‘How come you are a refugee, yet in Uganda there is no war?’: Social, sexual and psychological wellbeing of East African MSM and transgender (MSM/TG) migrants in Nairobi.

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Background

In East Africa, same-sex sexual conduct is criminalised in Kenya, Uganda, Tanzania, Somalia and Burundi. In the last decade, some states have moved to introduce new criminalising legislation (e.g. the Anti-homosexuality Act 2014, Uganda) and to prohibit the activities of LGBT sexual health service providers[1].

In 2012 UNHCR affirmed the legitimacy of claims for asylum and refugee status based upon persecution by state or non-state actors on the grounds of sexual and/or gender identity to fall within the 1951 Convention

In Kenya, asylum seekers register with both the Kenya government and UNHCR. UNHCR estimates that over 400 LGBTI migrants are registered asylum seekers in Nairobi – the number of unregistered migrants is unknown. As of 2016, UNHCR Kenya ceased financial support of asylum seekers and registered asylum seekers are encouraged to relocate from urban areas to the Kakuma Refugee Camp in Northern Kenya.

Method

618 MSM/TG enrolled via respondent-driven sampling in central Nairobi in 2017. Eligibility criteria were age 18+, male gender at birth/currently, Nairobi residence and consensual oral or anal intercourse with a man during the last year.

Participants completed a computer-assisted survey including knowledge and access to HIV prevention/care resources, experience of discrimination and violence, and measures of social support [MSPSS] and depression [PHQ-9].

For this study MSM/TG persons born outside Kenyan and arriving in Nairobi in the last 5 years were defined as migrants, refugees or asylum seekers (MRAS). No direct measures of date and reason for migration were collected, nor was current status of UNHCR registration established. Analysis was RDS-II weighted.

[1] International Gay and Lesbian Association www.ilga.com
[2] West and South African data from: Stahlman S et al (2016) JMIR PH Surveillance 2(2) e35 p1

Results

100 (17.3%) participants reported birth outside Kenya of whom 43(44.5%) arrived in Nairobi in the last year and 57 between 1-5 years ago. MRAS originated from Uganda 83.0% (n=86), DR Congo 11.5% (n=9), Rwanda 4.6% (n=4) and Tanzania 0.8% (n=1).

Sociodemographics

MRAS were similar to other MSM/TG in terms of age distribution and educational achievement. Compared to other MSM/TG MRAS reported:

- higher unemployment (54.9% versus 38.8% p=0.014)
- lower monthly income (USD $49 versus $89 p<0.001)
- fewer dependents on that income (mean 1.5 versus 3.0 persons, p<0.001).

Stigma, discrimination and social support

Violence, external stigma and discrimination from family, police, health care and the public were much more frequently reported by MRAS than other study participants and MSM/TG study populations in other settings Figure**.** These measures remained higher for MRAS up to five years after arrival in Nairobi Table 1

Perceived social support from family, friends and significant relationships was significantly lower among MRAS than other MSM/TG. Measures of social support remained low among MRAS who had moved to Nairobi more than one year previously (mean MSPSS: MRAS <12 months 4.1; 1-5 years 4.0)

Table 1: Stigma, discrimination and violence attributed to sexual orientation reported by recent and established international migrants to Nairobi, Kenya

	Recent MRAS (up to 1 year)		Other MRAS (1-5 years)		Other study participants		p
	N	%	N	%	N	%	
Stigma & Discrimination: Family (ever)							
Discriminatory remarks by family	41	97.6	53	95.3	203	35.8	<0.001
Excluded from family activities	38	90.3	50	85.4	173	32.3	<0.001
Stigma & Discrimination: Friends (ever)							
Rejected by friends	36	92.1	42	74.8	202	37.1	<0.001
Stigma & Discrimination: Health care (12 month)							
Afraid to go to health care services	25	62.7	33	54.1	195	37.8	0.005
Avoided going to health care services	24	59.0	30	49.0	194	37.2	0.023
Not treated well in health care setting	18	48.7	28	38.3	88	14.6	<0.001
Health care workers gossiping/laughing	21	56.7	27	42.7	71	11.7	<0.001
Stigma & Discrimination: Police (12 months)							
Police refused to protect	30	74.0	40	59.2	85	13.9	<0.001
Threatened with arrest by police	23	60.3	32	50.5	50	6.1	<0.001
Stigma & Discrimination: General (12 months)							
Scared to be in public places	31	78.8	40	64.1	140	25.3	<0.001
Blackmailed	18	40.3	33	60.1	114	19.7	<0.001
Violence (12 months)							
Physical assault	30	70.6	37	58.2	99	16.4	<0.001
Sexual assault	11	26.0	18	28.5	58	10.2	<0.001

Sexual health

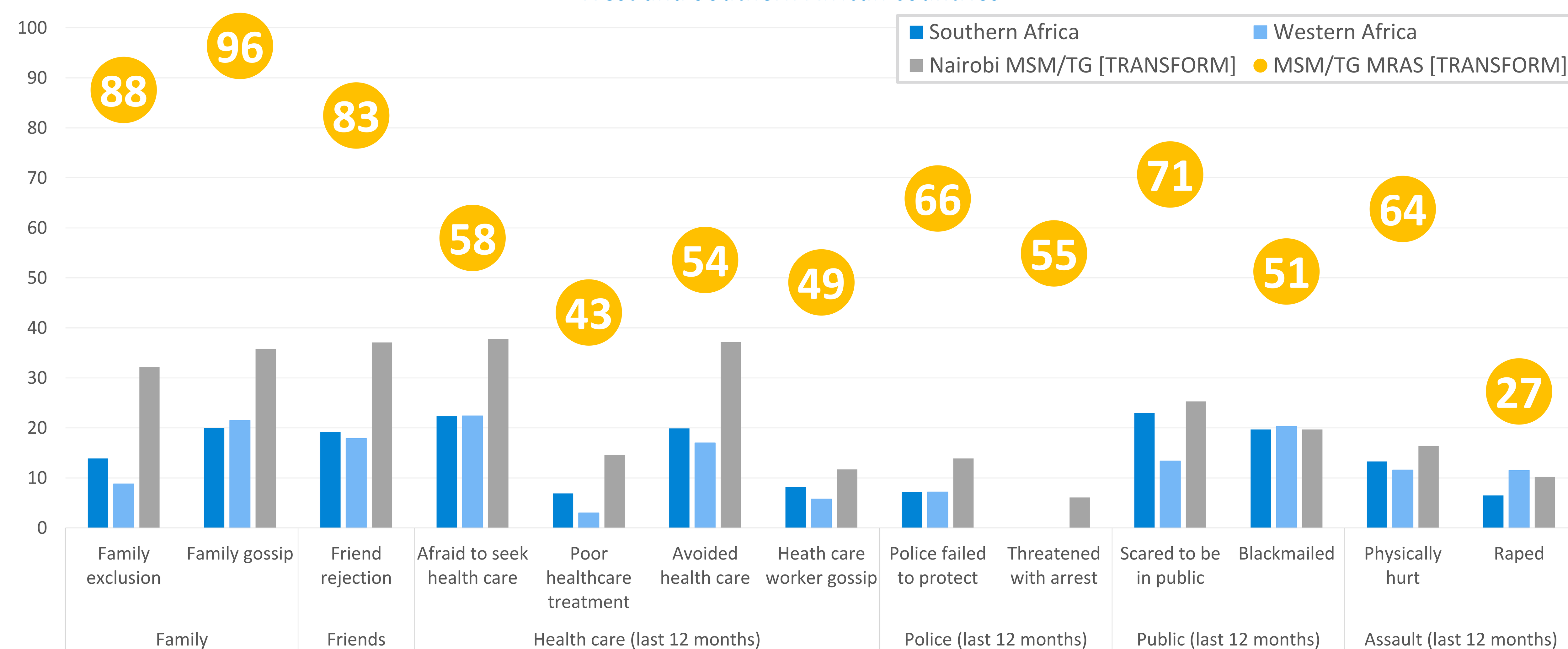
Compared to other MSM/TG, MRAS who had arrived in the last five years were **less likely** to

- Be living with HIV (9% vs 30% p<0.001)
- Have an anogenital STIs (CT/NG: 16% vs 27% p=0.044)
- Have HIV tested in the last 12 months (64% vs 79% p=0.027)

Compared to other MSM/TG, MRAS who had arrived within the last 12 months **more often** reported:

- problems accessing condoms (OR 2.72[1.43-5.16] p=0.002)
- problems accessing lubricants (OR 1.65[0.88-3.10] p=0.117)

Figure: Experience of external stigma, discrimination and violence among MSM/TG: MRAS in Nairobi compared to MSM/TG in Nairobi, West and Southern African countries[1]



Mental health

28.4% of MRAS had a PHQ9 score of 10+ (moderate-severe depression) compared to 15.5% Kenyan MSM/TG (p=0.009).

MRAS who had arrived in Nairobi more than one year previously were slightly less likely to have moderate to severe depression than very recent MRAS (25.3% versus 31.8%).

Moderate to severe depression was associated with: experience of external stigma & discrimination in the last 12 months; lower perceived social support from family, friends or a significant other, and lower monthly income Table 2

Table 2: Associations between stigma & discrimination, perceived social support and monthly income with moderate to severe depression among MSM/TG in Nairobi

		Association with moderate-severe depression (PHQ9) †		
		Odds Ratio	95% confidence interval	p
Stigma / discrimination				
Family	Any report	2.9	1.6-5.5	0.001
Friends	Any report	2.9	1.7-4.9	<0.001
Health care	Any report	4.0	2.3-7.2	<0.001
Police	Any report	3.4	1.9-5.9	<0.001
General public	Any report	3.4	1.9-5.9	<0.001
Violence	Any report	2.9	1.7-5.0	<0.001
Social support (MSPSS)				
Family	Per unit increase	0.85	0.74-0.98	0.027
Friends	Per unit increase	0.86	0.73-1.02	0.091
Significant other	Per unit increase	0.80	0.68-0.94	0.008
Economic				
Monthly income	Per 1000 KES increase	0.95	0.91-0.99	0.031

† Adjusted for age, education and number of years resident in Nairobi (RDS-II weighted)

Conclusion

Criminalisation and cultural antipathy toward men who have sex with men and transgender persons in East African countries may prompt regional migration and asylum seeking. Routine assessment of refugee and migrant status among MSM/TG populations is recommended.

MSM/TG migrants, refugees and asylum seekers continue to report high levels of stigma, discrimination, violence, economic deprivation and poor social support after migration. The security and welfare needs of LGBT MRAS in Kenya are unmet and demand a coordinated response from responsible agencies (UNHCR), community-based organisations and academia

Depression is commonplace among MRAS, and associated with experience of discrimination, lack of income generating opportunity and weak social support. The burden of other common mental disorders e.g. post-traumatic stress and anxiety disorders should be assessed in this context. Mental health needs should be matched with service provision.

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