

Abstract 3733-ON-AB-A HIV infection rates, risk & preventive behaviors of MSM in Asia: How does Japan compare?

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Background

In view of the increasing HIV infections among men who have sex with men (MSM) in Asia, global connectivity of the HIV epidemic, and the paucity of epidemiological and behavioral data regarding MSM in North East Asia, this study aimed to collate HIV prevalence and behavioral data from MSM samples in North-East Asia (NE Asia).

Method

A literature search was conducted using Pubmed and Google Scholar. Japanese data was obtained from Japanese Ministry of Health, Labour and Welfare HIV Research Group reports (N=77).

Findings

While epidemiological and behavioral data was rather sparse until the late 1990s, there has been more sophisticated data collected since 2000. English data was not located for South Korea (or North Korea). Data regarding homosexual behavior among adult men, HIV prevalence, syphilis (TPHA) prevalence, HIV testing experience, and condom use data from MSM in gay community samples are presented.

Homosexual behaviour among adult men (Figure 1)

Surveys conducted in Bangladesh (Gibney 2001), China (Cong 2008), India (Go 2004), and Thailand (Beyrer et al 1995, Kitsiriporchai 1998) among convenience samples such as military conscripts and students, report prevalences of same sex behavior among men from 6.5% to 16%. Surveys in Hong Kong and Japan among representative general population samples report prevalence from 1.2% to 4.6%. Variations in the Japanese data over time indicate that attitudes to homosexuality are changing, but the 2009 figure is believed to be a low estimation.

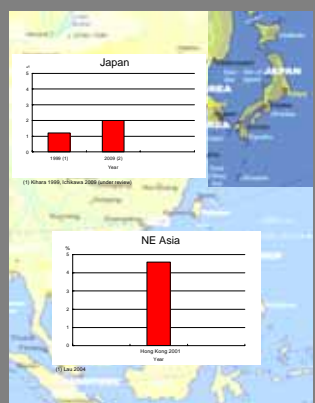


Figure 1: Life-time Homosexual sexual experience among representative samples of adult men

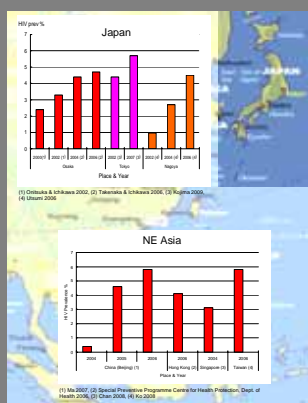


Figure 2: HIV prevalence among MSM

HIV prevalence among MSM (Figure 2)

MSM samples in Japan indicate recent HIV prevalence of 4.5% in Nagoya and 5.7% in Tokyo, and while annual figures indicate yearly fluctuations (data not shown), there is an overall pattern of gradual increase. Recent North-East Asian data reports HIV prevalence from 3.1% in Singapore and 5.8% in China and Taiwan, with increasing prevalence rates observed in China over time.

Syphilis prevalence among MSM (Figure 3)

Recent reported syphilis TPHA prevalence rates in Japanese MSM samples indicate prevalence rates of 14.9% in Nagoya and 18% in Tokyo. Tokyo surveys showing data from self-reported history are lower than sero-testing data and provided for contrast and not for direct comparison. Sero-prevalence data indicates rates from 9.9% in China, to 18% in Taiwan. Singapore's self reported questionnaire data is provided for contrast.

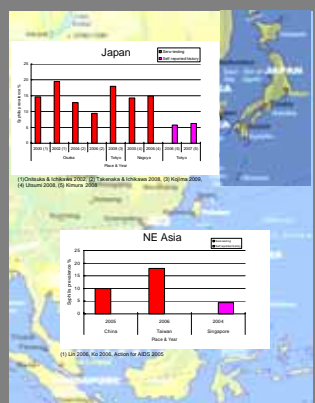


Figure 3: Syphilis prevalence among MSM

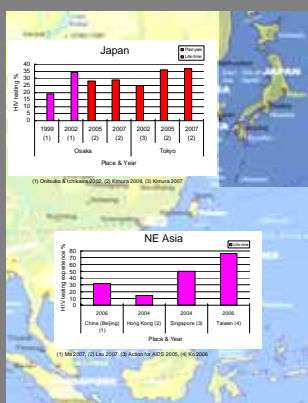


Figure 4: HIV testing behaviour among MSM

HIV testing behavior (Figure 4)

Experience of HIV testing in the past year among MSM samples in Japan are around 30%, with slight increases observed in Osaka and Tokyo since surveys started in 1999 and 2002. Lifetime experience of HIV testing among MSM in NE Asia from 14% in Hong Kong to 76% in Taiwan are reported.

Condom Use (Figure 5)

Japanese condom use rates during anal sex refers to 100% condom use (casual partner rates shown) among MSM, with rates from 63 to 66% reported in recent questionnaires in Osaka and Tokyo. Small increases in 100% condom use rates are observed since data collection started in 1999 and 2002. Data from NE Asia refers to unprotected anal sex, with differing survey instrumentation regarding the length of behavior asked (6 months and 1 month), the type of partner (casual, regular/boy-friend or not specified), and role in anal sex (receptive, insertive or not specified).

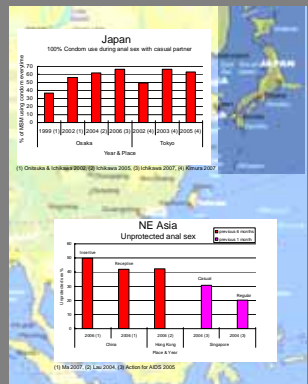


Figure 5: Condom use among MSM

Conclusion

In the light of little Japanese data in English, the primary aim of this study was to present Japanese HIV related MSM data. Due to methodical and sampling differences, caution is made in comparing the data from China, Hong Kong, Singapore and Taiwan, but there are benefits in presenting data from countries sharing close geographical and/or economic similarities. The availability of sero-testing data makes comparison of HIV and syphilis rates somewhat possible. However, the different instrumentation of behavioral surveys makes comparison difficult. Networks with Asian MSM organizations and epidemiologists could facilitate the collection of comparable data. The availability of Asian MSM HIV data is crucial in order to increase the visibility of MSM issues at the national level.

This study was funded by the Ministry of Health, Labour and Welfare's Study Group on the Development & Evaluation of Community based HIV Prevention Intervention for MSM.