THE INTERSECTION BETWEEN MSM AND MIGRATION

Heightened Vulnerability to HIV and Sexual Violence

While the countries of Bangladesh, Pakistan and the Philippines all have "low general HIV prevalence," these countries also have concentrated epidemics among either "men who have sex with men" also known as "MSM" populations, or among returned migrant workers. Since these three countries have high numbers of male nationals going abroad as migrant workers, it seems worrisome that little attention has been paid to the intersection between MSM, HIV and migration.

To help overcome this significant gap in understanding and draw light on the issue, members of CARAM Asia (Coordination of Action Research on AIDS and Mobility in Asia) from the countries Bangladesh, Pakistan and the Philippines undertook qualitative research to assess the HIV vulnerabilities of migrant workers who are also males who have sex with males (MSM).

This policy brief is based on the results of the report entitled, **"**For Money and Sex – The HIV Vulnerability and Risks of MSM Migrant Workers from Bangladesh, Pakistan and the Philippines,**"** which was produced with support from the UNAIDS Regional Support Team for Asia and the Pacific.

ISSUES OF CONCERN

- MSM migrants are especially vulnerable to HIV infection due to: inaccurate or incomplete information they receive on HIV prevention in their home countries, with a glaring absence of information regarding anal sex; risky sexual behaviors they may willingly or unwillingly choose to engage in; and the difficulties they have in accessing HIV services in destination countries as migrants and as MSM, including accessing condoms and lubricant or male sexual health services.

- Laws and religious edicts which criminalize MSM behaviors in both origin and destination countries fuel stigma and discrimination, significantly increase MSM migrants' risk of becoming victims of sexual violence, and pose a major barrier to these men's ability to access justice or health services when they are victims of sexual violence.

- MSM migrants are being deported for HIV after undergoing mandatory HIV testing, commonly without having received any counseling or proper referral. Without these services they are left to their own devices to access treatment and support services upon return to their home countries, leaving their partners - other MSM or possibly their wives who they may live with in a traditional marriage - at risk of HIV infection as well.

MOTIVATIONS & RISKS

Their primary reason for migrating to work abroad was to make money; some also cited the ability to engage more freely in MSM behaviors.

All the men interviewed for this research were migrant workers from Bangladesh, Pakistan and the Philippines who had either already returned from working abroad (72 total) or who were prospective migrant workers (39 total). Some identified as MSM prior to migrating, while a number indicated that they only had their first MSM experience once abroad.

Being migrant workers, every one of them indicated that their primary reason for migrating to work abroad was to make money. However, the research respondents from the South Asian countries who identified as MSM prior to migrating indicated they also had other motivations.

These respondents, in particular, faced stigma and discrimination from their families for expressing their sexuality, or faced familial pressure to get married. Put succinctly by one respondent from Bangladesh, *"I want to go away from my family."* In other words, the ability to engage more freely in MSM behaviors while abroad was also clearly a motivation for those who identified as MSM prior to migrating. Of those who identified as MSM, there was also a number who intended to go abroad to specific countries in order to be male sex workers. On the other hand, there were some respondents who indicated that they went for work but ended up selling sex to supplement their income.

Most of the respondents engaged in unsafe sex despite having multiple partners, including locals and other migrants. *"....I had sex with many partners abroad and most of them did not want to have sex with condom. So I had no choice because I had been paid for that."* Yet, they were unable to assess their own risk and were unprepared to protect themselves from HIV because most of them left their home countries with little or no accurate information about HIV or migration realities. *"I had no idea about any personal risk including HIV. One thing was in our mind -that we had no chance to get pregnant."*

STRUCTURAL BARRIERS & THREATS

Migrants' sexual and reproductive health rights are commonly overlooked and violated. Destination countries in the Gulf region and in ASEAN have policies in place which criminalize MSM behaviors and which impose mandatory HIV testing of migrants with punitive deportation for those who are infected. While some of the MSM respondents from South Asian Muslim countries felt that they were escaping the oppressive atmosphere of their home societies, the destination countries they went to, although more socially permissive, had similarly repressive laws against homosexuality in place. Between common law in the form of Article 377 - a remnant of British rule, and Sharia Law in Muslim countries, MSM behaviors were outlawed in all the destination countries identified. The permissive social atmosphere which tacitly allows migrants to engage in MSM behaviors (within limits) and the invisible but palpable threat of punishment if caught poses a dangerous contradiction.

These restrictions became a real barrier when MSM migrants tried to seek relevant sexual and reproductive health services. Out of fear, practically none of the respondents went to a local doctor or pharmacist. The same policies that persecute MSM behaviors also inadvertently encourage sexual violence against MSM migrant workers, as attested by numerous accounts of rape including horrific accounts of gang-rape. Under these punitive policies, victims of rape are afraid that reporting the crime would result in them being further punished for being identified as MSM rather than receiving justice. As migrants, they also feared reprisals by the perpetrators. These conditions encouraged perpetrators to act with impunity.

Although the most obvious threat, laws against homosexuality were not the most impending threat. While some were aware of mandatory HIV testing, they did not think they were at risk of HIV, and thus were unconcerned. *"I knew nothing about HIV and AIDS until I was infected."* Yet, all of the respondents underwent mandatory HIV testing for their visas, and those who were found to be HIV positive were deported. In fact, twenty-six (26) of the research respondents (out of 72), or 1 in 3 who were abroad had been deported for their HIV status. Many of those MSM migrant workers who were deported for being HIV positive also suffered the indignity of being quarantined first, which added to the sense of hopelessness they already felt for returning home empty-handed and infected with HIV. *"Somebody from the hospital called me and told me…there was a problem with my blood sample…They made me change into hospital clothes… once I stepped inside (the room) they locked the door behind me."*

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GAPS IN SERVICES & INFORMATION

For those migrant men who were not open about or had not accepted their sexual orientation, being deported for HIV posed a significant dilemma: they feared that disclosing their HIV status would lead to having to disclose their sexual orientation. In turn, that would result in increased stigma and discrimination.

However, by not disclosing their HIV status, these men increased their partners' vulnerability to infection, especially those who were married with a wife. Part of the problem is that upon return, few of the respondents were provided referral to HIV services or other social welfare assistance. *"No referral, just immigration stamping 'deported' in our passports."* It was mainly through the efforts of MSM and PLHIV groups or non-government organizations (NGOs) that these men received necessary social support and were able to access treatment services.

Yet, prospective migrant workers who self-identify as MSM have indicated that they are not receiving specific information on the realities of MSM and HIV in the context of migration. HIV information provided in the country is vague, and in Muslim countries condoms are primarily associated with contraception. This is worrisome because the three origin countries in this study have concentrated epidemics, with either MSM populations or returned migrant workers identified as groups having the highest HIV prevalence.

In conclusion, the results of this research show that there is a significant gap in HIV prevention coverage for MSM migrant workers. Without specific and targeted HIV interventions for MSM migrant workers and the reform of repressive laws and policies, migrant workers who engage in MSM behaviors while abroad will remain increasingly vulnerable to HIV and sexual violence, and will return home unable to access timely treatment and necessary services, possibly resulting in further transmission.

RECOMMENDATIONS

There are HIV support groups and MSM networks with extensive reach into the MSM and migrant communities in these three origin countries. In fact, all HIV positive respondents had contact with these groups and were receiving necessary HIV services and treatment. However, there is a gap. These groups are missing awareness on the "MSM, HIV and migration nexus."

Channels which manage migrant workers need improved sensitivity to issues of sexual orientation, gender identities and expression (SOGIE); and HIV service providers need greater awareness of migration realities among MSM and PLHIV groups. The following recommendations should be adopted at all phases of migration (pre-departure, on-site, and return):

- Increase government commitments to combating HIV – by reviewing and reforming all policies and laws, including religious edicts, which are discriminatory or stigmatizing towards MSM or migrant workers living with HIV, especially deportation.

- Improve HIV education programs for male migrant workers in their communities – by including information about sexual orientation, gender identities and expression (SOGIE) in interventions and media, especially social media, targeting male migrant workers, potential migrant workers and their communities and the MSM community; and fill in gaps and misconceptions on condom use and HIV prevention, especially regarding anal sex.

- Enhance HIV programs and services for migrant workers, PLHIV and MSM – capacitate relevant migration and MSM CSOs, PLHIV support groups and government agencies on the nexus of HIV, SOGIE and migration, with focus on the experiences of MSM migrant workers; and sensitize embassy and consulate staff, including labor attaches, on issues of male migrant workers who are victims of sexual violence or rape.

- Enhance the knowledge base on MSM migrant workers – identify and disaggregate migration related data in National Integrated HIV Behavioral and Serologic Surveillance among MSMs, and include MSM and migrants as key affected populations in countries where not yet monitored; and conduct studies on the realities faced by male migrant workers who engage in male-to-male sex, with a focus on the hard to reach population of non-self-identifying MSM, accompanied by population estimates.

CARAM Asia (Coordination of Action Research on AIDS and Mobility in Asia) is a network comprising of 42 member organizations in 21 countries across Asia and has ECOSOC status with the UN. CARAM Asia has undertaken evidence-based research and produced a number of reports on migrant workers' health rights and has used the results of its research to pursue advocacy to protect migrant workers' health rights at the national, regional and international levels.

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