

## Report on the diversity of men attending the Gay Men's Health Service (GMHS) HSE 2009 to 2012

The Census 2011 continued to show that foreign born people now living in Ireland contribute to a much diverse population, representing 199 different nations with 182 languages (CSO 2012). The ethnic mix is also diversely represented with 94.3% identifying as White (Irish 84.5%, Irish Traveller 0.7%, any other White background 9.1%), 1.5% African or other Black background, 1.9% Chinese or any other Asian background, 0.9% other including mixed background, and 1.5% not stated (CSO 2012).

Gay, bisexual men and other men who have sex with men (MSM) have also travelled to Ireland from far and near, for many reasons. Heretofore the three previous "Men From Afar" (MFA) reports were the only source of information for this population. The 2010 European Men-Who-Have-Sex-With-Men Internet Survey (EMIS 2010) and subsequent report provides another insight. The Census and the MSM reports highlight the diverse needs of men from different backgrounds and this creates challenges for service provision. Migrant gay men are also at risk of HIV and other sexually transmitted infections (STIs) due to a number of behavioural, social, and structural factors (ECDC 2013). This report records the changes among the Irish gay male community since Men from Afar 3 (2009) by using the census, HIV surveillance data, and information from the Gay Men's Health Service (GMHS) HSE.

### MIGRATION IN IRELAND

Over the last 14 years, the Republic of Ireland has experienced an unprecedented increase in immigration, as reflected in the national census 2002 and 2006. This continued in the 2011 census with residents born outside of Ireland accounting for 12% of the total population<sup>1</sup>. The largest immigrant groups were individuals from Europe (Poland, UK, Lithuania, Latvia, Slovakia); Asia (India, Philippines, China, Pakistan, Malaysia); Africa (Nigeria, South Africa, Mauritius, Congo, Zimbabwe); North America (USA, and Canada); Oceania (Australia, New Zealand); and Latin America (Brazil),

Migration is also a phenomenon that occurs within and away from Ireland. The EMIS 2010 report highlights that 313 (15%) of the Irish MSM respondents were not living in Ireland for a variety of factors, and 22% of respondents were not born in Ireland. Apart from economic or education reasons among MSM, migration to the urban centres in Ireland or abroad may also be due to the focus of the gay community in these areas. "In such a situation, migration to large cities can offer a means of escape from close social control in order to find safety, friendship, and social support" (ECDC 2013).

### HIV INFECTIONS IN IRELAND

HIV surveillance data from the Health Protection Surveillance Centre (HPSC) includes geographic and ethnic origin. The following information was determined through an analysis of HIV surveillance data from 2009 to 2012<sup>2</sup>. From 2009 to end of 2012 the total number of newly diagnosed HIV infections was 1,385. Of these 38.3% were heterosexual, 41.7% were MSM, 5.8% were injecting drug users (IDUs), 1.7% mother to child (MTC), and 12.5% other/unknown.

The Geographic origin was recorded for 1,125 (81.2%). Over half (54.0%; n=608) were among those born abroad, illustrating the continued influence migration has on HIV prevalence in Ireland.

<sup>1</sup> Central Statistics Office (2012). Census 2011: Profile 6 Migration and Diversity & Profile 7 Religion, Ethnicity and Irish Travellers Dublin: Central Statistics Office.

<sup>2</sup> Health Protection Surveillance Centre (2012 & 2013). HIV & AIDS diagnoses in Ireland: surveillance tables. Dublin: Health Protection Surveillance Centre.

MSM make up a significant percentage of HIV diagnoses in Ireland. The HIV surveillance data 2009 to 2012 highlights that MSM born abroad represented a yearly average of 27% to 42% of MSM HIV diagnoses. Of the 527 diagnoses between 2009 and 2012 where geographic origin was known, 34% (n=181) were born abroad and mostly from Latin America (38%), Western Europe (29%) and Central & Eastern Europe (20%).

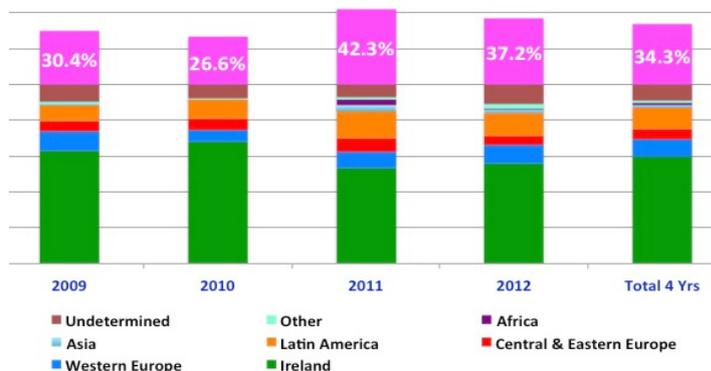


Fig 1: Number of newly HIV diagnosed MSM 2009 and 2012 by geographic origin, including percentage rates of born abroad when not known excluded.

NOTE: In 2012 the known ethnicity for MSM with HIV, (n=124) was 88.5% White, 1% Black and 10.5% other/mixed.

### GMHS Clinic: Birthplace of New Attendees 2009-2012

The Gay Men's Health Service (GMHS), HSE records an increasing diversity of men attending the STI clinic in Dublin. Between 2004 and 2008, the number of foreign-born new attendees registering at the GMHS clinic increased by 49% (MFA 3) while between 2008 and 2012 it increased by 45%.



Fig 2: Number of new attendees born in Ireland (Republic of Ireland and Northern Ireland) and elsewhere from 2009 to 2012

Between 2009 and 2012 the yearly average of new attendees born outside of the Island of Ireland was 31% to 39%. Irish-born men registered at the clinic represent 32 counties of Ireland, North and South. The yearly average for all Irish-born new attendees born outside of County Dublin was 39% to 44%. Interestingly, over the four year period, the proportion of new attendees born abroad is the same as those born in Dublin.

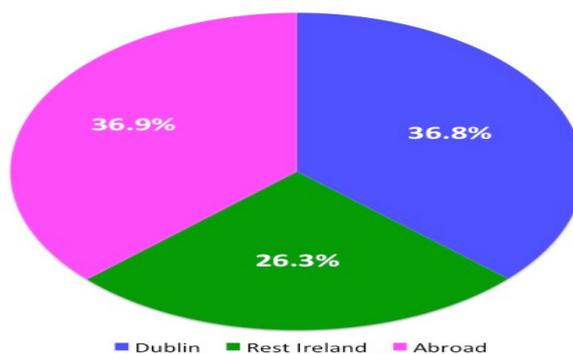


Fig 3: Proportion of new attendees for 2009-2012 n=2249.

Between 2009 and 2012, a yearly average of 48 to 57 different countries represented foreign-born new attendees, while the cumulative total was 95. The top 15 places of (24) countries of birth are listed in Table 1.

Compared to the previous MFA reports, increases continued among men from Latin America and Asia. Brazil was the top country of birth and increases were also seen among men from China and Malaysia.

1. Brazil (25.6%)	6. USA (3.1%)	11. Mexico (1.6%)
		South Africa (1.6%)
2. Great Britain (9.6%)	Poland (9.6%)	7. Germany (2.4%)
12. Argentina (1.2%)	China (1.2%)	Latvia (1.2%)
3. Italy (5.6%)	8. Lithuania (2.0%)	13. Philippines (1.1%)
4. Spain (4.3%)	9. Slovakia (1.9%)	14. Australia (0.9%)
		Mauritius (0.9%)
		Pakistan (0.9%)
5. France (3.9%)	10. Malaysia (1.7%)	15. Canada (0.80%)
	Romania (1.7%)	Netherlands (0.80%)
	Venezuela (1.7%)	

Table 1: Top 15 places of countries of birth of new attendees born outside of Ireland 2009-2012 (percentage of foreign-born new attendees).

In relation to world regions, Europe was the highest represented continent followed by Latin America.

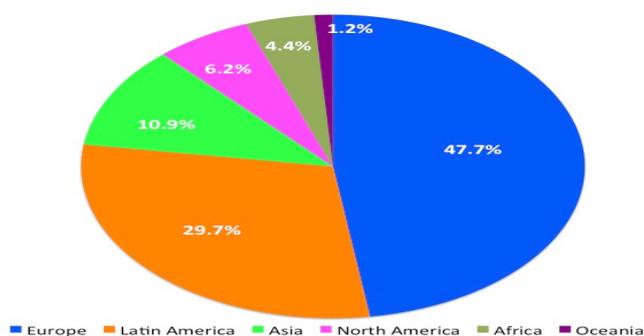


Fig 3: Percentage of foreign-born new attendees (n=1,087) by region of birth registered at the GMHS clinic between 2009 and 2012.

For Latin America, "men from Brazil" were highly represented 278/323 (86%)\* followed by Venezuela (4%) and Argentina. Australia was the highest for Oceania. China, Malaysia, Pakistan and the Philippines for Asia. Mauritius and South Africa for Africa. For those born in Europe, 212/518 (39%) were born in Eastern or Central Europe.

\*Considering the 2011 census figures for men from Brazil the attendance at GMHS is hugely representative of this population. Census data highlight immigrants from Brazil numbered 8,704 and 4,408 (50.6%) were males.

### GMHS CLINIC: ETHNICITY OF NEW ATTENDEES

The ethnic identity of new attendees at GMHS is much more diverse than the national Census. In 2012, of the 825 new attendees, 85.1% identified as White (Irish 65%, any other White background 20%), 1.7% African/Black, 3.9% Chinese/Asian and 9.3% mixed background. In the Census 2011 the ethnicity of people from Brazil (n=9,298) shows that 55% identified as White, 30% mixed background, 8% Black and 1% Asian. For the "men from Brazil" attending GMHS it was 33% White, 58% mixed background, 9% African/Black and 1% Chinese/Asian.

### GMHS CLINIC: CURRENT RESIDENCE OF NEW ATTENDEES

The GMHS clinic records the current residence of all new attendees. This information helps to identify where men travel from to visit the sexual health clinic in Dublin. In 2012, of the 825 new attendees 83% were residing within County Dublin. However, there was a significant difference between Irish-born and foreign-born men as 79% and 92% respectively were currently living within County Dublin. (See STITravel 1)

Report on Residence of New Attendees Travelling to the GMHS Clinic.

Table 2 illustrates that many men travel a great distance to visit the clinic.

HSE Mid-Leinster	44.6%
HSE North East	23.1%
HSE West	8.6%
HSE South	19.4%
Outside Republic of Ireland	4.3%

Table 2: New attendees living outside Co Dublin by HSE Region (2012 n=139).

### MSM Registered at GMHS Clinic 2009-2012 by Where Residing N=2,944

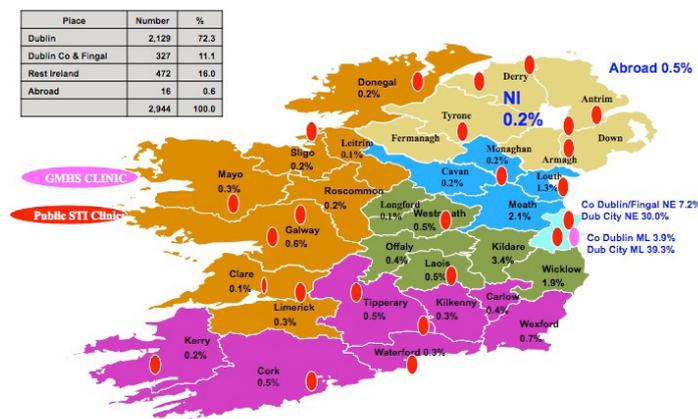


Fig 4: 27% of new attendees at GMHS for 2009 to 2012 resided outside Dublin city. 11% in Dublin North East and 9% Dublin Mid Leinster.

### INTERVENTIONS TO TARGET MIGRANT MSM

Since previous Men from Afar and EMIS reports, awareness of the issues of migrant MSM has come to the forefront in the work of Gay Health Network(GHN) and GMHS. This is reflected in the availability of sexual health information in 9 languages at www.man2man.ie and in the joint HSE Man2Man programme films and posters. GMHS was part of the BeLonG To LGBT Asylum Seekers & Refugee Project which produced "welcome" guides, www.belongto.org

The National Office Social Inclusion HSE and GMHS worked together to introduce the accounting of the ethnicity of men attending the GMHS clinic. This vital information can inform policy development such as the National Sexual Health Strategy. GMHS has also encouraged LGBT groups to adopt the same reporting procedures. Partnerships such as these can only help to improve service provision for migrant gay and bisexual men and LGBT people, ensuring services are accessible to people from all backgrounds.

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