ORIGINAL PAPER

# Intersectional research on immigrant LGBT+ sex workers who live with HIV (PLWHIV) in Turkey

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## Abstract

**Introduction:** It can be assumed that some beliefs and practices of Islam protect against the spread of human immunodeficiency virus (HIV). However, although acquired immunodeficiency syndrome (AIDS) is no longer a fatal disease globally, the number of people living with HIV (PLHIV) is increasing due to social pressure in Muslim societies, stigmatization, and marginalization of HIV-positive individuals as well as parallel reasons, such as delay in diagnosis and treatment, and lack of disclosure.

**Material and methods:** Since previous sociological studies on HIV are inadequate, the current study was conducted intersectionally within the framework of relational sociological basic principles. Ten LGBT+ immigrant HIV-positive individuals who live in Turkey and agreed to be interviewed were included in the study. Data regarding personalized stigma, negative perceptions, and public stigma were collected with in-depth interviews. These factors are stigma components, which are frequently used in quantitative research.

**Results:** Participants from various Islamic countries, such as Syria, Iraq, Jordan, and Iran were LGBT+ people with HIV who were sex workers. Classification of strategies for coping with their problems revealed that they had some rational choices, such as not disclosing their HIV-positive status and choosing older customers to reduce violence as well as psychological choices, including relaxing by praying.

**Conclusions:** The negative changes that the participants experienced while learning they are HIV-positive and metaphors they used to describe HIV were shown to be culturally and sociologically dependent.

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**Key words:** migrants, PLHIV, LGBT+, sex workers, intersectionality, cultural/religious capital.

## Introduction

The relationship between health and cultural factors is of great importance nowadays. Because positive emotions, such as happiness as well as negative feeling, including depression, suicide, and anxiety, are often related to culture. The effects of culture in general and religion/spiritual values in particular on health should be mentioned. For example, some relationships can be established between pain tolerance and cardiovascular diseases and culture, especially spiritual [1-3].

On the other hand, although religion has been seen as an illusion or obsession according to Freud in the early 1900s, a close relationship with religion and spirituality started to emerge in the field of health from the 1990s. Based on numerous research publications, it is claimed that this relationship has increased significantly [1]. For example, the prohibition of alcohol in Islam, hygiene rules, such as washing after sexual intercourse or ablution before prayer, or the issue of circumcision, are examples of this relation-

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ship. On the other hand, there are many studies showing that more religious patients keep their spirituality on a higher level and want to restore their health more [4, 5]. All of these points show the importance of respecting values, beliefs, and preferences of a patient's culture.

### Health from the perspective of Islam

Islam in general, particularly the holy book of Islam Quran containing Islamic laws, Sharia, and practices approved by the Prophet, aim to regulate the entire daily life of believers. Furthermore, although there are fiqhs (Islamic law rules) in the Quran about worship, trade, marriage, and judiciary, there is no separate fiqh for health. This is due to the fact that health is considered included in every aspect of life.

According to Al Hayat, the most important issue in Islam is "balance", which is also accepted by World Health Organization. Because today, health is defined not only as the absence of disease but also as social, physical, and spiritual well-being. In this context, health for everyone is the most basic rule. According to Islam, God tells his servants to seek scientific treatment methods for their health wherever they are. While Muhammad is based on cause-and-effect relationships, he does not allow resignation regarding health, because God does not give incurable diseases [6].

## Material and methods

Many approaches in health sociology are used in human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) research. These can be listed as symbolic interaction, phenomenological approach, ethnomethodology, and intersectional studies [7]. In terms of the subject of the current study, the approach that has become more popular lately, allowing for effective analysis, is intersectionality. This approach was used in this study, as it permits for better understanding of discrimination faced by HIV-positive individuals. This perspective was first put forward by an American lawyer, Kimberle Crenshaw in 1989, to reveal the discrimination faced by women [8]. According to the author, addressing these issues separately, with both feminist and anti-racist approaches, weakens the fight against the discrimination faced by non-white women. According to Crenshaw, who is also a black lawyer, not all immigrants or all women are the same. It is necessary to understand that immigrant men are different from immigrant women, or black women are more disadvantaged than white women. Intersectionality is against considering variables, such as gender, class, sexual orientation, or race separately. Because when all these factors are gathered together and intertwined, the outcomes are very different. For example, HIV-positive individuals who are immigrants may experience twice as much stigma as local HIV+ persons. Poverty, old age, and disability further exacerbate this discrimination.

In this study, the real problems experienced by individuals were not understood by attributing the discrimination they experience to separate factors. In other words, attention was drawn to the advantages of perceiving unique conditions generated by the intertwined unity of factors. In this context, the main issue of the study was that some identities (i.e., LGBTI+, PLHIV) are marginalized and rendered invisible.

In this qualitative descriptive study, questions regarding personalized stigma (what the person experiences), negative perceptions (the person's feelings), and public stigma items developed by Berger *et al.* [9] and according to Goffman [10], to measure social stigma were employed. All of the items were converted into open-ended interview questions. Data were collected through in-depth interviews among ten LGBTI+ immigrant individuals with HIV who live in Turkey and agreed to be interviewed. No identifying information were included in the study in order to not expose participants to life-threatening risk of disclosure their identities. The information collection phase was stopped after 10 interviews, when the saturation point was reached in terms of obtaining similar answers. In addition, although each interview lasted more than two hours and a wide range of information was collected, findings were summarized in tables. The analysis of findings was carried out in three stages [11]. First, free-by-line coding was applied to interviews' data. Descriptive themes were then developed, and analytical themes were created. The themes were meticulously linked during all these processes.

The research was conducted after obtaining an approval of the Ethics Committee of Başkent University.

According to social and psychological stigma scale [9], answers for the following questions were attained:

1. What are the personalized stigmas which participants especially perceive?
2. What are their negative thoughts about themselves?
3. What do they think about society's attitudes towards them?
4. What are the participants' strategies in terms of cultural/religious capital to reduce the effects of stigma?
5. With what metaphors do participants define themselves and HIV?

## Results

In this section, the findings are presented in summary tables in a systematic manner (examples of themes, causes, forms, and consequences of stigma) in line with the research objectives (Tables 1-3).

**Table 1.** Personalized stigma (problems experienced by a person) according to the participants

| Themes | Sub-themes |
|---|---|
| Causes of stigma | Having HIV, being a sex worker, LGBTI+, and immigrant, being a prostitute |
| Forms of stigma | Losing a friend, being subjected to violence and accusation |
| Consequences of stigma | Regret for what one said, losing friends, loneliness |

**Table 2.** Negative feelings (a person's feelings, emotions) according to the participants

| Themes | Sub-themes |
|---|---|
| Causes of stigma | Having HIV, feeling bad because of having HIV, perceiving own self as worthless, dirty, and guilty, constantly washing, praying, and exercising |
| Forms of stigma | Fear of death, rejection of disclosure, use of alcohol and drugs, self-violence |
| Consequences of stigma | Feeling bad because of having HIV, seeing own self as worthless, dirty, and guilty, constantly washing, praying, and exercising |

**Table 3.** Participants' thoughts about society's reactions

| Themes | Sub-themes |
|---|---|
| Causes of stigma | Not knowing what HIV is, lack of education, negative judgments toward LGBT+ and immigrants |
| Forms of stigma | Being subjected to violence, accusation, and humiliation, being withdrawn |
| Consequences of stigma | Anger, hiding, not telling anyone about HIV status, not being able to find a house or another job, developing psychological and rational strategies, working hard and securing the future by earning money, having a work permit and healthcare from a Turkish state |

**Table 4.** Participants' coping strategies

| Rational strategies | Psychological strategies |
|---|---|
| "I put my HIV medicines in other ordinary medicines' boxes" | "I do not work during Ramadan. I always perform ablution and pray" |
| "I choose an older partner to reduce exposure to violence" | "I take showers frequently to wash and cleanse my soul" |
| "I save and invest" | "I cannot eat what I cook. I prefer fast food" |
| "I do not disclose HIV status to anyone. I keep it a secret" | "I hug my quilt as a mother and cry, and then fall asleep" |
| "I have protected sex. I use condoms" | "I manage with many people without getting attached to one person" |
| "I use facilitating creams" | "I constantly try to reduce tension by normalizing the situation" |
| "It is God's will that I have HIV, there is nothing I can do" | "I try not to be alone, so that I don't think about suicide often" |
| "I do not listen to gossips" | "I try not to think that I smell bad and not to see HIV as dirt" |
| "I sometimes have oral sex to relieve pressure from security forces" | |

**Table 5.** Participants describing themselves and HIV with metaphors

| Self-identification | HIV definition |
|---|---|
| "While I was wavy like the sea, I have now turned into dripping water" | "HIV is God's punishment for being LGBT+" |
| "Even though I was not a bud before, I was a rose, but now I am the thorn of a withered rose" | "Fighting in hell and losing every time" |
| "I am always a rotten rose, a desert. I was like this before HIV" | "Fight with own self and the world" |
| "I've had a pale smile before. I'm still pale. I want to die. Let the rose rot" | "I need water like a desert. Because I am like a dead person in need of the vaccine of salvation" |
| "I was a pale rose, a rotten rose after HIV" | "I compare HIV to cancer. Like cancer, it has no cure" |
| "First I was like a horse running like the wind. Now I'm slow and fragile like a turtle" | "To be a HIV-positive is to be on the edge of abyss. It is the feeling of emptiness. HIV means poison" |
| "I used to be a radiant fairy without make-up. Now look like a ghost even with make-up" | "It looks like an hourglass counting down. When the sand runs out, life will end" |
| "Before I was innocent, now I am a whore. I am trans and disgusting" | "Being HIV means having a dirty house. However, the house you take shelter must be clean. If it is dirty, it means there are cracks" |

Although the participants' strategies for coping with their problems were actually shown as a whole, they were presented in a table as rational and psychological factors on the basis of analytical dualism (Table 4).

Culturally and sociologically, the following findings were obtained from the participants, all of whom came from Islamic capital society and tried to survive in Turkey. They were asked to describe themselves and HIV with metaphors (Table 5).

## Discussion

In general, intersectionality of race, class, and gender emerge from many studies [8, 12, 13]. According to Crenshaw, in the US, non-white persons have a very low chance of being educated in good schools, and are therefore condemned to poverty. However, sexual orientation must also be taken into account in the analysis. Many PLHIV, such the participants of the current study, who are labeled because of their sexual orientation, are marginalized in society, excluded (also from their families), and do not disclose both their sexual orientation and illness. Not only are they isolated from society in many areas, especially in the need for healthcare, but also in education and professional life; they also lose their health because they cannot receive treatment. Furthermore, since their immune system is weakened, they become infected with other infections and their quality of life decreases. Unfortunately, homophobia is inherent in official state policies in some countries, including Turkey [13]. This physical and emotional discrimination has also been shown in intersectional studies in European countries, such as Germany, Portugal, and England [14].

Since all the participants of the present study were Muslims, they ought to fulfill the required conditions of their own religious/cultural capital [15, 16]. According to the Sharia, there are five basic purposes of life [6], including faith, protection of the body, offspring, property, and mind. On the other hand, three of these rules, which can be called human rights (body, offspring, and mind) are also conditions for health. Faith actually means praying for health. In addition, eating well, consuming clean things, dressing, sheltering, and marrying means living a healthy life in a broad sense. Taking good care of our bodies is a body right, and therefore a human right. Moreover, believing and worshiping God for well-being is encouraged, and being spiritually, physically, and socially well means being healthy. But, unfortunately, our participants cannot take good care of their bodies. They are satisfied with just cleaning and worshiping.

However, according to Islam, believers are obliged to protect their health. Since cleanliness comes first in health, there is a rule that the way to God is through cleanliness. Ablution, washing, and showering are all done for health. Fine details, such as trimming the hair and mustache, underarms, or groin, cutting the nails, being circumcised, washing up to the toes during ablution, washing after sexual intercourse, cleaning mouth and teeth, mouth washing during fasting, thoroughly washing the eyes, ears, and nose during ablution, are always important. It is often ordered to protect health [6].

The rule of not harming ones self's body and others is constantly mentioned in the hadiths. There is even a ban on alcohol (wine) to protect the body [6]. However, our participants torture their bodies by consuming alcohol and drugs. They also have bad habits, such as cutting their veins with a razor to commit suicide, or skipping their medications.

In our opinion, the experiences of immigrant LGBT+ people in Turkey and the metaphors they used in the study are very unique. In consequence, as understood from interviews conducted by Sonja Mackenzi, African Americans with HIV/AIDS are actually in a very difficult situation, along with racism, stigma, and poverty [14]. While African Americans generally cannot benefit from health services, they are exposed to layers of stigma and discrimination because of their positive HIV/AIDS status. When their families do not want them, they try to hold on to life in solidarity with gay friends. As Susan Sontag [17] and Cindy Patton [18] meticulously underlined, cultural factors play an extremely important role in the fight against HIV/AIDS [19].

It is valuable to conduct linguistic analysis through metaphors commonly used in societies [16], and to reveal the evolution of a rhetorical discourse regarding AIDS. Websites containing public health posters and other documents in the National Library of Medicine in the US, where visual culture about AIDS is displayed, also provide necessary information on this subject.

It should not be forgotten that religious beliefs have contributed to the spread of HIV/AIDS in the early years. As stated by Leslie, there are two factors in this regard [15]. The first is that some religions perceive this disease as a divine punishment for the sins committed by humankind. The second factor is that some religions are against the use of condoms in Africa, Indonesia, and Vietnam. Therefore, it should be noted that the so-called ABC (Abstinence, Be faithful, Use Condom) policy was initiated by the PEPFAR (President's Emergency Plan for Aids Relief). Furthermore, despite the introduction of ARV (antiviral) drugs, HIV/AIDS has negatively affected the immune system of individuals, causing an emergence of new types of infections, and thus making it necessary to fight against them. That is why in Africa, where HIV/AIDS is most common, both Christian and Muslim communities fight together by providing faith-based responses.

## Future research

For more intersectionality, further studies comparing both local Turkish and non-Muslim people living with HIV to better understand the related stigma are recommended.

## Limitations

There have been many cases of forced migration to Turkey in recent years, especially after the civil war in Syria. It was not possible for so many immigrants to be accepted by the locals both socially and economically in a very short time, and for them to adapt. Due to the extreme reaction of conservative groups toward LGBT+ people in Turkey, the life of LGBT+

immigrants has become even more difficult, and they have been forced to not disclose their identities in any way. For this reason, the research was carried out with great difficulty, strongly ensuring the participants' anonymity. The fact that even ten transgender and sex worker immigrants with HIV agreed to be interviewed is no longer a limitation due to the unique content of the research. In this context, the main limitation of the study is that the findings are not compared with Turkish LGBT+ people who are HIV-positive. However, it should be noted that they live in very different realms, and higher classes require detailed analysis that could not be included within the scope of this article.

## Conclusions

In Islam, being healthy means taking precautions to avoid dying. It is believed that God gives diseases to test his servants. It also supports the use of medicines, such as antiretroviral therapy for health. For example, significant progress has been made in Nigeria with the support of Muslim leaders [20]. Turkey is located on a risky fault line between Asia and Africa. Although many HIV and AIDS studies have been conducted and revealed problems of the local and immigrant population, they are not sufficient [21-24]. As it is known, many statuses, especially on immigrant individuals, carry the intersectionality of more than one identity [25]. Therefore, being a woman/man resident as well as woman/man immigrant is related to socio-economic factors, including class, racial and ethnic differences, and sexual orientation as well as HIV-positive characteristics, such as gender, which all affect the discrimination faced by individuals. Therefore, it is of great importance to sociologically reveal factors reflecting identities as advantages or disadvantages. In this study, for the first time, HIV experiences of immigrant LGBT+ sex workers were examined intersectionally. Moreover, while Berger *et al.*'s [9] scale is limited in attitudes and behaviors of healthcare personnel regarding HIV patients, this study contributes to the literature by examining those directly exposed to abuse.

## Disclosures

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2. Assistance with the article: The authors wish to express their deep appreciation to all individuals for participation in the study.
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