

“I feel terrible when I sense a glacial glare from others for not producing offspring in a society with a declining birthrate.”

However, not all men described themselves as currently experiencing this internalized conflict. Instead, they reported feelings of comfort and acceptance with regard to their sexuality:

“I am glad I was born gay, because I have become more open-minded than the majority of people in society, and I believe it is easier for me to understand the feelings of people who face discrimination.”

“I was able to protect myself from stress, once I distanced myself from social constraints and created a lifestyle and environment that allows me to live freely.”

“When I realized that I might be gay or bisexual, I was shocked and upset. After I became a full member of society, I learned about the gay community and that it is not such an extreme minority. I came to think that this might just be another way of life.”

“Although I am not particularly outstandingly happy, I also do not believe that I am unhappy simply because I am gay. I have accepted the fact that I am gay, and people around me also accept this, so I am not particularly worried about being gay. However, I feel anxious when I think about my future. I understand how hard it is to live as a gay person, but I also feel that even if I was reincarnated, I would want to be gay again in the next life, too.”

These findings demonstrate that in a society where heterosexuality is presumed to be universal, gay men may experience psychological tension and adverse mental health consequences due to heterosexual role conflicts. In light of these results, improving mental health and formulating measures to prevent suicide attempts are urgent matters of health concern for gay men.

In summary, we observed from these qualitative responses diversity in how GBQ men were coming to terms with their sexual orientation. Although some participants positively accepted their sexual orientation, other participants felt guilt or discomfort. After having experienced past distress about their sexual orientation, some participants finally had come to think of their sexual orientation positively. Conversely, some participants thought that their current positive feelings about their sexuality might be transitory, fostered by a good environment and relationships with other people. However, if these social conditions were to change, their positive feelings and comfort with sexual orientation might be lost.

HIV PREVENTION IN JAPAN

Although GBQ men's mental health issues have been understudied, HIV and AIDS among gay men in Japan are currently receiving attention by researchers and public health professionals. In Japan and other countries, several countermeasures for preventing HIV infection have been planned and funded.[14] Due to the understudied and relatively inconspicuous nature of health problems other than HIV/AIDS that affect GBQ men in Japan, countermeasures for preventing other health problems have not been taken. Furthermore, medical practitioners and human services professionals may lack awareness of the existence of other health problems in the gay male population.

The dissemination of accurate knowledge is crucial for HIV prevention. However, as several studies have pointed out, some people at risk who have sufficient knowledge fail to take action to prevent infection, and men who have not disclosed their sexuality may be unlikely to access HIV prevention education.[24] In short, education aimed at transmitting knowledge alone is not sufficient, and efforts to target HIV prevention at openly gay community settings may not reach many men who remain secretive about sexuality. What is needed is the implementation of specific, individualized measures for identifying factors that are barriers to HIV preventative behavior, as well as innovative strategies for reaching Japanese men who do not openly acknowledge their sexuality or who do not affiliate at gay venues.

In a 2003 Internet-administered survey of Japanese gay men (N=2,062)[25] which focused on psychological problems as some of the factors inhibiting action to prevent HIV, it was clear that men who showed psychological issues related to homosexuality, such as the need to feel affirmed by men or fear of turning away potential partners, also reported higher unprotected sexual activity. For example, some of the gay male respondents prioritized connectedness to their partners over personal safety and condom use, saying, "Disease prevention is important, but it is more important to me to feel connected to my partner" or, "If someone is willing to have sex with me, it is not necessary to use a condom." Gay male respondents who felt that using a condom might be an obstacle to intimacy with their partner were also unlikely to use condoms, as reflected by one participant who stated, "I'm worried that if I use a condom, it might feel awkward."

Indeed, some reports have found that poor mental health and low self-esteem can be obstacles to behavior aimed at HIV prevention.[26] Low self-worth or a lack of self-confidence can give rise to respondents' feelings such as, "What can I do if my partner refuses to use a condom?," or "They might hate me if I tell them to wear a condom." [27] Internet findings have shown that stress and the sense of feeling out of place, which are both conditions that arise from living in a predominantly heterosexual society, have a major negative and reciprocal impact on sexual behavior between homosexual men.

CONCLUSIONS

Within a society dominated by heterosexuality and negative attitudes toward homosexuality, many GBQ men in Japan feel chronic stress and suffer from poor mental health. Moreover, the difficulties GBQ men experience in their early development, including bullying by others and suicide attempts, can lead to a decline in self-esteem, which is a factor that contributes to high risk for suicide and risk for HIV. Despite this phenomenon, Japan still does not have any effective countermeasures in place to address the health concerns of the gay male population.

In light of the influence of education and medicine and their power to yield effective results in preventative health, an increase in knowledge and understanding among human services professionals in the fields of education and psychological counseling about the psychological challenges for Japanese GBQ men, as well as an improvement in available support systems, are measures that require urgent attention. Although education regarding homosexuality and sexual orientation is not included in the official school curriculum in

Japan, we believe that it would be possible to deal with the existence of sexual minorities as a part of education on human rights. Alternatively, if it is difficult to publicly address the issue of sexual minority mental and physical health, it is important to at least pay attention to whether sexual orientations other than heterosexuality are being discriminated against in health services. This is an issue that needs to be addressed, not only in education, but also in the field of medicine and general societal interactions. Through the accumulation of evidence in detailed surveys, it will become increasingly important to discover ways to solve health problems in the GBQ population in Japan.

We have argued that, due to stigma against homosexuality, it is extremely difficult to collect accurate data from GBQ populations, and challenging to recruit GBQ men into health and psychological service interventions. The Internet can substantially facilitate research and services targeting GBQ men in Japan. Currently, it is technologically possible to offer web-based support and information for the improvement of mental health, as well as HIV prevention. Our own experience has shown that GBQ men are responsive to Internet research, feel comfortable completing online psychological and health needs assessments, and can be extremely descriptive in narratives about their personal lives and sexuality issues. It is possible for educational and counseling interventions to be delivered via electronic media, and chat-room sessions can offer small groups of GBQ men the opportunity to converse in a safe space about their experiences, without compromising their sense of privacy. Internet-administered assessments can also immediately provide referrals to health and psychological professional services to GBQ men, which our research shows are highly needed in this population. In the future, we will look forward to the development of Internet-based health support programs that GBQ men can use while maintaining their anonymity and comfort.

REFERENCES

- [1] DiSetfano, D. S. (2008). Suicidality and self-harm among sexual minorities in Japan. *Qualitative Health Research*, 18, 1429-1441.
- [2] Harada, M. (2001). Japanese male gay and bisexual identity. *Journal of Homosexuality*, 42, 77-100.
- [3] McLelland, M. (2002). Is there a Japanese 'gay identity'? *Culture Health Sexuality* 2, 459-472.
- [4] Birnbaum, M. H. (2004) Human research and data collection via the Internet *Annual Review of Psychology*, 55, 803-32.
- [5] Rhodes, S. D., Bowie, D. A., & Hergenrather, K. C. (2003) Collecting behavioural data using the world wide web: considerations for researchers. *Journal of Epidemiology Community Health*, 57, 68-73.
- [6] Gosling, S. D., Vazire, S., Srivastava, S., & John, O. P. (2004). Should we trust Web-based studies? A comparative analysis of six preconceptions about Internet questionnaires. *American Psychologist*, 59, 93-104.
- [7] Markus, H. R., & Kitayama, S. (1991). Culture and the self: implications for cognition, emotion, and motivation. *Psychological Review*, 98, 224-53.
- [8] Hidaka Y. (2000). Heterosexual role conflict and psychological health among gay and bisexual men. *Shishunkigaku (Adolescentology)*, 18: 264-272 (in Japanese).

- [9] Valentine, J. (1997). Skirting and suiting stereotypes: Representations of marginalized sexualities in Japan. *Theory, Culture, and Society*, 14, 57–85.
- [10] Hidaka, Y., & Operario, D. (2006). Attempted suicide, psychological health and exposure to harassment among Japanese homosexual, bisexual or other men questioning their sexual orientation recruited via the internet. *Journal of Epidemiology and Community Health*, 60, 962-967.
- [11] U.S. Department of Justice and Federal Bureau of Investigation: HATE CRIME Statistics 2003, 2004.
- [12] U.S. Department of Justice and Federal Bureau of Investigation: HATE CRIME Statistics 2004, 2005.
- [13] Adachi, K. (1998). Detailed Report of National Opinion Survey (Periodic Survey of National Awareness: Men and women). *Asahi Soken Report*, 130, 117-142 (in Japanese).
- [14] Nemoto T. (2004). HIV/AIDS surveillance and prevention studies in Japan: Summary and recommendations. *AIDS Education and Prevention*, 16, 27-42.
- [15] AIDS surveillance committee MHLW: Annual surveillance report of HIV/AIDS in Japan, 2006. Ministry of Health, Labour and Welfare, 2007.
- [16] Hidaka, Y. Report of results of survey regarding the mental health of gay and bisexual men (website) (in Japanese). <http://www.joinac.com/tsukuba-survey/> (in Japanese).
- [17] King, M., McKeown, E., Warner, J., Ramsay, A., Johnson, K., Cort, C., Wright, L., Blizard, R., & Davidson, O. (2003). Mental health and quality of life of gay men and lesbians in English and Wales. *British Journal of Psychiatry*, 183, 552–8.
- [18] Paul, J. P., Catania, J., Pollack L, Moskowitz, J., Canchola, J., Mills, T., Binson, D., & Stall, R. (2002). Suicide attempts among gay and bisexual men: lifetime prevalence and antecedents. *American Journal of Public Health*, 92, 1338–45.
- [19] Warner, J., McKeown, E., Griffin, M., Johnson, K., Ramsay, A., Cort, C., & King, M. (2004). Rates and predictors of mental illness in gay men, lesbians and bisexual men and women. *British Journal of Psychiatry*, 185, 479–85.
- [20] Gibson, P. (1989). Gay male and lesbian youth suicide. In M. Feinleib (Eds.), *Prevention and intervention in youth suicide (Report to the Secretary's Task Force on Youth Suicide, Vol.3)*. U.S. Department of Health and Human Services.
- [21] Desapriya, E. B., & Iwase, N. (2003). New trends in suicide in Japan. *Injury Prevention*, 9, 284
- [22] Hidaka Y, Kimura H, & Ichikawa S. (2007). Gay and Bisexual men's health report 2. <http://www.gay-report.jp/2005/> (in Japanese).
- [23] Hidaka, Y., Operario, D., Takenaka, M., Omori, S., Ichikawa, S., Shirasaka, T. (2008). Attempted suicide and associated risk factors among youth in urban Japan. *Social Psychiatry and Psychiatric Epidemiology*, 43, 752-757.
- [24] Goldbaum, G., Perdue, T. R., & Higgins, D. (1996). Non-gay-identifying men who have sex with men: Formative research results from Seattle, Washington. *Public Health Reports*, 111, 36-40.
- [25] Hidaka Y. (2005). Gay and Bisexual Men's Health Report. <http://www.j-msm.com/report/report01/> (in Japanese).
- [26] Stokes, J. P., & Peterson, J. L. (1998). Homophobia, self-esteem and risk for HIV among African American men who have sex with men. *AIDS Education and Prevention*, 10, 278-292.

- [27] Hidaka, Y., Ichikawa, S., & Kihara, M. (2004). HIV risk behavior, mental health and milestone life events among gay and bisexual men. *Journal of the Japanese Society for AIDS Research*, 6, 165-173 (in Japanese).

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