japan.* Studies on Integrated Analysis of HIV Epidemic and Related Information, 2006: p. 163-180.

28) Customs, J., *Interdiction Records of Illicit Drugs and Firearms.* 2005.

29) Lau, J.T., et al., *Prevalence and risk behaviors of Hong Kong males who seek cross-border same-sex partners in mainland China.* Sex Transm Dis, 2004. 31(9): p. 568-74.

30) Lee SS, M.E., Tam D, *Report on the Assessment of Recently Acquired HIV Infection*

in MSM in Hong Kong. 2007.

31) Castro-Vazquez G, T.M., *Community support and HIV/AIDS among HIV-positive Latin Americans in Japan.* Ethnicities, 2006. 6(1): p. 52-73.

32) Thanprasertsuk S, P.S., K Ungchusak, R Jommaroeng, T Siriprapasiri, P Phanuphak, J W Tappero, F van Griensven, *Correspondence: The invisibility of the HIV epidemic among men who have sex with men in Bangkok, Thailand.* AIDS, 2005. 19(16): p. 1932-33.

33) Celentano, D.C., *Correspondence: Why has the Thai HIV epidemic in men who have sex with men been so silent?* AIDS, 2005. 19(16): p. 1931.

34) UNAIDS, *Men who have sex with men the missing piece national responses to AIDS in Asia and the Pacific*, in. 2007, UNAIDS: Bangkok Thailand and Geneva Switzerland.

35) Stronell C, G.M., Itoh M, Kinoshita Y, Nakase K, Shiori Y, Shinsho F, Shirai Y and. *Present Situation and Self Evaluation of AIDS Countermeasures by Local Governments.* in *7th International Congress on AIDS in Asia and the Pacific.* 2005. Kobe Japan.

Ⅳ. 刊行物一覧

研究論文別例

Ⅳ 研究成果の刊行に関する一覧表

雑誌

発表者氏名	論文タイトル名	発表誌名	巻号	ページ	出版年
市川誠一	わが国の男性同性間のHIV感染対策について-ゲイNGOの活動を中心に-	日本エイズ学会誌	9巻1号	23-29	2007
市川誠一、 張由紀夫、佐藤未光	MSMコミュニティーにおけるコミュニティーセンターaktaの役割と活動	保健医療科学	56巻3号	230-234	2007
金子典代、 内海眞、市川誠一	東海地域のゲイ・バイセクシュアル男性のHIV抗体検査の受検動機と感染予防行動	日本看護研究学会雑誌	30巻4号	37-43	2007
市川誠一	最近の若者の性行動	臨床皮膚科	61巻(5) 2007年 増刊号	128-131	2007
金子典代、 市川誠一、辻宏幸、 後藤大輔、 塩野徳史、鬼塚哲郎	健康教育ツールを開発しよう、計画②ツールを使えるものにするための最後の押さえどころ-MASH大阪による健康教育資材の紹介	保健師ジャーナル	63巻12号	1142-1149	2007
金子典代、 市川誠一、辻宏幸、 鬼塚哲郎	健康教育ツールを開発しよう、計画③対象者にひびくメッセージをつくろう	保健師ジャーナル	64巻1号	82-89	2008

総　　説

わが国の男性同性間のHIV感染対策について
―ゲイNGOの活動を中心に―

A Review on Prevention Activity of Gay Non Government Organization (NGO) to HIV Infection among Men Who Have Sex with Men (MSM) in Japan

市川誠一
Seiichi ICHIKAWA
名古屋市立大学看護学部
Nagoya City University, School of Nursing

はじめに

厚生労働科学研究費補助金によるMSM（Men who have sex with men, 男性とセックスをする男性）対象の研究は1990年代の初めから取り組まれている。しかし，当事者と協力した取り組みは1996年のハッテン場におけるコンドーム配布等の予防啓発を試みた研究が最初である[1]。1998年以降になってゲイNGOと研究者が協働関係を構築しつつ当事者による啓発資材の開発と普及活動を試行する取り組みが始まるようになった[2]。

最近，東京，大阪のMSMではエイズ関連の知識，検査行動，性行動に変化が現れてきていることが厚生労働省エイズ対策研究事業の研究報告で示されている[3,4]。この変化は商業施設や既存のイベントパーティで啓発資材を配布するアウトリーチプログラムを5年にわたって実施してきたゲイNGOの工夫と持続的な取り組みによる成果であり，当事者による啓発資材の開発やその普及方法はMSMへの訴求性が高く有効であることを示唆している。また，商業施設と連携したアウトリーチプログラムはコミュニティ形成にも寄与し，かつ啓発普及を推進する基盤となっている。

ここでは厚生労働省エイズ対策研究事業に報告されているゲイNGOによるHIV関連の啓発活動について総括する。

1. 日本における男性同性間のHIV感染症の動向

厚生労働省エイズ動向調査によれば[5]，未発症HIV感染者（以下，HIV感染者）及びエイズ患者の報告数は1996年以降日本国籍男性を中心に増加が続いている。日本国籍例を感染経路別にみると，HIV感染者では男性同性間の性的接触が2000年から報告数の過半数を占め（図1），2005年には69%となっている。また，エイズ患者においても男性同性間の性的接触は増加が続き2001年から1/3を占め，2005年には43%となっている（図2）。日本国籍HIV感染者について，性・年齢階級別に感染経路内訳を見ると，15-24歳及び25-34歳の年齢層では男性同性間感染の割合は70%を超える状況である。また，男性同性間のHIV感染者の内，2/3を35歳未満が占めているのに対して，エイズ患者では2/3を35歳以上が占めている。近年では東京に加え大阪，愛知でも著しい増加となり，また福岡等の地方都市部でも増加の兆しにある。これら男性同性間の性的接触によるHIV感染者及びエイズ患者の大半は日本国内での感染である。

なお，厚生労働省エイズ対策研究事業による研究班は，東京，大阪，名古屋地域でHIV抗体検査を受検したMSMのHIV抗体陽性割合が2-5%，また梅毒抗体陽性割合が15-20%であることを報告している[6-8]。

2. 男性同性愛者の社会的背景とHIV感染対策における脆弱性

同性愛者は，自身の性的指向（セクシュアル・オリエンテーション）が同性であることを自認している人で，男性同性愛者をゲイ，女性同性愛者をレズビアンと呼称することが多い。一般メディアや社会の中で使用される「オカマ」「ホモ」「レズ」などの表現は差別的な意味で使われることが多く適切な表現とはいえない。セクシュアル・マイノリティ（少数者）に対する社会の偏見と差別は，同性愛者が

著者連絡先：〒467-8601　名古屋市瑞穂区瑞穂町字川澄1　名古屋市立大学看護学部
2007年2月25日受付