



Structural vulnerability and access to medical care among migrant street-based male sex workers in Germany

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ABSTRACT

This article discusses health concerns of migrant street-based male sex workers (SMSW) in Germany, a population that remains underexplored by health and social scientists. It is based on five months of ethnographic research in 2011/2012, including 46 semi-structured interviews with physicians, social workers, health department staff, and SMSW from Romania and Bulgaria. This is supplemented with annual reports by organizations providing assistance to this population in eight cities. The article contributes, first, an analysis of the increase in migrant SMSW as a response to economic opportunities (freedom of movement across European Union borders) and constraints (transitional measures restricting access to the labor market). It seeks to move beyond the myopic association between sex work and HIV to contextualize health risks as resultant of macro-level processes associated with migration. Second, the article contributes a summary of primary health concerns for this population. Especially troubling is their lack of access to regular medical services, reflecting a socio-legal position that often resembles that of unauthorized migrants rather than European Union citizens.

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Introduction

In Western Europe, a high demand for sexual services meets a relatively unregulated market, despite instances of legalization. In Germany, selling sex is considered a legitimate economic activity, and the 2002 Act Regulating the Legal Status of Prostitutes (*Gesetz zur Regelung der Rechtsverhältnisse der Prostituierten*) protects sex workers from discrimination, strengthens their legal rights, and promises a positive impact on individual and public health through regular screenings and eligibility for the statutory health insurance system. Excluded from these benefits, however, is the large population of migrant sex workers without a clear legal status or work permit. Only in recent years have scholars begun to turn their attention to the largely invisible populations of migrants who sell sex in various host country settings (Agustin, 2006).

Further overlooked is the migrant-dominated population of street-based male sex workers (SMSW). They face a trifecta of discrimination, not only because they are foreigners engaged in prostitution but because of social stigmas associated with homosexuality. SMSW face a lack of economic options, live in precarious social situations, and encounter structures of dependency that may

lead them to engage in riskier practices associated with the transmission of HIV and other sexually transmitted infections (STIs). Men and boys in the global sex trade are almost completely ignored by social service agencies, administrative bodies, the media, and in scholarship. In much of the existing literature, male sex workers are assigned considerably more agency than females, thus framing them as active risk-takers and negating the importance of constrained opportunity (Dennis, 2008). Indeed, despite impressive documentation of associations between structural forces and the prevalence of illness burden, public health interventions continue to focus primarily on changing the micro-behaviors of individuals through education interventions and models of rational choice decision-making. Further, prevention efforts for this population have been insufficient because specific risks differ from those for female sex workers and require tailored interventions (Allman and Myers, 1999).

Contrary to many assumptions, there is a significant demand for male sex work (Dennis, 2008); however, this is matched by “a silence in the literature on how men who are structurally disadvantaged in the global political economy – as gendered beings who are situated within multiple social hierarchies related to race, class, masculinity, and sexuality – are implicated in the patterns of ‘structural violence’ that shape the HIV/AIDS epidemic (Padilla, 2007: xii).” Structural violence is an analytic tool to understand how health and disease are impacted by social inequalities and the ways in which political economic systems place particular persons

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or groups in situations of extreme vulnerability. The concept of *structural vulnerability* can further extend this analysis to examine how a host of mutually reinforcing economic, political, cultural and psychodynamic insults that dispose individuals and communities toward ill health are embodied (Quesada, Hart, & Bourgois, 2011). This requires a dynamic ethnographic approach exploring the level of both individual biography and social/environmental context.

This article discusses the health issues faced by migrant SMSW in Germany, a population that remains underexplored by social scientists (Wright, 2012), despite a long history of male sex work as part of the nation's erotic landscape (Evans, 2003). It is based on five months of ethnographic research, which included semi-structured interviews with physicians, social workers, health department staff, and male sex workers. This is combined with an analysis of organizations that provide assistance to this population in eight major cities, based on interviews with staff and annual reports from 2011. The article contributes, first, an analysis of the increase in migrant SMSW as a response to economic opportunities (freedom of movement across European Union borders) and constraints (transitional measures restricting access to the labor market). It seeks to move beyond the myopic association between sex work and HIV to contextualize health risks as resultant of macro-level processes, including poverty, discrimination, unemployment, lack of housing, inadequate health care access, and removal from kin support structures through migration. Second, the article contributes a summary of primary health concerns for this population. Especially troubling is their lack of access to medical services, reflecting a socio-legal position that often resembles that of unauthorized migrants rather than European Union citizens. To encourage and maintain the availability of appropriate services for SMSW, it is important to add to the sparse literature on their health status and health service use.

Background

Sex work is defined as any occupation where an individual is hired to provide sexual services in exchange for money and/or other items of value (Minichiello et al., 2001). This characterization views sexual labor as a legitimate means of employment; however, at the same time, it does not preclude the very real occurrence of exploitation. It underscores the need to understand prostitution as labor, rather than making assumptions about individual pathology (Parsons, 2005) or overestimating the role of human trafficking (Agustin, 2006).

Male and transgender sex work remains under-researched even in the commercial sex literature, where the bulk of scholarship remains focused on the experiences of women (Dennis, 2008). Male sex workers are a heterogeneous group, with a diverse set of experiences, motivations, and identities. A clear distinction can be made between professional and nonprofessional ("street") sex workers. Professional male sex workers (also referred to as escorts or call boys, and who often solicit over the internet) tend to be more financially secure, independent, and able to be more selective about clients and the types of sexual activities in which they engage. By contrast, nonprofessional sex workers – the focus of this article – largely enter this work because of poverty or poor social circumstances. Their environment is characterized by informality, greater dependency, and financial insecurity. Venue has a clear effect on power and control in sex work interactions, and thus a direct impact on health and risk behavior (Parsons, 2005; Wright, 2003). While used throughout the literature, "street-based" can be a misleading term, since solicitation typically occurs in bars, clubs, casinos, train stations, parks, and inside or in front of sex cinemas. In Germany, migrants dominate these sites because of their

structural position, in addition to language barriers and a resultant inability to locate and negotiate with clients over the internet (although this is gradually changing). Unlike professionalized escorts, street-based sex work is usually a temporary strategy, characterized by a shifting set of people and locations. The dynamic features that lead to vulnerability also result in significant barriers for social work and public health efforts, including a lack of monitoring data (Wright, 2012).

While the earliest studies on male sex workers were underpinned by deviancy discourses, the HIV/AIDS epidemic heralded a new era and tone in research. Studies have since focused on behavior and practices to minimize the spread of STIs and called for more comprehensive social and health services. A recent national progress report on HIV conservatively estimated prevalence among male sex workers in Germany at 5%–10% (UNAIDS, 2012). Other studies focused on this population have found higher rates, ranging from 27% STI and 15% HIV prevalence (Wright, 2001) to an overall STI rate of 24–33% (Steffan & Sokolowski, 2008). While new HIV infections in Germany have declined over the years, an estimated 75% of syphilis cases are diagnosed among men who have sex with men (MSM) and up to 50% of these are considered likely HIV positive (Marcus, Bremer, & Hamouda, 2004). Overall, research findings suggest very good knowledge of transmission risks among the German MSM population. However, higher numbers of risky behaviors have been reported following the introduction of highly active antiretroviral therapy, along with trends toward increasing number of sexual partners and frequency of unprotected anal intercourse, conditional condom use based on real or perceived HIV status of sexual partners ('serosorting'), sexual role assignments (insertive versus receptive) based on HIV status ('seropositioning'), and seeking sexual partners on the internet (Marcus, Voss, Kollan, & Hamouda, 2006). One study concluded that about 40% of SMSW in Germany did not use a condom with regular clients who paid more, and that only a third knew where they could receive anonymous HIV testing (Steffan & Sokolowski, 2008). Migrant SMSW were especially poorly informed about the risks associated with specific sex practices.

Many SMSW described in diverse settings consider themselves heterosexual and are simultaneously involved in intimate relationships with women, often avoiding open communication about their same-sex behavior. SMSW are more likely to use condoms with paying partners than in intimate, private relationships (Padilla, 2007; Parsons, 2005; Wright, 2003). Indeed, bisexually behaving men eventually became a central focus of HIV research because of associations between sexual risk behavior, serostatus, and disclosure. The bridge model of the late 1980s, in particular, singled out male sex workers as central to the spread of HIV to the general population (Aggleton 1996). This strategy viewed bisexuality as narrowly contained within a small group of "risky men," neglecting to contextualize disclosure patterns within broader experiences of social inequality and stigma management. Researchers continue to debate the role of disclosure of HIV serostatus on safer sex practices (Padilla et al., 2008), even suggesting that nondisclosure does not necessarily equal higher sexual risk for HIV. Men who migrate are at increased risk for HIV infection and face structural factors affecting disclosure to stable partners (Hirsch, 2003; Padilla, 2007).

Because of the "bridge" effect and fixation on bisexuality, most research evaluating the health needs of SMSW have emphasized HIV rather than general health concerns or high rates of violence (Dennis, 2008). However, their multiple interrelated vulnerabilities put them at risk for a number of health problems beyond STIs (Wright, 2003). One of the only studies of German male sex workers that mention non-STI health problems noted that they were "diverse but within normal range" (Steffan & Sokolowski,

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