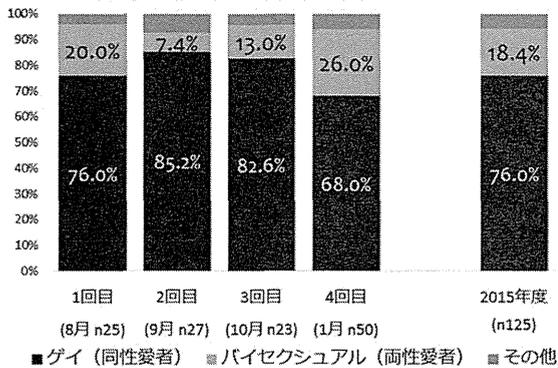


居住地は、いずれの回でも大阪府が最も多く1回目(8月)80.0%、2回目(9月)70.4%、3回目(10月)60.9%、4回目(1月)72.0%であり、有意差はみられなかった($p=0.39$)。累計では大阪府が71.2%であり最も高かった。次いで兵庫県16.8%、京都府3.2%、滋賀県2.4%、奈良県1.6%であった。

性的指向は、いずれの回でもゲイと回答する割合が最も高く、1回目(8月)76.0%、2回目(9月)85.2%、3回目(10月)82.6%、4回目(1月)68.0%であり、有意差はみられなかった($p=0.68$)。累計では76.0%であり、次いでバイセクシュアルが18.4%であった。

図2 受検者の特性-性的指向



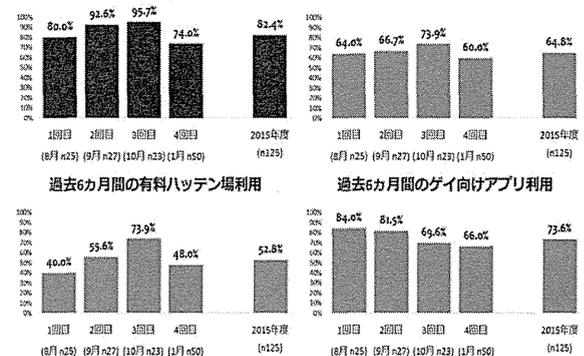
居住形態について1人暮らしの割合は1回目(8月)60.0%、2回目(9月)63.0%、3回目(10月)26.1%、4回目(1月)38.0%であり($p=0.08$)、親や兄弟姉妹との同居割合は1回目(8月)32.0%、2回目(9月)22.2%、3回目(10月)56.5%、4回目(1月)44.0%であった($p=0.18$)。

職業について常勤(正規雇用)の割合は1回目(8月)52.0%、2回目(9月)59.3%、3回目(10月)52.2%、4回目(1月)54.0%であった($p=0.45$)。

過去6ヵ月間の利用施設におけるゲイ向け商業施設としてはゲイバー利用が累計で64.8%、1回目(8月)64.0%、2回目(9月)66.7%、3回目(10月)73.9%、4回目(1月)60.0%であった($p=0.85$)。ゲイナイト利用は累計で24.0%、1回目(8月)32.0%、2回目(9月)33.3%、3

回目(10月)26.1%、4回目(1月)14.0%であった($p=0.40$)。ゲイショップ利用は累計で24.8%、1回目(8月)24.0%、2回目(9月)33.3%、3回目(10月)34.8%、4回目(1月)16.0%であった($p=0.46$)。有料のハッテン場利用は累計で52.8%、1回目(8月)40.0%、2回目(9月)55.6%、3回目(10月)73.9%、4回目(1月)48.0%であった($p=0.26$)。4つの施設のうちいずれか利用した割合は累計で83.2%、1回目(8月)80.0%、2回目(9月)92.6%、3回目(10月)95.7%、4回目(1月)72.0%であった($p=0.22$)。

図3 受検者の特性-利用施設など

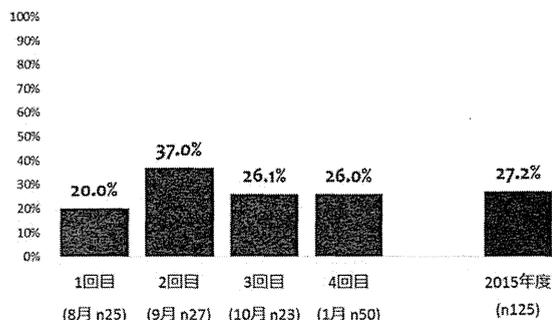


本検査会はゲイ向けアプリやインターネットのバナーでも広報しているが、ゲイ向けアプリの利用は累計で73.6%、1回目(8月)84.0%、2回目(9月)81.5%、3回目(10月)69.6%、4回目(1月)66.0%であった($p=0.55$)。

コミュニティセンターdistaの初利用者割合は累計で42.4%、1回目(8月)36.0%、2回目(9月)44.4%、3回目(10月)43.5%、4回目(1月)44.0%であった($p=0.74$)。

HIV抗体検査の受検経験について初受検(生涯に未受検)割合は累計で27.2%、1回目(8月)20.0%、2回目(9月)37.0%、3回目(10月)26.1%、4回目(1月)27.2%であった($p=0.55$)。一方で過去1年間の受検経験割合は累計で40.0%、1回目(8月)44.0%、2回目(9月)37.0%、3回目(10月)34.7%、4回目(1月)42.0%であった($p=0.47$)。

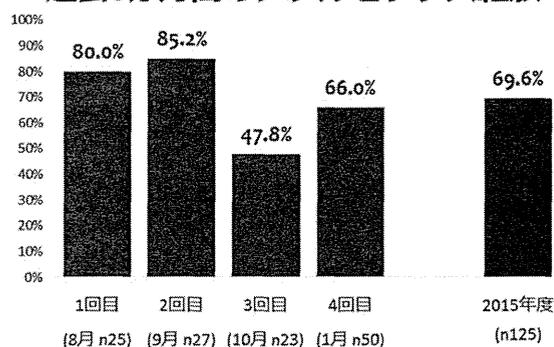
図4 受検者の特性-初受検者割合



生涯に男性とのアナルセックス経験がある人の割合は累計で 92.0%、1 回目 (8 月) 96.0%、2 回目 (9 月) 100.0%、3 回目 (10 月) 87.0%、4 回目 (1 月) 88.0%であった ($p=0.14$)。

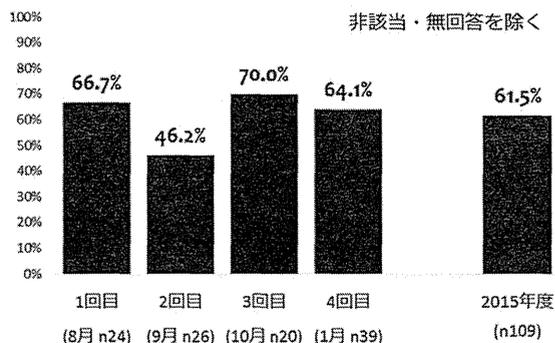
一番最近のアナルセックスが過去 6 ヶ月間であった割合は累計で 69.6%、1 回目 (8 月) 80.0%、2 回目 (9 月) 85.2%、3 回目 (10 月) 47.8%、4 回目 (1 月) 66.0%であった ($p=0.18$)。過去 6 ヶ月間より以前であった割合は累計で 19.2%、1 回目 (8 月) 16.0%、2 回目 (9 月) 11.1%、3 回目 (10 月) 34.8%、4 回目 (1 月) 18.0%であった。

図5 受検者の特性
過去6カ月間のアナルセックス経験



非該当・無回答を除き一番最近のアナルセックスにおけるコンドーム使用状況について回答があった人のうち、アナルセックス時のコンドーム使用割合は累計で 61.5%、1 回目 (8 月) 66.7%、2 回目 (9 月) 46.2%、3 回目 (10 月) 70.0%、4 回目 (1 月) 64.1%であった ($p=0.31$)。

図6 一番最近のアナルセックスにおけるコンドーム使用割合



本検査会における満足度について次の 4 項目で尋ねた。「話し方・言葉づかい」についてとても満足であった割合は累計で 84.8%、1 回目 (8 月) 84.0%、2 回目 (9 月) 85.2%、3 回目 (10 月) 82.6%、4 回目 (1 月) 86.5%であった ($p=0.98$)。「質問しやすい雰囲気」についてとても満足であった割合は累計で 82.1%、1 回目 (8 月) 76.0%、2 回目 (9 月) 81.5%、3 回目 (10 月) 87.0%、4 回目 (1 月) 83.8%であった ($p=0.49$)。「安心できる雰囲気」についてとても満足であった割合は累計で 75.0%、1 回目 (8 月) 68.0%、2 回目 (9 月) 77.8%、3 回目 (10 月) 73.9%、4 回目 (1 月) 78.4%であった ($p=0.44$)。「プライバシー保護」についてとても満足であった割合は累計で 63.4%、1 回目 (8 月) 52.0%、2 回目 (9 月) 66.7%、3 回目 (10 月) 65.2%、4 回目 (1 月) 67.6%であった ($p=0.37$)。

本分析結果は速報として大阪市に還元しており、以下の対策会議等で一部引用されている。第 9 回重点都道府県等エイズ対策担当課長連絡協議会 (平成 28 年 3 月 23 日)、同性愛者等における HIV 感染症対策のための研修会および報告会 (平成 28 年 3 月 28 日)。

D. 考察

検査会利用者とコミュニティセンターdista利用者の居住地や居住形態、年齢、性的指向、職業、受検行動は類似していた。一方でゲイ向け商業施設利用者割合はやや高く、特に有料ハッテン場の利用割合は52.8%（コミュニティセンター利用者32.0%、以下同）と極めて高かった。また一番最近のアナルセックスにおける Condom 使用割合はやや低く61.5%（72.3%）であった。特に10月の検査会利用者における有料ハッテン場利用割合は73.9%であった。これはコミュニティセンター利用者に比べ極めて高い。本研究では詳細な比較検討ができていないので慎重に考察する必要があるが、同10月検査会のHIV陽性判明17.4%、梅毒陽性・要治療判明13.6%であったことと関連している可能性もある。これらの結果から本検査会はコミュニティセンターの性質を反映し、検査ニーズの高い層の検査行動を促進したと考える。

本検査会「distaでピタッとちえっくん」は、検査自体をオープンスペースで実施し、HIV感染のカミングアウトの状況やHIV感染に対するスティグマを考慮し、検査結果は個人情報として扱うことが既存の検査機会と異なる点であったが、受検者の満足度は先行研究の保健所受検者満足度と比べても高い割合であり、コミュニティセンターでの検査会での実施可能性を示したと言える。

研究計画では本検査会で300人のコホート登録を目指したが、初年度の登録者は92人であった。1回目から3回目からの受検者数は当初の目標より少なかったが、4回目には52人の利用があったことから、指紋認証の導入によって検査の敷居が高まった可能性は少ないと考えられる。指紋の登録時にコミュニティセンターdistaだから了承すると語る受検者も多く、MASH大阪とコミュニティとの信頼関係が構築

されていることが重要な要素となっている。

2016年1月の指紋登録者割合が低い背景にはマイナンバー制の導入で個人情報保護への意識が高くなったことが考えられ、今後は依頼時に不安を払拭できるよう、より詳細に説明する必要がある。受検者数の増加のためには、広報方法を工夫する必要があるが、継続的な実施で、コミュニティに検査会が浸透し利用者は増加すると考えられる。コミュニティセンターdistaの利用者調査では本検査会の認知は6月が36.9%で、12月が47.5%と増加しており、とりわけ受検者が8人（5.0%、6月）から21人（11.9%、12月）と倍増している。

これらの結果から、本検査会はMASH大阪が構築してきたコミュニティとの関係性を基盤としたものとなっていることが考えられる。

E. 結論

本検査会利用者の属性はコミュニティセンターdista利用者と類似しており、ゲイ向け商業施設利用者割合は高かった。本検査会は検査ニーズの高いハイリスク層が対象となったと考えられる。

しかし受検者数およびコホート登録者数は当初の目標より少なく広報方法を工夫する必要がある。1月の指紋登録者割合が低い背景にはマイナンバー制の導入で個人情報保護への意識が高くなったことが考えられ、依頼時に不安を払拭できるよう、より詳細に説明する必要がある。

コホート登録者については、初年度は対象者数が少なく、プライバシー保護の観点から解析は行わなかった。次年度は、第2期コホートとして検査会を5回に増やし、登録者数の確保を目指す。同時にコホート登録者に向けても再受検を促し、血液検査と連動させたフォローアップによって、新規判明率を推計する。

表1 検査会利用者における属性

		1回目	2回目	3回目	4回目	合計						
		8月	9月	10月	1月						Pearson χ^2	
		n=25	n=27	n=23	n=50	n=125						
居住地												
	大阪府	20	80.0%	19	70.4%	14	60.9%	36	72.0%	89	71.2%	0.39
	兵庫県	2	8.0%	5	18.5%	6	26.1%	8	16.0%	21	16.8%	
	京都府	3	12.0%	1	3.7%	0	0.0%	0	0.0%	4	3.2%	
	奈良県	0	0.0%	0	0.0%	1	4.3%	1	2.0%	2	1.6%	
	滋賀県	0	0.0%	1	3.7%	0	0.0%	2	4.0%	3	2.4%	
	和歌山県	0	0.0%	0	0.0%	0	0.0%	1	2.0%	1	0.8%	
	その他	0	0.0%	1	3.7%	2	8.7%	2	4.0%	5	4.0%	
年齢層												
	24歳以下	3	12.0%	9	33.3%	5	21.7%	7	14.0%	24	19.2%	0.31
	25-34歳	10	40.0%	11	40.7%	9	39.1%	20	40.0%	50	40.0%	
	35歳以上	12	48.0%	7	25.9%	9	39.1%	20	40.0%	48	38.4%	
	無回答	0	0.0%	0	0.0%	0	0.0%	3	6.0%	3	2.4%	
あなたは以下のどれにあてはまりますか?												
	ゲイ（同性愛者）	19	76.0%	23	85.2%	19	82.6%	34	68.0%	95	76.0%	0.68
	バイセクシュアル（両性愛者）	5	20.0%	2	7.4%	3	13.0%	13	26.0%	23	18.4%	
	ヘテロセクシュアル（異性愛者）	0	0.0%	0	0.0%	0	0.0%	1	2.0%	1	0.8%	
	わからない	1	4.0%	1	3.7%	1	4.3%	0	0.0%	3	2.4%	
	決めたくない	0	0.0%	1	3.7%	0	0.0%	0	0.0%	1	0.8%	
	その他	0	0.0%	0	0.0%	0	0.0%	1	2.0%	1	0.8%	
	無回答	0	0.0%	0	0.0%	0	0.0%	1	2.0%	1	0.8%	
あなたは、現在だけかと一緒に暮らしていますか?(複数回答)												
	一人暮らし	15	60.0%	17	63.0%	6	26.1%	19	38.0%	57	45.6%	0.08
	親や兄弟・姉妹と同居	8	32.0%	6	22.2%	13	56.5%	22	44.0%	49	39.2%	0.18
	同性のパートナーと同居	1	4.0%	3	11.1%	0	0.0%	3	6.0%	7	5.6%	0.60
	同性の友達と同居	1	4.0%	1	3.7%	2	8.7%	1	2.0%	5	4.0%	0.77
	異性のパートナーと同居	0	0.0%	1	3.7%	1	4.3%	4	8.0%	6	4.8%	0.67
	異性の友達と同居	0	0.0%	0	0.0%	0	0.0%	1	2.0%	1	0.8%	0.80
	その他	0	0.0%	0	0.0%	2	8.7%	2	4.0%	4	3.2%	0.47
あなたの現在の職業として、もっとも近いのは次のどれですか?												
	常勤(正規雇用)	13	52.0%	16	59.3%	12	52.2%	27	54.0%	68	54.4%	0.45
	常勤(非正規雇用)	0	0.0%	3	11.1%	4	17.4%	7	14.0%	14	11.2%	
	パートタイマー	2	8.0%	0	0.0%	1	4.3%	2	4.0%	5	4.0%	
	アルバイト	2	8.0%	3	11.1%	0	0.0%	6	12.0%	11	8.8%	
	経営者	1	4.0%	1	3.7%	1	4.3%	1	2.0%	4	3.2%	
	学生	3	12.0%	3	11.1%	5	21.7%	5	10.0%	16	12.8%	
	その他	4	16.0%	1	3.7%	0	0.0%	1	2.0%	6	4.8%	
	無回答	0	0.0%	0	0.0%	0	0.0%	1	2.0%	1	0.8%	

表2 検査会利用者における性的指向及び利用施設

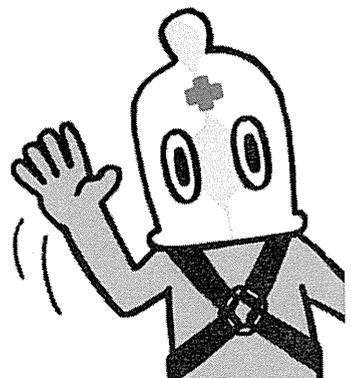
	1回目		2回目		3回目		4回目		合計	Pearson χ^2	
	8月		9月		10月		1月		n=125		
	n=25		n=27		n=23		n=50				
過去6か月間に、以下の施設やサービスを利用しましたか?(複数回答)											
過去6か月間の商業施設利用(再掲)	20	80.0%	25	92.6%	22	95.7%	37	74.0%	104	83.2%	0.22
ゲイバー	16	64.0%	18	66.7%	17	73.9%	30	60.0%	81	64.8%	0.85
ゲイナイト	8	32.0%	9	33.3%	6	26.1%	7	14.0%	30	24.0%	0.40
ゲイショップ	6	24.0%	9	33.3%	8	34.8%	8	16.0%	31	24.8%	0.46
ゲイ向けサークル	1	4.0%	5	18.5%	1	4.3%	3	6.0%	10	8.0%	0.34
ゲイ向け合コン	1	4.0%	1	3.7%	1	4.3%	1	2.0%	4	3.2%	0.93
mixiなどのSNS	10	40.0%	6	22.2%	8	34.8%	13	26.0%	37	29.6%	0.67
PC出会い系サイト	4	16.0%	1	3.7%	4	17.4%	4	8.0%	13	10.4%	0.53
携帯出会い系サイト	8	32.0%	10	37.0%	6	26.1%	7	14.0%	31	24.8%	0.30
エロ系SNS(HuGs や男子寮など)	2	8.0%	2	7.4%	4	17.4%	2	4.0%	10	8.0%	0.51
ゲイ向けアプリ	21	84.0%	22	81.5%	16	69.6%	33	66.0%	92	73.6%	0.55
ゲイの乱パ	1	4.0%	1	3.7%	1	4.3%	0	0.0%	3	2.4%	0.74
有料のハッテン場	10	40.0%	15	55.6%	17	73.9%	24	48.0%	66	52.8%	0.26
野外のハッテン場	4	16.0%	4	14.8%	1	4.3%	4	8.0%	13	10.4%	0.67
ハッテン場で有名な公共施設	8	32.0%	6	22.2%	6	26.1%	10	20.0%	30	24.0%	0.83
いずれもなし	0	0.0%	0	0.0%	1	4.3%	1	2.0%	2	1.6%	0.74
これまでに男性とアナルセックスをしたことがありますか?											
ある	24	96.0%	27	100.0%	20	87.0%	44	88.0%	115	92.0%	0.14
ない	0	0.0%	0	0.0%	2	8.7%	6	12.0%	8	6.4%	
無回答	1	4.0%	0	0.0%	1	4.3%	0	0.0%	2	1.6%	
一番最近にアナルセックスをしたのはいつですか?											
現在~過去6か月間の間	20	80.0%	23	85.2%	11	47.8%	33	66.0%	87	69.6%	0.18
過去6か月間~過去1年間の間	0	0.0%	0	0.0%	3	13.0%	5	10.0%	8	6.4%	
1年以上前	4	16.0%	3	11.1%	5	21.7%	4	8.0%	16	12.8%	
覚えていない	0	0.0%	0	0.0%	1	4.3%	1	2.0%	2	1.6%	
生涯なし	0	0.0%	0	0.0%	2	8.7%	6	12.0%	8	6.4%	
無回答	1	4.0%	1	3.7%	1	4.3%	1	2.0%	4	3.2%	
一番最近にアナルセックスした相手はどれにあてはまりますか?											
彼氏や恋人	3	12.0%	8	29.6%	3	13.0%	10	20.0%	24	19.2%	0.53
友達やセクフレ	11	44.0%	8	29.6%	7	30.4%	15	30.0%	41	32.8%	
その場限りの相手	10	40.0%	10	37.0%	10	43.5%	16	32.0%	46	36.8%	
その他	0	0.0%	0	0.0%	0	0.0%	2	4.0%	2	1.6%	
生涯なし	0	0.0%	0	0.0%	2	8.7%	6	12.0%	8	6.4%	
無回答	1	4.0%	1	3.7%	1	4.3%	1	2.0%	4	3.2%	
一番最近にアナルセックスした時、コンドームを使用しましたか?											
使った	16	64.0%	12	44.4%	14	60.9%	25	50.0%	67	53.6%	0.21
使わなかった	6	24.0%	12	44.4%	5	21.7%	14	28.0%	37	29.6%	
覚えていない	2	8.0%	2	7.4%	1	4.3%	0	0.0%	5	4.0%	
生涯なし	0	0.0%	0	0.0%	2	8.7%	6	12.0%	8	6.4%	
無回答	1	4.0%	1	3.7%	1	4.3%	5	10.0%	8	6.4%	

表3 検査会利用者における dista 利用経験及び検査行動

	1回目 8月 n=25	2回目 9月 n=27	3回目 10月 n=23	4回目 1月 n=50	合計 n=125	Pearson χ^2
これまでHIV抗体検査(エイズ検査)を受けたことがありますか?						
ある	19 76.0%	17 63.0%	16 69.6%	37 74.0%	89 71.2%	0.53
ない	5 20.0%	10 37.0%	6 26.1%	13 26.0%	34 27.2%	
無回答	1 4.0%	0 0.0%	1 4.3%	0 0.0%	2 1.6%	
これまで何回HIV抗体検査(エイズ検査)を受けたことがありますか?						
1回だけ	6 24.0%	4 14.8%	5 21.7%	11 22.0%	26 20.8%	0.72
2回	2 8.0%	4 14.8%	4 17.4%	3 6.0%	13 10.4%	
3回	3 12.0%	3 11.1%	0 0.0%	5 10.0%	11 8.8%	
4回以上	8 32.0%	6 22.2%	6 26.1%	14 28.0%	34 27.2%	
未受検	6 24.0%	10 37.0%	7 30.4%	13 26.0%	36 28.8%	
無回答	0 0.0%	0 0.0%	1 4.3%	4 8.0%	5 4.0%	
一番最近にHIV検査(エイズ検査)を受けたのはいつですか?						
過去6カ月間の間	3 12.0%	4 14.8%	5 21.7%	15 30.0%	27 21.6%	0.47
過去6カ月以上前～過去1年の間	8 32.0%	6 22.2%	3 13.0%	6 12.0%	23 18.4%	
過去1年以上前～過去3年の間	5 20.0%	5 18.5%	4 17.4%	5 10.0%	19 15.2%	
過去3年以上前	3 12.0%	2 7.4%	3 13.0%	7 14.0%	15 12.0%	
未受検	6 24.0%	10 37.0%	7 30.4%	13 26.0%	36 28.8%	
無回答	0 0.0%	0 0.0%	1 4.3%	4 8.0%	5 4.0%	
これまでにかかったことがある性感染症はありますか?(複数回答)						
梅毒	1 4.0%	3 11.1%	1 4.3%	2 4.0%	7 5.6%	0.50
A型肝炎	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	-
B型肝炎	1 4.0%	3 11.1%	1 4.3%	2 4.0%	7 5.6%	0.50
C型肝炎	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	-
クラミジア	0 0.0%	3 11.1%	1 4.3%	5 10.0%	9 7.2%	0.36
尖圭コンジローマ	0 0.0%	1 3.7%	3 13.0%	1 2.0%	5 4.0%	0.13
淋病	1 4.0%	1 3.7%	0 0.0%	4 8.0%	6 4.8%	0.40
HIV感染症	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	-
赤痢アメーバ	1 4.0%	0 0.0%	0 0.0%	0 0.0%	1 0.8%	0.25
毛じらみ	4 16.0%	8 29.6%	5 21.7%	12 24.0%	29 23.2%	0.62
性器ヘルペス	0 0.0%	1 3.7%	0 0.0%	0 0.0%	1 0.8%	0.31
その他	1 4.0%	0 0.0%	1 4.3%	1 2.0%	3 2.4%	0.52
いずれもない	13 52.0%	13 48.1%	11 47.8%	24 48.0%	61 48.8%	0.58
今日を除いて、これまでdista(ディスタ)を訪れたことがありますか?						
過去6カ月以内に訪れた	7 28.0%	11 40.7%	8 34.8%	17 34.0%	43 34.4%	0.74
過去6カ月より以前に訪れた	9 36.0%	4 14.8%	5 21.7%	11 22.0%	29 23.2%	
訪れたことはない(はじめて訪れた)	9 36.0%	12 44.4%	10 43.5%	22 44.0%	53 42.4%	

表4 検査会利用者における満足度

	1回目		2回目		3回目		4回目		合計		Pearson χ^2
	8月		9月		10月		1月		n=125		
	n=25		n=27		n=23		n=50				
1) 話し方・言葉づかいはどうでしたか?											
とても満足	21	84.0%	23	85.2%	19	82.6%	32	86.5%	95	84.8%	0.98
やや満足	4	16.0%	4	14.8%	4	17.4%	5	13.5%	17	15.2%	
やや不満	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
とても不満	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
合計	25	100.0%	27	100.0%	23	100.0%	37	100.0%	112	100.0%	
2) 質問しやすい雰囲気についてはどうでしたか?											
とても満足	19	76.0%	22	81.5%	20	87.0%	31	83.8%	92	82.1%	0.49
やや満足	6	24.0%	3	11.1%	3	13.0%	5	13.5%	17	15.2%	
やや不満	0	0.0%	2	7.4%	0	0.0%	1	2.7%	3	2.7%	
とても不満	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
合計	25	100.0%	27	100.0%	23	100.0%	37	100.0%	112	100.0%	
3) 安心できる雰囲気についてはどうでしたか?											
とても満足	17	68.0%	21	77.8%	17	73.9%	29	78.4%	84	75.0%	0.44
やや満足	8	32.0%	4	14.8%	6	26.1%	7	18.9%	25	22.3%	
やや不満	0	0.0%	2	7.4%	0	0.0%	1	2.7%	3	2.7%	
とても不満	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
合計	25	100.0%	27	100.0%	23	100.0%	37	100.0%	112	100.0%	
4) プライバシー保護についてはどうでしたか?											
とても満足	13	52.0%	18	66.7%	15	65.2%	25	67.6%	71	63.4%	0.37
やや満足	10	40.0%	5	18.5%	7	30.4%	7	18.9%	29	25.9%	
やや不満	2	8.0%	4	14.8%	1	4.3%	3	8.1%	10	8.9%	
とても不満	0	0.0%	0	0.0%	0	0.0%	2	5.4%	2	1.8%	
合計	25	100.0%	27	100.0%	23	100.0%	37	100.0%	112	100.0%	



Ⅲ 研究成果の刊行に関する一覧表

著者氏名	論文タイトル名	発表誌名	巻号	ページ	出版年
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Everywhere in Japan: an international approach to working with commercial gay businesses in HIV prevention

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Summary

In the UK and Japan, there is concern regarding rising rates of annual new HIV infections among Men who have Sex with Men (MSM). Whilst in the UK and Europe, gay businesses are increasingly recognized as being important settings through which to deliver HIV prevention and health promotion interventions to target vulnerable populations; in Japan such settings-based approaches are relatively underdeveloped. This article draws on qualitative data from a recently completed study conducted to explore whether it is feasible, acceptable and desirable to build on the recent European Everywhere project for adaptation and implementation in Japan. A series of expert workshops were conducted in Tokyo, Nagoya and Osaka with intersectoral representatives from Japanese and UK non-governmental organizations (NGOs), gay businesses, universities and gay communities ($n=46$). Further discussion groups and meetings were held with NGO members and researchers from the Japanese Ministry of Health, Labour and Welfare's Research Group on HIV Prevention Policy, Programme Implementation and Evaluation among MSM ($n=34$). The results showed that it is desirable, feasible and acceptable to adapt and implement a Japanese version of Everywhere. Such a practical, policy-relevant, settings-based HIV prevention framework for gay businesses may help to facilitate the necessary scale up of prevention responses among MSM in Japan. Given the high degree of sexual mobility between countries in Asia, there is considerable potential for the Everywhere Project (or its Japanese variant) to be expanded and adapted to other countries within the Asia-Pacific region.

Key words: HIV prevention, MSM, Japan, intersectoral collaboration

INTRODUCTION

HIV infection globally continues to be a public health burden with 35 million (33.2–37.2 million) people living

with HIV at the end of 2013 (WHO, 2013; UNAIDS, 2014). In both the WHO Western Pacific Region and the European Region, the epidemiology of HIV is diverse.

Whilst the dominant mode of transmission varies by country and geographical area, infection rates remain disproportionately higher in key populations such as Men who have Sex with Men (MSM), migrant populations, injecting drug users and sex workers (European Centre for Disease Control [ECDC], 2013; ECDC/WHO, 2014). These subpopulations are more at risk of acquiring and transmitting HIV infection than others. In Japan, for example, although considered a low prevalence country and despite HIV infections and AIDS cases reported through heterosexual contact among Japanese nationals remaining constant until 1996, yearly reports of new infections among MSM Japanese nationals have continued to increase steadily (National AIDS Surveillance Committee [NASC], 2012; UNGASS, 2014). The most recent data available for 2012 indicates that the total number of Japanese new male HIV diagnoses in 2012 was 889, 76.8% of which (683) were through male to male transmission (NASC, 2012). Similarly in the WHO European Region, data for 2013 suggest that in 51 of 53 Western and Central European countries reporting data, sex between men remains the dominant mode of transmission for HIV (ECDC/WHO, 2014; see also Platt *et al.*, 2015). In the West for example, data from 23 reporting countries indicate that MSM accounted for 43% of all new diagnoses (11,582 cases). In Central Europe, although the HIV epidemic is relatively low and stable, increasing transmission through male-to-male contact is evident. In 2013, of the 15 countries reporting, MSM accounted for 30% of new diagnoses (1256 cases; ECDC/WHO, 2014).

Since the late 1980s, the political and public health reaction by the European Commission to HIV/AIDS has been to focus policy actions on areas such as improving surveillance, promoting testing, prevention and awareness-raising, establishing networks linking major partners involved in the response to HIV/AIDS, strengthening the role of civil society and supporting national public health authorities, as well as facilitating the dissemination of good practices (European Commission, 2009). One mechanism for implementing such policy commitments has been the European Union (EU) Public Health Programme which has co-funded an array of conferences and projects focusing on the prevention of new HIV infections among MSM including the Everywhere project (Sherriff, 2011), the Future of European Prevention among MSM (FEMP; Hallin and Urwitz, 2011), capacity building in targeted prevention with meaningful surveillance among MSM (SIALON I and II, e.g. Mirandola *et al.*, 2009, 2015), European MSM Internet Survey (EMIS, 2013), EURO-SUPPORT Projects I-VI (e.g. Institute of Tropical

Medicine, 2010) and quality action-improving HIV prevention in Europe.

In this article, we focus on a recent collaboration between the UK and Japan to explore HIV prevention frameworks for MSM, and specifically on developments related to the European Everywhere project; which was a 2 year multi-partner pilot project co-funded by the European Commission between 2008 and 2010. The present collaboration involved conducting a qualitative feasibility study in order to scope the potential for adapting the Everywhere HIV prevention framework to Japanese contexts.

Everywhere in Europe

Comprising 17 partners from eight European countries, the overarching objective of the Everywhere project was to develop and pre-test a culturally adaptable settings-based European framework of HIV prevention targeting MSM through 'gay' businesses that would be common amongst partner countries. By using the term 'gay business', we acknowledge the broader client base of many businesses that are not necessarily restricted to customers who self-identify as homosexual or gay. We thus focus on sexual practices rather than identities. We also acknowledge that some gay businesses cater to a 'mixed' clientele (e.g. MSM, heterosexual, lesbian, transgender etc.) and are therefore so-called 'gay-friendly' businesses. Specifically, the Everywhere project aimed to: (i) involve and facilitate the participation of gay businesses in HIV and Sexually Transmitted Infection (STI) prevention activities; (ii) create and train a network of social mediators specialized in accessing gay businesses; (iii) develop culturally adaptable HIV/STI prevention standards for different gay business types common across the partner countries and; (iv) pre-test the Everywhere framework through a 5-month pilot action in the UK, Italy, France, Poland, Cyprus, Slovenia, Hungary, and Spain.

Three central tenets underpinned the project and its working practices: firstly, and theoretically, Everywhere embraced the settings approach to health promotion which recognizes that health is created and lived by people within the settings of their everyday life such as where they work, learn, play, love, and age (WHO, 1986). With its roots in the WHO's Ottawa Charter (WHO, 1986) followed later by the Sundsvall Statement (WHO, 1991) and Jakarta Declaration (WHO, 1997), the approach reflects a socio-ecological model of health promotion, viewing settings as complex dynamic systems and places a focus on applying 'whole system thinking'. In Everywhere, gay businesses are perceived as key settings to promote health and prevent HIV infection of often 'hidden' and marginalized MSM through principles of community

participation and capacity building, partnership working (intersectoral collaboration), empowerment, and equity.

Secondly, increased globalization means HIV prevention activities need to be located at European and/or international level rather than just local/national level. In other words, strategies and interventions addressing global health threats that have a cross-border impact, such as HIV, need to include an international dimension (cooperation of multiple countries) to maximize potential efficacy. In Everywhere, the project was designed specifically to operate at local, national, and European levels.

Thirdly, given the complexity of determinants and interrelated factors that impact on individual and population health outcomes, intersectoral approaches to HIV prevention are needed that bring together the key sectors necessary to work collaboratively towards settings-based HIV/STI prevention for MSM; namely, Public Health Administrations (PHAs), academic organizations, NGOs, gay businesses, and members of MSM communities. In Everywhere, the partner consortium comprised representatives from each of these key sectors.

Detailed findings as well as descriptions of how the project functions are reported elsewhere (e.g. Hernandez *et al.*, 2008; Sherriff and Gugglberger, 2014; Sherriff,

2011). However, in brief, Everywhere developed and piloted a voluntary European code or framework setting out HIV/STI prevention standards for different types of gay businesses. Business types included sex venues (e.g. saunas, sex clubs, and bars with 'dark rooms' – a 'dark room', backroom, or 'blackroom' is a darkened room located in a bar, nightclub, gay sauna, sex club or similar, where sexual activity can take place), gay and gay-friendly social spaces (e.g. cafes, bookshops, bars, clubs), travel agencies specializing in gay holidays, gay hotels, and gay dating websites in eight European cities (Figure 1). The Everywhere prevention standards were developed via a comprehensive consensus-building process over 30 months. This included formative scoping research, interviews with 'gay' business owners, meetings and workshops with representatives from each of the identified sectors (e.g. NGOs, PHAs etc.) and external experts, and implementation and evaluation of a pilot action to test out the framework. The Everywhere standards set out a series of actions for 'gay' businesses which, if adopted, lead to a business being awarded either the Everywhere Minimum or Premium Seal of Approval. These two Seals certify a business as being socially responsible in HIV prevention and caring for its customers' health (Figure 1).

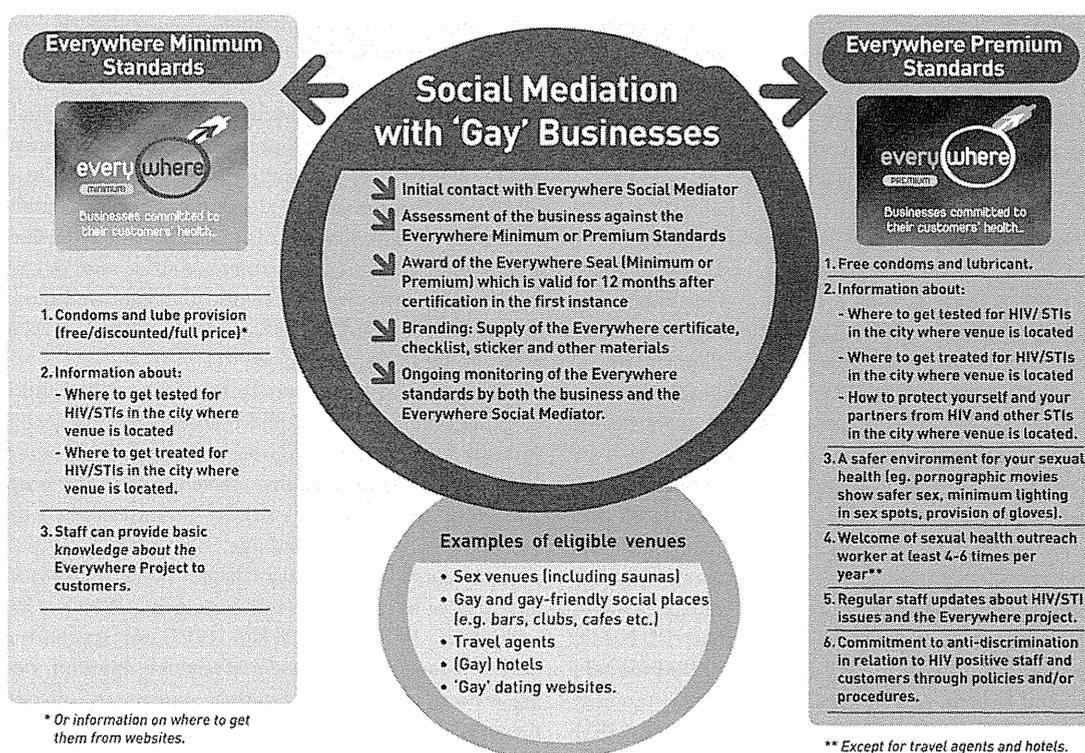


Fig. 1: The Everywhere European HIV prevention framework. Reprinted from Sherriff and Gugglberger (Sherriff and Gugglberger, 2014) copyright © 2014 by the Royal Society for Public Health.

In practice, representatives from local gay NGOs experienced in conducting outreach with gay businesses were trained to use social mediation techniques to initiate dialogues, build relationships and (if possible) facilitate agreements concerning HIV prevention activities with gay businesses in each partner country. Using the Everywhere standards, these 'social mediators' worked with business owners to assess and award businesses with the Everywhere Seal of Approval (ESA). In doing so, branded condoms and lubricants as well as other prevention and marketing materials were distributed to businesses and their customers.

Evidence from the project's internal evaluation (process and immediate outcome evaluation including the pilot action; see Pottinger *et al.*, 2010; see also Sherriff and Gugglberger, 2014), suggested that a European-wide model of HIV prevention such as Everywhere is highly acceptable to commercial gay businesses and gay communities, and feasible for gay NGOs to implement within the remit of their current work activities. Evaluation data suggested that for European businesses, the project was acceptable because there were potential benefits in being certified with the ESA which were economic (e.g. a business decision expected to increase revenue), social (the responsible thing to do) and strategic (where no conflict of interest, linking with other certified businesses to share resources, learning, and expertise). For European NGOs, data indicated that one of the key benefits in terms of feasibility was that Everywhere provided an overarching framework for existing HIV prevention and health promotion activities targeting MSM. In other words for NGOs, a core condition that made the project feasible was that implementation of the Everywhere framework did not considerably increase the work already being done as most were already conducting outreach to gay businesses in some capacity. Everywhere activities provided a coherent structure for achieving existing outreach commitments, as well as extending and deepening relationships with businesses (e.g. supporting businesses to meet the 'minimum standards' and work toward achieving the higher 'premium standards' and beyond) and ultimately, providing opportunities for MSM customers to take control over their own (and their partner's) health.

Everywhere in Japan

Following early knowledge exchange between the University of Brighton (UoB; coordinator of Everywhere) and colleagues from the Japanese Ministry of Health, Labour and Welfare's (JMHLW) Research Group on HIV Prevention Policy, Programme Implementation and Evaluation among MSM (MSM and HIV/AIDS study

group) based at Nagoya City University (NCU), it became clear that a number of similarities exist between Europe (including the UK) and Japan in terms of the epidemiology of HIV among MSM. For example, like many European countries including the UK, new HIV infections among MSM are rising with evidence of on-going transmission. Moreover, both in the UK and Japan, community development approaches have been a dominant feature of HIV prevention efforts and strategies, as well as collaborations between gay communities and commercial gay venues (in addition to other stakeholders).

In the UK (and other European countries including France, Spain, Poland, Netherlands, Germany, Bulgaria, Portugal, Romania, Slovenia, and Switzerland as examples), intersectoral collaboration between gay/HIV NGOs, public health agencies, universities and commercial gay venues is well established (see Dudareva-Vizule and Marcus, 2013). In Brighton, for example which hosts the largest lesbian, gay, bisexual and transgender (LGBT) population outside of London, a collaboration between the Terrence Higgins Trust (an NGO), commercial businesses and the local National Health Service (NHS) HIV clinic has led to a successful outreach programme using HIV point of care (finger prick) testing in a local gay sauna since 2012.

In Japan, however, the mobilization of a response to HIV has been somewhat slower and followed a different trajectory compared with the UK and other Western European countries. Historically, the gay community in Japan has comprised small sporting and cultural groups. Whilst gay community organizing and involvement in HIV prevention is increasing, the numbers remain small. There are various likely reasons for this such as high social stigma and the negative consequences of identifying openly as gay, as well as lower levels of community organizing more broadly (Hidaka, 2000; Pekkanen, 2003; see also McLelland, 2000). However, the impetus and gay community response since 2000 in Japan has nevertheless been impressive. Relatively small and isolated outreach activities with commercial gay venues conducted in Osaka in 1998 and Tokyo in 2000 now extend to seven prefectures across Japan (Miyagi, Tokyo, Aichi, Osaka, Ehime, Fukuoka, and Okinawa). In each region, an NGO has been established to work with gay communities using a community development model that encourages gay individuals and groups to carry out education and support programmes developed by and for them, but with input from public health and other professionals. These NGOs in turn, operate small gay community centres (funded by the JMHLW and administered through the Japan Foundation for AIDS Prevention) located in areas where gay businesses are concentrated. In 2003, community

centres for MSM were established in Tokyo and Osaka. Additional centres were subsequently opened in Nagoya (2004), Fukuoka (2006) and Sendai and Naha (2009). Each NGO through its respective community centre, provides free and anonymous information about HIV, HIV testing and support services including materials on safer sex, as well as conducting art and cultural events (e.g. artists, designers, and 'drag' queens) and outreach in ways appropriate to the respective local communities (Akino, 2007). This NGO/community centre infrastructure and community development process empowers large numbers of MSM to network and connect in ways that previously have not been possible in Japan. Specifically, the establishment of community centres has been critical in creating cultural and social spaces for MSM to meet and engage, and access testing, materials, and information. Gay NGOs in Japan recognize that their community based HIV prevention activities targeting MSM are essential, even though financial resources for comprehensive HIV policy are currently decreasing. Therefore, securing appropriate resourcing remains an urgent problem to be solved to ensure that prevention activities are sustained.

Despite the very different pace of mobilization internationally, there remain a number of conditions in Japan which make the Everywhere concept appealing and favourable to implementation: (i) Japanese surveillance data, like the UK and Europe, indicate rising HIV among MSM in regional areas as well as large cities indicating local, intra-regional and international approaches to HIV prevention are needed; (ii) operationalization of the Everywhere framework requires intersectoral collaboration among the relevant sectors, but particularly between NGOs, gay businesses, and PHAs. In Europe and in Japan, the need for such intersectoral working for effective HIV is recognized and established; (iii) from a systems perspective, low resourcing for community-based HIV prevention activities means that it is important to consider opportunities to maximize processes, outputs (and outcomes) whilst minimizing inputs. Thus, embracing approaches that are able to help different sectors to achieve their different goals despite very different agendas, is invaluable.

Given this backdrop, and building on the successes and learning from Everywhere in the UK and in Europe, we wanted to explore collaboratively the feasibility and acceptability of implementing and/or adapting the Everywhere HIV prevention framework to Japanese contexts. The Everywhere in Japan project thus had two key aims: (i) to build on the developing research relationship between colleagues from the UK (UoB) and Japan (NCU) and (ii) to conduct a series of workshops in Nagoya, Tokyo and Osaka with local HIV and/or gay NGOs to explore the

potential to implement a full-scale pilot (including evaluation) of the European Everywhere project.

METHODS AND DATA

A total of 80 participants engaged in a series of workshops ($n = 46$) and additional discussion groups and meetings ($n = 34$). Specifically, three workshops were conducted in gay community centres located in Nagoya, Tokyo and Osaka during June 2012 (Table 1). Participants were from Japanese gay NGOs (Yarokko, akta, Angel Life Nagoya, MASH Osaka, HaaT Ehime, Love Act Fukuoka, and nankr) and Japanese HIV support NGOs (JaNP+, PLACE Tokyo, and LIFE Tokai) with a broad geographical coverage including Miyagi, Tokyo, Aichi, Osaka, Ehime, Fukuoka, and Okinawa prefectures (see Table 2 for additional context). Other participants included the Terrence Higgins Trust (a gay/HIV NGO from the UK), Japanese gay' businesses owners (saunas), Japanese and UK Universities (NCU and UoB) and representatives from Japanese gay communities. In addition to the formal workshops, additional discussion groups and/or meetings were held at NCU six months prior to the workshops (January 2012) and immediately after the workshops (June 2012). These provided invaluable contextualization, clarification and detail where required.

The aims of the workshops which provide the primary data for this article, were to conduct knowledge exchange to develop shared understandings of the UK/Europe and Japanese contexts with regard to HIV infection and health promotion/public health from the perspectives of participants. Moreover, the workshops meant it was possible to explore in detail the complexities of implementing the Everywhere project in Japan including likely facilitating and inhibiting factors (e.g. social, cultural, and practical).

The design of the workshops followed focus group interviewing methods as outlined by Liamputtong (Liamputtong, 2007, 2011). Each of the workshops was chaired and facilitated by one of the Japanese authors (SI, NK or SS) supported by another of the Japanese authors to then translate into English (NK or MT). Workshops were facilitated to generate ideas and opinions from participants, and given that the facilitators were known to participants, rapport and trust had already been established. A semi-structured approach was employed whereby the facilitators' role was to facilitate discussion, rather than direct it, and where participants were encouraged to have discussion with each other. Indicative topics covered included: epidemiology in UK/Europe and Japan; experiences of HIV and outreach in Europe and Japan; basics of the Everywhere framework (e.g. principals, settings, social mediation, certification process, quality control etc.);

Table 1: Summary of workshops and discussion groups held in Japan during January–June 2012

Location	Date	Participating organizations	Country/prefectures represented	<i>n</i>
Workshop 1 Osaka (Community space dista)	June 2012	Yarokko, MASH Osaka, Haat Ehime, Love Act Fukuoka, nankr, THT, NCU and UoB	<ul style="list-style-type: none"> • Japan: Miyagi, Aichi, Ehime, Fukuoka, Osaka, Okinawa • UK: Brighton (East Sussex) 	<i>n</i> = 15
Workshop 2 Nagoya (rise Community Centre)	June 2012	Angel Life Nagoya, LIFE Tokai, THT, NCU and UoB	<ul style="list-style-type: none"> • Japan: Aichi • UK: Brighton (East Sussex) 	<i>n</i> = 10
Workshop 3 Tokyo (akta Community Centre)	June 2012	NPO akta, NPO Place Tokyo, NPO JaNP+, gay business owners, THT, NCU and UoB	<ul style="list-style-type: none"> • Japan: Tokyo, Aichi • UK: Brighton (East Sussex) 	<i>n</i> = 21
Total				<i>n</i> = 46
<i>Additional discussion groups and meetings</i>				
Nagoya (NCU)	January 2012	NCU and UoB	<ul style="list-style-type: none"> • Japan: Aichi • UK: Brighton (East Sussex) 	<i>n</i> = 6
Tokyo (Waseda Hoshien)	January 2012	MSM and HIV/AIDS study group (funded by Ministry of Health, Labour and Welfare) and UoB	<ul style="list-style-type: none"> • Japan: Miyagi, Tokyo, Aichi, Osaka, Ehime, Fukuoka, Okinawa • UK: Brighton (East Sussex) 	<i>n</i> = 68
Nagoya (NCU)	June 2012	NCU, THT and UoB	<ul style="list-style-type: none"> • Japan: Aichi • UK: Brighton (East Sussex) 	<i>n</i> = 6
Total				<i>n</i> = 80

sustainability; implementation and management; evaluation and monitoring; and NGO capacity in Japan and other related issues.

Ethical issues and data analysis

Although ethical approval to conduct the workshop series was not required, ethical consideration for the project upon which the work was based was received from the chair of the ethics and governance committee at the UoB. Where relevant and/or appropriate, the rules of the Helsinki Declaration were followed (World Medical Association, 1996). Across all workshops and meetings, the Chatham House rule was discussed, agreed and applied; that is, anonymity was assured and participants were free to speak knowing comments made would not be attributed to them either by name or in any way that could be traced back to them.

In consultation with workshop participations, it was decided that discussions would not be audio recorded as it was felt strongly that dialogue would be freer and more honest if they were not recorded. Consequently, for each workshop, discussions were transcribed by hand by a combination of three authors (NK, MT, SS) who then compared notes to produce a single agreed transcript of each workshop with the assistance of NK, SI, and NS. Two authors (NS and JK) then analysed the transcripts thematically using a 'framework' approach (Spencer, 2002) involving five key stages: (i) familiarization with the raw data (iterative reading of the transcripts and

field notes); (ii) identifying a thematic framework for coding data from the workshop topic guides [questions] and from the transcripts; (iii) coding transcripts by applying the thematic framework; (iv) organizing the coded data into major themes using a matrix and; (v) mapping the relationships between different themes by interpreting the data set as a whole and noting common and divergent issues/(sub) themes. To enhance credibility of the analytical process, the data were also analysed by the third author (NK) and all themes discussed with the other authors to achieve consensus. Findings were sent to all participating Japanese NGOs; two of these organizations subsequently provided feedback which was incorporated into the final analysis.

The results presented in this article thus represent a summary of findings from the series of workshop discussions (and where necessary, outcomes from the additional discussion groups and meetings held prior to, and following, the workshops), including a description of the major themes that emerged based on a detailed analysis of the transcripts.

RESULTS

Analysis revealed the emergence of three broad themes as follows including: facilitating and prohibiting factors to implementing Everywhere in Japan (e.g. stigma, discrimination, cultural values); the international dimension (e.g. relevance and synergy with European compatible schemes, development and expansion to other Asian

countries) and; issues of implementation and management in Japan (e.g. coordination, financial issues and capacity).

Facilitating and prohibiting factors to implementing Everywhere in Japan

Data revealed a number of facilitating factors regarding the acceptability and feasibility of implementing Everywhere in Japan. Perhaps most importantly was the strong expression of interest from the communities represented in the workshops, namely, MSM, business owners (gay saunas) and gay NGOs. There was broad agreement across the three workshops that many NGOs across Japan already have a firm foundation for conducting outreach activities with businesses (e.g. condom supply by NGO 'akta' to gay bars in Tokyo by the 'deli-hel boys' an abbreviation for 'delivery health boys'). Within this context, it was felt that Everywhere may help to provide a cohesive and 'legitimate' framework for such prevention activities and in doing so, provide opportunities to both broaden and deepen outreach within and between regions as well as being compatible with other countries also running the scheme (i.e. Everywhere partner countries in Europe). Participants in both Osaka and Nagoya workshops also highlighted the importance of ensuring that businesses and MSM themselves understood the potential benefits of such a scheme and that this would require a branding and/or marketing exercise prior to and during, implementation. Furthermore, and linking closely with the following theme, the transferability of the project (e.g. because of the relative simplicity and adaptability of the Everywhere framework) was raised as being valuable because of the potential to adjust aspects of the framework to the Japanese context(s) without losing or undermining the 'core' underpinning benefits and principles of Everywhere.

However, there were considerable cultural differences identified in the workshops that indicate some adaptability is required in transferring Everywhere to the Japanese context. During the Osaka workshop, important discussions occurred regarding the availability and provision of lubricants. In Europe, condom wallets are given out by the NGOs implementing Everywhere which contain both a condom and sachet of lubricant. There is strong feeling amongst European NGOs that to not give out lubricants with condoms is irresponsible; partly because if it is not available, MSM may use other unsafe means such as oil based lubricants (e.g. shampoos) or no lubricant thus increasing the chances of condom failure. However, in Japan condoms are classed as 'quasi-drugs' and the law regulating condoms and lubricant is different. To provide or sell/distribute condoms and lubricants together (e.g. in 'condom wallets'), condom manufacturers

have to apply for approval as stipulated by the Pharmaceutical Affairs Law under the jurisdiction of the Japanese Ministry of Health, Labour and Welfare. In practice, therefore, condoms and lubricants are generally not available or distributed together as they are in the UK and Europe. To circumvent this, some Japanese MSM carry their own (water-based) lubricants with them to venues but some still use other inappropriate substances (such as oil-based lubricants).

In terms of inhibiting factors regarding the acceptability and feasibility of implementing Everywhere in Japan, an issue raised by participants across all three workshops was the issue of strong cultural values and related stigma and discrimination. This manifests itself more broadly, to a lack of community capacity locally and nationally across Japan. Stigmatization of sexual minorities historically resulted in a slow response to the epidemic compared to many Western European cultures, and continues currently to result in very low levels of financial support from Japanese local and national governments for HIV prevention activities conducted by gay NGOs. It is therefore likely that significant political lobbying for financial support as well as capacity building work with local Japanese NGOs and community centres will be required prior to any attempt to implement the Everywhere framework.

The international dimension

Workshop discussions revealed that participants felt the international dimension of the Everywhere project was important not just *in* Japan itself (e.g. between key cities such as Sendai, Tokyo, Nagoya, Osaka, and Fukuoka) but also *between* countries/territories within Asia given the existence of sexual mobilisation especially between Japan, Thailand, Vietnam, Taiwan, China, and South Korea. For example, participants reported that in Okinawa MSM tourists are often from Shanghai and Beijing (China), in Osaka there are many Korean-Japanese but only a handful of bars targeting foreign nationals, whilst in Kyoto there are a greater number of foreign targeted bars (which is relatively unusual in Japan). Related to this point, in the Tokyo workshop, there was a specific discussion that as the Tohoku region in the north of Japan is rather 'closed' to 'outsiders' (both in terms of Japanese outside the region as well as foreigners), some participants could not see the benefit of Everywhere for Tohoku's gay businesses. However, the ensuing discussion pointed out that this assumption should be challenged because although the international dimension of Everywhere is arguably key to the project, it is also designed to work at local, national and/or regional levels. In other words, an Everywhere certified business and its customers in Tohoku would still

Table 2: Summary of Japanese NGOs participants

	NGOs Yarokko ¹	akta ¹	Angel Life Nagoya (ALN) ¹	Mash Osaka ¹	Love Act Fukuoka (LAF) ¹
Location					
Established	Established in Sendai Miyagi prefecture in 2004.	Established in Shinjuku, Tokyo in 2002	Established in Nagoya, Aichi Prefecture in 2000	Established in Osaka, Osaka Prefecture in 1998	Established in Fukuoka, Fukuoka Prefecture in 2002
Activities	<p>Activities include:</p> <ul style="list-style-type: none"> – Operating Community centre 'ZEL' since 2010. The centre is located in a central commercial area in Sendai and is funded by the Japanese Ministry of Health, Labour and Welfare (JMHLW) – Developing and distributing HIV prevention materials to gay businesses including bimonthly community paper 'ZEL', HIV testing promotion posters and cards, along with condoms with packaging designed by the community – Collaborating with public health centres in Miyagi and surrounding prefectures in Tohoku to promote HIV testing for MSM – After the tsunami and nuclear reactor disasters in Tohoku, Yarokko activities have been reduced and there have been fewer visitors to the community centre 	<p>Activities include:</p> <ul style="list-style-type: none"> – Operating Community centre 'akta' since 2003. The centre is located in Shinjuku which has the largest number of gay commercial businesses in Asia. Funded by JMHLW – Developing and distributing HIV prevention materials including 'monthly community paper akta' to gay businesses and other organizations – Designing and producing condom packages distributed by volunteer 'deli-hel boys' to gay bars, gay saunas and sex on premises venues – Collaborating with public health centres in Tokyo and surrounding areas to promote HIV testing services for MSM – Collaborating with other NGOs (including PLACE Tokyo) to conduct research to promote HIV testing among MSM in Tokyo – Training public health centre nurses and other professionals involved in HIV testing – Developing and disseminating information, including an 'HIV map' regarding, HIV testing and support services 	<p>Activities include:</p> <ul style="list-style-type: none"> – Operating Community centre 'rise' since 2004 funded by the JMHLW – Developing and distributing HIV prevention materials including community paper 'h.a.n.a.' to gay businesses and organizations in the Tokai region – Designing, producing and distributing condom packages with HIV prevention messages to gay businesses – Conducting public events to raise the visibility of LGBT issues which includes HIV testing – Collaborating with public health centres and health professionals to provide additional gay-friendly HIV testing events 	<p>Activities include:</p> <ul style="list-style-type: none"> – Operating Community space 'dista' in Osaka since 2002 and funded by the JMHLW since 2003 – Developing and distributing monthly papers 'SaL+' targeting young MSM, and other seasonal publications to gay businesses – Developing a 'Safer sex Sauna' campaign which promotes 100% condom use at gay saunas and other sex venues – Promoting HIV and other STI campaigns for MSM at medical clinics in Osaka – Collaborating with public health centres in Osaka and other prefectures in the Kinki area to promote gay-friendly HIV testing 	<p>Activities include:</p> <ul style="list-style-type: none"> – Operating Community centre 'haco' since 2006, funded by the JMHLW – Publishing and distributing HIV prevention information including the seasonal paper 'Season', which includes content on sexual lives HIV testing and testing centres, telephone counselling, HIV prevention, a gay business map, and gay community information – Producing and distributing condoms in originally designed packages and condom dispensers – Promoting HIV testing for MSM at medical clinics – Collaborating with public health centres in Fukuoka and other prefectures in Kyushu to promote gay-friendly HIV testing services – Partnering with gay businesses, sex venues and local government to conduct comprehensive summer sports events

nankr ¹	Haat Ehime ¹	LIFE Tokai ²	PLACE Tokyo ³	JaNP+ ⁴
				
Established in Naha, Okinawa in 2008 (a precursor organization was formed in 2006)	Established in Matsuyama, Ehime in 2006	Established in Nagoya, Aichi in 2008	Established in Tokyo in 1994	Established in Tokyo in 2002
<p>Activities include:</p> <ul style="list-style-type: none"> – Operating Community centre ‘Mabui’ in Naha Okinawa since 2010, and funded by the JMHLW – Conducting HIV prevention activities for MSM living in Okinawa and visiting tourists – Publishing and distributing the seasonal community paper ‘nankr’ to gay businesses – Producing originally designed packaged condoms to gay businesses in Okinawa including local islands – Distributing information and condoms at gay sporting and cultural events in Okinawa – Collaborating with public health centres in Okinawa to promote gay-friendly HIV testing 	<p>Activities include:</p> <ul style="list-style-type: none"> – Promoting HIV prevention activities for MSM living in Ehime prefecture. These activities have spread beyond Ehime to Shikoku and Chugoku regions – Publishing and distributing the seasonal community paper ‘Fight!’ and condoms to Shikoku and Chugoku regions – Collaborating with public health centres in Ehime and other prefectures in Chugoku-Shikoku to promote gay-friendly HIV testing 	<p>Open to all people living with HIV, regardless of gender or sexuality, activities include:</p> <p>Activities include:</p> <ul style="list-style-type: none"> – Monthly peer meetings (weekend) for people living with HIV (mostly MSM) to share experiences about their daily lives and HIV treatments – Monthly peer meetings for newly diagnosed MSM (those who received their diagnosis within the past year and first time attendees) <p>Workshops</p> <ul style="list-style-type: none"> – Held twice a year, inviting medical professionals (doctors, pharmacists and nurses) and NGO staff. 	<p>Activities include:</p> <p>Direct support</p> <ul style="list-style-type: none"> – Face to face and telephone counselling – Peer group meetings for people newly diagnosed with HIV – Programmes for people with HIV, their partners and families to learn about HIV and exchange experiences – Buddy services to provide care and support toward people with HIV who have been hospitalized and have limited mobility <p>Prevention activities</p> <ul style="list-style-type: none"> – Telephone counselling for those who think they may have HIV – Collaborating with other NGOs and groups to conduct the ‘Living Together Programme’ which aims to raise the visibility of people living with HIV <p>Training and research</p> <ul style="list-style-type: none"> – Collaborating with public health centres and health professionals to provide gay-friendly HIV testing events – Research on the support needs of people with HIV <p>Information dissemination</p> <ul style="list-style-type: none"> – Publishing newsletters four times a year – Production of brochures about HIV support and prevention. 	<p>Activities include:</p> <p>Information dissemination</p> <ul style="list-style-type: none"> – Publishing newsletters four times a year to distribute to HIV treatment centres and HIV related NGOs – Conducting research on the situation faced by people with HIV in accessing medical treatment – Training people with HIV in public speaking and supporting them to give talks at workshops, seminars, on TV, and in newspapers – Conducting ‘Talking about Sex’ workshops for people with HIV to think about and deal with their sexual lives <p>Advocacy</p> <ul style="list-style-type: none"> – Providing policy statements to national and local governments and political parties <p>Networking</p> <ul style="list-style-type: none"> – Organizing networking events for people with HIV nationally and internationally – Representing Japanese people with HIV at national and international HIV conferences – Training and conducting peer group support programmes – Collaborating with ‘HIV Futures Japan’ project to conduct research on the quality of life for people with HIV.

1) Ichikawa (2014)

2) <http://life-tokai.com/>3) <http://www.prokyo.org/>4) <http://www.janplusplus.jp/>

potentially benefit because the standards upheld by the business would be compatible with other certified businesses both locally and across Japan. With appropriate marketing, this would allow MSM from the region to know which businesses have prevention materials and information available both in Tohoku and other cities.

Implementation and management

Gay businesses: where to start

A key issue discussed across all three workshops concerned the practicalities of how, where, and when Everywhere (or its Japanese variant) could be implemented and sustainably managed. For example, consistent across the workshops, discussions centred on the different types of gay businesses in Japan and Europe (such as bars, discos, shops, cinemas, cafes, saunas and so on) and the potential implications for NGOs commencing Everywhere activities.

In Japan, workshop participants reported that although most venues (with saunas as the exception) did not have dedicated sex spaces such as dark rooms (mostly due to size), they were nonetheless places for MSM to meet and go elsewhere for sex. In the Osaka workshop, participants felt that given there were many gay bars and shops (where sex on site is *not* possible) but relatively fewer sex venues such as gay saunas (where sex on site *is* possible), the former might be the best place to start Everywhere activities and then move on to the latter once the scheme becomes more established. However, this view was not unanimous; in Sendai (Miyagi prefecture), for example, the NGO representative felt that given their existing positive relationship with the two gay saunas, these venues would be the best place for them to begin Everywhere.

A related issue of 'where to start' also emerged in the discussions about 'reluctant' or 'hostile' businesses in Japan. Some participants felt that because of the high social stigma associated with homosexuality and HIV/AIDS, some businesses in Japan may not want to engage in Everywhere activities or be Everywhere certified. Instead, Japanese participants felt that Japan should adopt a step-by-step approach starting with those businesses who are willing to engage in health promotion and HIV prevention activities for MSM; in other words, start with the 'quick wins' which helps to gradually develop acceptance that HIV is an issue, and that gay businesses that facilitate sex between men (whether providing actual spaces for sex or simply facilitating contact) have a social responsibility to help protect their customer's health.

Coordination and sustainability

There was broad agreement across the three workshops that the benefits of adopting the Everywhere framework

would be maximized if all major cities in Japan participated and collaborated nationally at the same time. One way discussed that might be able to achieve this would be to develop one central coordinating centre that would be responsible for domestic and international Everywhere activities including coordinated branding, marketing, research, evaluation, monitoring, training, quality control and so on. This centre would then coordinate all those involved including MSM groups, gay businesses, NGOs, academics, PHAs etc. However, given the lack of financial resourcing and sustainability in Japan for HIV prevention for MSM, this may in practice be a considerable challenge to overcome.

DISCUSSION

Whilst the population health status in Japan is among the highest in the world (Bayarsaikhan, 2008), over the last decade new HIV infections have been rising rapidly particularly among vulnerable and under researched populations of MSM (NASC, 2012; UNGASS, 2014). In response, HIV outreach programmes across Japan have increased dramatically since 2000 despite considerable challenges (Ichikawa, 2011). Such challenges are numerous and include: low levels of community capacity and sustainable financing for MSM-related HIV prevention programmes; high social stigma and discrimination; underdeveloped intersectoral partnerships (e.g. between and within government departments, as well as between clinicians, NGOs, and MSM communities) and low numbers of researchers specializing in HIV among MSM (e.g. see Koerner and Ichikawa, 2011; see also Ichikawa, 2011). The success of settings-based outreach work in Japan (evaluated by gay community surveys) is attributable in part to the efficacious intersectoral collaborations between gay NGOs and MSM community members along with commercial gay venues or businesses. Given that 1.5 million men in Japan are estimated to be MSM, and of these, 34.6% are thought to access gay businesses (including bars, shops and saunas; Ichikawa, 2014), it is clear that such businesses are very important settings through which to reach MSM.

The present study focused on recent collaborations between the UK and Japan to build on the successes of the European Everywhere project which involved the development and piloting of HIV/STI standards for different gay business types (settings) through an intersectoral partnership of NGOs, gay businesses, academics and PHAs. By conducting a small and qualitative feasibility study, we wanted to scope the potential for the adaptation of the Everywhere HIV prevention framework to Japanese contexts. The main outcome of the programme of workshops in Tokyo, Nagoya and Osaka with members of the

MSM community, NGO and community centre representatives, as well as academics and gay business representatives, was that it is desirable, feasible *and* acceptable to implement a Japanese version of the European Everywhere project which may help to provide a cohesive framework for HIV/STI prevention work. Moreover, given the high degree of sexual mobility between countries in Asia (as in the European Union), data from the workshops suggested that there is also potential for the Everywhere Project (or its Japanese variant) to be expanded and adapted to other countries within the Asia-Pacific region.

The current study identified a number of factors likely to impact on the success of a Japanese variant of Everywhere (e.g. stigma and cultural issues) as well as other practical issues such as how best to implement Everywhere in Japan (e.g. sustainability) which will need to be addressed prior to implementation. Whilst in some cases, similar issues emerged and were addressed during the European pilot of Everywhere (see Sherriff, 2011; Sherriff *et al.*, 2013; Sherriff and Gugglberger 2014), some of the inhibiting factors for Japan are likely to be considerably more problematic such as addressing the significantly high levels of stigma and discrimination around MSM and other sexual minorities; and securing the financial priority of funding agencies to ensure Everywhere activities can become sustainable.

In terms of the former, although homosexuality in Japan is not illegal, the strong stigma and discrimination towards sexual minorities including gay and bisexual men is likely to be problematic in working with gay businesses (Taniguchi, 2006). Consistent with many Asian societies where social and cultural norms privilege heteronormativity, homosexuality in Japan remains taboo and stigmatized which renders sexual minorities such as MSM less than visible (Laurent, 2005). Consequently, Japanese MSM often face strong social pressures to conform to a heteronormative lifestyle (Hidaka, 2000; Hidaka and Operario, 2006). This in turn means that there are few positive portrayals of sexual minorities which results in difficulties in advocating for community-based activities (e.g. HIV prevention via settings such as gay businesses) that acknowledge and promote positive sexual health among MSM. Moreover, it also means that knowledge and understandings of MSM's sexual health needs (as well as social, mental and emotional health needs) among medical staff, public health workers and public health officials (as well as the general public) is limited.

Thus, for Everywhere in Japan to move forward, it will be important to conduct comprehensive formative research with MSM and businesses across Japan to explore their willingness to engage in a Japanese version of Everywhere (c.f. Hernandez *et al.*, 2008) as well as develop in-depth knowledge of Japanese MSM's sexual

health needs. Together, this formative research will help form a knowledge-base on which to develop culturally relevant and appropriate Everywhere style HIV standards for different types of gay business, as well as potentially identify strategies and opportunities to counter stigmatization of sexual minorities and HIV.

In terms of financial resourcing for sustainable HIV prevention activities in Japan, this was raised as a potentially crucial barrier by workshop participants to carrying out settings-based health promotion initiatives such as Everywhere. Without long-term assurances regarding sustainability of HIV prevention actions, experience from Europe indicates that many gay NGOs and businesses may be unwilling to engage for fear of jeopardizing their existing and often fragile relationships that may have taken many years to forge (Sherriff and Gugglberger, 2014). Consequently, for Everywhere in Japan it may be necessary to work with relevant Japanese PHAs early in the planning stages to secure financial sustainable and policy support to allow central coordination and monitoring of Everywhere activities to maximize the potential of implementation fidelity and ultimately, effectiveness.

Limitations

Although the findings of this study are promising, it is important to acknowledge a key limitation. As noted earlier, due mostly to issues of ensuring confidentiality and a 'safe' environment for participants to participate and provide comment, no audio recordings were available of the workshops and therefore hand-written notes were taken. In addition, the quality of data obtained from the workshops (and additional meetings) may be lower due to translation given that a method to evaluate or enhance the quality of translations was not employed. However, steps were taken to mitigate this by utilizing multiple note takers during the workshops, combining drafts until consensus was reached, and engaging in pre- and post-workshop discussions to further provide contextualization, clarification and additional detail where required. Consequently, it is possible that the final quality of data achieved may actually be richer than had the workshops been recorded and discussions potentially muted.

CONCLUSIONS

In a recent study modelling the current and future HIV epidemic in Japan, Gilmour and colleagues (Gilmour *et al.*, 2012, p. 5) argue that Japan can potentially bring HIV under control within a generation should small behavioural changes, and improvements in active and passive case-finding start to happen and gather pace. However, the