

検討し、使用が困難になりがちな状況においても Condom 使用の定着を促進するための対策を考えていく必要がある。

いかなる状況でも Condom が使用できると回答している割合は、特定相手との場合は行動・維持期に近づくほど、その場限りの相手との場合は、関心・準備期群より行動・維持期群の方が高かった。交絡因子を調整した上でも同様の関連が部分的にみられた。この結果は状況に左右されず Condom を使用できる自信を持つことは予防行動の促進に有効である可能性を示しており、どのような特性をもつものの自信が高いのか、今後はどのような支援があれば自信の向上につながるのかについても検討が必要だろう。

いずれの相手との場合でも、関心・準備期群の方が無関心期群より周囲の友達における Condom 使用の増加を感じているものが多く、周囲の行動規範が個人の予防行動にも影響を与える可能性が示唆された。個人の健康行動には周囲の健康行動の実施状況が強く影響していることが喫煙行動、薬物使用などの分野で明らかになってきている^{25,26)}。本研究では、周囲の予防行動に関する規範については単項目で聞いているため、本研究結果が示すことができることには限界があるが、周囲の行動規範が Condom 使用のステージに影響を与えているメカニズムについても今後、更なる検討が必要となるだろう。

商業施設の協力を得て質問紙調査を実施し、500件を超す有効回答を得た。調査の周知方法や質問紙に改良を重ねることで、回収率の向上が可能になると考えられる。また、同様の質問紙調査を経年的に実施し、予防行動、検査受検、Condom 使用のステージと関連要因を把握することで、ゲイ・バイセクシュアル男性に対するより詳細な予防啓発活動の評価や予防サービスのニーズの明確化が可能になることが考えられる。この研究成果を踏まえ、予防活動の達成度の評価を継続的に実施し、介入が行き届いていない層を明確化し、その層に対する効果的な介入方法を考案していく必要がある。また、対象者をより維持期に向かわせるような予防活動を実施することが望まれる。

本研究の限界点は主に4点ある。1点目は対象者の母集団の代表性に関する点である。本調査の対象者は、大阪市内の商業施設を利用し、調査に協力的な姿勢を持つゲイ・バイセクシュアル男性であり、大阪府に居住するゲイ・バイセクシュアル男性を代表しているとはいえない。大阪府内のゲイ・バイセクシュアル男性母集団の実態を明らかにしたデータはわが国には存在していないため、母集団と比較す

ることは不可能であるが、今回の対象者は商業施設を中心とするゲイコミュニティに比較的顔を出す機会があり、年齢が若い者に偏っている可能性が高いことに留意する必要がある。また、全回答のうち、過去6か月にセックス経験があるものは6割であり、546人の分析対象となった回答のうち、Condom 使用のステージ分析に用いることのできた回答は全体の41%にとどまった。そのため、無関心期群が非常に少ないという限界があった。本研究ではステージ分布と年齢に関連がみられなかったが、このことは対象者数が少ないことに起因している可能性があり、今後は更なる検討が必要となる。予防行動の推進を考えるにあたり、無関心期群の特性把握は重要であり、今後は、より一層の回答者数の確保が必要である。

2点目は無記名自記式質問紙による限界である。本調査は無記名で実施しており、同一の対象者が複数の商業施設から質問紙を行っている可能性は否定できない。質問紙に1人1回の回答機会しかないことを明記しているものの、本研究のデータは同一者からの回答が含まれる可能性があることを考慮に入れる必要がある。

3点目は情報バイアスについてである。本研究では過去6か月の性行動について尋ねたが、記憶力には個人差があるため回答と実際の行動の間にずれがある可能性がある。また一般的に、社会で差別を受ける可能性があるマイノリティー集団に対して、性行動や健康に影響を及ぼす行動について尋ねる場合、より社会的に望ましい回答が多くなる可能性が指摘されている。したがって、本研究から示された Condom 使用率は、実際はより低い可能性がある。

4点目は質問項目の信頼性、妥当性の検証が不足している点についてである。HIV 感染予防に関する規範や価値観をより正確に測定するためには、さらに多数の質問項目を用い、信頼性、妥当性を検証する必要がある。現時点では、わが国では、ゲイ・バイセクシュアル男性を対象に HIV 感染の予防規範について尋ねた研究はほとんどなく、信頼性や妥当性が確立された尺度が見当たらない。本研究では回答負担を出来るだけ低減し、多くの回答協力者を得ること、予防介入の評価に資する資料を得ることを重視したため、使用可能な項目数には限界があった。今後の調査では、今回の研究結果を踏まえ、さらに項目に検討を重ね、信頼性、妥当性の検証が可能な項目を用いて調査を実施していく必要がある。

V 結 語

大阪市内の商業施設を利用するゲイ・バイセクシ

ュアル男性のコンドーム使用のステージの分布が明らかとなり、特定相手とは無関心期にあるものが最も多く、その場限りの相手とは維持期にあるものが最も多かった。交絡因子を考慮した分析においても、相手がコンドームなしでの性交を望んだ際の使用の困難感、相手との交際期間が長くなること、薬物やアルコール使用時のコンドーム使用の困難感、状況に左右されないコンドーム使用への自信がステージに関連していた。今後は質問項目の信頼性や妥当性の検討を行い、同様の調査を経年的に実施することで予防啓発活動の評価に資するデータを得ることが可能となると考えられる。

本研究にご協力いただきました対象者、ご協力頂いた商業施設の関係者の皆様に厚くお礼を申し上げます。本研究は、平成18年度厚生労働省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（主任研究者：市川誠一）」の一環として実施した。

（受付 2009. 7.31）
（採用 2011. 5.22）

文 献

- 1) 厚生労働省エイズ動向委員会. 平成18年エイズ発生動向年報. エイズ予防情報ネット. <http://api-net.jfap.or.jp/status/> (2010年10月4日アクセス可能)
- 2) 市川誠一. MSM (Men who have sex with men) における HIV 感染予防介入: プロジェクト MASH 大阪について. 日本エイズ学会誌 2003; 5(3): 174-181.
- 3) 鬼塚哲郎. ゲイコミュニティへの予防介入事業, その現状と課題. 日本エイズ学会誌 2004; 6(3): 141-144.
- 4) 木村博和, 鬼塚哲郎, 辻 宏幸, 他. 予防啓発の評価に関する研究. 平成15年度厚生労働科学研究費補助金 (エイズ対策研究事業) 研究報告書 男性同性間の HIV 感染予防対策とその推進に関する研究 (主任研究者 市川誠一) 2004; 79-90.
- 5) 木村博和, 市川誠一, 佐藤未光, 他. 東京地域のクラブイベント参加者に対する質問票調査結果の概要. 平成16年度厚生労働科学研究費補助金 (エイズ対策研究事業) 研究報告書 男性同性間の HIV 感染予防対策とその評価に関する研究 (主任研究者 市川誠一) 2005; 135-137.
- 6) 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 2007; 9(1): 23-29.
- 7) World Health Organization. The Joint United Nations Programme on HIV/AIDS, United Nations Population Fund. Position Statement on Condoms and HIV Prevention. 2004. http://data.unaids.org/una-docs/condom-policy_jul04_en.pdf (2010年10月4日アクセス可能)
- 8) The Joint United Nations Programme on HIV/AIDS. Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators 2008 Reporting. 2007. http://data.unaids.org/pub/manual/2007/20070411_ungass_core_indicators_manual_en.pdf (2010年10月4日アクセス可能)
- 9) Glanz K, Lewis FM, Rimer BK, et al. Health Behavior and Health Education. San Francisco: Jossey-Bass, 1996; 60-84.
- 10) Prochaska JO, Velicer WF, Rossi JS, et al. Stages of change and decisional balance for 12 problem behaviors. Health Psychology 1994; 13(1): 39-46.
- 11) Centers for Disease Control and Prevention. Incorporating HIV prevention into the medical care of persons living with HIV: recommendations of CDC, the Health Resources and Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. MMWR 2003; 52(RR-12): 1-24.
- 12) Wingood GM, DiClemente RJ, Harrington K, et al. Body image and African American females' sexual health. Journal of Women's Health & Gender-Based Medicine 2002; 11(5): 433-439.
- 13) DiClemente CC, Dolan-Mullen P, Windsor RA. The process of pregnancy smoking cessation: implications for interventions. Tobacco Control 2000; 9(Suppl 3): III16-III21.
- 14) Prochaska JO, DiClemente CC. Stages and processes of self-change of smoking: toward an integrative model of change. Journal of Consulting and Clinical Psychology 1983; 51(3): 390-395.
- 15) 赤松利恵, 永橋久文. 行動変容段階モデルを用いた小学校における食に関する指導の実践事例. 日本健康教育学会誌 2008; 16(2): 31-40.
- 16) 山口真由美, 清水きわ子, 中沢良枝, 他. 家人同伴栄養指導による意識変化とその効果: 6ヵ月後のアンケート調査より. 健康医学 2004; 19(3): 447-451.
- 17) 日高庸晴, 市川誠一, 木原正博. 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. 日本エイズ学会誌 2004; 6(3): 165-173.
- 18) 日高庸晴. ゲイ・バイセクシュアル男性の異性愛者の役割葛藤と精神的健康に関する研究. 思春期学 2000; 18(3): 264-272.
- 19) Hidaka Y, Ichikawa S, Koyano J, et al. Substance use and sexual behaviours of Japanese men who have sex with men: a nationwide internet survey conducted in Japan. BMC Public Health 2006; 6(1): 239.
- 20) 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 2007; 30(4): 37-43.
- 21) Centers for Disease Control and Prevention. High-risk sexual behavior by HIV-positive men who have sex with men -16 sites, United States, 2000-2002. MMWR 2004; 53(38): 891-894.

- 22) Bakeman R, Peterson JL. Do beliefs about HIV treatments affect peer norms and risky sexual behaviour among African-American men who have sex with men. *International Journal of STD & AIDS* 2007; 18(2): 105-108.
- 23) Latkin CA, Forman V, Knowlton A, et al. Norms, social networks, and HIV-related risk behaviors among urban disadvantaged drug users. *Social Science and Medicine* 2003; 56(3): 465-476.
- 24) Choi KH, Ning Z, Gregorich SE, et al. The influence of social and sexual networks in the spread of HIV and syphilis among men who have sex with men in Shanghai, China. *Journal of Acquired Immune Deficiency Syndromes* 2007; 45(1): 77-84.
- 25) Broadhead RS, Heckathorn DD, Weakliem DL, et al. Harnessing peer networks as an instrument for AIDS prevention: results from a peer-driven intervention. *Public Health Report* 1998; 113(Suppl 1): 42-57.
- 26) Des Jarlais DC, Arasteh K, Perlis T, et al. Convergence of HIV seroprevalence among injecting and non-injecting drug users in New York City. *AIDS* 2007; 21(2): 231-235.
-

Condom use staging and correlations among gay and bisexual men A questionnaire survey of Osaka gay bar customers

Noriyo KANEKO*, Sachiko OOMORI*, Hiroyuki TSUJI^{2*}, Tetsurou ONIDUKA^{3*} and Seiichi ICHIKAWA*

Key words : HIV/AIDS, gay and bisexual men, stage of change, condom use

Objectives This study aimed to clarify stages of condom use among gay and bisexual men at gay bars in Osaka and to assess relationships between condom use stage and attitudes and norms regarding HIV prevention.

Methods In this cross-sectional study, a self-administered survey was distributed to gay bar customers in Osaka in 2005. Completed surveys were received through the mail. Participants were divided into five groups based on condom use with regular and casual partners: pre-contemplation; contemplation; preparation; action; and maintenance. These five groups were merged into three groups: precontemplation; contemplation/preparation; and action/maintenance. Associations between these three groups of condom use stage and correlates were assessed.

Results Among the 601 respondents (response rate, 44.9%), data from 546 men with lifetime sexual experience with men were used. Regarding stage distribution, the highest percentage of participants was in the pre-contemplation stage with a regular partner, and in the maintenance stage with casual partners. Activities of “MASH Osaka”, a gay non-governmental organization, were widely recognized across all stages. The feeling of being unable to tell a partner to use a condom if the partner resisted condom use, being in a long-term relationship, difficulty using condoms when under the influence of drugs or alcohol, and self-efficacy all correlated with condom use stages.

Conclusion This study clarified condom use stages and correlations among gay and bisexual men at gay bars in Osaka. More research is needed to assess the reliability and validity of these scale items. Monitoring stage distributions and correlations with stages will be useful to evaluate HIV prevention activities.

* Nagoya City University School of Nursing

^{2*} MASH (Men and Sexual Health) Osaka

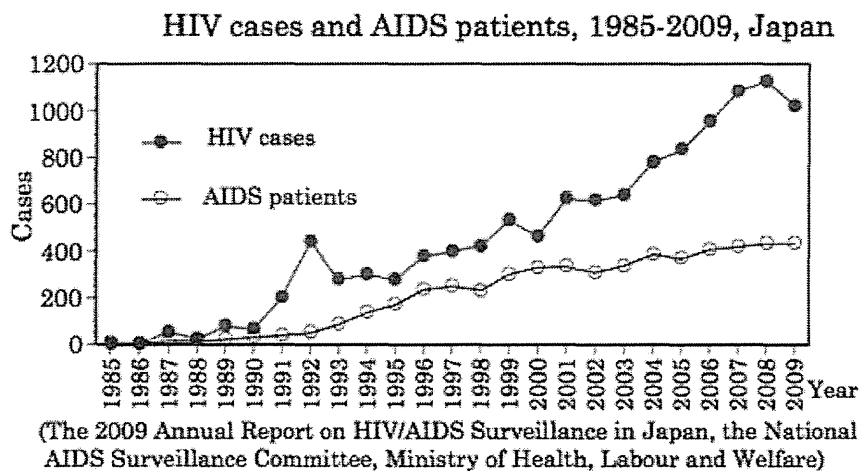
^{3*} Faculty of Cultural Studies, Kyoto Sangyo University

The Epidemiology of HIV/AIDS and Gay Men's Community-Based Responses in Japan[*]

Jane Koerner and Seiichi Ichikawa

Introduction

1. Japan is considered to be a country of low HIV prevalence with 11,573 HIV and 5,330 AIDS reports, as well 1,439 separate HIV/AIDS reports through infected blood products, at the end of 2009.[1] However, since 1996, Japan is experiencing steadily increasing HIV infections particularly among men who have sex with men (MSM) with surveillance data indicating that 68 per cent of newly reported HIV cases in 2009 were acquired through male to male sexual transmission. This paper aims to summarise the epidemiological situation in relation to HIV among MSM, describe community-based responses, and identify future challenges to scaled-up prevention responses among MSM in Japan.



IASR

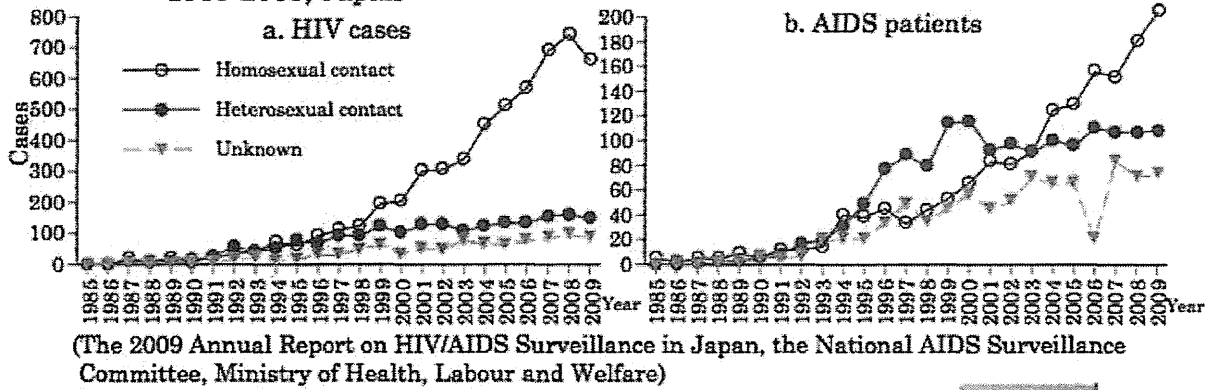
Infectious Agents Surveillance Report

Table 1. HIV cases and AIDS patients, 1985–2009, Japan 2009. Source: Annual Report on HIV/AIDS Surveillance in Japan, National AIDS Surveillance Committee, Ministry of Health, Labour and Welfare.

The Epidemiology of HIV/AIDS among MSM in Japan

2. Consistent with the HIV epidemic in the Asian region, HIV appeared in Japan in the mid 1980s.[2] Annual surveillance commenced in 1984 and early assumptions were that the Japanese HIV epidemic represented a new pattern with equal rates of HIV transmission through heterosexual and homosexual sex.[3] Since 1996 the numbers of HIV infections and AIDS cases reported through heterosexual contact among Japanese nationals has remained constant, while yearly reports among MSM have continued to increase steadily.

Mode of infection of Japanese male HIV cases and AIDS patients, 1985-2009, Japan

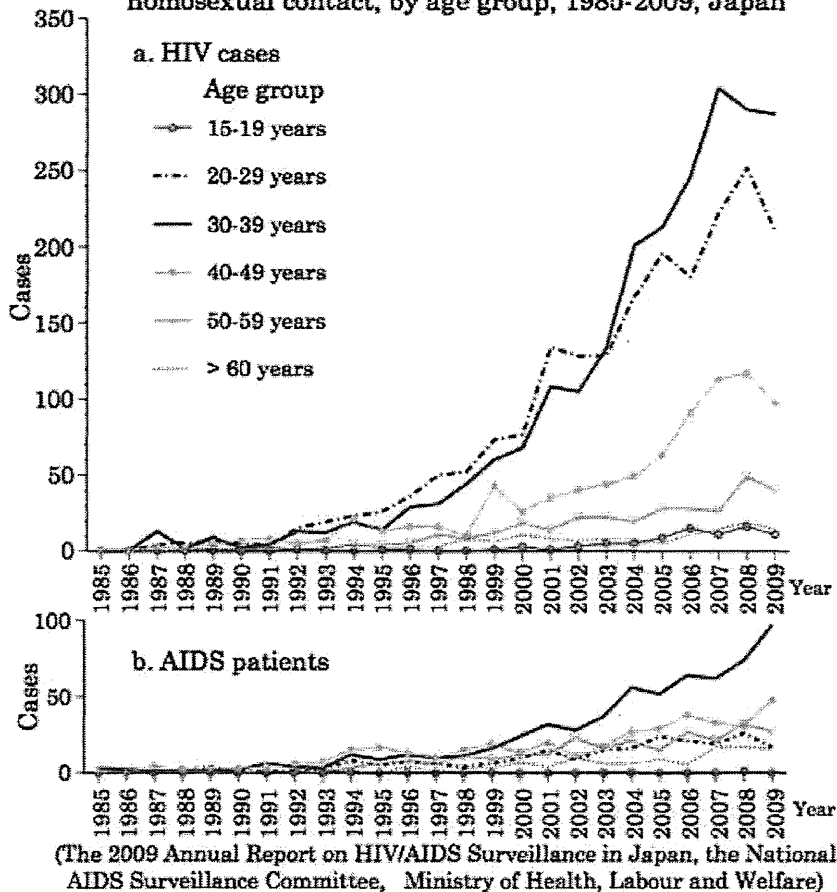


Infectious Agents Surveillance Report

Table 2. Mode of infection of Japanese male HIV cases and AIDS patients, 1985–2009, Japan. Source: Annual Report on HIV/AIDS Surveillance in Japan, National AIDS Surveillance Committee, Ministry of Health, Labour and Welfare.

3. New HIV infections in Japan are now largely concentrated among MSM. The 2009 surveillance data indicates that 68 per cent of reported HIV and 48.7 per cent of AIDS cases were acquired through male same-sex contact. Among Japanese men, HIV transmission through same-sex contact was concentrated in the 25 to 35, and 35 to 49 year-old age groups, but infections among younger and older age groups have shown significant increases in recent years.

Japanese male HIV cases and AIDS patients due to homosexual contact, by age group, 1985-2009, Japan

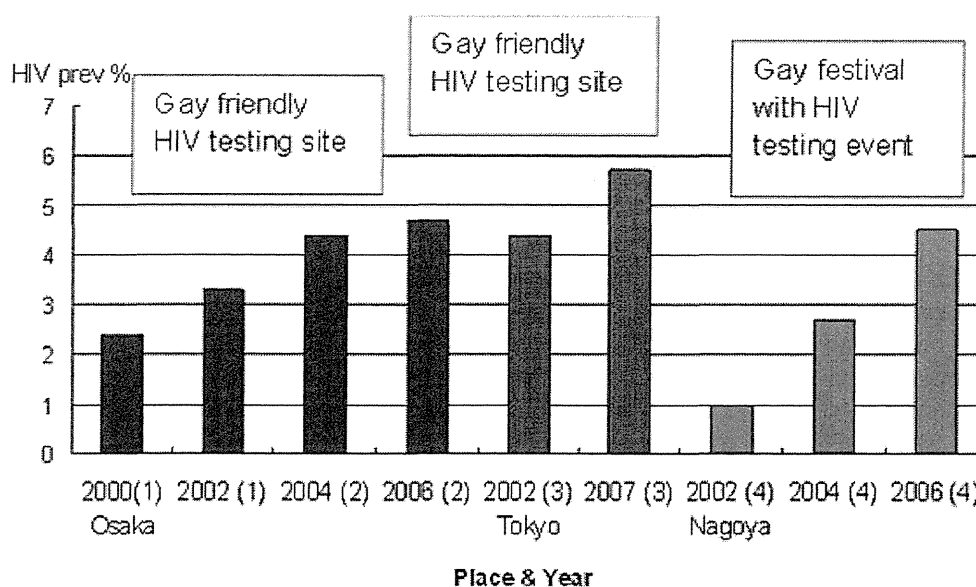


Infectious Agents Surveillance Report

Table 3. Japanese male HIV cases and AIDS patients due to homosexual contact, by age group, 1985–2009, Japan. Source: Annual Report on HIV/AIDS Surveillance in Japan, National AIDS Surveillance Committee, Ministry of Health, Labour and Welfare.

4. Despite the overall pattern indicating yearly increases in the number of HIV infections, the 2009 reports showed a significant decrease in HIV, while AIDS cases were at an all-time high. The AIDS Surveillance Committee has stated that the possible reason for the decreased number of HIV reports was due to the diversion of staff and resources from public health centres to deal with the swine influenza epidemic; if this is indeed the reason, it exposes a weakness in the current system of HIV testing and reporting.[4]
5. The earliest sero-behavioral survey among MSM, conducted among 531 gay male sauna clients in Nagoya in 1990, did not indicate high rates of HIV prevalence or HIV transmissible risk behaviours. The survey reported a HIV infection rate of 0.38 per cent, low rate of anal sex (25%), and relatively high condom use during anal sex (50%).[5] The next survey conducted in the Tokyo area in 1996 reported on rates of HIV positivity of tissues and condoms obtained from individual cubicles in men's saunas which found the rate of HIV positivity to be 19.4 per cent.[6] Since 1996 sero-surveillance data has been available from gay friendly HIV testing sites in Tokyo, Osaka and Nagoya. While these data are biased due to the sampling and recruitment methods used, the pattern is of gradually increasing HIV prevalence.

Sero-prevalence among MSM samples in Osaka, Tokyo and Nagoya



(1) Onitsuka & Ichikawa 2002, (2) Takenaka & Ichikawa 2006, (3) Kojima 2009, (4) Utsumi 2006

Table 4. HIV infection rates, risk & preventive behaviors of MSM in Asia: How does Japan compare? (Source: Ninth International Congress on AIDS in Asia and the Pacific, 2009, Bali, Indonesia)

6. The most recent 2008 and 2009 data available indicates sero-prevalence rates of 5.7 per cent, 5.1 per cent and 4.7 per cent in Tokyo, Osaka and Nagoya, respectively.[7] While the HIV prevalence rate of the general population is unknown for comparison, surveillance data reports that HIV prevalence among blood donors was 0.0019 per cent in 2009. Regionally, almost half the numbers of new HIV infections are among MSM in Tokyo, followed by Osaka and Nagoya. However, increasing HIV reports among MSM in smaller cities such as in Sendai, Hakata and Okinawa indicate HIV prevalence is increasing among MSM living in smaller cities and regional areas.[8]
7. While accurate national estimates of the size of the homosexual population are difficult, such estimates are necessary to inform government HIV-related policy, project planning and budget allocation for HIV prevention and support for MSM. Ichikawa et al. conducted a general population survey of male adults in a Master sample of Census residents living in the Tohoku, Kanto, Tokai, Kinki, and Kyushu regions, focusing on self-reported same-sex practice.[9] Among the 3,700 men

aged between 20 and 59 years old surveyed 2.0 per cent reported having had sex with another man at least once in their lifetime. Applying the 2 per cent male same sex experience rate to male adult population figures obtained from the national census, the number of MSM in Japan is estimated to be over 682,000. Methodological issues, including the low number of younger age groups included in the Master sample and low response rates among the younger age groups surveyed means this figure may underestimate the number of men who have sex with men in Japan. However, using the 2.0 per cent same sex experience rate and applying it to reported HIV and AIDS cases among males aged 20 to 59 from 2008 AIDS surveillance reports, the prevalence of HIV and AIDS among MSM was estimated to be respectively 96 times and 33 times greater than that among non-MSM. The use of AIDS Surveillance data is most likely to be unrepresentative due to low rates of HIV testing among gay men's community samples in Japan (Lifetime 53.6%, Previous 12 months 29.1%)[10] in comparison with MSM in developed countries including Australia (life-time 83–93%, previous 6 months 40–55%), and the USA (life-time 92%, previous 12 months 77%).[11] The low uptake in HIV testing among gay men's community samples, and social stigma linked to homosexuality, may also inhibit declaration of same sex behaviour at HIV testing sites (or in behavioural research).

Social situation faced by MSM in Japan

8. Historically, male-to-male sex was sanctioned among Buddhist priests and samurai and was openly represented.[12] However in the Meiji and post Meiji eras (from 1868–1920s) medical-legal frameworks were imported from the West which defined male same sex behaviour as deviant.[13] Homosexuality is not illegal in Japan, but there is strong stigma and discrimination towards sexual minorities including gay and bisexual men.[14] Consistent with many Asian societies where individual sexual identity is subsumed under social norms that privilege heterosexual marriage and procreation, homosexuality is stigmatized rendering people from sexual minorities as invisible.[15] As a result, gay and bisexual men are stigmatized and face of strong pressure to conform to a conventional heterosexual life.
9. Research data indicates that Japanese gay and bisexual men experience negative psychological consequences relating to their sexuality. In a 1999 Internet survey of 1,025 gay and bisexual men, a little less than half (49.0%) of respondents had told no one about their sexual orientation.[16] A significant percentage of the sample had experienced abuse relating to their sexuality with 83.0 per cent reported being bullied at school and 54.5 per cent experiencing abuse related to their sexuality such as being called a homo or okama (a pejorative word similar in meaning to the English term 'faggot'). Seventy-one percent of respondents reported high levels of anxiety, while over fifteen percent had attempted suicide and thirteen percent showed high levels of depression. Other qualitative and quantitative research indicates that these men experience pressure to marry and psychological distress about fitting into heterosexual social institutions.[17]
10. A 2005 internet study among 5,731 gay and bisexual men also indicated that the school-based HIV prevention education that gay and bisexual men receive is inadequate. Only 4.3 per cent out of 5,731 gay and bisexual men in the survey reported receiving positive information about homosexuality in school. The majority (93.2 per cent) indicated they had received inadequate information, with this statistic comprised of almost 79 per cent of men who had received no information at all, and 15 per cent who received information that portrayed homosexuality in negative terms.¹⁸ These results have not changed since the internet survey was first conducted in 1999. Regarding the content of AIDS education received at school, a bit under half (47.4 per cent) of the respondents were taught about HIV transmission and prevention in relation to sex between men and women, while only eleven percent received any information on HIV transmission and prevention regarding sex between men. This indicates that the implementation of improved sexuality and HIV prevention education for MSM in schools is much needed.
11. Community mobilization towards HIV among gay men has followed a different trajectory to that seen commonly in the West. While there are a few gay men's groups who have lobbied openly for gay rights using a model similar to that seen in Western cities, many Japanese gay men do not follow Western notions of coming out, adopting a gay identity, or of fighting for gay rights.[19] While Japanese gay male protagonists have cited initial reluctance on the part of gay men's groups to address HIV within their communities,[20] gay groups conducting HIV-related activities are gradually increasing, but the overall number of individuals involved remains small.[21] The gay men's community, for the most part, consists of commercial facilities such as men's bars, shops, saunas

and dance parties concentrated in large cities, and small social and cultural groups such as gay music, sports, and university groups. This context explains why the number of gay NGOs nationally is still quite low. There is an established base for gay NGO and community involvement in HIV prevention and support activities, so there is potential for this involvement to increase. Ongoing government funding and commitment to increasing NGOs capacity to implements a community development approach, and fundraising activities among gay men themselves, could prove critical in increasing resources for gay HIV related-community activities.

The background to the increase in HIV infections among MSM in Japan

12. Early HIV education materials targeting the general population were inadequate in informing men about the transmission of HIV during anal sex, despite HIV-related information and free and anonymous HIV testing having been available nationwide at public health centres since 1989. This was partially due to lack of research identifying the specific prevention and support needs of MSM, but also due to lack of sensitivity to issues faced by sexual minorities, including gay and bisexual men. An early pamphlet published in 1987 distributed by public health centres referred to 'homosexuality' as one of the routes of HIV transmission (as opposed to anal sex regardless of sexual practice), and stated that HIV can be prevented by 'correct knowledge and normal lifestyles' (tadashii chishiki ni futsuu no seikatsu AIDS wa korede yobou dekimasu).[22] These early HIV prevention materials were not adequate in meeting the needs of MSM, and contributed to marginalizing and stigmatizing of gay men.
13. In Japan, HIV prevention programs for MSM commenced in the late 1990s. One barrier hampering prevention efforts was the weak partnerships that existed between researchers and gay men's groups, which delayed the translation of research results into the development of targeted prevention programs. At this time in the history of the epidemic, a top-down approach characterised relations between these two different groups.[23] [23, 25]. However, in the early 1990s partnerships between researchers and gay men saw the translation of behavioural surveys into prevention and support activities.
14. Successful collaboration between gay men, gay bar owners, and a local government health officer in Osaka led to the establishment of the gay NGO, MASH Osaka, in 1998. This partnership facilitated the conducting of a base-line and follow up surveys which collected data on HIV sero-prevalence and behavioural information between 1999 and 2002.[24] The research results obtained were instrumental in directing HIV prevention and support activities in Osaka, and this model, in which researchers work in partnership with and to support local gay NGO activities, was subsequently repeated in other regions funded by the Ministry of Health Labour and Welfare (MOHLW) as the Study Group on the Development and Implementation of Community-based HIV Prevention Interventions for MSM.
15. The increasing number of new HIV infections saw the Ministry of Health, Labour and Welfare (MOHLW) introduce a new infectious disease policy in 1999. In response to the yearly increase in HIV among MSM, documented through the Osaka and Minami Shinjuku HIV testing site data, the MOHLW released a MSM-related HIV policy in 2001. This policy is significant in that it was the first time that gay NGO representatives were included on a committee with researchers and medical doctors to develop the policy. This committee recommended a number of concrete policy measures including: the promotion of targeted information for MSM; improvement of HIV testing facilities for MSM; and the provision of support for local governments to conduct MSM targeted prevention and support activities. These recommendations led to the development of funding for much needed research and gay men's community centres in Tokyo and Osaka in 2003. The gay men's community centres represented the first specific and ongoing funding for MSM-related HIV prevention activities and since its inception there are now six gay men's community centres operating nationally.
16. Part of the reason for the lack of targeted programs for MSM lies in the low levels of funding for domestic community development activities in general and MSM targeted HIV prevention programs specifically.[25] This is despite the fact that Japan supports international aid that includes HIV programming in developing countries. Funding for all HIV prevention activities carried out by local governments (including telephone counselling services, HIV testing services, funding of NGO activities) is reported to have declined from 1.69 billion yen in 1997 to 557 million yen in 2004,[26] and only a few local governments have implemented HIV prevention activities specifically targeting MSM.[27] Earlier problems of poor working relationships between researchers and gay and bisexual

men have improved. Furthermore, epidemiological and behavioural data on the situation regarding HIV among MSM is conducted among gay men's community samples in a number of regional areas. However, the lack of commitment to increasing the capacity for NGOs to implement a community development response, including ongoing funding for national prevention and support programs remains a barrier to increased scale up of prevention and support programs for MSM

The community-based response by gay NGOs

17. Researchers, gay men, gay business owners and local government health officials established MASH Osaka in 1998, using pilot funding from the Ministry of Health, Labour and Welfare. This was followed by Rainbow Ring in Tokyo in 2002, Angel Life Nagoya in Nagoya in 2000, Love Act Fukuoka in Hakata in 2003, Yarokko in Sendai in 2005, and Nankuru in Okinawa in 2007. These groups have followed a similar model, in which an autonomous NGO made up of gay community members collaborates with researchers and in many cases, physicians working at designated HIV treatment centres. The approach follows a community development model, which encourages gay individuals and groups to carry out education and support programs developed by and for them, but with input by public health and other professionals.
18. Since 2003, with funding from the MOHLW administered through the Japan Foundation for AIDS Prevention in 2003, community centres were established to conduct HIV prevention and support activities for MSM in Tokyo and Osaka. Other centres were opened in Nagoya in 2004, Fukuoka in 2006, and Sendai and Naha in 2009. Run by gay men's NGOs in each area, the community centres have become important bases for promoting education and awareness campaigns. The gay community centres have been instrumental in networking with gay businesses, gay event organizers and other gay groups, as well as artists and individuals not necessarily interested in HIV-related activities. Through the holding of art, social and workshop-events, including dance parties, flea markets, language classes, and exhibitions, opportunities have been created to encourage many gay men to visit these community centres, where they are also exposed to information about HIV. Furthermore, gay male artists have been involved in the design of prevention materials, including the design of different condom packets, which are now collectors items, as well as posters and internet web pages.
19. In addition to gay men's NGOs working with the study group on the development and implementation of community-based HIV prevention interventions for MSM described above, a number of other NGOs providing HIV prevention and support services exist. Organisations in Tokyo include: PLACE Tokyo (an organisation providing support for people with HIV and their families and friends), JaNP+ (the Japan Network of People living with AIDS) and OCCUR (a gay and lesbian liberation organisation providing telephone counselling, HIV testing and support). In addition, Yokohama Cruise is a gay men's NGO working in Yokohama, and HaaT Ehime works in Ehime in the south of Japan.
20. Behavioural surveys, sociological research, and program evaluation research has been conducted to evaluate these activities. A survey of participants at a MSM club event in Osaka indicated that condom use during anal sex, HIV testing uptake and the purchasing of condoms has been steadily increasing, with similar results found in Tokyo. However, findings from the 2007 Osaka bar survey indicate lower uptake of HIV testing and condom use among MSM aged forty years and above.^[28] This indicates that older MSM need to be the focus of future HIV prevention, education and support programs by NGOs working with MSM.

Condom use with regular partner (Insertive anal sex) Osaka Club survey

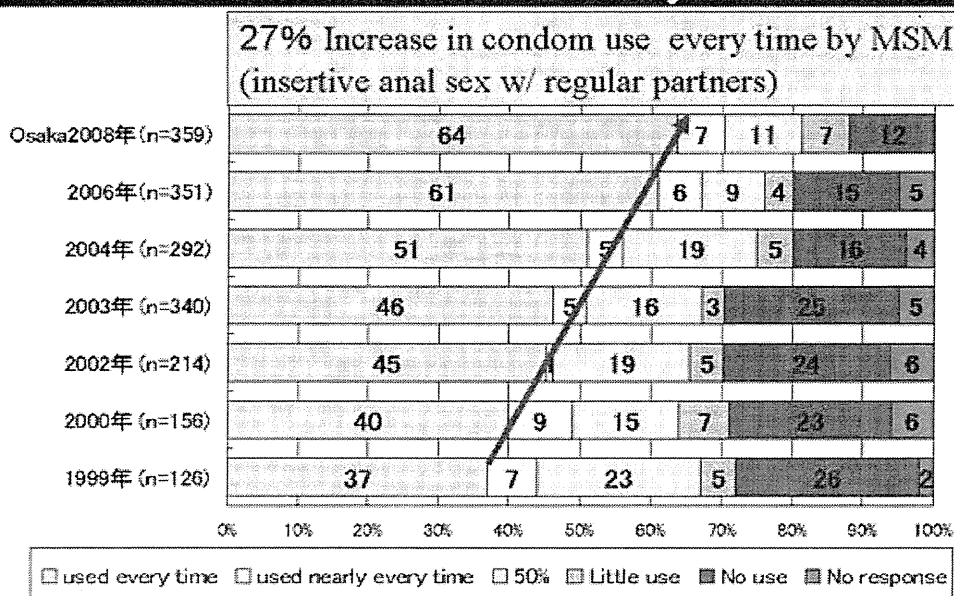


Table 5. Osaka Club Survey: Annual rates of condom use by MSM during insertive anal sex with regular partners (Source: S. Ichikawa, Research Overview, Study Group on the Development and Implementation of Community-based HIV Prevention Interventions for MSM Research Report 2008, Ministry of Health, Labour and Welfare, Tokyo, March 2009: 1–21 (in Japanese)).

Condom use with Casual partner Club Survey (Osaka 1999-2008)

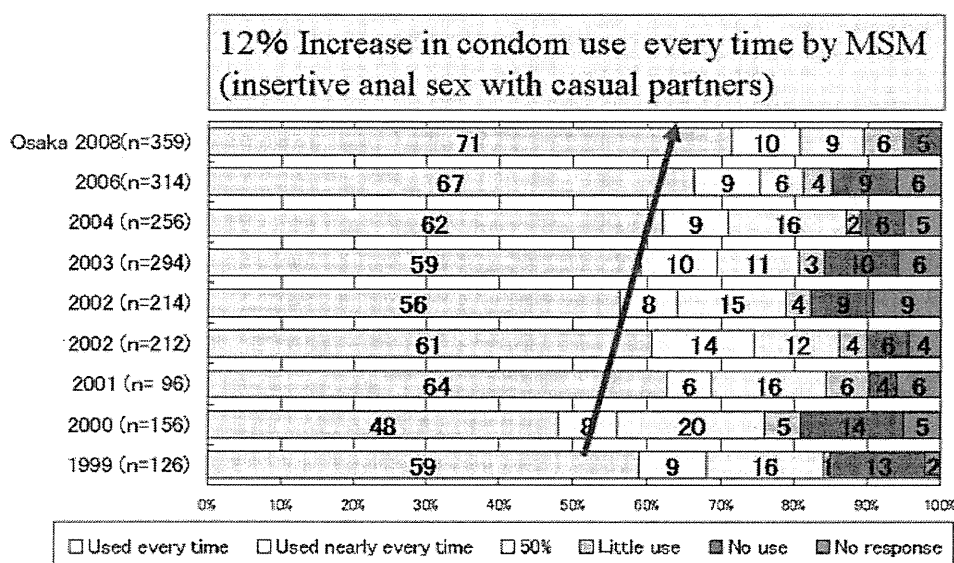


Table 6. Osaka Club Survey: Annual rates of condom use by MSM during insertive anal sex with casual partners. Source: S. Ichikawa, Research Overview, Study Group on the Development and Implementation of Community-based HIV Prevention Interventions for MSM Research Report 2008, Ministry of Health, Labour and Welfare, Tokyo, March 2009: 1–21, (in Japanese).

Increasing HIV testing and condom purchasing among MSM in Osaka & Tokyo (Club survey)

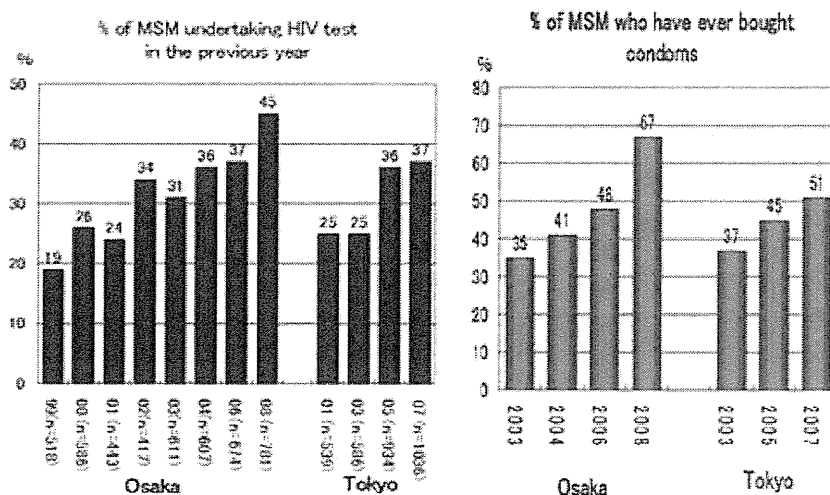


Table 7. Osaka Club Survey: Annual rates of HIV testing and condom purchasing. Source: S. Ichikawa, Research Overview, Study Group on the Development and Implementation of Community-based HIV Prevention Interventions for MSM Research Report 2008, Ministry of Health, Labour and Welfare, Tokyo, March 2009: 1–21 (in Japanese).

Strategic Research for HIV prevention in Tokyo and Osaka

21. In 2006, the Ministry of Health and Welfare began funding a five-year "Strategic Research for AIDS Prevention among MSM" research project, which aims to double the rate of HIV testing and reduce the number of new HIV infections by 25 per cent among MSM in the Tokyo and Osaka areas. In order to achieve these goals, the research team, consisting of staff working in local HIV prevention NGOs and university and government public health researchers, developed and implemented programs to increase the awareness of the availability of HIV testing services and the merits of early detection. This was accompanied by capacity training for HIV testing staff working in public health centres to address the need for HIV counselling and testing that is sensitive to gay men's specific sexual and lifestyle issues. In addition, support services for MSM who are concerned that they might have HIV and for those who test positive have been set up.
22. While historically, gay men's groups tended to be rather disconnected in Japan, the Strategic Research project has facilitated the development of a number of collaborative projects between PLACE Tokyo (an NGO that provides support for people living with HIV, their families and friends) Rainbow Ring and JaNP+ (network of people living with HIV/AIDS groups). In order to raise the visibility of gay men and women living with HIV the Living Together Project is a forum through which people can talk about their experiences and thoughts concerning HIV testing and living with HIV. Stories from the project have been used in a number of different events, including readings accompanied by music, photographic exhibitions, and radio shows. These events have involved people living with HIV, medical professionals, government officials, popular singers, actors, artists and musicians. The Living Together slogan has also been taken up by the Ministry of Health and Welfare as the slogan for AIDS Day since 2007.
23. The model of community development described here has shown success in achieving HIV preventive behavioural change, increased awareness of the issues faced by people living with HIV and AIDS, and has led to improved collaboration between a wide range of gay community partners, local government agencies and research institutions. Current activities now should be taken to the next level, and become a national program. However, there are a number of challenges that need to be addressed in order to establish a national program for HIV prevention and care for MSM in Japan.

Challenges to HIV prevention, care and support among Japanese MSM

24. Despite the success of the community development model described above, a number of weaknesses remain. Current HIV prevention programming is based on pilot research projects. It is imperative that increased funding is secured to extend evidence-based HIV prevention and support services for MSM nationally. In the light of limited ongoing funding for a coordinated network for HIV prevention among MSM, and declining local government funding for HIV testing and prevention services, a well-funded long term vision and strategic plan is needed in order to arrest the increasing number of new HIV infections among MSM, and to give adequate support for MSM living with HIV.
25. Greater co-ordination is needed among government departments, including the Ministries of Health, Education and Justice, as well as within local government. In addition, the current system of re-deployment of civil servants means that government officials are moved after 2 to 3 years in a post. This means constant advocacy and sensitisation efforts by NGOs, and it is a barrier hampering the development of effective HIV policies. In order to improve co-ordination for prevention and support activities, a national coordinating body needs to be established, including representatives from the government, HIV-related NGOs, especially gay men's NGOs, researchers and clinicians. A similar body could also co-ordinate HIV research among MSM nationally, in order to identify research needs and priorities, distribute funding and oversee evaluation.
26. HIV research, and in particular, research with MSM attracts small numbers of researchers, most likely due to the stigma attached to researching sexuality in Japan. A greater number of researchers from a wide range of disciplines, including social science, public health, education, media studies, behavioural sciences, policy studies, cultural studies, gender studies and sexualities studies are needed to carry out research with MSM, in order to place the issue of HIV transmission and prevention among this group of men in its proper social context.
27. However, the most pressing need is to increase funding to and political commitment for a nation-wide expansion of efforts towards MSM community development in order to sustain, and optimally increase gay men's and women's community based activities and their coverage. These NGOs have made connections with some gay businesses mainly concentrated in inner-city areas, but more funding is needed to increase outreach to men's bars located outside of these areas that are patronised by different demographics of men. Furthermore, in many cities links with local government departments are still rather weak. Stronger partnerships are needed in this area to facilitate dialogue on the issues and problems faced by MSM and other sexual minorities, leading to local government programs which are more sensitive to and inclusive of the needs of these groups.

Conclusion

28. In the face of increasing HIV infections among MSM, survey results indicate that community development activities carried out by gay NGOs have shown some success in increasing HIV preventive behaviours among MSM evidenced by increases in HIV testing and condom use among some samples of gay and bisexual men in some regional areas. However, Japan's response to the HIV epidemic among MSM faces a number of challenges. There is a need to expand activities by gay men's NGOs to promote HIV awareness in a wider range of cities and regions and to target both the younger and older age groups of MSM, who appear to be at a higher risk. NGOs face a lack of full-time paid staff and are overly dependent on unpaid volunteers. There is a low level of public funding for gay community development activities. Gay NGOs are too dependent on research funding to conduct their HIV prevention education activities. Ongoing funding is needed for gay NGOs and community centres to continue conducting HIV prevention and support, including the provision of sexuality sensitivity training for health centre staff and promotion of information on HIV testing services. Furthermore, networking within and outside of gay communities is needed to strengthen policy and program efforts. There is an urgent need for intervention, for if the current level of effort is maintained, it is unlikely that the growing HIV epidemic among Japanese MSM will be halted.

Endnotes

[*] We use the term 'gay' in gay community, gay NGO and gay community centre to describe the related activities in the context of this paper, although the activities of some groups in some regional areas are more inclusive of a wider range of identities and sexualities. Many of the 'gay' NGOs are conscious of the labelling problems associated with the use of foreign and local terms and tend to rely on more inclusive language and imagery, which would be difficult to adequately

describe in the scope of this paper.

The authors acknowledge financial assistance from a Japanese Ministry of Health and the Labour Sciences Research Grant: Research on HIV/AIDS.

[1] National AIDS Surveillance Committee, 'HIV/AIDS in Japan, 2009,' *Infectious Agents Surveillance Report*, vol. 31 no. 8 (2010): 226–227, URL: <http://idsc.nih.gov/iasr/31/366/tpc366.html>, accessed 28 June 2011.

[2] Frits van Griensven, Jan W. de Lind van Wijngaarden, 'A review of the epidemiology of HIV infection and prevention responses among MSM in Asia', in *AIDS: Official Journal of the International AIDS Society*, vol. 24 (September 2010): S30–S40.

[3] Masahiro Kihara, Seiichi Ichikawa, Masako Kihara, Shudo Yamazaki, 'Descriptive epidemiology of HIV/AIDS in Japan, 1985–1994,' *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*, vol. 14 (Suppl. 2) (1997): S3–S12.

[4] National AIDS Surveillance Committee, *HIV/AIDS in Japan, 2009*.

[5] Shin Isomura and Masashi Mizogami, 'The low rate of HIV infection in Japanese homosexual and bisexual men: an analysis of HIV seroprevalence and behavioural risk factors,' in *AIDS*, vol. 6 (1992): 501–03.

[6] Seiichi Ichikawa, H Ohya, M Kihara, M Imai, M Kihara, Y Ohyama, T Morio, M Takahashi, N Tanaka, H Yui, H Sunagawa and Y Ikushima, 'Potential for an HIV epidemic and prevention among men who have sex with men in the Tokyo metropolitan area', in 10th International AIDS Conference, 1998, Yokohama, Japan.

[7] Hiroataka Kojima, '委託で検査、相談で行っている専門機関の立場から' (The View point of a Specialist from an Outsourced HIV Counseling and Testing Service), Symposium Presentation at 22nd Japanese Society for AIDS Research, 26–28 November 2008, Osaka, Japan, URL: <http://jiaids.umin.ac.jp/journal/2008/20081004/20081004304363.pdf>, accessed 29 June 2011; Mie Takenaka and Seiichi Ichikawa, '大阪地域のHIV検査機関におけるMSMの受検動向' (HIV testing among MSM in a HIV testing service in Osaka), in 男性同性間のHIV感染対策とその介入効果に関する研究—平成21年度 総括・分担研究報告書 (Study Group on the Development and Implementation of Community-based HIV Prevention Interventions for MSM - Heisei 21 Annual Report), ed. Seiichi Ichikawa, Tokyo: Ministry of Health Labour and Welfare 2009, 279–86.

[8] National AIDS Surveillance Committee, *HIV/AIDS in Japan, 2009*; Makoto Utsumi, '名古屋地域における男性同性間のHIV感染予防介入研究' (Evaluation of HIV prevention activities among MSM in Nagoya), in 男性同性間のHIV感染対策とその介入効果に関する研究—平成21年度 総括・分担研究報告書 (Study Group on the Development and Implementation of Community-based HIV Prevention Interventions for MSM- Heisei 21 Annual Report), ed. Seiichi Ichikawa, Tokyo: Ministry of Health Labour and Welfare, 2009, pp. 44–51.

[9] Seiichi Ichikawa, Noriyo Kaneko, Jane Koerner, Satoshi Shiono, Akitomo Shingae and Toshihiro Ito, 'Survey investigating homosexual behaviour among adult males used to estimate HIV/AIDS prevalence among men who have sex in Japan,' in *Sexual Health*, vol. 8, no. 1 (2011): 123–24, in press.

[10] Seiichi Ichikawa, '大阪地域の予防介入プログラムの評価とHIV感染予防行動の関連要因に関する研究—バー顧客調査・2007年の結果' (A survey investigating the HIV risk and prevention behaviors of Osaka gay clients), in 男性同性間のHIV感染対策とその評価に関する研究—平成19年度 総括・分担研究報告書 (Study Group on the Development of Community-based HIV Prevention Interventions for MSM), ed. Seiichi Ichikawa, Tokyo: Ministry of Health Labour and Welfare, 2008, pp. 131–38.

[11] John de Wit, Carla Treloar and Hannah Wilson, *HIV/AIDS, Hepatitis and Sexually Transmissible Infections in Australia: Annual Report of Trends in Behavior 2009*, Sydney: National Centre in HIV Social Research, 2009; Travis Sanchez, Teresa Finlayson, Amy Drake, Stephanie Behel, Melissa Cribbin, Elizabeth DiNunno, Tricia Hall, Stacy Kramer and Amy Lansky, 'HIV risk, prevention and testing behaviors – United States National HIV behavioral surveillance system: men who have sex with men,' November 2003 April, *MMWR*, Atlanta: Center for Disease Control and Prevention, vol. 55 SS06 (7 July 2006): 1–16.

[12] Gary Leupp, *Male Colors: The Construction of Homosexuality in Tokugawa Japan*, Berkeley: University of California Press, 1995.

[13] Gregory M. Pflugfelder, *Cartographies of Desire: Male-Male Sexuality in Japanese Discourse, 1600–1950*, Berkeley: University of California Press, 1999.

- [14] Hiroyuki Taniguchi, 'The legal situation facing sexual minorities in Japan,' in *Intersections Gender and Sexuality in Asia and the Pacific*, issue 12 (2006), URL: intersections.anu.edu.au/issue12_contents.html, accessed 9 Sept 2010.
- [15] Erick Laurent, 'Sexuality and human rights: an Asian perspective,' in *Journal of Homosexuality*, vol. 48, nos 3/4 (2005): 163–225.
- [16] Yasuharu Hidaka, Don Operario, 'Attempted suicide, psychological health and exposure to harassment among Japanese homosexual, bisexual or other men questioning their sexual orientation recruited via the internet,' in *Journal of Epidemiology and Community Health*, vol. 60 (2006): 962–67.
- [17] Masashi Harada, 'Japanese male gay and bisexual identity,' in *Journal of Homosexuality*, vol. 42, no. 2 (2001): 77–100; Wim Lunsing, *Beyond Common Sense: Sexuality and Gender in Contemporary Japan*, London: Kegan Paul International, 2001.
- [18] Yasuharu Hidaka, Hirokazu Kimura and Seiichi Ichikawa, ゲイ・バイセクシュアル男性の健康レポート2 (Gay & Bisexual Men's Health Report 2), in 男性同性間のHIV感染対策とその評価に関する研究—平成19年度 総括・分担研究報告書 (Study Group on the Development of Community-based HIV Prevention Interventions for MSM), ed. Seiichi Ichikawa, Tokyo: Ministry of Health Labour and Welfare, 2008, pp. 261–29. URL: <http://www.j-msm.com/report/report02/index.html>, site accessed 28 June 2011. Hiroshi Hasegawa, 'AIDS and the Gay Community in Japan'. *Intersections: Gender and Sexuality in Asia and the Pacific*, Issue 12 (2006), URL: <http://intersections.anu.edu.au/issue12/hasegawa1.html> Site accessed 9 Sept 2010; Hideki Sunagawa, 'Japan's Gay History', *Intersections: Gender and Sexuality in Asia and the Pacific*, Issue 12 (2006), URL: <http://intersections.anu.edu.au/issue12/sunagawa1.html>, Site accessed 9 Sept 2010.
- [19] Wim Lunsing, 'Lesbian and gay movements – between hard and soft,' in *Soziale Bewegungen in Japan* vol. 128 (1998): 279–310. Hidaka, ゲイ・バイセクシュアル男性の健康レポート2 (Gay & Bisexual Men's Health Report 2).
- [20] Mark McLelland, 'Is there a Japanese 'gay identity'?' in *Culture, Health & Sexuality*, vol. 2, no. 4 (2000): 459–72.
- [21] Hiroshi Hasegawa, 'AIDS and the Gay Community in Japan,' in *Intersections: Gender and Sexuality in Asia and the Pacific*, Issue 12 (2006), URL: <http://intersections.anu.edu.au/issue12/hasegawa1.html>, accessed 9 Sept. 2010; Hideki Sunagawa, 'Japan's Gay History,' in *Intersections: Gender and Sexuality in Asia and the Pacific*, Issue 12 (2006), URL: <http://intersections.anu.edu.au/issue12/sunagawa1.html>, accessed 9 Sept 2010.
- [22] Seiichi Ichikawa, Makoto Utsumi, Tetsuro Onitsuka, Hirokazu Kimura, Isao Sato, Mio Sato, Hiroshi Hasegawa, Yasuharu Hidaka and Masahiro Yamamoto, 'Guidelines for HIV/AIDS prevention and support for men who have sex with men (MSM); for local government initiatives,' in *Selected Guidelines For HIV Prevention and Testing Using Rapid Tests – For Local Government Initiatives*, ed. Masahiro Kihara, Masako Ono-Kihara and Saman Zamani, Tokyo: Specific Disease Control Division, Health Service Bureau, Ministry of Health, Labour and Welfare, 2006, pp. 3–01 to 3–47.
- [23] McLelland, 'Is there a Japanese 'gay identity'?'; Sunagawa, 'Japan's Gay History.'
- [24] Hiroyuki Tsuji and Tetsuro Onitsuka, 'MASH 大阪によるゲイコミュニティ向けHIV/STI予防啓発: パートナーシップにもとづく予防介入事業の試み' (MASH Osaka's Gay Community targeted HIV/STI prevention activities: A pilot survey based on partnership with a prevention intervention project), in *Journal of Community Health Nurses (Hokenshi Jaanaru)*, vol. 61, no. 2 (2005): 184–88.
- [25] M. Gotoh, F. Shinsho, Y. Shioiri, T. Namikawa, Y. Shirai, Y. Kinoshita and K. Nakase, 'Partnerships between GO and NGO to promote AIDS prevention,' in 15th International Conference on AIDS, 11–16 July 2004, Bangkok Thailand; Satoko Itoh, 'Japan's Response to HIV/AIDS', in *"Japan" Fighting a Rising Tide: The Response to AIDS in East Asia*, ed. Tadashi Yamamoto and Satoko Itoh, Tokyo: Japan Center for International Exchange, 2006, pp. 119–155, URL: <http://www.jcie.org/researchpdfs/RisingTide/japan.pdf#search=Japan&039;s%20response%20to%20HIV/AIDS>, accessed 28 June 2011; Local governments slash AIDS related budgets in Japan, in *Medical News Today*, 23 June 2004, URL: <http://www.medicalnewstoday.com/releases/9839.php>, accessed 28 June 2011; Jane Koerner, Satoshi Shiono, Akitomo Shingae and Seiichi Ichikawa, 'Funding for MSM related HIV prevention: how does Japan compare?' in 男性同性間のHIV感染対策とその評価に関する研究—平成22年度 総括・分担研究報告書 (Study Group on the Development of Community-based HIV Prevention Interventions for MSM- Heisei 22 Annual Report), ed. Seiichi Ichikawa, Tokyo: Ministry of Health, Labour and Welfare, 2011, pp. 235–40.
- [26] 'Local governments slash AIDS related budgets in Japan,' in *Medical News Today*.

[27] Ichikawa, 'Guidelines for HIV/AIDS Prevention and Support for Men Who Have Sex with Men (MSM).'

[28] Tetsuro Onitsuka, Jane Koerner, Noriyo Kaneko, Sohei Yamada, Satoshi Shiono, Hiroyuki Tsuji, Daisuke Goto, Toshio Machi, Sachiko Omori, Hirokazu Kimura and Seiichi Ichikawa, 'HIV risk & sexual behaviors of middle aged MSM: findings from the 2007 Osaka bar survey,' Poster presentation at 9th International Congress on AIDS in Asia and the Pacific, 9–13 August 2009, Bali Indonesia.



Published with the support of Gender and Cultural Studies, School of Culture, History and Language, College of Asia and the Pacific, The Australian National University.

URL: <http://intersections.anu.edu.au/issue26/koerner-ichikawa.htm>

© Copyright

Page constructed by [Carolyn Brewer](#).

Last modified: 22 August 2011 1342



Regional Feature: Testing, treatment and prevention among gay and other men who have sex with men in Japan – an update

By Jane Koerner and Seiji Ichikawa

Japan is a country with low HIV prevalence by international standards. In 2009, less than 0.1% of the total population were estimated to be living with HIV.¹ Despite this, the yearly number of cases of HIV in Japan has been steadily rising, with dramatic increases observed among men who have sex with men since 2000.²

At the end of 2010, there were a total of 18,342 cumulative reports of people with HIV and or AIDS in Japan; this cumulative figure consists of 11,573 people with HIV and 5,330 people with AIDS. Additionally, there were 1,439 reports of people becoming infected through blood products prior to 1986.³

In 2010, 68% of new cases of HIV were acquired through male-to male sexual transmission, while heterosexual transmission accounted for 18% of cases.⁴ Gay men and other men who

have sex with men are therefore deemed a priority population in terms of HIV prevention in Japan.⁵ Continued increases in Japan's HIV rates, along with disproportionate rates of HIV among men who have sex with men have led gay community-based groups, through funding by the Japan's Ministry of Health, Labour and Welfare (MHLW), to focus on capacity development activities around testing and treatment, and to support the development of awareness campaigns targeting gay men and other men who have sex with men.

Japan's response to HIV is based around the provision of education, voluntary HIV counseling and testing, and access to high quality HIV treatments.⁶ While gay men and other men who have sex with men are designated as a priority group in relation to HIV policy, efforts

to date have not slowed the steady increase in cases of HIV among this group. This article summarises recent HIV testing, treatment and prevention initiatives in Japan, particularly those that target priority populations of gay men and other men who have sex with men, and makes recommendations for future directions.

HIV testing

Japan's HIV testing policy is based on the provision of free and anonymous testing at public health centres, but the majority of these centres only provide HIV testing for a two to three hour period one day per week.⁷ A few local governments have contracted volunteer based non-government organisations (NGOs) to provide rapid HIV testing services in the evenings and on weekends and non-anonymous HIV

tests are also available at hospitals and clinics, but the cost is not fully covered by health insurance.

While there has been little research into the accessibility of HIV testing services, a survey conducted among men who have sex with men attending a community-organised HIV testing event in Nagoya found that 66.5% of respondents reported that HIV testing at public health centers is difficult to access due to limited available times for HIV testing and lack of information on where to go for testing.⁸

In 2006, the MHLW provided funding through the Japan Foundation for AIDS Prevention for a five-year strategic research project that aimed to increase HIV testing rates and reduce AIDS diagnoses among the general population and men who have sex with men in the Tokyo and Osaka areas.⁹ One of the project's aims was to increase gay and bisexual men's awareness of gay-friendly HIV counseling and support services, using gay community campaigns produced by NGOs. This was accompanied by workshops for public health centre staff to increase their capacity to address the needs of gay and bisexual men. Community campaigns promoting HIV testing and the merits of early diagnosis were also conducted in 2010.

While the final results of all this work are yet to be published, the project has fostered a range of collaborations between local government and NGOs that work with gay and HIV-positive people. The project has also successfully collated a range of information on HIV testing, counseling and support services for men who have sex with men. Furthermore, the NGOs involved with the project were able to extend their outreach to previously unreached groups piloting new information tools, and support HIV testing projects.

A future priority is to increase the availability and capacity of gay-friendly HIV testing services around the country, which at this time remain variable in their capacity to provide non-judgmental HIV testing and counseling. We believe that improving the accessibility and sensitivity of public health centre HIV testing would

benefit not only gay, bisexual and other men who have sex with men, but also other groups using HIV testing services, including sex workers, young people, foreigners and people who use drugs.

Treatment

The standard of medical treatment for HIV available in Japan is high, with new antiretroviral drugs rapidly included into treatment regimen guidelines and made available at a minimal basic cost through health insurance. While health insurance is available to all Japanese residents, access requires legal residence status and is dependent on the payment of monthly health insurance premiums; people with low incomes and illegal foreign workers are precluded from accessing health insurance, and are therefore also unable to access subsidised HIV treatments.¹⁰

People living with HIV and AIDS also face high levels of social stigma and many people have concerns about employers and others finding out about their HIV status.^{11,12} There have been a number of recent studies conducted regarding social isolation¹³, work-related issues¹⁴, and treatment issues¹⁵ faced by people living with HIV. In relation to HIV-positive gay and bisexual men, research regarding attitudes and behaviours relating to safe sex practices indicates the need for more targeted programs to reduce stigma and increase condom usage among these groups.¹⁶

A recent internet survey of people living with HIV investigated respondents' experiences of receiving a positive HIV test. Of the 239 respondents, 49.8% stated that sex and sexuality-related issues were not adequately addressed by the medical professional providing the test result; only 48.5% were given follow-up information at the time of diagnosis (such as how to prevent HIV transmission; whether it was okay for them to have sex; how to prevent HIV transmission; whether it was necessary to disclose their status to sexual partners etc.).¹⁷ These results indicate a reluctance among health workers to discuss sex and sexuality related-issues with HIV-positive people. This highlights the need for more post-diagnosis support and counseling services for gay and bisexual men – and more training for health practitioners, particularly in regional areas as HIV counseling and support services are concentrated in the largest cities of Tokyo and Osaka.

Prevention

The first baseline behavioural study – providing data on gay and bisexual men's HIV knowledge, HIV testing rates and condom use – was undertaken

continued overleaf

People living with HIV and AIDS also face high levels of social stigma and many people have concerns about employers and others finding out about their HIV status. There have been a number of recent studies conducted regarding social isolation, work-related issues, and treatment issues faced by people living with HIV.

Survey location and sample	Tokyo Gay Club Survey					Osaka Gay Club Survey							Osaka Gay Bar Survey		
	2001 ^a	2003 ^a	2005 ^a	2007 ^a	2009 ^a	1999 ^b	2002 ^c	2003 ^c	2004 ^c	2006 ^c	2008 ^c	2010 ^c	2005 ^d	2007 ^d	2009 ^d
Survey year	2001 ^a	2003 ^a	2005 ^a	2007 ^a	2009 ^a	1999 ^b	2002 ^c	2003 ^c	2004 ^c	2006 ^c	2008 ^c	2010 ^c	2005 ^d	2007 ^d	2009 ^d
Number of participants	n=539	n=529	n=934	n=1039	n=942	n=498	n=403	n=596	n=592	n=687	n=856	n=943	n=496	n=912	n=1315
Experience of HIV testing															
Past year	25.1	25.4	36.0	37.0	47.3	19.5	34.3	31.4	35.7	38.0	41.1	46.1	27.2	29.5	26.8
Lifetime	—	—	—	—	—	34.1*	—	—	—	—	—	—	—	54.2	51.8
Rate of condom use during anal sex with men in past six months															
100% use with casual partners	49.4	66.1	63.1	63.1	55.7	56.5	56.5	59.2	62.1	66.6	71.3	71.8	44.9	54.8	54.0
100% use with regular partners	42.8	54.9	56.6	55.4	54.4	45.9	45.9	46.2	51.4	61.2	63.6	62.4	34.1	39.2	42.6
HIV NGO program recognition															
Knowledge of gay community centre		21.0	42.3	—	—	—	—	26.2	44.4	33.6	48.7	52.0	30.0	39.8	59.3
Knowledge of gay community paper		—	—	—	—	—	—	38.2	52.0	33.4	40.2	48.2	73.4	64.4	70.6

Table 1 HIV testing, condom use and HIV NGO knowledge among men who have sex with men in Japan

- a. Kimura, H., et al., *Osaka sex behaviour survey – Findings from the 2010 Osaka Club Survey*, in *Study Group on the Development and Implementation of Community-based HIV Prevention Interventions for MSM Heisei 22 Research Report*, S. Ichikawa, Editor. 2011, Ministry of Health Labour and Welfare: Tokyo. p. 168–179.
- b. Ichikawa, S., (2003.) Prevention Intervention among MSM (men who have sex with men) – Project MASH Osaka. *Japanese Journal of AIDS Research*, 5(3): 174–18.
- c. Kimura, H., et al., (2010). *Evaluation of HIV prevention interventions in Osaka – Findings of the 2009 Club Survey* in *Study Group on the Development and Implementation of Community-based HIV Prevention Interventions for MSM, Heisei 22 Research Report*, S. Ichikawa, Editor. Ministry of Health Labour and Welfare: Tokyo. 171–180.
- d. Shiono, S., et al., (2010.) *Evaluation of Osaka’s HIV Interventions and of the factors related to HIV preventive behaviors: Findings from the 2009 Bar survey*, in *Study Group on the Development and Implementation of Community-based HIV Prevention Interventions for MSM Heisei 20 Research Report*, S. Ichikawa, Editor. Ministry of Health Labour and Welfare: Tokyo. 195–243.

* Past five years

in Osaka in 1999, following a successful partnership between gay men, researchers and a local government health official. The results obtained were instrumental in informing HIV prevention activities in Osaka, and this model was repeated in other regions, funded through research grants from the MHLW. However, it was not until 2003 that the first specifically targeted prevention programs for men who have sex with men were funded through the provision of grants to fund community centres.

The first centres were established in Tokyo and Osaka in 2003, and there are now six centres operating in Nagoya (since 2004), Fukuoka (2006), and Sendai and Naha in Okinawa in 2009.

The establishment of community centres operated by NGOs and located in districts containing gay bars has been instrumental in facilitating networking between HIV prevention and support NGOs, gay commercial venues, community event organisers and individuals, but efforts were hampered by the lack of staff as most of the centers were only funded for one part time position (or less) per centre. In March 2011, the MHLW announced a new policy initiative to fund HIV programs for men who have sex with men in six cities, including Tokyo, Osaka, Nagoya, Sendai, Fukuoka, and Okinawa. This funding will be used to conduct information outreach delivering condoms and publications

to gay commercial venues, and conduct other prevention and support activities. While this is an encouraging new step, NGO capacity remains rather weak, with small numbers of staff (currently nine positions nationally).

To date, HIV prevention activities have been evaluated through surveys conducted at gay clubs and gay bars, and mobile phone RDS surveys; survey findings indicate some success in increasing condom use, HIV testing, and NGO activities (see Table 1). Behavioural surveys indicate that prevention activities need to be extended to older gay and bisexual men, and that school-based HIV and sex education is needed for young gay and bisexual men.

While a few local governments have included men who have sex with men in their HIV testing and prevention policies and plans, the vast majority do not have any targeted HIV testing and prevention programs or plans. In order to extend prevention activities nationally, it is critical that NGO capacities are scaled-up and that local governments implement initiatives that include men who have sex with men in developing local HIV policies. Furthermore, a national coordinating body needs to be established, which includes representatives from national and local government to coordinate and direct the response in relation to gay and bisexual men. HIV policy is currently under review by the MHLW, with outcomes of the review expected in the next months.

Future challenges

This article has outlined initiatives which have attracted recent funding from the Ministry of Health, Labour and Welfare. There has been no commitment to maintain or scale up activities, and in view of the huge levels of government support needed for rebuilding efforts following the Northern Kanto tsunami and Fukushima nuclear reactor meltdown, there is a concern that resources will be diverted. In view of the continued increase in HIV infections among men who have sex with men in Japan, improved coordination and funding to increase gay friendly HIV testing, to support gay community HIV prevention efforts and to support people with HIV, must be continued.

References

- 1 UNAIDS. (2010). *Report on the global AIDS Epidemic*. Available at: UNAIDS Report on the global AIDS epidemic 2010 www.unaids.org/globalreport/Global_report.htm (accessed 25 October 2011).
- 2 National AIDS Surveillance Committee. (2010). *UNGASS Country Progress Report: Japan (Report to UNAIDS – HIV/AIDS Trends in Japan December 2009)*. Available at: http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/2010progressreportsubmittedbycountries/japan_2010_country_progress_report_en.pdf (accessed 21 October 2011).

- 3 National AIDS Surveillance Committee, *HIV/AIDS in Japan, 2010*. (2011). AIDS Prevention Information Network. Available at: <http://api-net.jfap.or.jp/status/2010/10nenpo/gaiyou.pdf> (accessed 26 October 2011) (in Japanese).
- 4 *ibid.*
- 5 Akino, K. (2008). Various policies for HIV/AIDS control after the revision of AIDS Prevention Guideline. in M. Kashiwazaki, (ed.). *Challenging practices on HIV/AIDS in Japan, 2008*, Japanese Foundation for AIDS Prevention, Tokyo. Available at: http://www.jfap.or.jp/english/booklet/2008/data/1/003_akino.pdf (accessed 21 August 2011).
- 6 *op. cit.* (Akino, K 2008).
- 7 See HIV test search homepage www.kensa.com (in Japanese).
- 8 Kaneko, N., Utsumi M., and Ichikawa S. (2007). HIV testing behaviour and HIV preventive behaviour among gay and bisexual men in Tokai area. *Japanese Journal of Nursing Research*. 30(4): 194–43 (in Japanese).
- 9 See Strategic Research Homepage http://www.jfap.or.jp/strategic_study/index.html (in Japanese).
- 10 Tarui, M., Sawada, T., and Castro-Vazquez, G. (2004). *Issues Concerning Human Rights and HIV/AIDS of Non-Japanese Workers, in Expert Meeting on HIV/AIDS and Human Rights in Asia-Pacific*. Bangkok. Available at http://www.aidslex.org/site_documents/I010E.pdf (accessed 21 August 2011).
- 11 Yajima, T., Hasegawa, H., Ikushima, Y., and Inoue, Y. (2008). *Future and Long Life Series: Connected to society connected to people: Treatments, Work, Love, Future*. PLACE Tokyo, Japan Network of People living with HIV/AIDS. Available at: <http://www.ptokyo.com/publications/booklets.php> (in Japanese) (accessed 21 August 2011).
- 12 Ikushima, Y. and Wakabayashi C. (2009). People living with HIV/AIDS: Work, life, and community. In Y. Ikushima, Editor. *Study group on the support for HIV-positive people and others in regional areas*. PLACE Tokyo, Japan Network of People living with HIV/AIDS. Available at: http://www.chiiki-shien.jp/resource.html#a_tool [in Japanese] (accessed 21 August 2011).
- 13 Yajima, T. et al. *op. cit.*
- 14 Ikushima, Y. et al. *op. cit.*
- 15 Ikushima, Y., Takaku Y., Nagano K., Hasegawa H., Yajima T., and Inoue Y. (2009). *Future & Long Life Series: Thinking about treatments in the era of long-term HIV treatment*. PLACE Tokyo, Japan Network of People living with HIV/AIDS. <http://www.ptokyo.com/publications/booklets.php> [in Japanese].
- 16 Inoue, Y., Yamazaki Y., Kihara M., Wakabayashi C., Seki Y., and Ichikawa S. (2006). The intent and practice of condom use among HIV-positive men who have sex with men in Japan. *AIDS Patient Care and STDs*, 20(11), 792–802.
- 17 Yajima, T., Takaku Y., Nagano K., Hasegawa H., Ikushima Y., and Inoue Y. (2011). *The experience of 239 people with HIV about the experience of being informed about their HIV status*, PLACE Tokyo, Japan Network of People Living with HIV/AIDS. <http://www.ptokyo.com/publications/booklets.php> (in Japanese).

Jane Koerner is a Research Associate in the Study Group on HIV Prevention Interventions among Men who have sex with Men, which is funded by the Ministry of Health, Labour and Welfare, and located at Nagoya City University. Jane has been working on HIV related issues in Japan for more than a decade. Professor Seiichi Ichikawa is Head of the Study Group on HIV Prevention Interventions among Men who have sex with Men, and has been working with gay NGOs in conducting HIV prevention, support and research since 1998.

There has been no commitment to maintain or scale up activities, and in view of the huge levels of government support needed for rebuilding efforts following the Northern Kanto tsunami and Fukushima nuclear reactor meltdown, there is a concern that resources will be diverted.