

"MEN FROM AFAR" 2:

REPORT ON THE DIVERSITY OF MEN ATTENDING THE GAY MEN'S HEALTH SERVICE (GMHS) IN 2006 AND 2007

Introduction

Cultural diversity has become an increasingly important issue in the Irish healthcare sector. This increased diversity has resulted in a range of challenges and opportunities for service provision, including the need to ensure that services are accessible and equitable to people from a variety of different backgrounds. To meet these challenges of responding to cultural diversity, there is a need to build our knowledge of different minority groups. This report aims to highlight the changing diversity among the Irish gay male community since the first "Men from Afar" report in 2006, by using recent census and HIV surveillance data, information from the Gay Men's Health Service clinic, and research conducted among foreign-born men who have sex with men (MSM) in Dublin.

Migration in Ireland

Over the last decade, the Republic of Ireland has experienced an unprecedented increase in immigration due to rapid economic growth and European Union (EU) enlargement. Upon EU enlargement in 2004, citizens from the 10 EU accession countries¹ were granted unrestricted access to Ireland for employment and other purposes such as study, drastically increasing the level of migration.

The latest national census data in 2006 reflects this growth, with residents born outside of Ireland accounting for 14.7% of the total population². The most significant change from 2002 census data is the high proportion of immigrants from the 10 new EU accession states, with persons born in Poland becoming the second largest group of foreign-born individuals in Ireland after Great Britain (England, Scotland, and Wales).

This increase in immigration is also affecting the age structure of the population, with large proportions of young individuals migrating to Ireland. According to census data, over half (51%) of all immigrants were aged 20-29, and a majority (58%) of immigrants aged 25-44 were males². As illustrated in Figure 1, this signals a trend of migration among young, unaccompanied men to Ireland.

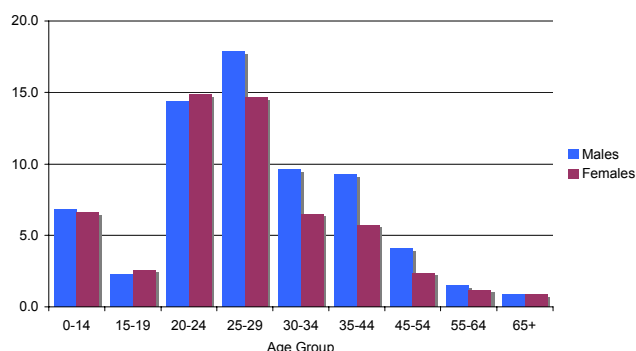


Fig 1: Immigration in Ireland between 2005 and 2006 classified by sex and age group

HIV Infections in Ireland

HIV surveillance data from the Health Protection Surveillance Centre (HPSC) have included country of birth information since 2002. The following information was determined through an analysis of the annual reports of HIV diagnoses released by the HPSC for 2002 to 2007³.

Country of birth was recorded for 1779 (83.3%) of all newly diagnosed HIV infections between 2002 and 2007. Over half (1058; 59.5%) were among those born abroad, highlighting the influence migration has had on HIV prevalence in Ireland. Between 2002 and 2007, the total number of newly diagnosed HIV infections in the Republic of Ireland was 2136. Of these cases, 52.6% were acquired through heterosexual contact, 18.8% were among men who have sex with men (MSM), 16.2% were among injecting drug users (IDUs), 3.0% other, and 9.3% undetermined.

MSM remain a key population at higher risk in Ireland, contributing a significant share of HIV incidence among all men infected through sexual intercourse. HIV surveillance data between 2002 and 2007 highlights that men born abroad represented a significant proportion of HIV diagnoses among MSM in Ireland, with 29.7% born abroad and mostly from other countries within Europe (61.5%). The number of newly diagnosed HIV cases among MSM born abroad has increased 6.4% since 2002.

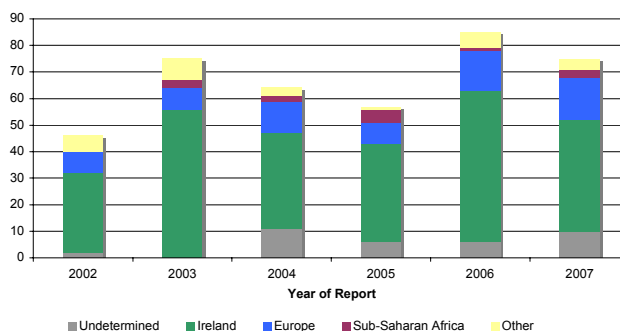


Fig 2: Number of newly diagnosed HIV cases among MSM between 2002 and 2007 by country/region of birth

Diversity of the Gay Male Community

There is a lack of information to accurately characterise the ethnic and cultural diversity of the gay male community in Ireland. In 2003 and 2004, two "All-Ireland Gay Men's Sex Surveys" were conducted to identify the sexual health and HIV prevention needs of gay and bisexual men⁴. The combined survey sample of respondents within the Republic of Ireland (n=1278) indicated that 8.1% (n=104) were born outside of Ireland and the United Kingdom. However, recent data from the Gay Men's Health Service (GMHS) clinic suggests a much larger foreign-born MSM population in Ireland.

¹ 10 EU accession countries: Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, and Slovenia.

² Central Statistics Office (2007). *Census 2006: Principal demographic results*. Government of Ireland.

³ Health Protection Surveillance Centre (2003-2008). *HIV and AIDS statistics in Ireland*. Health Service Executive.

⁴ Devine P, Hickson F, McNamee H, Quinlan M (2006). *Real Lives: Findings from the All Ireland Gay Men's Sex Surveys, 2003 and 2004*. The Rainbow Project and Gay Men's Health Project.

2006 & 2007 Data from the GMHS Clinic

The Gay Men's Health Service (GMHS), established in 1992, has witnessed an increasing diversity of men attending the sexual health clinic in Dublin over recent years. Between 2004 and 2007, the number of foreign-born new attendees registering at the GMHS clinic has increased 40%. This growing trend is highlighted in Table 1.

Table 1: Percentage of new attendees born in Ireland (Republic of Ireland and Northern Ireland) and elsewhere from 2004 to 2007

	2004 (n=587)	2005 (n=566)	2006 (n=529)	2007 (n=528)
ROI/NI	76%	74%	69%	63%
Other	24%	26%	31%	37%

In 2006 and 2007, country of birth information was recorded for 1057 (97.1%) of all new attendees registering at the GMHS clinic. Over this two-year period, 34.1% (n=360) were born outside of the Republic of Ireland and Northern Ireland. Foreign-born attendees were slightly older than those born in Ireland. The mean age of those born abroad was 30.2 years (Range: 18-70; Median: 28; Mode: 27), and 29.4 years for those born in Ireland (Range: 15-70; Median: 26; Mode: 22).

Table 2: Top 15 countries of birth of new attendees born outside of Ireland in 2006 and 2007 (percentage of foreign-born new attendees)

1. Great Britain (13.3%)	6. France (6.1%)	11. Argentina (2.2%)
2. Poland (11.7%)	7. Australia (3.6%)	12. Philippines (2.2%)
3. Spain (8.6%)	8. Germany (3.6%)	13. Canada (1.7%)
4. Brazil (8.1%)	9. USA (3.6%)	14. Czech Rep (1.7%)
5. Italy (6.9%)	10. China (2.8%)	15. Malaysia (1.7%)

Foreign-born new attendees represented a total of 57 different countries in 2006 and 2007, with the top fifteen countries of birth recorded listed in Table 2. Compared to the 2004 and 2005 data reported in "Men from Afar" 1, significant increases were seen in new attendees from Central and Eastern Europe, as well as Latin America.

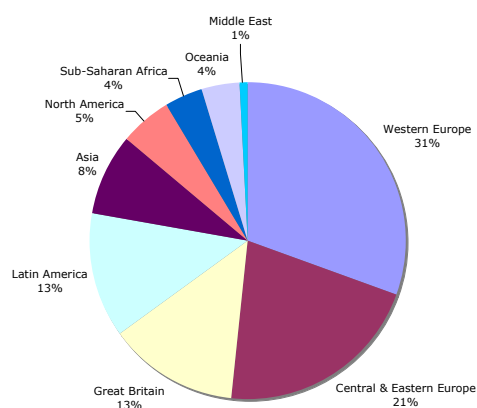


Fig 3: Percentage of foreign-born new attendees (n=360) by region of birth registered at the GMHS clinic in 2006 and 2007

Qualitative Study

In May and June 2007, a qualitative study⁵ was conducted to explore the views and experiences of foreign-born MSM in relation to sexual health. With limited knowledge available of the sexual health of foreign-born MSM in Ireland, this study highlighted a number of behavioural, social, and structural factors that influence their vulnerability to HIV and other STIs. The study sample included 13 attendees of the GMHS clinic born outside of Ireland and the United Kingdom.

An aspect of the study included participants' views of the GMHS clinic. Study participants described locating the GMHS clinic through advertisements in GCN, a monthly magazine for the LGBTQ community, or were referred by friends and partners. They chose these services as they felt more comfortable using a clinic specifically for MSM, as not to be questioned about their sexuality. Use of these services were also encouraged as they are provided free of charge, including the availability of free vaccines for hepatitis A and B.

A major barrier described by a number of participants limiting their accessibility of these services was a desire not to initially visit the clinic alone. Some also described discomfort regarding issues of anonymity from other users of the clinic. For those whose first language was not English, difficulty with language was discussed as another barrier to accessing these services.

Conclusion

The findings outlined in this report make it evident that recent migration trends in Ireland have contributed to a gay male community that represents a wider ethnic and cultural diversity than ever before. Meeting the diverse needs of men from different backgrounds creates interesting opportunities and challenges for service provision. This includes a need for greater resources, further research, translation facilities, development of culturally sensitive materials, and different strategies that go beyond conventional programmes for gay, bisexual men and other MSM.

For more information:

Gay Men's Health Service

HSE, Baggot Street Hospital, Dublin 4, Ireland
 Tel: +353-1-669 9553 Fax: +353-1-668 0050
 Email: mick.quinlan@hse.ie
 Website: www.gaymenshealthservice.ie

Centre for Global Health

3-4 Foster Place, Trinity College Dublin, Dublin 2, Ireland
 Tel: +353-1-896 8594 Fax: +353-1-677 4956
 Email: mccartdj@tcd.ie / adedimea@tcd.ie
 Website: www.medicine.tcd.ie/global_health



This report was prepared by the Gay Men's Health Service, HSE and the Centre for Global Health, Trinity College Dublin.

June 2008

⁵ McCartney, DJ (2007). *The impact of migration on the sexual health of migrant men who have sex with men (MSM) in Dublin, Ireland*. MSc Thesis. Trinity College Dublin.