Empowered lives.
Resilient nations.

Health Action Information Network
With Support from United Nations
Development Programme

February 2013

Disclaimer:

The information contained in this report is drawn from multiple sources including key informant interviews, focus group discussion and extensive literature review. The views expressed in this publication are those of the authors and do not necessarily represent those of the United Nations Development Programme.

Health Action Information Network, 2011
26 Sampaguita Avenue
Mapayapa Village
1127 Quezon City
Philippines
Tel. (+632) 952.6312
Fax. (+632) 952.6409
Email: hain@hain.org
Website: www.hain.org

ISBN - 978-971-8508-37-4

HAIN would like to acknowledge the following, who have helped in preparing this publication:

- Dr. Michael L. Tan, Joyce P. Valbuena, Elma P. Laguna, Ross Mayor, and Ma. Katrina H. Bacani.
- United Nation Development Programme and Local Government Academy - Department of Interior and Local Government.
- Design and Style: Janis Dei O. Abad
- Editing Credits: Dr. Michael L. Tan, Noemi D. Bayoneta-Leis

Usapang Bakla

Assessing the Risks and Vulnerabilities
of Filipino Men who Have Sex with Men (MSM)
and Transgender (TG) People in Three Cities

Empowered lives.
Resilient nations.

February 2013

Table of Contents

Acronyms 4

Acknowledgements 5

Executive Summary 6

Background 12

Review of literature 13
- I. The "MSM" Quandary and the Local TG Discourse
- II. Quantifying HIV Risk of MSM and TG People
- III. The Context of Filipino MSM and TG

Objectives and Analytical Framework 17

Method 18

Results and Discussion 21
- I. Identified MSM subgroups and subpopulations
- II. Knowledge on HIV and AIDS
- III. Perception of Risk to HIV and AIDS
- IV. Risk Behaviors
- V. Specific Risks to Men Who Engage in Sex Work

Conclusions 70

Recommendations 71

Policy 71

Programs and Strategies 72

References 74

List of Tables and Figures

Table 1:
MSM subgroups and their corresponding characteristics.....21

Table 2:
Description of the different types of male sex workers 30

Table 3:
Percent distribution of MSM respondents who know HIV and AIDS.....33

Table 4:
Percent distribution of MSM responents
by perfect and imperfect knowledge on HIV.....34

Table 5:
Percent of MSM respondens with perfect
and imperfect knowledge on HIV by background characteristics 35

Table 6:
Percent of MSM respndents by sources of information on HIV and AIDS 35

Table 7:
Percent distribution of MSM respondents
who know of a PLHIV and have ever been tested for HIV.....36

Table 8:
Percent distribution of MSM respondents
who feel that they are at risk and the reasons
why they are at risk of HIV infection 37

Table 9:
Group sex behavior 42

Table 10:
Percent of MSM respondents who ever expereinced group sex
and who used condom in all group sex, by background characteristics 43

Table 11:
Percent distribution of MSM respondents who know means of prevention.....47

Table 12:
Percent distribtution of MSM respondents
who did not use condom during their last anal sex
with non-paying male sex partner, by age.....48

List of Figures

Figure 1:
Analytical Framework.....17

Figure 2:
Spectrum of Filipino MSM and TG Identities.....23

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AMTP	AIDS Medium Term Plan
BCC	Behavior change communication
FGD	focus group discussion
HAIN	Health Action Information Network
HIV	Human Immunodeficiency Virus
IDU	injecting drugs user (also, PWID)
IEC	information, education and communication
IHBSS	Integrated HIV Behavioral Serologic Surveillance
KAP	key at-risk population (also, MARP)
MARP	most-at-risk populations (also, KAP)
MSM	men who sex with men
NEC-DOH	National Epidemiology Center-Department of Health
NGO	nongovernment organization
OFW	overseas Filipino worker
PLHIV	people living with HIV
PWID	people who inject drugs (also, IDU)
RTD	round table discussion
STI	sexually transmitted infection
TG	transgender
UNDP	United Nations Development Programme
VCT	voluntary counseling and testing
VP	vulnerable populations

Acknowledgements

TECHNICAL WORKING GROUP

Dr. Genesis Samonte National Epidemiology Center, Department of Health	**Dr. Ferchito Avelino** Philippine National AIDS Council Secretariat
Ms. Teresita Marie Bagasao Country Director, UNAIDS	**Dr. Edelina dela Paz** Executive Director, Health Action Information Network
Mr. Zimmbodilion Mosende UNAIDS	**Dr. Madeline Salva** World Health Organization
Mr. Anastacio Montero-Marasigan TLF-SHARE Collective	**Dr. Michael L. Tan** Dean, College of Social Sciences and Philosophy, University of the Philippines, Diliman
Mr. Edu Razon Pinoy Plus Assocation	**Mr. Philip Castro** United Nations Development Programme

RESEARCH TEAM

CEBU CITY	METRO MANILA
Dr. Elmira Judy Aguilar, PhD *	**Mr. Mikael N. Navarro**
Mr. Bernabe Nieves	**Mr. Jeffry P. Acaba**
Ms. Fiscalina Nolasco	**Mr. John Vincent Aveño**
Mr. Roxanne Omega-Doron	**Ms. Noemi Bayoneta-Leis**
Mr. Richard Ruelan	**Mr. Renier Bona**
	Mr. Ulysses Borres
DAVAO CITY	**Mr. Glenn Cruz**
Mr. Jeff Ysulat Fuentes *	**Mr. Gerald Jandusay**
Mr. Eddie Batoon	**Mr. Anastacio Montero-Marasigan**
Atty. Romeo T. Cabarde, Jr.	**Mr. Marcelino Oculto**
Mr. Val Clamonte	**Mr. Manuel Yoro**
Ms. Gen de Castro	
Dr. Anne Shangri-la Y. Fuentes, PhD	

** Local Research Coordinator*

Valuable comments on the draft were provided by Dr. Michael L. Tan, Ms. Noemi Bayoneta-Leis, Mr. Philip Castro, Ms. Nalyn Siripong, Mr. Shivananda Khan, Mr. Paul Causey, Mr. Dede Oetomo, Mr. William Wells, and Mr. Edmund Settle.

Ms. Noemi Bayoneta-Leis, Ms. Olyn Canolo, the rest of the HAIN staff, and Ms. Fe Cabral of the UNDP Philippine Country Office were truly helpful in handling the administrative concerns throughout the conduct of the study.

The participants of the 1st Visayas and Mindanao MSM and TG Regional Conference on HIV provided initial feedback on earlier versions of the report.

Finally, the study would not have been possible had it not been for all the respondents who participated.

Executive Summary

Finding a solution is not a simple matter because of the subjectivity of male-to-male sexual encounters, which can be said to be as different as the number of those who are involved in it. Thus, exploring beliefs, motivations and feelings of those involved in male-to-male sex is important, as these may influence these very practices.

BACKGROUND

The surge in the number of HIV cases in the Philippines in 2007 was notable because it coincided with the spike in new cases of HIV infection among men who have sex with men (MSM) and transgender (TG) persons[1]. Data from the 2009 Integrated HIV Behavioral and Serologic Surveillance (IHBSS) corroborates this since there has been a four-fold increase in HIV prevalence among MSM from 0.30% in 2007 to 1.05% in 2009.

This comes as no surprise, considering that the same study highlights how the knowledge on HIV remains low as MSM continue to engage in risky sexual behaviors. In fact, 60.2% of MSM claim to have had multiple partnerships in the past month, and only 30.5% report using a condom during their last anal sex. Also, HIV programs targeting MSM and TG persons have been inadequate to address these gaps, with only 19% of them reached by these efforts.

Finding a solution is not a simple matter, however, because of the subjectivity of male-to-male sexual encounters, which can be said to be as different as the number of those who are involved in it. Thus, exploring beliefs, motivations and feelings of those involved in male-to-male sex is important, as these may influence these very practices. Indeed, to address the epidemic among populations, the Commission on AIDS Report underscores the need "to focus on the social context in which risk and vulnerability occur and to include the 'subjective needs' of the target audience (i.e. not only focus on HIV but also in other needs the population may express)." It is in response to this that the Health Action Information Network (HAIN), with support from the United Nations Development Programme (UNDP), has undertakenthis research to generate information that looks beyond mere numbers. Instead, this study attempts to understand the epidemic alongside the lived experience of MSM and TG persons.

Particularly, this study aims to identify the different MSM and TG subgroups and subpopulations, and determine their varying risks and vulnerabilities. Moreover, the research attempts to probe into and explore exposure and access to the different components of the initially drawn comprehensive HIV intervention and prevention packages (e.g. access to and use of condoms and lubricants, HIV counseling and testing, behavior change communication, peer education) for the MSM and TG populations. Finally, the study also offers recommendations, which may serve as inputs to the 5th AIDS Medium Term Plan and other policies to be drafted, concerning the said populations.

METHOD

Building on previous studies in developing the research design and instruments, this qualitative study used round table discussions (RTDs), focus group discussions (FGDs) and in-depth interviews to determine the different risks and vulnerabilities of MSM and TG persons to HIV in three key areas: Metro Manila, Cebu City and Davao City.

As a preliminary step, RTD was conducted among program implementers of HIV interventions for MSM and TG people. This informed the development of the FGD guide and in-depth interview questionnaire used in all three sites. A total of 18 FGDs and 28 in-depth interviews were held among MSM from different age groups and socioeconomic classes, including special MSM categories that may have different experiences from others (i.e. male sex workers, MSM from more conservative religious groups, and MSM who are living with HIV). Some site-specific FGDs, such as those for TG people in Metro Manila, people who inject drugs, and *nelatch* (young male sex workers) in Cebu City were also conducted.

Steps were taken to ensure the ethical and consistent conduct of the research across sites, and to stress the participatory nature of the study. Crucial to this was the training of core members of the research team, undertaken to critique and pre-test the draft of the instrument. Each process was documented, with the major themes drawn from the data gathered for the eventual analysis. Following the data gathering process in the three sites and the writing of the initial draft of the research report, the different local teams were again convened for a participatory analysis of the data.

KEY FINDINGS

The stigma and discrimination faced by gender variant males in all levels of society introduce health and social risksfor Filipino MSM and TG persons. Opportunities are missed on the basis of their being *bakla*, and they

[1] *Note that currently, no disaggregated data for TG people—both in the AIDS Registry, as well as in the Integrated HIV Behavioral and Serologic Surveillance (IHBSS)—are available.*

constantly encounter various forms of violence. That no protective legislation or policy exists adds another layer to the challenges faced by Filipino MSM and *TG* persons. This is the overarching context of the HIV situation among MSM and TG in the Philippines.

MSM AND TG SUBGROUPS. The results of this study indicate that MSM as a category is heterogeneous—far from the monolithic construction pervasive in mainstream thinking. Echoing previous studies [2,3], the understanding of identities is generally based on one's gender role expression (i.e. feminine vs. masculine). On one end of a spectrum is the *pa-girl* or effeminate *bakla*, while on the other end is the masculine, straight-identifying MSM. In between are the "discreet" MSM, who are generally less comfortable appearing feminine in public. Meanwhile, TG has become more pronounced as a separate category from MSM in recent years, with the insistence of those who self-identify as TGs that their sex at birth must not be equated with their gender identity.

A simplistic and static view of the MSM betrays the complexity of identities found by this study, since the categories elicited are found to be fluid and are influenced by a host of factors. It is worth noting, nonetheless, that while the participants report shifting from one identity to another, largely dependent on the contexts they find themselves in, being perceived as masculine still is, in general, privileged. Thus, discreet MSM often tend to self-identify as *bakla* or gay only in the company of friends. Three reasons are cited by the participants for this, i.e.: (1) less feminine MSM are less stigmatized and discriminated, (2) more masculine MSM are more desirable and marketable, and (3) a discreet to discreet relationship is more egalitarian.

Preferences for certain labels also mirror socioeconomic hierarchies [4] (Tan, 1996). "*Gay*", for instance, is perceived to be more respectable over "*bakla*", since the latter connotes being a "*parlorista*", which, in turn, is often associated with those coming from the lower economic stratum.

To further complicate matters, "TG" as a category is questioned even by those who seem to fit the definition. Particularly in areas outside Metro Manila, there are disagreements on what the category really means. For instance, whether being TG necessitates the complete rejection of one's manhood has been raised. Without any intention to discredit groups that forward TG rights and concerns and the significant gains they have made in the past 10 years, investigating people's understanding of transgenderism in the Filipino context is still needed. Such efforts will not only guide *TG*-specific HIV-related interventions, but will also deal with other TG-related issues (e.g. TG rights, among others).

PERCEIVED RISK TO HIV AND AIDS. Antagonisms among the different MSM subgroups, largely fueled by the stigmatization of the *bakla*, create a dichotomy between the "decent" and "proper" MSM vs. the flamboyant and lewd *bakla*. One needs to note the subtle interplay of class and sexuality here, with decency and propriety often claimed by the economically better-off MSM. The more discreet MSM are critical of the more feminine MSM and TG people, while the latter reciprocates this with a negative stereotype of the former as insatiable sexual creatures without regard for safer sex. In the end, the groups hold on to the belief that the other engages in more unacceptable behaviors and unsafe practices. This results in the idea that while the threat of HIV is perceived to be real for most respondents (as in the 2009 IHBSS, where 60% report that they feel at-risk to HIV infection because of their unsafe sexual behaviors), the perception remains somewhat detached to their lived experience, as they see it more as a concern of another group and not of themselves. Indeed, such a mindset does not encourage access to services such as testing and the like.

Changing this perception of risk is largely influenced by information on HIV. While the 2009 IHBSS indicates that HIV and AIDS awareness remains high (77.9% for HIV and 89.7% for AIDS), slightly less than two-thirds of its respondents still have misconceptions regarding HIV and AIDS, just as the access to HIV testing also remains very low. Consistent with the IHBSS, results of the FGDs and the interviews indicate that misconceptions remain rampant. Anal douching, for instance, is viewed as an effective prevention strategy by participants of this study. Moreover, a low-income participant cites a commercially available pregnancy kit as capable of detecting sexually transmitted infections (STIs). These illustrate how MSM from lower socioecomic strata are more at a disadvantage in terms of having the means to access much-needed information. The situation is not at all helped by the sensationalistic media reports and faulty representations shown by mainstream movies that discuss HIV, which unfortunately serve as the most salient sources of information on HIV for most MSM.

An additional constraint to changing this perception of HIV as a distant phenomenon is that some MSM subgroups (i.e. discreet MSM) are more invisible than others given their discomfort with general MSM-targeted interventions, which lump them together with the *bakla*. More than increasing coverage therefore, the crafting of messages that are conscious of the intended audiences is necessary.

This problem of perception forms the first layer of the series of challenges to be faced in understanding the HIV situation among MSM and TG persons. As we see in the following sections, how MSM and TG persons decide on the kinds of sexual practices they engage in, and how they make sense of the various aspects of their sexual partnerships introduce more insights into how programs and messages may be designed. Indeed, both the results of the 2009 IHBSS and the findings of the FGDs and interviews conducted for this study show that the propensity to engage in unprotected sex is not always determined by the masculinity-femininity spectrum described above.

PREFERRED SEXUAL POSITIONS. The pervasive notion that gender role expression is indicative of one's preferred sexual position (i.e. masculine as inserter/penetrator and feminine as

[2] *Tan, M. & Castro, P. (2000).* In the Shadows: Men who have Sex with Men. *Quezon: Health Action Information Network.*
[3,4] *Tan, M. (1996).* From bakla to gay: Shifting gender identities and sexual behaviors in the Philippines. *Bisexualities and AIDS: International Perspectives. ed. Peter Aggleton. UK: Taylor and Francis, 207-225.*

Despite the existence of a national policy that protects PLHIV from discrimination, they continue to be marginalized. This, coupled with the burden of being MSM in an environment where homosexuality and being gender variant is still largely stigmatized, makes coming to terms with being HIV-positive and being gay extremely difficult.

receiver) is not supported by the findings of this study. Instead, the decision is often negotiated, mediated by the sexual identity of and one's relationship with the partner. Looking at responses of TG and *bakla*-identifying respondents vis-à-vis their discreet MSM cohorts, considerations vary.

For the TG and more feminine MSM participants, sexual positions are often contingent on the type of relationship one has with the sex partner. Participants distinguish between sex in the context of committed relationships (often with straight-identifying partners that meet the macho ideal) and of a transaction (as with sex workers). When with the former, they are almost exclusively the receiver, thereby preserving the masculinity of their sex partners. When with sex workers, however, sensitivity to the other's masculinity is not a consideration; they experience no discomfort in assuming the inserter role in such cases. The assumed sexual position is thus solely dependent on one's preference for that particular moment.

On the other hand, among discreet MSM, premium is given to being more masculine than one's partner, as this serves as leverage in asserting who the inserter will be particularly in casual, non-transactional sex. In the context of committed relationships, meanwhile, these rules are more relaxed.

What is clear from these is that it is a misconception to think of sexual acts as identity-specific. "Trippers" and the more discreet MSM can thus perform oral sex, and the "*bayot*" can assume the inserter role during anal sex. To these MSM, the primary consideration remains to be the pleasure derived from the diverse sexual repertoire available to them.

MULTIPLE SEX PARTNERS AND EXPERIENCE OF GROUP SEX. While venues for sexual networking have expanded significantly with widened access to the Internet and the various online social networking sites available, cruising sites and referrals of friends remain to be the more preferred avenues to obtain sexual partners for the low-income respondents.

The results of the 2009 IHBSS indicate that slightly less than a fifth (15.9%) of all the respondents engaged in group sex at least once. While engaging in group sex introduces various risks, what is more alarming is that more than half of IHBSS respondents participate in these orgies under the influence of alcohol (56.0%) and are not in the habit of using condoms (54.5%) to keep themselves safe. Disaggregating the data by age shows no stark difference across the different age groups when it comes to engaging in group sex, though it is worth noting that more young people—with less than 5.0% in the 15-17 age bracket—engage in this high-risk behavior without protection.

In discussing their sexual encounters, FGD and interview participants posit that central to their behavior is the perceived need for pleasure, and the essentialized notion that gay men naturally have a propensity for multiple sexual encounters.

The effects of being in a macho culture can be said to be evident in the perceived insatiability of their sex drive (deemed a very masculine trait), their partnership selection patterns, and the meanings associated with frequent sex and having multiple sexual partners. It appears that they view sex as a conquest, and as with all conquests, frequency of sex and number of sex partners for most of the respondents—regardless of sexual role preference—are perceived as gauges of their worth. Sex defines majority of the study's respondents and even validated their worth.

Related to this issue is the belief that having meaningful relationships is not viable for MSM and TG. While a significant number of respondents find fulfillment in no-strings-attached sexual relations, an equally significant number articulate their desire for a lasting and meaningful relationship. However, most of them doubt the feasibility and viability of a monogamous relationship. Thus, for many, this is a factor that influences the decision to engage in casual sex relations with multiple sex partners.

CONDOM USE AND LUBRICANTS. The participants recognize the importance of using condoms to reduce their risk to HIV—a finding consistent with the results of the 2009 IHBSS. However, also consistent with the findings of the aforementioned study, condom use remains very low across the different age groups and MSM subgroups. None of the gender role expressions (*pa-mhin*/*maya* vs. *pa-girl*), age or socioeconomic status has been found to determine engagement in protected anal sex.

Both anal inserters and receivers define pleasure in terms that necessitate non-condom use. Anal inserters cite loss of sensation, while anal receivers construe getting "wet inside" and the skin-to-skin contact as important elements of their sexual satisfaction. The idea of conquest is key here—to experience someone without condoms is to experience him "in his totality," devoid of any barrier. Meanwhile, for those in committed relationships, bringing up the idea of condom use appears to be difficult as it is seen as an accusation of infidelity.

While access to condoms is not particularly an issue for the respondents of the study, mainly because of its commercial availability, certain MSM establishments are said to make it more difficult for MSM to use condoms. Condoms are usually not available in massage parlors and are often very expensive in bathhouses. The presence of condoms in some establishments has also been used as evidence for sex work in raids conducted by police, thereby derailing already limited prevention efforts in these venues.

Worth pinpointing are the minors who engage in sex work, such as the *nelatch*, *ilogon* and service boys, who may have compounded risks for HIV infection given their minimal access to safer sex information and sex-related commodities. Sex workers in dire need of money opted not to buy condoms even if it meant that they put themselves at higher risk of getting STIs.

ACCESS TO SERVICES. Filipinos are not known for having good health-seeking behaviors, seeking professional treatment only in grave and serious instances. In the case of HIV voluntary counseling and testing (VCT), this challenge is compounded by the lack of awareness about facilities that provide the said service, the cost of testing, and the very process involved in the test. The participants are uninformed particularly about the legally required pre- and post-test counseling, which when delivered in a manner affirming to the diverse MSM and TG subgroups, may assuage apprehensions related to the test.

In cases where participants are aware of service delivery facilities, such as the Social Hygiene Clinics (SHCs), they perceive these as catering mainly to sex workers. More importantly, though, they are concerned that they will be discriminated against in these facilities for engaging in male-to-male sex (or being gay or *bakla*, for that matter). Discrimination here takes many forms: from the obvious disapproving statements about their "chosen lifestyle" ("Have you ever considered that you were not created for that?") to the subtler judging expressed through body language. In some instances, the seeming lack of empathy is apparent in the inability of the service providers to be conscious of the sensitivities of MSM and TG clients. Often, such behaviors of service providers are influenced by sex-negative, religious beliefs that prejudice against male-to-male sex, such as in the case of a religious image posted at the back of a testing room door, "as if in a judging stare," as one participant said.

The perceived lack of confidentiality is also cited as a major consideration in deciding not to undergo testing. The participants in this study express doubts as to whether health care providers can keep their sexual orientation confidential. This lack of assurance on the part of the health care system forces some to seek testing elsewhere for those with the means to do so; or for those without, foregoing testing altogether is the most viable option. This finding stresses the need to properly implement the protocols that aim to protect confidentiality as mandated by Republic Act 8504 (otherwise known as the Philippine AIDS Prevention ACT of 1998, or the AIDS Law) to effectively increase client uptake among MSM and TG persons.

The low testing rates may similarly be linked to the notions people have of how it is to be HIV-positive and of people living with HIV (PLHIV), as these can further fan fear of the prospect of finding out that one is already HIV-positive. HIV still conjures images of sickly, bedridden, and unproductive individuals, consistent with the idea of the condition as a death sentence.

Despite the existence of a national policy that protects PLHIV from discrimination, they continue to be marginalized. This, coupled with the burden of being MSM in an environment where homosexuality and being gender variant is still largely stigmatized, makes coming to terms with being HIV-positive and being gay extremely difficult. For the participants of this study, this proves to be a major hindrance to accessing services.

RECOMMENDATIONS

POLICY

1. **Pass anti-discrimination law and ordinances that address violence against MSM and TG; and**

2. **Review gender policies and ensure that these are responsive to other gender identities and sexual orientations**

   In light of increased sexual risk-taking as a function of stigma and discrimination, there ought to be recognition that part of ensuring effective HIV prevention among MSM and TG persons is the establishment of more accepting safe spaces for them. It is imperative, therefore, to enact legislation that will protect MSM, TG persons, and other marginalized groups based on their gender identity and sexual orientation. Also, existing policies and laws (e.g. Anti-vagrancy Law, Anti-trafficking Law) that are used against MSM and TG persons need to be reviewed and amended as needed.

3. **De-stigmatize HIV and sex education (acknowledge and discuss male-to-male sex and the need for condoms and lubricants)**

   The results of the study show that the demographic of people contracting HIV is shifting to a younger age group, highlighting the urgency of reviewing HIV and sex education being given in schools that highly stigmatizes sex — particularly male-to-male sex — either with its continued bio-medicalization of the matter or its silence on it altogether. In having a more sex-positive HIV curriculum, young MSM may be equipped with the necessary life skills to make more informed decisions pertaining to their sexuality (e.g. be able to decide on delaying their sexual debut, condom and lubricant use).

Much has been achieved by peer education in terms of raising awareness on HIV and AIDS among MSM and TG persons based on the experiences of this study's low-income respondents. It may prove beneficial, however, to scale-up the coverage of peer education for MSM by establishing functional coordinating bodies and identifying additional local champions to support and implement such activities.

4. **Create policy statement on condom use, and needle and syringe exchange**

   To encourage MSM and TG persons to use condoms goes beyond making the said safer sex commodities commercially available. Venues where MSM and TG persons have sex fail to facilitate and sometimes even hinder condom use. Proof of this are documented reports of condom use or even mere possession of such being employed as evidence for criminal offenses. A policy statement on the important role condoms play in any HIV prevention intervention is thus necessary not only to bolster efforts to address the HIV epidemic among MSM and TG persons, but also to protect these populations as well as program implementers from abusive authorities.

   Meanwhile, the conflicting provisions between the AIDS Law, which supports HIV prevention strategies, and Republic Act 9165 or the Comprehensive Dangerous Drugs Act, which states that the possession and distribution of needles and syringes even in the context of HIV prevention is illegal, need to be harmonized in order to address the multiple risks faced by MSM and TG who inject drugs.

5. **Revisit policies on child abuse in consultation with MSM and TG groups**

   Young MSM and TG persons are particularly at-risk largely because of the notions of what is acceptable behavior among MSM from those who belong to older age groups, which contributes in part to this vulnerability. As such, what is needed is a dialogue with the community members to clarify this and to attempt to arrive at a consensus.

PROGRAMS AND STRATEGIES

1. **Address antagonisms within and across MSM subgroups—first by sensitizing program implementers themselves of the ill-effects of their own biases**

   Antagonisms within and across MSM subgroups run deep. And given how program implementers—particularly in local communities—are often bakla themselves, these antagonisms inevitably get in the way of service delivery. Therefore, sensitization to their biases may benefit program implementers by widening the scope of the programs they offer by including groups previously excluded from coverage, thereby improving the quality of service provision.

2. **Develop core messages that are sex positive, rights-based, age-appropriate and culture-sensitive; and that incorporate human rights concepts**

3. **Translate messages to a language that the different subpopulations can understand**

   The results of the study indicate gaps not only in MSM and TG persons' knowledge, but also in how they perceive themselves — i.e. their bodies, their sexuality — that have repercussions in HIV prevention efforts. For messages to be effective, these should be taken into account, articulated in ways understandable to the different MSM and TG subgroups.

4. **Explore and review use of technologies to reach out to the diverse MSM subgroups and subpopulations**

   With the expansion of sexual networks facilitated by new technologies, strategies must take into consideration the various

sexual networking patterns of the different subgroups. Also, the invisibility of young MSM professionals in the middle- and high-income brackets, often without access to appropriate services and messages, indicates the urgency of determining platforms to reach the said group. Based on the findings of the study, the following are recommended:

- Low-income (through scaled-up community-based efforts and mobile phone technologies),
- Middle-income 18-24 through schools and the Internet
- Middle-income 25-39 through the workplace and the Internet

5. **Scale-up coverage of outreach, as well as peer education and leadership programs among community-based organizations**

   Much has been achieved by peer education in terms of raising awareness on HIV and AIDS among MSM and TG persons based on the experiences of this study's low-income respondents. It may prove beneficial, however, to scale-up the coverage of peer education for MSM by establishing functional coordinating bodies and identifying additional local champions to support and implement such activities. Improving the quality of the services offered should also be addressed.

6. **Popularize VCT with awareness of the factors affecting the low testing ratesto ensure the availability of quality MSM-friendly services**

   Knowledge gaps (e.g. erroneous information on the symptoms of HIV, awareness of health facilities providing VCT), and fear and denial (fueled by the perception of HIV as a death sentence) are but some of the factors identified by the study to explain low HIV testing rates. Campaigns that aim to increase testing need to address these.

   At the same time, the health sector must ensure the quality of services being offered, given the finding that MSM and TG participants in this study are generally wary that they will be mistreated (i.e. that they may be discriminated against, and their confidentiality will not be ensured) in health facilities. Possible initial steps to deal with this include developinga list of indicators to determine quality service for MSM and TGs, and coming up of a list of MSM- and PLHIV-friendly clinics and practitioners.

7. **Capacitate paralegals and human rights advocates on the ground to document and facilitate redress for gender-based violence among MSM and TG persons**

   The experience of violence was identified as a common thread in the stories of MSM and TG persons of this study. As such, an improved system/mechanism of documentation and redress needs to be set up.

8. **For programs specific to PLHIV:**

- Address issues about sustainability of and adherence to socialized antiretroviral therapy (ART)
- Enhance health monitoring in treatment hubs to make them go beyond CD4 count (i.e. psychosocial support and counseling)

   An urgent concern for the PHIV community is the sustainability of treatment, similarly encountered by a lot of MSM living with HIV.

   Worth highlighting is the need for a more holistic approach to HIV treatment that includes psychosocial assistance to also address issues of acceptance and coping needs of MSM infected and/or affected by HIV.

9. **Specific to local health providers:**

- Incorporate a framework that takes into account Filipino MSM realities, such as in the development of curriculum of educational institutions for the medical and allied professions
- Establish a functional referral mechanism for prevention, treatment, care and support services (i.e. come up with a list of MSM- and PLHIV-friendly practitioners)

   Related to ensuring MSM and TG-friendly services, future health providers should be taught early to go beyond the current biomedical frame of looking at HIV as taught in schools. Understanding key sexuality concepts will make them more equipped to provide services to MSM and TG persons.

   For current health practitioners to be able to provide quality services, a functional referral mechanism will be very useful in providing a more comprehensive package of services not limited to medical treatment but incorporating other needs identifiedby this study (e.g. psychosocial, legal, etc.)

Background

This study aims to identify the different MSM and TG subgroups and subpopulations, and determine their varying risks and vulnerabilities to HIV infection. Furthermore, the research attempts to explore the exposure and access of MSM and TG populations to the different components of the existing HIV intervention packages.

The 4th AIDS Medium Term Plan (AMTP4) specifically identifies men who have sex with men (MSM) as one of the most-at-risk-populations (MARPs) in the Philippines. Estimated to number approximately 669,323 as of 2007 [5], MSM populations in priority sites in the country have been targeted in a number of HIV prevention interventions. In spite of this, the 2009 Integrated HIV Behavioral and Serologic Surveillance (IHBSS) results show that prevention programs have reached only 19% of MSM, and levels of HIV knowledge in fact remains extremely low at 10%. In addition, of the 20% who practice anal sex, only 32% report using condoms. Linking these data on MSM risk behaviors and program reach, it is no surprise that the country has seen an exponential increase in new HIV cases among MSM in the past four years.

The national research agenda identifies the need to undertake a baseline study on the involvement of key affected populations (KAP) (formerly, MARPs) and vulnerable populations (VPs) in policy and program development, and monitoring and evaluation [6]. The UNAIDS Action Framework, meanwhile, specifies the need to strengthen and promote evidence-informed studies on MSM, TG and HIV as a key objective, in recognition that "in many parts of the world, few reliable data exist at all [7]." Yet, data on TG people continue to be limited to a few studies, and information on TG persons continue to be absent in national HIV databases, such as the AIDS Registry and the IHBSS. Moreover, there is a dearth in studies that go beyond merely counting the frequency of sexual risk behaviors to look, instead, into the beliefs, motivations and feelings that drive these. Studies tend to focus on further profiling MSM and their practices and miss the point of individual, community and structural changes as outcomes of interventions.

To address the epidemic among KAPs, the Commission on AIDS Report underscores the need "to focus on the social context in which risk and vulnerability occur and to include the 'subjective needs' of the target audience (i.e. not only focus on HIV but also the other needs the population may express)."

It is in response to these gaps and challenges that the Health Action Information Network (HAIN), with support from the United Nations Development Programme (UNDP), has undertaken a research to generate information that looks beyond the aforementioned numbers and practices, to understand instead the narratives of MSM and TG persons, with the intention of the same guiding policies and programs intended for the KAPs. This study, thus, aims to identify the different MSM and TG subgroups and subpopulations, and determine their varying risks and vulnerabilities to HIV infection. Furthermore, the research attempts to explore the exposure and access of MSM and TG populations to the different components of the existing HIV intervention packages (e.g. access to and use of condoms and lubricants, HIV counseling and testing, behavior change communication, peer education). Finally, this study identifies key recommendations, which may serve as input to the 5th AIDS Medium Term Plan and other policies to be drafted concerning the said populations.

[5] *National Epidemiology Center-DOH. (2007).* Estimates of Adults Living with HIV in the Philippines.
[6] *Philippine National AIDS Council.* Research Agenda 2005-2010: Priorities for Research on the AIDS Situation and Response in the Philippines.
[7] *UNAIDS. (2009).* UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People.

Review of Literature

The exponential rise in HIV and AIDS cases in the Philippines among men who have sex with men (MSM) and transgender (TG) populations makes HIV research involving them urgent [8]. From January to June 2011, a total of 1,016 new HIV cases have been recorded. Nine hundred and seventy-three (973) of these cases were through sexual transmission, and eight out of 10 of them through male-to-male sex. The demographic of newly-infected individuals is getting younger, as well, with the number of cases doubling from 2009 to 2010 for those in the 15-19, 20-24, and 25-29 age groups [9].

The number of new HIV infections may already be alarming, but considering the limitations of the HIV and AIDS Registry, underreporting is actually very likely, so that the problem may be worse than recorded. In general, producing valid and reliable data on HIV and AIDS is a challenge because of the stigmatized nature of the disease brought about by (1) its incurability, (2) its infectious nature, and more importantly, (3) its predominant mode of transmission, sexual contact, which is still very much taboo [10]. This discomfort and aversion to sex is even more pronounced when it involves two men. It is thus not surprising to encounter newly-diagnosed male Filipinos unwilling to admit that they have sex with other men [11].

Yet another problem is the lack of disaggregated data that reflects the burden of HIV on TG persons to date.

I. THE "MSM" QUANDARY AND THE LOCAL TG DISCOURSE

The act of categorization and labeling particularly in the domain of gender and sexuality is problematic since there is constant tug-of-war between recognizing the diverse identities, pleasures, desires and behaviors and striving for inclusion [12]. With the constant flux of identities, the term "men who have sex with men" (MSM) attempts to transcend this dilemma by focusing not on sexual orientation or gender identity but on behaviors. In the Philippines, for instance, a significant number of MSM do not self-identify as gay [13], with many claiming to be sexually and emotionally attracted to both sexes, claiming that engaging in male-to-male sex is just for kicks ("*trip lang*") and is just for sexual gratification. That the term "MSM" is problematic and limited [14] is nonetheless conceded. However, in the context of HIV and AIDS where sexual orientation categories such as "homosexual" and "heterosexual" are not always applicable when discussing sexual behavior [15], the term will have to suffice in the absence of any better alternative.

In the Philippines, MSM as a category has been subdivided into four main groups, premised mainly on the idea of masculinity as performance. These are (1) "*parlorista bakla*" (parlor gay), (2) straight-acting *bakla* (straight-acting gay), (3) call boys, and (4) *lalake* (real man) [16]. The traditional "*parloristang bakla*" are effeminate men who may use make-up and dress in women's clothes. The "straight-acting *bakla*" are often found outside stereotyped *bakla* professions and often self-identify as bisexual even if they only have sex with men. "*Lalake*" or "straight" are men who self-identify as heterosexual (or occasionally as bisexuals) and have sex with other men without monetary or material favors [17, 18]. Meanwhile, male sex workers (also called callboys or service boys) are men who engage in male-to-male sex in exchange for money, which redefines the social givens of homosexual act since the sexual role of "servicing" is a conscious choice separate from the psychological definition of gender identity [19]. In terms

The MSM population is not a homogenous group, with its members cutting across all age groups, social classes, and religion.

[8] *Hernandez, L., & Imperial, R. (2009).* Men-who-have-sex-with-men (MSM) in the Philippines – Identities, Sexualities, and Social Mobilities: a Formative Assessment of HIV and AIDS Vulnerabilities. Acta Medica Philippina, 43 (3), 26-36.

[9] *Philippine HIV and AIDS Registry. (2011).* Newly Diagnosed HIV Cases in the Philippines. National Epidemiology Center, Department of Health. Manila: National HIV/AIDS& STI Strategic Information and Surveillance Unit.

[10] *Natividad, J., Kabamalan, M. M., Marquez, M. P., Cruz, G., Ogena, N., & Lavares, M. (2008).* The HIV/AIDS Situation in the Philippines. Philippines: Demographic Research and Development Foundation (DRDF), Inc.

[11] *Tan, M., & Castro, P. (2000).* In the Shadows: Men who have Sex with Men. Quezon City: Health Action Information Network .

[12] *Petchesky, R. P. (2009).* The language of "sexual minorities" and the politics of identity: A position paper. Reproductive Health Matters, 16 (33), 1-6.

[13] *Mortel, J. L. (2006).* Exploratory study on the behavior of men who have sex with men. Unpublished masteral thesis . Manila: University of the Philippines, Department of Behavioral Sciences.

[14] *Gosine, A. (2006).* "Race", culture, power, sex, desire, love: Writing in 'men who have sex with men'. Sexuality Matters: IDS Bulettin, 37 (5).

[15] *Tan, M. & Castro, P. (2000).* In the Shadows: Men who have Sex with Men. Quezon: Health Action Information Network.

[16, 17] *Ibid.*

[18] *Mortel, J. L. (2006).* Exploratory Study on the Behavior of Men Who Have Sex with Men. Unpublished masteral thesis . Manila:: University of the Philippines, Department of Behavioral Sciences.

[19] *Tamayo, A., & Aguirre, R. (2010).* Peddlers of the Night: a Phenomenological Inquiry of Service Boys of Tuguegarao City and Enrile, Cagayan. Paper presented at the 2010 Annual Scientific Conference of the Philippine Population Association , 3-5 February 2008 , 1-23. Mandaluyong City.

In the Philippines, sex is largely considered a taboo; it is not as openly discussed. There are, of course, attempts made towards education, though this consists of machismo-laden rites of passage locally referred to as binyag (baptism). The father or an older male relative brings an adolescent to brothels and female sex work establishments for his first sexual experience. Learning about sex, particularly among males, is learning about sexual techniques.

of gender role expression, they cut across the wide spectrum of masculinities: *lalaking-lalake* (real men), *lalake* (men), *bahid/pa-men* (straight-acting), *silahista* (bisexual), *bading/bakla* (gay), *pa-girl* (like a girl) [20].

Clearly, the MSM population is not a homogenous group, with its members cutting across all age groups, social classes, and religion [21]. In a study that explores the social and psychological dimensions of the homosexual behavior of men in heterosexual unions, most participants report having experienced male-to-male sex even prior to the heterosexual union [22]. The common reasons cited for their decision to marry include love, unexpected pregnancy, and the desire to have their own children. However, the decision to be in unions also appears to be an attempt to meet varied social pressures rather than the genuine desire to establish a family. In the Philippines, marriage and family are highly prized and valued as social institutions, so the occurrence of homosexual men marrying offers a venue to live a double standard lifestyle.

Apparent in the literature is the fluidity of MSM identities, which may have been influenced by the increasing dissociation of sex from reproduction and the loosening sexual codes and morals with modernization [23].

Compared with the MSM discourse, the discourse on transgenderism has yet to be expounded. While initial studies have been conducted, a culturally-rooted exploration of transgenderism in the Philippines has yet to be done. Initial studies have been largely framed on international discourse that take into account identification and gender role expression. The respondents of these studies have been said to exhibit high femininity and female identification [24, 25] and low or no male identification [26]. Gender expressions range from thinking as a girl, starting to dress like a girl, and acquiring a girl's name and sticking with it until adulthood. Initial studies also show that of the TG people sampled, a significant number prefer men as sexual partners (94.7%) [27]. There is, however, some level of disconnect between the researchers' construal of the participants' sexual orientation, since the participants regarded as heterosexual by the authors (81.1%) label their attraction to men as homosexual.

II. QUANTIFYING HIV RISK OF MSM AND TG PEOPLE

Numerous studies have been done to assess HIV risk among Filipino MSM and TG persons, particularly looking into the levels of HIV knowledge, and risky sexual practices, including having unprotected anal sex.

HIV knowledge. Earlier studies note that while HIV and AIDS awareness remains consistently high among respondents, knowledge is generally low to moderate, with widespread existence of myths and misconceptions on transmission and prevention, as noted among gay men in Cotabato [28] and Metro Manila [29], and among male prisoners [30]. Knowing that condoms protect against HIV has also been found not to be a predictor of actual condom use [31], consistent with findings of foreign literature [32].

Risk behaviors. The Internet and mobile phone technology may be said to have greatly empowered gay men to express their sexuality, as they use the same to access uncensored information, facilitate communication, have anonymity, and produce gay content to gratify their needs [33]. Thus, the Internet's role in increased sexual networking cannot be ignored.

It is also worth noting that sexual orientation is considered a significant factor in disparities in gateway behaviors like cigarette smoking. Young gay and bisexual Filipino men have been found to have the highest rates of ever-smoking (87.5%) and of currently smoking (71.3%) [34].

[20, 21] *Hernandez, L., & Imperial, R. (2009).* Men-who-have-sex-with-men (MSM) in the Philippines – Identities, Sexualities, and Social Mobilities: a Formative Assessment of HIV and AIDS Vulnerabilities. Acta Medica Philippina, 43 (3), 26-36.

[22, 26] *Ibid.*

[23] *Miralao, V. (2004).* Changing Sexual Identities in the Philippines. Philippine Population Review, 3 (1), 79-92.

[24] *Winter, S., Rogando-Sasot, S., & King, M. (2007).* Transgendered Women of th Philippines. International Journal of Transgenderism, 10 (2), 79-90.

[25] *Alegre, B. (2006).* Psychological Perspectives and Development of the Transsexual Woman: a Phenomenological Case Study on Male to Female Transsexuals. Unpublished masteral thesis . Manila: University of Santo Tomas, Graduate School.

[27] *Winter, S., Rogando-Sasot, S., & King, M. (2007).* Transgendered Women of th Philippines. International Journal of Transgenderism, 10 (2), 79-90.

[28] *Castro, P. (2003).* Condom Use and Its Related Factors: the Practice among Young Homosexual Males in Selected Urban Poor Communities in Cotabato City. Unpublished masteral thesis . Manila: De La Salle University, Faculty of Health Social Sciences.

[29] *Trinidad, R. L. (2005).* Sexual and protective practices among self-identified homosexual men in Metro Manila: a comparison of two disparate income groups. Unpublished masteral thesis . Manila: De La Salle University, Faculty of Health Social Sciences.

[30] *Concepcion, A. A. (2000).* Knowledge level and the HIV/AIDS related risk behaviors of the male prisoners in Davao City Jail. Unpublished masteral thesis . Manila: De La Salle University, Behavioral Science Department.

[31] *Manalastas, E. J. (2009).* Filipino men's efficacy beliefs about acquiring condoms. Philippine Population Review, 8 (1), 61-72.

[32] *Marks, D.F., Murray M., Evans, B., Willig, C., & Sykes, C.M. (2005).* Health psychology: Theory, research and practice (2nd ed.) London: Sage.

[33] *Austria, F. (2006).* Gay Voices Online: Understanding Internet Usage. Unpublished masteral thesis . Quezon City: University of the Philippines-Diliman, College of Mass Communication.

[34] *Manalastas, E. (2010).* Cigarette Smoking among Lesbians, Gay, and Bisexual Filipino Youth. Paper presented at the 2010 Annual Scientific Conference of the Philippine Population Association , 3-5 February 2008 . Mandaluyong City.

An industry that has been the focus of recent studies is the business process outsourcing (BPO), particularly the call centers in Manila and Cebu. While young workers, in general, engage in high levels of sexual risk behaviors, this is significantly more so among BPO/call center respondents [35]. In fact, call center respondents have been found to have higher exposure to casual sex, non-romantic regular sex, sex with multiple partners, sex with the same sex, commercial sex, unprotected sex, early sex, and premarital sex. Males working in call centers also report higher prevalence of having male-to-male sex in the past 12 months, and higher average number of partners than their non-call center cohorts.

In general, risk behaviors are associated with the sexual roles assumed with different partners [36], as well as with incorrect and inconsistent use of condoms. In the same manner that Filipino MSM identities are in flux, so too are their sexual role preferences, underscoring the mutual exclusivity of gender identity and sexual behavior. This finding has been found to be consistent even for MSM engaging in transactional sex, in the past assumed to prefer the inserter role [37]. Comparing the sexual practices of MSM engaged in transactional sex (those who have sex in exchange for money or other favors) and those who are not, the latter exhibits high-risk sexual behavior more than the former. This is evidenced by their high-risk sexual acts, such as semen intake and receptive anal sex and inconsistent condom use.

Since correct and consistent use of condoms provides protection against sexually transmitted infections (STIs), and HIV and AIDS, the World Health Organization (WHO) strongly recommends its use [38]. However, Filipino MSM continue to have low and/or inconsistent use of condoms [39, 40, 41, 42]. Majority of MSM, in fact, have never used a condom, while less than a third report inconsistent use. Regardless of condom practice, they report unprotected oral or anal sex with their recent sexual partners.

Among the reasons forwarded for unprotected sex is the perceived effect of a condom to reduce sexual pleasure, which often takes precedence to safer sex considerations among non-condom users [43]. Factors cited for condom use include: partner's support, peer support, availability of condoms, and information on HIV and STIs [44]. Local concepts of cleanliness and the perception of the partner as being "clean" or not also significantly influenced the use of condoms during sex [45].

Using a general population male sample, predictors of efficacy beliefs (i.e. the conviction to execute behavior) in acquiring condoms, have been found to include: (1) socioeconomic status, (2) embarrassment with buying condoms, and (3) prior heterosexual experience. Filipino men from middle to highest socioeconomic levels were more likely to believe they can obtain condoms. Noted as an important barrier to buying condoms is the emotional discomfort and anxiety ascribed to the act of buying them [46].

Knowledge, attitudes and practices studies are crucial in determining the real magnitude of the HIV situation. However, these are insufficient to identify individual, community, and structural factors that influence risk-taking and consequently, the HIV epidemic among Filipino MSM. As such, there is growing recognition to include the social and cultural contexts in which risk and vulnerability occur in strategic information generation concerning HIV among MSM and TG persons [47, 48].

III. THE CONTEXT OF FILIPINO MSM AND TG

In the Philippines, sex is largely considered a taboo; it is not as openly discussed. There are, of course, attempts made towards education, though this consists of machismo-laden rites of passage locally referred to as *binyag* (baptism). The father or an older male relative brings an adolescent to brothels and female sex work establishments for his first sexual experience. Learning about sex, particularly among males, is learning about sexual techniques. For heterosexual males, pornographic films, printed materials, as well as strip shows and "fuck shows" have been cited as sources of sex-related information [49]. This culture of machismo heavily impinges on the developmental processes of Filipino MSM and TG persons.

Notions of masculinity heavily inform notions of homosexuality. Males are generally accepted to have an inherently stronger sex drive, and social norms reinforce the supposed uncontrollable need for male sexual expression. Men are, thus, given more leeway to engage in sexual behaviors solely because of their being male [50]. This sex-negative macho perspective underlies all discussions touching on homosexuality and gender variant behaviors.

While consenting sexual relations for people of the same sex who are over the age of 18 are legal, the superficial tolerance of homosexuality conceals significant stigmatization and discrimination [51]. One needs to differentiate mere tolerance from full acceptanceof MSM and TG identities and gender variant behaviors in the Philippines [52]. The confluence of

[35] *University of the Philippines Population Institute. (2010).* Lifestyle, Health Status, and Behavior of Young Workers in Call Centers and Other Industries: Metro Manila and Metro Cebu. Paper presented at the 2010 Annual Scientific Conference of the Philippine Population Association , 3-5 February 2010 . Mandaluyong City.

[36, 45] *Hernandez, L., & Imperial, R. (2009).* Men-who-have-sex-with-men (MSM) in the Philippines – Identities, Sexualities, and Social Mobilities: a Formative Assessment of HIV and AIDS Vulnerabilities. Acta Medica Philippina, 43 (3), 26-36.

[37] *Fuentes, J. Y. (2007).* Through Dimly Lighted Roads: Sexual Experience and Safer Sexual Practices of Men having Sex with other Men in Davao City. Unpublished masteral thesis . Manila: De La Salle University, Faculty of Health Social Sciences.

[38] *World Health Organization. (2011).* Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: Recommendations for a public health approach.

[39] *University of the Philippines Population Institute. (2010).* Lifestyle, Health Status, and Behavior of Young Workers in Call Centers and Other Industries: Metro Manila and Metro Cebu. Paper presented at the 2010 Annual Scientific Conference of the Philippine Population Association , 3-5 February 2010 . Mandaluyong City.

[40, 45] *Manalastas, E. J. (2009).* Filipino men's efficacy beliefs about acquiring condoms. Philippine Population Review, 8 (1), 61-72.

[41, 43] *Castro, P. (2003).* Condom Use and Its Related Factors: the Practice among Young Homosexual Males in Selected Urban Poor Communities in Cotabato City. Unpublished masteral thesis . Manila: De La Salle University, Faculty of Health Social Sciences.

[42] *Iwag Dabaw Inc. (1999).* The Prevailing Sexual Attitudes and Behaviors Among Homosexual Men in Davao City. AIDS Society of the Philippines - Quezon City.

[44] *Ibid.*

[47] *Commission on AIDS. (2008).* Redefining AIDS in Asia: Crafting an Effective Response. Oxford University Press: New Delhi, India

[48] *World Health Organization. (2010).* Priority HIV and Sexual Health Interventions for Men who have Sex with Men and Transgender People in the Asia-Pacific Region.

[49, 52] *Tan, M., Batangan, M. T. & Espanola, H. (2001).* Love and Desire: Young Filipinos and Sexual Risk. Quezon City: UP Center for Women's Studies and The Ford Foundation.

[50] *Dalisay, G. A., Mendoza, R. M., Mirafelix, E. J., Yacat, J. L., Sto. Domingo, M. R. & Bambico, F. R. (2001).* Pagkalalake: Men in Control?: Filipino Male Views on Love, Sex, and Women. Quezon City: National Association of Filipino Psychology.

[51] *The Library Foundation. (2006).* The Library Foundation, Manila, the Philippines. In UNAIDS, HIV and Men who have Sex with Men Sex with Men (pp. 47-52). Geneva: UNAIDS.

Truly, Filipino gay men's non-conformity to a host of masculine ideals translates to increased vulnerability to mental distress. In fact, the counseling needs of Filipino male homosexuals echo the very issues identified here: coming out process, establishing a positive gay identity, and positive relationships with family, their romantic relationships, and their God

non-supportive state policies, sex-negative attitudes perpetuated by religious institutions, media representation, and inadequate sexuality education that is unresponsive to the needs of Filipino gays, bisexuals and TGs [53] reinforce stigma and discrimination against them. The intersections of gender and ethnicity have also been seen to contribute to the marginalization of the said populations.

While laws explicitly criminalizing homosexuals and homosexual acts are absent in the country, law enforcers use the anti-vagrancy and anti-sex work laws and policies to harass and extort from these populations [54], such as during raids of MSM-frequented establishments [55]. Until the passage of any such legislation, no safeguards are available to ensure protection of MSM and TG persons.

For TG Filipinos, affirming policies and laws that respect their basic right to legally change their gender are absent. Jurisprudence currently only allows this for intersexed individuals. TransFilipinos are thus, forced to migrate elsewhere not only to change legal gender status, but also to marry and undergo sex reassignment surgery (SRS), which may similarly be hindered by other factors, such as socioeconomic status [56].

Meanwhile, the Roman Catholic Church hierarchy's distinction between the homosexual person and the homosexual act, with only the latter being considered problematic, heavily informs mainstream thinking and, consequently, impinges on public policies. The decision of the Commission on Elections (Comelec) to disqualify *Ang Ladlad* Partylist from participating in the 2010 elections, for instance, clearly illustrates this [57].

Media, the independent film establishment in particular, offers new ways to imagine and represent Filipino homosexual identity. However, in contrast to the ideas of pride reinforced by the Western gay construct, the Filipino gay construct as represented in such films often favors a self-attributed form of discretion, secrecy, or "silence" [58].

The creation and eventual expression of identity is even more complex for Filipinos of foreign ancestries. The construction of Chinese-Filipino gender identities, for instance, is influenced by, among others, assimilation into heteronormative dictates, such as adaptation of Western expressions, religious practices, educational levels, social classes, and notions of gender roles. Chinese-Filipino gays experience a form of double marginalization as ethnic Chinese and as homosexuals, though by and large, the modes and styles of desire are influenced by their "Chineseness" (i.e. class consciousness, partner preference) [59].

These are indicative of continued discomfort with male-to-male sex and, consequently, an underlying antagonism towards MSM and TG persons that are felt at the family, peer group, and the individual levels. In one site-specific study, Filipino gay participants identified (1) protection from physical and emotional harm, (2) support for education and career training, (3) freedom of expression of opinion and sexual preferences, (3) and a home where homosexuals are treated as "normal" as social acceptance needs specific to the family setting [60]. Nonetheless, stories of coming out as gay arereplete with experiences of being marginalized in relation to same-sex peers [61]. Truly, Filipino gay men's non-conformity to a host of masculine ideals translates to increased vulnerability to mental distress [62]. In fact, the counseling needs of Filipino male homosexuals echo the very issues identified here: coming out process, establishing a positive gay identity, and positive relationships with family, their romantic relationships, and their God [63].

Gaining recognition are the validity and necessity of sexuality, gender identities, and sexual behaviors as topics for inquiry. However, most of the existing findings so far remain limited particularly in terms of geographic scope. The purely quantitative orientation without regard for culture, intention or other contextual factors is certainly a gap that needs to be addressed. With this, further research to explore the nature of male-to-male sexual behaviors in the context of the different MSM and TG subpopulations is indeed necessary to understand the ongoing HIV epidemic among them.

[53] *Manalastas, E. & Macapagal, R. (2004).* What Do Filipino Gay Male College Students Want To Learn in Sex Education. Quezon City: University Center for Women's Studies.

[54] *Godwin, J. (2010).* Legal Environments, Human Rights, and HIV Responses among Men who have Sex with Men and Transgender People in Asia and the Pacific: An Agenda for Action. UNDP-APRC: Thailand

[55] *TLF SHARE Collective 2010*

[56] *Sasot, A. (2002, August 27).* Country Report: The Philippines. Retrieved June 18, 2010, from http://web.hku.hk /~sjwinter/ TransgenderASIA /country_ report_ philippines.htm

[57] *Godwin, J. (2010).* Legal Environments, Human Rights, and HIV Responses among Men who have Sex with Men and Transgender People in Asia and the Pacific: An Agenda for Action. UNDP-APRC: Thailand

[58] *Catalan, C. (2010).* Reconstructing the Filipino homosexual: landscapes of resistance, identity, and the global in Filipino Cinema. South East Asia Research, 18 (1), 67-104.

[59] *Baytan, R. (2000).* Sexuality, ethnicity and language: exploring Chinese Filipino male homosexual identity. Culture, Health, and Sexuality, 2 (4), 391-404.

[60] *Agusto, R. (2000).* Social Acceptance Needs of Male Homosexuals in Mandaue City: Proposed Intervention Programs. Unpublished masteral thesis . Cebu: University of San Carlos.

[61] *Moraleda, J. S. (2007).* Coming Out Experiences and Internalized Homophobia among Filipino Gay Men. Unpublished masteral thesis . Manila: University of the Philippines, Deptartment of Behavioral Sciences.

[62] *Rubio, R. J., & Green, R.-J. (2009).* Filipino Masculinity and Psychological Distress: A Preliminary Comparison Between Gay and Heterosexual Men. Sexuality Research & Social Policy: Journal of NSRC, 6 (3), 61-75.

[63] *Delos Reyes, R. (2004).* Counselling the Filipino Homosexual. Unpublished masteral thesis . Quezon City: University of the Philippines-Diliman, College of Education.

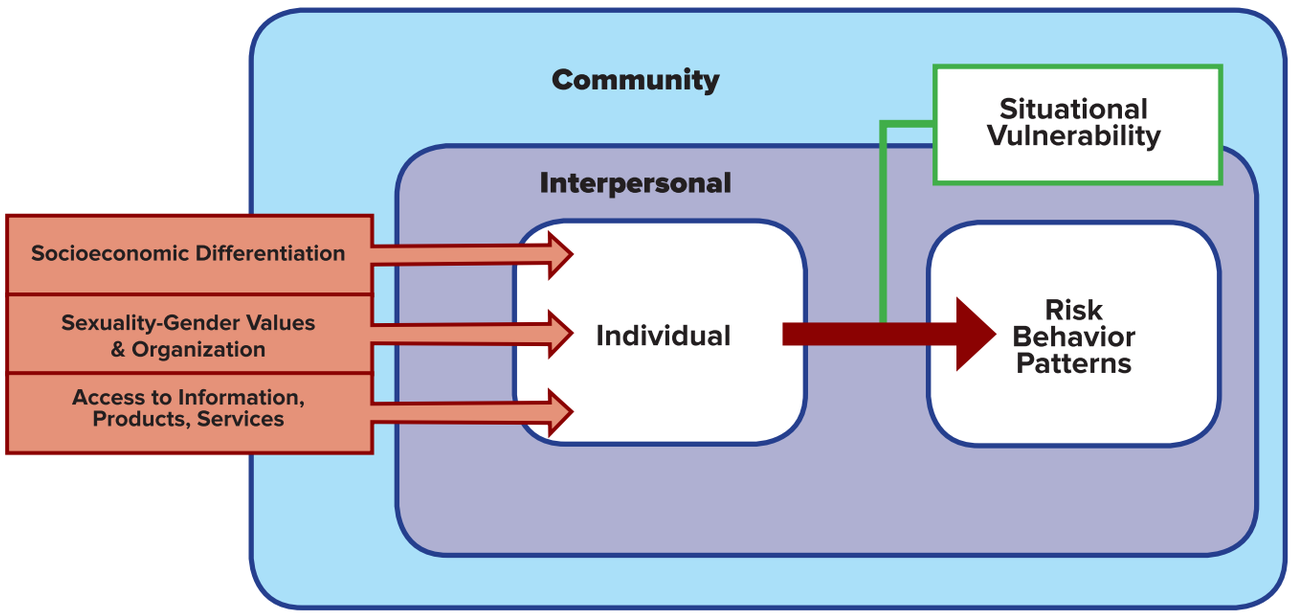
Objectives and Analytical Framework

This study aims to identify the different MSM and TG subgroups and subpopulations, and determine their varying risks and vulnerabilities to HIV infection. The research also probes into and explores the exposure and access to the different components of the existing comprehensive HIV intervention packages (e.g. access to and use of condoms and lubricants, HIV counseling and testing, behavior change communication, peer education) for MSM and TG persons. Moreover, the study provides recommendations to serve as inputs to the 5th AIDS Medium Term Plan and other policies to be drafted concerning MSM and TG persons.

In determining the risks and vulnerabilities of MSM and TGs to HIV, this study uses a nested ecological model. HIV risk as reflected in most behavior change communication models tend to focus solely on individual, micro processes at the expense of the broader socio-cultural context that inevitably influences these individual behaviors.

As such, the study locates individual risk behavior patterns within the broader social context characterized by societal stigma and discrimination and the dynamics within and among the different identities comprising the MSM ang TG categories. At the same time, it continues to be cognizant of the influence of individual demographic characteristics, such as socioeconomic class;sexuality and gender values; and access to information, safer sex commodities, and services.

Figure 1. Analytical Framework



Method

To ensure the involvement of the different MSM organizations both at the national and the local levels, HAIN sought their assistance throughout the entire research process. Individuals from various groups were pre-selected and trained for them to: (1) provide inputs on the qualitative research, (2) pretest the instrument, and (3) critique the instrument for necessary revisions.

The qualitative study was conducted in three identified areas of concern based on the 2009 IHBSS: Metro Manila, Cebu City and Davao City. Aimed to complement the in-depth analysis of the 2009 IHBSS, round table discussions (RTD) among program implementers, focus group discussions (FGDs), and in-depth interviews were done among the various MSM subgroups and subpopulations.

ROUND TABLE DISCUSSION (RTD)

As an initial step in identifying the different MSM subpopulations and subgroups, RTDs were conducted in each of the three study sites among program implementers in these areas. The research team invited individuals involved in HIV and AIDS work among MSM and TG, with the organizations represented in the RTDs listed below:

❑ METRO MANILA

AIDS Society of the Philippines	**Philippine Rural Reconstruction Movement**
INDIGO	**Remedios AIDS Foundation**
OUT Philippines	**TLF SHARE Collective**

❑ METRO CEBU

Bisdak Pride	**Remedios AIDS Foundation**
Freelava	**Tonette Lopez Foundation**

❑ METRO DAVAO

Agdao District Gays Organization	**Kafatid Gays Organization of Tibungco**
Boulevard Association of Gays	**WAVES**
Gays United Against Rejection Discrimination Exploitation & Deprivation (GUARDED)	**Pag-Asa Gays Organization of Sasa & Panacan**
City Circle Gays Organization	

The semi-structured process involved leveling off on the term ”MSM”, with the participants listing synonymous terms and ideas that came to mind with the mention of MSM. In the process, different MSM subpopulations and subgroups were identified, which were then further described by the participants. The participants proceeded to cluster the terms based on identified similarities, followed by the discussion of the different risks and vulnerabilities of each cluster.

Variations determined by age, class, geographic difference (e.g. rural-urban, etc.) and marital status were noted, as well as conditions of choice and coercion, stigma and discrimination. When applicable, religion and other cultural factors were also discussed.

FOCUS GROUP DISCUSSIONS (FGDS) AND IN-DEPTH INTERVIEWS

Building on the initial results of the 2009 IHBSS and the aforementioned RTDs, the research team conducted FGDs in the three research sites: Cebu City, Davao City and Metro Manila.

The socioeconomic status of the participants as well as their age groups were the main variables considered. Separate FGDs were done with TG participants, male sex workers, and MSM and TG persons living with HIV. To facilitate disclosure of less accessible and more

discreet MSM subgroups, the team conducted in-depth interviews among these less accessible populations.

RECRUITMENT OF RESEARCH TEAM AND PARTICIPANTS

To ensure the involvement of the different MSM organizations both at the national and the local levels, HAIN sought their assistance throughout the entire research process. Individuals from various groups were pre-selected and trained for them to: (1) provide inputs on the qualitative research, (2) pretest the instrument, and (3) critique the instrument for necessary revisions. Representatives from the Philippine National AIDS Council (PNAC) Monitoring and Evaluation Unit, National Epidemiology Center of the Department of Health (DOH), UNDP, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) also provided inputs in the development of the tool.

PARTICIPANTS

The study employed a snowballing sampling method. Selection criteria were set to guide the different research teams in their recruitment. As a general rule, recruited participants to any of the FGDs or in-depth interviews should not have been beneficiaries of the organizing NGO. Also, all participants were of legal age at the time of the study, so that no participant under the age of 18 was recruited. This was done in recognition of the need for a separate set of skills needed to implement such a study among adolescent MSM. Other criteria in the selection will be discussed shortly.

For all the participants of the study, transportation, food, and a token were provided.

One FGD per identified MSM subpopulation and subgroup was conducted. The subpopulations considered were identified mainly through two variables: age group (18-24 and 25-39) and socioeconomic status (middle income and low income). For these FGDs, the participants needed to be self-identified *bakla* or *bayot*, and could not have been engaged in any HIV intervention programs prior to the FGD.

Middle income was defined for the purposes of the study as those whose annual family income ranges from PhP500,000.00 to PhP2.3 million. However, since income may be problematic to use in determining socioeconomic status, education was used as an additional proxy indicator for the same. Thus, for the middle income group, in the 18-24 age group, participants were at least in college at the time of the FGD. For the 25-39 age range, meanwhile, all participants were college graduates. Those in the low income [64] group were limited to high school graduates. In cases where participants were unemployed but have benefactors, the allowance provided by the benefactor was considered as income.

Apart from the FGDs mentioned, FGDs were also conducted among particular MSM subgroups of concern, i.e. establishment-based sex workers, TG persons and people living with HIV (PLHIV). Among the special FGDs, only those among establishment-based male sex workers and MSM PLHIV were done in all the three sites. Others were site-specific, such as in the case of the *nelatch* (underage sex workers) and people who inject drugs (PWID), with these groups only identified in Cebu City. The FGD among TGs, meanwhile, was conducted only in Metro Manila. The decision to limit the FGD for TGs to the said site was based on the result of the RTD among program implementers in December 2009, when a consensus was reached by the participants of the RTDs in both Cebu City and Davao City that TG as a category was not as commonly used by the population to identify themselves in the said localities.

Recognizing the importance of the Internet as an emerging platform for forming sexual partnerships, members of informally organized MSM groups that use the Internet (e.g. those visiting social networking sites) and other mobile technologies (such as mobile phones, as in the case of clans) were also represented in all the FGDs. The research team similarly attempted to have represented different religious affiliations in the FGDs.

For less accessible groups, such as those who are married and/or are with children, MSM from higher economic strata, and injecting drug users (IDUs/PWID), in-depth interviews were done, with a total of 28 interviews conducted across the three sites.

Similar instruments were used for both the FGD and the in-depth interview. The team prepared six versions for each of the following:

[64] *Defined as earning the minimum wage monthly or less.*

- FGDs: Low and Middle Income, TG; Interviews: High income, Middle Adulthood, Married, other religious affiliations (2)
- FGD: PLHIV
- FGDs: Establishment-based sex workers, *nelatch*; Interviews: Internet-based sex worker, freelance sex worker, service boy, shine gay
- Interview: Late Adulthood
- Interview: OFW
- FGD: IDU/PWID

The topics covered by the instruments were:

- **Validation of Results of RTD**
  - Identification of other MSM subpopulations and subgroups
  - Invisible subpopulations and their risks
  - Estimation of MSM population
  - Mapping of places where MSM are frequently found

- **Perception of risk and vulnerability**
  - Discrimination stigma and violence
  - Coercion

- **Selection of partners**
  - Definition of casual and regular sex partner

- **Meanings attached to sexual acts**
  - Commercial, transactional and casual sex and sex in the context of a committed relationship
  - Inserter vs. penetrator
  - Ideas around "*pampadulas*" (lubricants) and condoms

- **Experience, access, attitudes and perceptions, utilization and assessment (for services) of each of the following:**
  - Condom use (negotiations)
  - Voluntary counseling and testing (VCT)
  - Behavior change communication (BCC)
  - Identification of sources on information on HIV and AIDS
  - Other interventions

ETHICS

To ensure the ethical conduct of the research, the researchers were provided with a review of ethical principles in a training. This also guided the development of the instruments and the conduct of all the FGDs and interviews.

Prior to the start of the FGDs and interviews, the participants were briefed about their rights as participants of the research. An informed consent form was prepared to document their willingness to take part in the process. Some of the participants expressed reluctance to sign informed consent forms, so they were given the option to give their verbal consent in lieu of signing the form. This was similarly documented.

The team ensured that participants remained anonymous and that their responses are kept confidential. In the event that it was necessary to include names mentioned during the conduct of the study, these were substituted with pseudonyms during the writing of the report.

ANALYSIS

The analysis of the different FGDs and interviews conducted for the study attempted to weave the experiences of the different MSM and TG respondents. It was cognizant of the different levels of interaction that they have at the societal, community, peer group, and family level. In doing so, equally important to the utterances were the silences and body language observed during the conduct of data gathering.

To accomplish this, all FGDs and interviews were documented using a prescribed template consistent across all study sites. The notes of the researchers were also used in capturing impressions and observations of the data gathering process in order to contextualize the responses. A thematic analysis was done using the data gathered for each of the domains/topics specified above.

Results and Discussion

This discussion is divided into four major sections. The first section dwells on the identified MSM subgroups and subpopulations in an attempt to describe each category from the perspective of those who self-identify as such, and those who do not. The dynamics within and across the different groups, which may have significant repercussions on targeting messages and interventions, are also discussed. The second section tackles the specific risks and vulnerabilities these different groups face by looking at both the broader sociocultural context and the situational factors that impact on the risk-taking behaviors of MSM. These are followed by a discussion specific to male sex workers, and MSM and TG living with HIV.

I. IDENTIFIED MSM SUBGROUPS AND SUBPOPULATIONS

When dealing with the different MSM subgroups and subpopulations, the study identified two related domains to consider: (1) the continuum of identities MSM use to self-identify or categorize others, and (2) those who engage in male-to-male sex as a function of their contexts (e.g. occupation), such as in male sex work. The research also gave special attention to MSM who inject drugs given their compounded risk.

WHO ARE THE FILIPINO "MSM"?

The results of the study highlight the diversity of the various MSM subgroups. Table 1 summarizes the detailed list of MSM subgroups.

TABLE 1. MSM Subgroups and their corresponding characteristics

SUBPOPULATION	IDENTIFICATION	CHARACTERISTICS
TRANSGENDER (TG)	***Self***: TG, transpinay, transwoman, *pa-girl* ***Others***: *bakla, gay*	• Most of those who self-identify as TG are in Manila, but the numbers are increasing in other urban areas • Similarities are found with the *bakla* or the *bayot*, though TGs self-identify as women while the *bakla* generally accepts their biological maleness • Maintains that they are fundamentally different from gay men and the *bakla*.
BAYOT	***Self***: *bayot, gay, pa-girl* ***Others***: *gay, bayot, parlorista, ladlad*	• Generally perceived to be effeminate; may or may not cross-dress • Generally do not engage in sexual activities with other *bayot*

SUBPOPULATION	IDENTIFICATION	CHARACTERISTICS
BATANG BAYOT	***Self***: *bayot, badette, baklita*	• *Bayot* under 18 years old
TRANSFORMER/ DARWIN/ ROBOCOP	**Self:** contextual	• Shifts from being effeminate to masculine, depending on the context
MAYA	**Others:** *maya, may layang ibon, pamhin, paminta, damak, iro*	• Appears masculine • Broad category which can be further broken down according to: – Class (*maya* high profile/ *datu, pobre)* – Profession (doctors, nurses, medical representatives, etc.) – Civil status (married vs. single) • May be organized into clans (groups formed through text messaging and Internet networking sites, among others) • Pejorative
METROSEXUAL	**Self:** heterosexual male; metrosexual (as defined by the media) **Others:** *nga gi-igang sa* closet, yet *wala gihapon nagladlad*; discreet	• Only surfaced in discussions conducted in Davao • Very discreet (usually from the high income bracket) • Comes from affluent families; old rich and influential families (e.g. politicians, top military personnel, businessman, religious congregation) • Very masculine looking and are vain (physically)
TRIPPER	**Self:** *Lalaki* **Others:** *Lalaki*	
PALOBI FOREVER	**Others:** *Palobi* Forever	• Similar to the term MSM, the label is based on behavior • Regardless of gender identity (although often assumed to be *bakla* or *bayot*), this is used to refer to anyone who prefers to be the receiver during anal sex

When asked to comment on the long list of categories elicited from the program implementers, the FGD participants deemed the list redundant. Echoing previous categorizations forwarded (Tan & Castro, 2001; and Tan, 1996), they collapsed the different categories to just four: (1) *bakla/gay/pa-girl*, (2) discreet/bisexual, (3) *lalaki* or straight men, and (4) transactional or commercial sex workers.

Gleaning from their descriptions of the various categories, participants in both the RTDs and the FGDs mainly use gender role expression (masculinity/femininity)—both of the person and of his preferred partner—as indicative of being out, considered as the main differentiator in the MSM subgroups. Based on the responses, therefore, one can put the usually effeminate, long-haired, and made up *bakla/bayot/gay*—described as being out of the closet — on one end of the spectrum;while the trippers and the straight *jowa* (boyfriend) of the *bakla* on the other end (Figure 2). It is also worth noting that labels and categories that pertain to shifting from one end of this spectrum to another comprise a significant number of words elicited. This finding, therefore, confirms what most MSM already know — that the Filipino MSM is not a homogenous category.

Other labels include *palobi* forever (forever bottom) and *batang bayot* (young gay). The former term is behavioral, referring to those who prefer the passive role during sex, and is not contingent on self-identification. The label for young gay boys (*baklita*), on the other hand, reflects a certain fascination with the said age group, commonly seen in communities.

The absence of terms and categories on straight-identifying MSM may be indicative of the invisible nature of the said category.

FIGURE 2. Spectrum of Filipino MSM and TG Identities

Labels used for the different categories, are often based on negative sentiments against those belonging to other groups. A number of categories elicited, as a matter of fact, are not used as self-identifiers but pejorative terms to identify other groups (e.g. maya).

TRANSGENDERS

The discourse of transgenderism in the Philippines appears to be currently limited to the academe and the LGBT rights groups. Proof of this is how TG persons continue to be lumped together with MSM by the general public if and when people are at all familiar with the term: "*Kahit TG ka* or *kahit ang tingin mo sa sarili mo ay babae, ang mga tao na nakapaligid sa iyo, ang tingin pa rin sa iyo bakla*" (Whether you identify as TG or you see yourself as female, people still see you as *bakla*.) [**RTD, Metro Manila**]. Moreover, only transsexuals are top-of-mind when TG persons are mentioned, indicative of the respondents' limited appreciation of the construct.

> *"Sinabi niya nung unang taon after niyang magpaputol, parang iyon lang yung may nararamdaman siya. After one year wala na. Kaya meron isang nagpaputol na parang pinagsisisihan niya, tapos yun yung* time *na iniwanan ng* partner *niya. Kaya yung mga* doctor,*'di* right away *puputulin ka, e* you have to undergo a series of psychological sessions to determine if you're fit for the (sex reassignment) surgery."
>
> (She said that it was only in the first year when she felt some sensation. After that, it was gone. There was this one person, she had her penis removed and she seemed to have regretted it afterwards, especially when her partner left her. That's why doctors don't just perform the operation. You have to undergo a series of psychological sessions to determine if you're fit for the surgery.) **[RTD-Metro Manila]**

Mass media, meanwhile, have been both a facilitating and a hindering factor in raising awareness on the issue. In cases when the serious news and current affairs programs feature it at all, the discourse inadvertently perpetuates fear of the concept of transgenderism.

> *"Sa napanood ko sa Channel 7, sabi walang* pleasure *na raw... Naging problema sa kanya nung nagsawa na siya kasi di na niya nagagawa yung magpalabas. Wala na siyang pakiramdam* in terms of sex. For me it's a risk... *Sabi kapag hiniwaan ka daw malaking sugat daw siya* forever *na kailangan* i-maintain."
>
> (I saw on TV that you don't feel sexual pleasure anymore (after the sexual reassignment surgery). Not being able to ejaculate eventually became a problem for her. She can't feel anything anymore. For me it's a risk. They also say that when they remove your penis, you are left with a wound-like gaping hole that you have to maintain forever, or else it could close) **[RTD-Metro Manila]**

However, gains have been made in mainstream entertainment media, including the case of Justin Ferrer from *Survivor Philippines* and Rica Paras from *Pinoy Big Brother*, both instrumental in spreading awareness on TG persons and transgenderism. The presence of TG support and advocacy groups has also been crucial in raising awareness around the issue.

That being said, among the participants of the study, there is still discomfort in self-identifying as TG. Two salient concerns are raised on why this is so: the utility of adopting a new identity, and issues around class.

Respondents articulate that this is a question of convenience. The term *bakla* saves them from the tediousness of having to explain and define what they are all the time. To their minds, the term *bakla* or *bayot*, despite its very negative connotations, is more familiar to most people. The political nature of identity claiming does not seem to resonate with the respondents.

Given the association of the term *bakla* with those from the lower class, some *bakla* tend to think that TG as an identity is merely a function of differentiating oneself from this group:

> *"Kasi si X babaeng-babaeng, and the first time na-meet ko si X, ayaw niyang patawag na bakla kasi taga-[*Catholic university*]. Babaeng-babae at may* transgender identity *siya talaga."*
>
> (X is really like a girl. The first time I met her, she refused to be called *bakla* because she comes from this exclusive Catholic university. She is really a girl and insists on her TG identity.) **[RTD-Metro Manila]**

The term is largely seen as a middle class label, no different from the low class *bakla*, much to the dislike of TG activists who see this as a clear act of discrimination.

TG and MSM organizations painstakingly explain the fundamental difference of a TG as a gender identity category from a *bakla*, which refers to sexual orientation. Crucial to this distinction is the idea of TGs being women versus the male *bakla*. These efforts help make people understand the concept: "*Maraming di nakakarinig/nakakaalam sa* term *na TG*. *Ang ginagamit lang palagi is yung pa-girl. Pero kapag na-*explain *sa kanila yung tungkol sa TG, naiintindihan naman nila*." (A lot of people are unfamiliar with the term TG. They often use pa-girl, instead. But when you explain the TG concept to them, they do understand) **[RTD-Metro Manila].**

Discussions around local transgenderism, however, remain inadequate. This is consistent with the findings of a previous study [65], which found that individuals who appear to fall under the TG category — i.e. biological men who see themselves as women — often opt to self-identify as *bakla*. A basic point raised by most *bakla* or *bayot* who participated in the study is their inability to fully reject their maleness. While they feel that they are women, they are still unable to dismiss their biological manhood. Such disagreements ought not to diminish the validity of the TG identity as it is generally accepted today, but they point to the need for rights advocacy groups to expand the discourse and explore whether there are fundamental differences between accepted sexuality constructs from the West and the understanding of sexualities that exist locally.

ANTAGONISMS

There is recognition by some participants that coming out is a process, which may be different for different people.

> *"Ang daming factors: family, environment (There are a lot of factors like family, environment). But if you have a lot of friends who are out, you can come out of the closet. The stigma of being gay is all there."* **[Interview-Middle income 25-39, Metro Manila]**
>
> *"Because some people don't want to move on. Some people don't accept their (being) gay. It's part of maturity."* **[Interview-Middle income 25-39, Manila]**

Labels used for the different categories, however, are often based on negative sentiments against those belonging to other groups. A number of categories elicited, as a matter of fact, are not used as self-identifiers but pejorative terms to identify other groups (e.g. *maya*).

For instance, during the discussions of the different categories with the different MSM subgroups in the FGDs, apparent was the tension between the out *bakla* and self-identified bisexuals, with the latter often dismissed as merely covering up their

[65] *Winter, et.al. (2007)*

The figurative use of "maya" is derived from the belief that the said bird is deaf, similar to how the maya/ pa-mhin plays deaf when they are called bayot in public. To the bayot, therefore, the maya is merely a bayot in disguise. The dislike does not end there, since the maya is judged to be dirtier, more promiscuous, more immoral, and as such, is more at-risk to STIs and HIV.

kabaklaan (gayness). Given the strong stigma attached to the term "*bakla*," MSM continue to avoid being labeled as such because of the mainstream image it conjures.

> *"Ako napansin ko na marami pa ring miyembro* within the MSM community *na 'di pa rin* comfortable *na nile-*label *silang bakla. Ayaw nila talagang nile-*label *silang bading nasa labas man or pribadong lugar… Siguro kasi nga may negatibong ibig sabihin yung na-associate sa salitang bakla* or common *na hitsura ng bakla,* like *sa* parlor *or* TV*."*
>
> (I notice that a lot of MSM are not comfortable with being labeled *bakla* irrespective of the context. Perhaps because of the negative connotations commonly associated with the *bakla*... or maybe their common portrayals, such as those working in beauty parlors or the TV.) **[RTD-Metro Manila]**

Self-identifying as *bakla* in the workplace also has perceived implications on opportunities one is afforded. In the absence of any protective policy (i.e. anti-discrimination legislation), some MSM believe that it is more sensible to be discreet in such settings.

> *"Para sa akin,* degrading *[ang tawaging bakla] pero* more on*'di* professional *ang dating sa akin kung tatawagin mo akong bakla sa loob ng trabaho.* Personally*, sa opisina ayokong tatawagin akong bakla kahit (ng) kaibigan ko, lalo na kapag may mga tao akong hinahawakan. Pero 'pag nasa labas tayo* with our friends *pwedeng 'mag-baklaan'. Pero sa ibang* occasion*, parang sa akin, hindi siya* proper*. [Ayokong tinatawag] akong bakla 'di dahil may* issue *ako sa pagiging bakla kasi tanggap na tanggap kong bakla ako. May* experience *lang ako kasi na parang ang hirap mong makuha ang* promotion*. Kahit ang galing-galing mo, parang nagiging rason para 'di ka itaas* or supposed to be *dapat ipapadala ka rito pero kasi bakla, (at) baka magkalat pag nasa* abroad*, kaya hindi na lang. 'Di naman nila sasabihin ang dahilan.* Disadvantage *para sa akin, yung ako yung na-dehado."*
>
> (For me, to be called *bakla* is degrading specially in the workplace. I don't like being called such even by friends specially... in the presence of subordinates. It's just not proper. It's not because I have issues with being *bakla* because I'm comfortable with my being gay. I just had this experience when I had so much difficulty clinching a promotion even when I really deserved it. Even if you are competent, it becomes a reason for them to deprive you of opportunities because they are afraid you might botch it up. They wouldn't tell you why you didn't get it, of course. But being seen as *bakla* is disadvantageous for me, and I get disenfranchised.) **[RTD-Metro Manila]**

Bisexuality, meanwhile, was defined across the FGDs as having no clear preference for either men or women. However, while the bisexual is seen as being capable of being able to engage in sexual acts with both men and women, the term is often loosely used. One respondent claims to be bisexual, for instance, because of a sexual encounter with a female when he was 16, never mind that he is now in his thirties. It is thus often dismissed as a cover for being gay, what with the discomfort associated with being labeled *bakla*:

> *"Porma parang lalaki, yung gupit niya parang lalaki. Pero yung kilos niya,* girl *na* girl*. Pumapatol siya sa babae, kapwa* bisexual*, saka sa lalaki."*
>
> (They dress like men, even their hairstyles are for men. But they act like a girl. They have sex with women, fellow bisexuals, and other men.) **[FGD-TG, Manila]**

> *"Nagpapanggap siyang lalaki. Pero pumapatol sa lalaki."*
>
> (They pretend to be men. But they have sex with men.) **[FGD-TG, Metro Manila]**

A quick survey of online MSM networking sites reveals the prevalent usage of "bisexual" as self-identification, as well as in statements in profiles, though this seems more like a strategy to keep the out *bakla* at bay (e.g. "strictly no effems", etc.). There is some disagreement regarding this among the MSM program implementers in Manila. There are those who say that this is merely an articulation of preference, without the intention of demeaning those who do not meet the standard. However, some take this as "orientational discrimination", said to further reinforce the masculine ideal.

The idea that homosexuality (in this case interchangeable with bisexuality) is contagious remains common, particularly in the context of sex work.

> *"May mga* straight *na napupunta diyan sa mga* gay bar*. Tapos nahahawa na sa bisex."*
>
> (Some straight men end up working in gay bars and eventually become bisexual.) **[FGD-TG]**

In Cebu and Davao, the sentiments towards the *maya* (literally, a finch; though as used among MSM, it refers to those who are not yet out of the closet) of the predominantly *bayot* program implementers surface the strong antagonism present between the two groups. The figurative use of "*maya*" is derived from the belief that the said bird is deaf, similar to how the *maya/pa-mhin* plays deaf when they are called *bayot* in public. To the *bayot*, therefore, the *maya* is merely a *bayot* in disguise. The dislike does not end there, since the *maya* is judged to be dirtier, more promiscuous, more immoral, and as such, is more at-risk to STIs and HIV. To further drive home the point, participants readily volunteered description of the *maya*, including *damak* (dirty) and *iro* (dog).

The stereotyping of the bisexual as *maya* is seemingly pervasive among TG and effeminate MSM respondents. As one stated:

> *"Hard [sila] sa* sex*. Mas malibog pa sa pusa. Gusto niya gawin lahat. Mas malala pa sila sa totoong lalaki. Yung lalaki, nahihiya na gawin yung ganyan bagay* although *gusto rin niya gawin, pero yung bi, garapal talaga. 'Pag laplapan, lapalapan talaga* to the max*! Tapos* romance *talaga lahat. Pag bona (anal sex), bona talaga! Gusto ko nakabukaka ka, nakataas ang paa mo…"*
>
> (They are hardcore in sex, more sex-starved than cats. They want to do everything, even worse than a real man. Men still get embarrassed doing things like these even if they really like it. But these bisexuals, they really are extreme.) **[FGD TG, Manila]**

Moreover, the respondents perceive that what one ought to like doing in bed should correspond to one's gender expression (i.e. masculinity versus femininity). Bisexuals are thus not expected to bottom (that is, to be the receiver in anal sex) as this is expected to be the role of the more effeminate MSM.

One usually has to act masculine around family members or when at work because it is thought to be more decent to do so, and doing otherwise is seen as offensive and disrespectful. Moreover, being bakla makes one more vulnerable to pambabastos (taunting/ridicule).

"Yung bi napunta sa friend ko. Nagmotmot kami. Naloka yung friend ko [na pa-girl] kasi nagpabona sa kanya, sinerbis pa siya!"

(My friend got a bisexual and we all went to the motel. My friend was so surprised because his bisexual partner wanted to be bottomed and even gave him oral sex.) **[FGD-TG, Manila]**

SHIFTING

There are shifts in the self-presentation of MSM, so that there exist corresponding labels ascribed to them as they transform, such as "Robocop" in Manila and "Transformers" and "Darwin [66]" in Davao. The respondents forward various reasons why they vacillate from one end of the masculine spectrum to the other, such as: (1) avoiding stigma and discrimination, (2) being desirable and marketable, and (3) having a more egalitarian relationship set-up. Always, these transformations are seen as performances, contingent on the situation. "*Baka ito yung kailangan kong* projection *kasi ito ang tinatawag ng* situation" (Perhaps this is how I should project myself as this is what the situation calls for.) [**RTD-Metro Manila**].

One usually has to act masculine around family members or when at work because it is thought to be more decent to do so, and doing otherwise is seen as offensive and disrespectful. Moreover, being *bakla* makes one more vulnerable to *pambabastos* (taunting/ridicule).

"It's like smoking. *Hindi ka magyoyosi* in front of your mom. *Pambabastos yun.* The same way, *hindi ako magbabakla* in front of (my) family."

(It's like smoking. You never smoke in front of your mom. That's disrespectful. In the same way, I will never act gay in front of my family.) **[Interview-Middle Income 25-39, Metro Manila]**

"[At work,] iba ang pino-portray/pino-project mo. Ako naman,'di ko gusto ipakita ang identity *ko* although *alam sa* family *ko. [A]yokong magbihis babae sa harap nila.* Or *kung may barkada akong* MSM*, doon ko naipapakita."*

([At work,] you project a different persona. Personally, I don't like acting gay even though my family already knows I'm gay. I won't cross-dress in their presence. I only feel comfortable expressing my identity in the company of friends). **[RTD-Metro Manila]**

"When I take the jeepney... (and when I call out) when I pay (the fare), I change my voice. I intentionally shift to a manly voice to avoid public ridicule. It is better than ending up in a tussle with people who do not accept people like us." **(FGD-Low income 25-39, Davao)**

While these examples are more situational, with the respondents still able to express their being *bakla* in more accepting spaces, this does not hold true for everyone. For others, the performance is more permanent such as those who no longer join *byukon* (community beauty contests), or even mingle with their more effeminate *pa-girl* and TG cohorts:

[66] *A term coined from two local TV shows:* ***Darna****—a female superhero—and* ***Mulawin****—a very masculine mythical character.*

"Kamukha niyan si Bianca King (tuwing sasali sa byukon). Pero kakapa-mhin lang kaya halata pa. Natututo palang e."

(He used to look like Bianca King [a local female celebrity] everytime he would join beauty contests. He has only recently decided to shift that's why it's still obvious. He's still learning [to be more masculine].) **(FGD-Low income 18-34, Metro Manila)**

Asked for the reason behind his decision not to join beauty contests anymore, to be more masculine and "*disente*" (decent) are the main rationalizations the respondent can think of. Indeed, the shift has meant less taunting when he walks on the streets. He feels he is respected more. "*Hindi na ako binabastos; hindi na sila sumisipol*." (They don't harass me anymore; they no longer whistle when I walk by.) More importantly for him, even his family approves of his transformation.

For others still, the discreetness allows more leeway for couples to go out in public without the judgment of people:

"…Mas nakakapag-express sa sarili mas lalo na sa labas"

(They are able to express themselves especially when in public")**[RTD-Metro Manila]**.

Another oft-cited reason for the shift is marketability. Participants claim it is easier to get better partners when one does not dress like a girl:

"One time, we had a chance *na makainuman sila [Robocop] at tinanong sila kung bakit sila nag-*change *outfit. [Ang sabi nila,] kung mananatili [sila] sa dati [nilang] anyo wala [silang] makukuhang* boyfriend*. Sa ngayon, nagiging* boyfriend *nila mas* cute *kasi nga pa-mhin na sila."*

(One time, we had a chance to grab drinks with them [Robocops], and we asked them why they changed from being more feminine to being more masculine. They said that if they stayed the way they were, they would not have gotten any boyfriend. Now, their boyfriends are cuter because they are more masculine.) **[RTD-Metro Manila]**

"Sometimes, when you are really feminine, no one will hook up with you. These days, men prefer the straight-acting gays. So I tried acting discreet and when I did, I got myself a partner for the night! Perfect!" **(FGD-Low income 25-39, Davao)**

Masculinity is an attribute desired both in one's partners in the case of the *bakla* and *pa-girl*, and for oneself in the case of the bisexuals. Certain labels are thus valued more and are more marketable (e.g. trippers). "*Kapag sinabi mong tripper ka, mas maraming magkakainteres sa 'yo kasi nga ang idea, kapag tripper, mas lalaki*" (When you say you are a tripper, people are more interested in you because the idea is when you are such, you are more manly.) **[RTD-Metro Manila]**.

There is also an economic aspect to the shift, given the stereo type of the provider – i.e. the *bakla*. For example, a service boy respondent opts not to charge boyfriends for sexual favors, though a major factor in his decision to be in a relationship with the *bakla*, to begin with, is his partner's willingness to give him everything he asks for. Related to this, the *bakla* is also expected to be the one to cover expenses for dates and drinking sessions. "*Minsan, tingin ng mga lalake sa bakla kayang magpa-inom*." (At times, men think that all gay guys can afford to treat men for drinks) **[RTD-Metro Manila]**.

According to one of the RTD respondents, the relationship between discreet MSM tends to be more egalitarian. As such, not only do they find themselves more marketable, expenses are also limited since they are shared.

It is worth noting that there is great discomfort in the use of the term sex worker among those working in establishments where sex between men is assumed to occur. Participants see this as an affront to their person given the stigma associated with this kind of work.

While the shift may be seen as good in terms of getting partners, this poses a challenge in organizing them, since Transformers and Robocops tend to avoid meetings with former *byukonera* friends so as not to be associated with them. The same is true for bi-trippers, seen as more invisible than the others, as they tend not to organize themselves.

MALE SEX WORKERS (MSWs)

There have been two major shifts in male sex work. Firstly, from the gay bars of the 1990s, massage parlors have increasingly become venues for commercial sex. Among the establishment based masseurs, there is recognition that sex is the primary motivation when their clients enter the spas and massage parlors they work in. *"Sa ganitong trabaho kasi, ginagawa 'yun (*sex*) para sa pera. Pumapasok naman ang mga tao doon hindi dahil sa masahe kundi para makipag-*sex *e"* (In this kind of work, you have sex for money. People enter these establishments not for the massage but to have sex.) **[FGD, Establishment-based sex worker, Manila]**

Secondly, the Internet and SMS/text messaging have greatly facilitated sexual networking even among MSWs. This is supported by online sites that serve as a directory for call boys, and even provide them with spaces for personal advertisements, such as in online social networking sites.

It is worth noting that there is great discomfort in the use of the term sex worker among those working in establishments where sex between men is assumed to occur. Participants see this as an affront to their person given the stigma associated with this kind of work. Thus, they prefer being identified based on what they do (masseur, *hosto*, dancer, etc.) instead of the general category, sex workers.

Listed below are the various kinds of men in sex work, identified during the course of the research:

TABLE 2. Description of the different types of male sex workers

TYPE OF MSW	GENERAL CHARACTERISTICS
ESTABLISHMENT-BASED	Entertainment establishments include gay bars where they may sit with clients and negotiate a sexual encounter outside the establishment; or massage parlors/spas where the masseurs can offer extra service on top of the massage.
FREELANCE	Freelance sex workers may wait for clients on the street, or post advertisements in newspapers or the Internet. While there are sites solely devoted for profiles of masseurs, some MSM are already using other networking and hook-up sites to get clients. Text messaging plays a very important role, too.

TYPE OF MSW	GENERAL CHARACTERISTICS
SERVICE BOYS / *NELATCH* / *ILOGON*	Service boys, in general, are freelance sex work usually found in the communities. This is equivalent to the *nelatch* of Cebu and the *ilogon* of Davao, though these two groups usually involve underage MSM. *Nelatch* is a term derived from playing with the word "talent", used to refer to the willingness of the sex worker to do anything depending on the price agreed upon. In general, service boys, *nelatch* and *ilogon* are known to charge a lower rate.
***RAGNAROK* (DAVAO)**	While the Ragnarok may fall under the service boy / *ilogon* category, what distinguishes them is that they are known to be organized into gangs and are usually found sniffing solvent.
***FRAKAS* (DAVAO)**	This term is borrowed from female sex workers who have high-paying clients from abroad. *Frakas* engage in inter-country sex trade through the use of Internet. Their clients are usually foreigners who pay for their round-trip plane tickets to and from a certain country, where they fly to have sex.
SHINE GAY (DAVAO)	Shine gays are TG freelance sex workers found in the main thoroughfares of Davao City. Their clients range from cab drivers to professionals.
LOW-INCOME TG*	Low-income TGs, based on the FGD conducted, often find themselves engaging in sex work when they cruise. They are approached and offered money for sex.

For most of the study's respondents, financial difficulty was the impetus for entry into sex work. Two of the establishment-based male sex worker respondents were actually saving up for their application to work abroad, while another came to Manila without a plan, and after not being accepted for a job at a fastfood joint, opted to apply at a massage parlor. While none of them said that they intend to stay in this line of work, they were quick to point out that it would be difficult to find another job that will match their current income.

Majority of the MSWs interviewed started sex work at a young age, facilitated by a family member or relative already involved in the same work. Fabrication of legal documents to skirt legal prohibitions is practiced, as in the case of an Internet-based sex worker who worked in an establishment as a minor.

> "Seventeen *pa nga lang ako noon. Dinaya ko ang* birth certificate *ko. [Pero]* months *lang ako [nag-GRO]. Nag-ipon lang ako ng pera para lang may pang*-tuition *ako. Nakapasok ako ng school [kaya lang] di pa ako pwedeng mag*-work *sa* SM *[kaya ako nagtrabaho sa* gay bar*]. 'Yun yung* first time *ko makapagtrabaho ng ganun sa* gay bar*."*
>
> (I was 17 then. I forged my birth certificate. But I only stayed for a few months. I just wanted to save for my matriculation. I was in college but could not apply for work yet in SM [a chain of shopping malls], which was why I ended up in a gay bar. That was the first time I worked in a gay bar.) **[Internet-based sex worker]**

For others, entry into sex work was a convenient way to earn a living out of something that they used to avail of.

> *"Kasi mahilig ako magpamasahe,so sobrang* every time *ako nagpapamasahe gumagastos ako ng PhP1,000.00 para lang pa-relax. Nag-isip ako ng paano kung ako ang magmamasahe, biglang nag-*pop-out *sa isip ko na ba't di ko* gawin*? Meron namang kliyente."*

Very few bring their own syringes and needles,or buy these in shooting galleries. Those without their own needles end up using the communal syringe. To clean the used syringes and needles, they use a bleach solution, though, sometimes, plain water is enough.

(I like having massages and I usually pay Php1,000.00 just so I can relax. And then it occurred to me: I could actually do this. Anyway, there are a lot of prospective clients.) **[Internet-based sex worker, Manila]**

The rates are often dependent on the location, physical attractiveness of the MSW, and the time when negotiations are made. Also, the rates in rural areas are generally cheaper than in the urban areas. In some cruising areas, the status of the MSWs is determined by the exact location where they wait for clients. Some areas are for "Class A" while others are for "Class C", determined for the most part by the pimp or *mamasan* who may be handling as many as 30 call boys at a time. Reports of abusive behavior of sex workers or a history of contracting STIs can mean being made to wait for clients in the area designated for Class C call boys. The time when negotiations happen is similarly a major factor in determining the rate MSWs can demand. In a particular area where freelance sex workers are found, the running rate at 9:00 p.m. is around PhP700.00, which is cut in half by 1:00 a.m. By 5:00 a.m., MSWs end up settling for as less as PhP50.00.

In Davao, there is an unwritten agreement among the *bayot* to know the prevailing rates in a specific community before accessing the services of the *ilogonin* order to prevent drastic variances when discussing rates. Disregarding this practice creates unfair business edge for some, and may cause friction with the MSM in the area. The urban-rural distinction is blurred in this regard since the same practice is done even in Metro Manila.

Experiences of extortion and abuses by the police are rampant, as well. Policemen pose as MSWs in cruising sites and then make arrests using the Anti-vagrancy Law; while condoms are used as evidence for prostitution in MSM-frequented establishments during raids. Reportedly, these arrests and raids are conducted on Fridays to force MSM to pay the police instead of staying in jail for the weekend when government offices are closed until work resumes on Monday of the following week. There are also participants who claim that some law enforcers actually engage in sex with some of the MSWs, sometimes in exchange of the dropping of charges.

PEOPLE WHO INJECT DRUGS (CEBU)

Most of the study's participants who inject drugs reveal that someone they know or are close to them influenced them to use injectable drugs. As one of them stated: "I am a pimp, and one of my *alagas* (ward), a female sex worker, taught me how to use injecting drugs." (**FGD, IDU, Cebu**)

Some of them usually start injecting in the early part of the day, usually a few hours after waking up because it calms them and it supposedly even improves their appetite. According to these participants, access to drugs has not been a problem for them. Majority claim that they can easily go to "clinics" and "shooting galleries", designated places usually with a hole where the drug users can just stick their arms in without seeing the person on the other side of that hole, injecting the substance (usually Nubein, the drug of choice) into their bloodstream. As to whether pure Nubein is injected or not is something they are never certain of. There are also those who go to clinics and join others they do not personally know, but form part of a group session. In some

of these sessions, they admit sharing needles and syringes. A participant shares:

> "Yes, there are really times that we share needles because it is expensive, and when you already feel the urgency to have a shot, it is your priority rather than buying a new needle." **(FGD-IDU, Cebu)**

> "It is important that you bring your own needle, but sometimes, you cannot do this anymore especially if you no longer have the money to buy needles. My priority is being able to have a shot even if it means not being able to use new needles. I would rather lose everything rather than miss a shot when the urgency arises." **(FGD, IDU, Cebu)**

Very few bring their own syringes and needles, or buy these in shooting galleries. Those without their own needles end up using the communal syringe. To clean the used syringes and needles, they use a bleach solution, though, sometimes, plain water is enough.

The rates for Nubein have allegedly dropped from PhP30.00 to PhP10.00 per *kulit*. A *kulit* is the marked line in syringes, used to measure the amount of drugs injected into the bloodstream. One ampule costs around PhP120.00 when bought in one particular *barangay* where shooting galleries and clinics can be found. Given their financial limitations, the respondents are unable to afford getting their desired high with one shot. Thus, they usually have to get their high in instalments, going back to the shooting galleries six to eight times in a day to achieve their desired high.

An emerging practice among drug dependents is the purchase of milk-shake laced with Nubein. Anecdotal reports indicate an increase in the number of cases of overdose because of this practice.

B. KNOWLEDGE ON HIV AND AIDS

Results from the 2009 IHBSS indicate high awareness on HIV and AIDS, with more than three-quarters of the respondents (77.9%) saying that they are aware of HIV, with an even higher percentage (89.7%) knowing what AIDS is. The disparity between the two figures suggests a gap in the effective provision of adequate information on HIV and AIDS among MSM and TG persons.

It is also worth noting that knowledge levels vary across the 10 sites identified for this study. MSM in Mandaluyong, for instance, have knowledge figures lower than the national average (65.0% and 86.5% for knowledge on HIV and on AIDS, respectively), while Pasay and Manila fare relatively better, with more than nine out of 10 respondents aware of both HIV and AIDS (Table 3).

This idea is further reinforced by the fact that only a little more than a third of all sampled MSM in the same survey correctly answered all knowledge questions on HIV and AIDS. Disaggregating the data, one sees how the picture varies across the different sites. In Cebu and Davao, for instance, only one in 10 of the

TABLE 3. *Percent distribution of MSM respondents who know HIV and AIDS*

SITES	KNOW WHAT HIV IS	KNOW WHAT AIDS IS
All sites	77.9	89.7
Cebu	78.5	92.7
Davao	85.6	92.3
Caloocan	79.9	92.9
Makati	89.4	95.7
Mandaluyong	65.0	86.5
Manila	94.6	95.0
Marikina	85.1	98.5
Pasig	79.1	88.8
Pasay	96.8	96.9
Quezon City	89.0	97.1

Source: 2009 IHBSS, National Epidemiology Center

sampled participants do not have any misconceptions regarding HIV and AIDS, compared with Quezon City's 63.6%. This disparity may be attributed to the unequally distributed and unstandardized mode of information dissemination. This is validated by the generally low yet highly uneven data on provision of timely and appropriate HIV information by peer educators, counselors, and Social Hygiene Clinics (SHCs) across the different IHBSS sites (Table 4).

The trend shown by the disaggregated HIV and AIDS knowledge data by age and educational attainment (Table 5) suggests a need to intensify educational campaigns among the young, seeing how correctly answering all knowledge questions is inversely proportional to age. Disaggregation by educational attainment, meanwhile, points to the inadequacies of current programs in place in the formal education setting. Despite having gone through tertiary or college education, two out of five respondents still have wrong notions about the transmission and prevention of HIV. Moreover, only 12.7% of respondents state that they have obtained information from their teachers.

Gleaning from Table 6, which deals with sources of information on HIV and AIDS, respondents obtain their information mainly through mass media (television and radio), and their peers/friends. However, while mass media is a convenient channel to course HIV messages, it is costly. Besides, as earlier noted in the context of MSM and TG marginalization, reports dealing with HIV and AIDS are often replete with biases and are often sensationalistic. This is not helped by the fact that friends, who are likely to have obtained their information from the same sources, are the second most mentioned

TABLE 4. *Percent distribution of MSM respondents by perfect and imperfect knowledge on HIV*

SITES	WITH PERFECT KNOWLEDGE	WITH IMPERFECT KNOWLEDGE	N
All sites	34.9	65.1	3,296
Cebu	8.0	92.0	300
Davao	12.9	87.1	294
Caloocan	40.9	59.1	115
Makati	44.0	56.0	134
Mandaluyong	40.5	59.5	154
Manila	52.7	47.3	263
Marikina	32.6	67.4	129
Pasig	31.1	68.9	103
Pasay	62.5	37.5	48
Quezon City	63.6	35.4	217
Source: 2009 IHBSS, National Epidemiology Center			

TABLE 5. *Percent of MSM respondents with perfect and imperfect knowledge on HIV by background characteristics*

BACKGROUND CHARACTERISTICS	WITH IMPERFECT KNOWLEDGE	WITH PERFECT KNOWLEDGE	N
AGE			
15-19	72.0	28.0	1,322
15-17 (minors)	75.7	24.3	596
20-24	64.1	35.9	1,520
25-29	61.5	38.5	774
30-34	60.0	40.0	340
35-39	65.8	34.2	190
40-44	63.9	36.1	122
45 and above	57.6	42.4	99
EDUCATIONAL ATTAINMENT			
Elementary	73.6	26.4	299
Secondary	69.8	30.2	2,151
Vocational, college and higher	59.6	40.4	1,892

Source: 2009 IHBSS, National Epidemiology Center

TABLE 6. *Percent of MSM respondents by sources of information on HIV and AIDS*

SITES	TV	Radio	NEWS-PAPER/ MAGAZINE/ TABLOID	INTERNET	Printed materials	Friends	Parents/ Relatives	Teachers	Peer Educators	Counselors	Social hygiene clinic
All sites	47.6	22.5	12.3	11.1	12.2	30.3	3.3	12.7	15.2	3.6	10.5
Cebu	54.0	42.3	11.7	14.7	6.7	38.0	5.0	16.3	16.0	10.3	10.3
Davao	33.3	12.9	8.5	2.4	3.1	19.4	1.0	10.2	22.4	3.7	8.2
Caloocan	48.2	21.1	14.9	7.0	7.0	16.7	3.5	13.0	12.2	1.8	10.5
Makati	35.1	4.5	2.2	5.2	9.7	51.5	3.0	5.2	41.0	1.5	6.7
Mandaluyong	56.5	22.9	26.0	22.9	19.5	40.3	5.9	15.0	11.1	2.6	21.6
Manila	29.2	13.6	8.0	36.0	32.6	44.3	6.8	10.6	12.5	5.7	8.3
Marikina	76.0	51.9	23.3	14.7	28.7	26.4	0.8	2.3	1.6	0.8	1.6
Pasig	58.8	7.8	11.7	9.7	5.8	24.3	2.9	11.7	2.9	1.0	5.0
Pasay	68.8	16.7	14.6	37.5	58.3	36.7	4.2	10.4	--	4.2	4.2
Quezon City	49.1	13.4	20.3	2.8	12.9	37.8	3.2	18.1	17.1	6.0	39.8

Source: 2009 IHBSS, National Epidemiology Center

It is clear that only a small segment of the entire MSM and TG population is aware of their HIV status. Moreover, the likelihood of disclosure among those who become HIV-positive is significantly decreased because of the stigma associated with HIV.

source of information. While these paint a bleak picture, this finding poses a challenge to program implementers to revisit and improve existing peer education programs and scale-up coverage.

The low levels of knowledge on HIV are highlighted by the various misconceptions that remain pervasive among Filipino MSM. Among the low income respondents of this study, contracting HIV and other STIs is often linked to improper hygiene. Douching is thus seen as an effective means of prevention, enough to forego the use of condoms.

> *"Dapat pa-*fresh *uli,* retouch*... Yung mga pakarat dapat maglabatiba... May kakilala ako na dead sa paglilinis tapos after a few days may lalaki na naka-*sex *niya na nagka-*STI*"*
>
> (You should always freshen up, do retouches. And for those who will bottom, they should do enema. I know someone, though, who is not particular with cleaning himself. In one of his encounters, his partner contracted an STI days after they had sex. **(FGD-TG, Manila)**
>
> "I do not use the condom because I do enema. I use the hose connected to the faucet and insert it in my anus. I only use

TABLE 7. *Percent distribution of MSM respondents who know of a PLHIV and have ever been tested for HIV*

SITES	KNOW OF SOMEONE WHO IS HIV+	N	EVER BEEN TESTED FOR HIV	N
All sites	6.5	4,302	8.8	4,325
Cebu	5.7	295	4.4	297
Davao	8.0	289	3.6	294
Caloocan	12.3	114	8.9	114
Makati	4.6	133	4.3	134
Mandaluyong	4.6	151	3.7	153
Manila	18.8	260	9.4	260
Marikina	3.3	128	8.1	127
Pasig	4.1	99	5.8	99
Pasay	-	47	3.7	47
Quezon City	11.3	217	28.6	217

Source: 2009 IHBSS, National Epidemiology Center

water but I wash my anus with pH Care (a kind of feminine wash) afterwards." **(FGD, low income, 25-39)**

"Before any anal sex, defecate. It will prevent HIV/ AIDS." **(FGD 25-39 Low Income)**

One respondent (**Service boy, Manila**), meanwhile, has used a pregnancy test to ascertain if he has an STI. In cases when respondents do contract an STI, they resort to self-medicating, and still often informed by peers.

"*Buko* (coconut juice) has acid content,so it can kill the virus." **(FGD 25-39 Low Income, Davao)**

"They buy over-the-counter antibiotics. They do not consult any doctor." **(FGD 18-24 Low Income, Davao)**

"Nag-inom ko ug Prinbitin ingon sa among silingan nga hilig mamayot, usa ka tablet *una, na ayo man dayon ko human gisundan dayon nako"*

(I took one tablet of Prinbitin (as adviced by a neighbor who frequently engages with gays). Then I observed that my condition improved, so I took two more tablets to complete the medication.) **[KII-Service Boy, Davao]**

Clearly the level of knowledge on HIV and AIDS, as discussed above, is a factor in the non-ownership of the HIV issue among MSM and TG persons. This is compounded by the very low HIV counseling and testing rates among MSM and TG persons (Table 7), and the low disclosure among those who seroconvert. Based on the testing data below, it is clear that only a small segment of the entire MSM and TG population is aware of their HIV status. Moreover, the likelihood of disclosure among those who become HIV-positive is significantly decreased because of the stigma associated with HIV. That anecdotes of friends suddenly dying from HIV-related complications have increased among MSM and TG peer groups in recent years, only point to how difficult it is to come out as an HIV-positive person even to friends. In such a case, not only are the PLHIV deprived of the social support they very much need, but a lot of MSM and TG continue to feel that HIV is something that could happen only to others and not to oneself.

III. PERCEPTION OF RISK TO HIV AND AIDS

Based on the 2009 IHBSS, three out of five MSM and TG samples (60.4%) perceive themselves to be at risk to HIV infection, with a little more than half (56.5%) saying this is because they do not always use condoms. Almost two-thirds (64.4%) of that figure have multiple sex partners (Table 8).

TABLE 8. *Percent distribution of MSM respondents who feel that they are at risk and the reasons why they are at risk of HIV infection*

Sites	Feel that respondent is at risk to HIV infection (%)	REASONS WHY RESPONDENTS ARE AT RISK OF HIV INFECTION				
		Already have HIV	Had sex with an HIV partner	Many sex partners	Do not always use condom	Sharing needles when injecting drugs
All sites	60.4	2.3	8.6	64.4	56.5	3.4
Cebu	49.3	--	5.9	76.4	47.9	3.4
Davao	64.7	--	5.9	80.3	61.5	0.3
Caloocan	66.7	4.0	12.3	46.7	32.7	--
Makati	74.0	--	--	73.9	51.4	--
Mandaluyong	69.3	0.6	9.6	83.1	56.1	4.6
Manila	71.4	8.9	20.7	58.1	52.1	3.9
Marikina	34.7	--	2.1	79.9	24.6	--
Pasig	60.6	0.6	33.7	47.0	27.1	1.1
Pasay	21.9	--	--	--	--	--
Quezon City	67.6	9.5	17.0	63.8	53.3	14.2

Source: 2009 IHBSS, National Epidemiology Center

Joining clans is a way to get sexual partners in a covert manner. Their activities include monthly grand eyeballs, weekly mini-eyeballs, and inter-clan events. Once one is part of a clan, a respondent claims that joining others is almost inevitable since invitations arrive through the group messages sent daily.

However, this perception of risk does not translate into any modifications in behavior, with almost seven out of 10 (68.5%) MSM sampled still opting not to use condoms during their last anal sex.

The analysis of the FGDs and interviews conducted for this qualitative study indicates that, in general, there is disconnect in knowing about HIV and AIDS, perceiving themselves to be at-risk, and protecting themselves from greater risk of transmission. Even after discussing their sexual practices, for example, and when asked about which MSM group is most at-risk to HIV infection, the respondents almost always identified other groups that they don't belong to as being more at-risk than they are. They were always less at-risk relative to some other group, despite engaging in practically the same risky behaviors and practices. The antagonisms among the MSM subgroups, persistent misconceptions on the transmission and treatment of HIV, and consequently the fear elicited by HIV, contribute significantly to this kind of perception of not being at risk.

The PLHIV group in Davao, for instance, pointed out that the *maya* is the subgroup they think is most at risk. They reasoned that the *maya's* more fluid sexual roles (receiver, inserter or both) and greater number of sexual partners put them at increased risk.

> *"Maya gyud kay hilig ug gimik-gimik kay bisan kinsa lang gamiton. Unay-unay lang pa gyud"*
>
> (The *maya* [are more at-risk] because they are into partying, and they have sex with practically anyone.) **[KII-Shine Gay, Davao]**

It needs to be pointed out that no significant differences in terms of the risk behaviors were found across age and class. What varied, however, was how each subgroup perceived their risk practices.

Other factors that affect the health-seeking behaviors of the respondents include: the expanding sexual networks facilitated by technological advances, notions of machismo that fuels low regard for the self, inadequate information on STIs and HIV, and the absence of MSM-friendly services that can encourage better health-seeking behaviors.

IV. RISK BEHAVIORS

This section identifies the different major risk factors identified in the study, namely: increased sexual networking, multiple partnerships, low condom and lubricant use, and access to HIV and STI services.

SEXUAL NETWORKING.

In all the three sites, the respondents identify safe and accepting spaces frequented by MSM and TG persons. More than havens, however, these spaces actually expand MSM and TG sexual networks. It needs to be said, however, that technology has been instrumental in facilitating these networks as well. The mobile phone, for instance, has proved to be an efficient and effective means not just to lower the cost of sexual networking, but also to make it easier for MSM and TG to connect. One respondent, for example, engaged nine of his 10 partners through texting **[Interview 2-PLHIV, Metro Manila]**. Posting one's number in public toilets also opens opportunities to instant encounters, some of them with money

involved. Joining clans — informally organized SMS- or Internet-based groups — accomplishes the same task even more efficiently. People are said to join clans to have time to "unwind", and for those clans catering to discreet MSM, as a way to get sexual partners in a covert manner. Their activities include monthly grand eyeballs, weekly mini-eyeballs, and inter-clan events. Once one is part of a clan, a respondent claims that joining others is almost inevitable since invitations arrive through the group messages sent daily.

It must be noted, nonetheless, that sites for partner selection are markedly differentiated by economic status. Different establishments in the three sites were often found to be associated with a particular demographic. In general, participants coming from the lower income bracket mentioned cruising during fiestas and other public events to get their sexual partners. In Davao, lower income participants frequent street corners, public gymnasium, and community villages; whereas middle-income participants are more likely to obtain their partners through the Internet, or through malls and bars. Cost and accessibility are cited as major considerations for the selection of these venues.

> *"Ug daghan ko'g datch kay mag* Internet *ko pero ug wa kay mag-rampa na lang sa basketbolan sa barangay. Kaluoy sa Guinoo makakita man sad ko ug hada. Ihatag na lang nako and dada sa service boy uy kaysa mag* Internet*."*
>
> (If I have money, I check the Internet. But if I don't have money, I just go to the basketball court of the *barangay*. With God's grace, I manage to find sex partners. I would rather give the money to my partner than use it to pay for Internet access.") **(FGD-Low income 25-39, Davao)**

This illustrates that despite the increased access to the Internet, and consequently, the value of having online interventions, there are still segments of the MSM and TG population that continue to prefer more traditional modes of sexual networking.

Another favored mode of obtaining sexual partners is through the referral of friends. However, this is believed to be more common among the *maya*, who are considered as "*sawsawan*" (literally, dip; though as used here, this refers to the notion that one is sexually promiscuous, able to service numerous sex partners). Not surprisingly, inputs from the FGDs among low-income MSM in Davao in particular, indicate that this is not a practice exclusive among the *maya*. As a matter of fact, the said participants themselves say that they trust referrals from friends more than those from strangers they meet in various sites. To them, getting referrals from their existing networks and peer groups serves as an assurance. "Friends can [thus] vouch that the guy is clean and well-mannered. Moreover, they get the chance to share notes (this is taken to mean as either impressions on the partner in general, or opinions on the partner's penis [*nota*] size)." [**FGD 18-24 Low Income, Davao].**

PARTNERSHIP SELECTION.

In selecting casual sex partners—whether paid or not—the single consistent criterion in the three sites is the idealized masculine image, i.e. "*May katawan, maborta, brusko*, athletic, *moreno*." This was particularly true in the selection of sex worker partners, with the more masculine sex workers being able to command higher rates because of their manliness:

> *"Yung isang masahista na kakilala ko,* straight acting*, lalaking-lalaki siya. Ang rate nya is PhP1,500.00* per hour*"*
>
> (There's this straight-acting masseur who's very manly, and his rate is PhP1,500.00 per hour)**[Interview-Internet-based Sex Worker]**

The physical attractiveness of the partner is also considered a determinant for condom use. In the Davao RTD among program implementers, it was mentioned — albeit in jest — that if a prospective partner looks like Dindong Dantes (a local celebrity), then a condom will no longer be necessary. Similar to waiving standards in selecting partners, alcoholic intoxication is also a reason cited for not using condoms:

> "Whenever I am drunk, it's too 'toxic' (i.e. too much of a hassle) to look for condoms." **(FGD 25-39 Low Income)**

Perceived physical attractiveness is the currency with which negotiations are forged. If the partner of interest of discreet-identifying MSM is found to be more physically attractive than them, then they are more than willing to be the receiver, with complete submission treated as a means to flatter the partner of interest.

Though masculinity is generally considered as what is preferred, there is, however, an exception to the desirability of the masculine. Particularly, foreigners are perceived to prefer the feminine over the manly type. "Girlie-girlies (those who are feminine) are more saleable to foreigners. It's easier to get foreigners when I dress up as a girl" **(FGD Low income 25-39, Davao).**

SEXUAL ROLES AND RELATIONSHIPS.

In discussing the participants' preferred sexual positions, labels like "top" and "bottom" need to be clarified. There are two interpretations of these terms, with one connoting the preferred sexual position and the other indicative of a more general issue of dominance. For most, being bottom connotes being the receiving partner in anal sex, while the top is the inserter. However, some participants claim that being bottom refers to the more submissive partners, while being top is associated with dominance, regardless of the preferred sexual position.

Similarly affecting one's role in bed are the partners' self-identity and the kind of relationship one has with a sex partner. Among the TG respondents in Manila, for instance, boyfriends who are construed as *tunay na lalaki* (real men) are expected to assume the inserter role, while the *pa-girl* is automatically the receiver. This illustrates how MSM and TG persons adopt traditional gender values patterned after heterosexual partnerships. The *pa-girl*, according to the respondents, will not even consider topping their boyfriends, as this is tantamount to questioning their *pagkalalaki* (manhood). Obviously, for the straight-identifying partner to even offer to be bottom is said to diminish his manhood and can thus be grounds for termination of the relationship.

This does mean, nonetheless, that the *pa-girl* never assumes the inserter role. For casual and commercial sex with sex workers like service boys, with whom the question of *pagkalalaki* is a non-issue, it follows that the inserter role can be assumed by the less masculine. These results thus indicate that TG and *pa-girl* partners submit to the desires of boyfriends who self-identify as straight by being the anal receiver, though they easily can take on the inserter role when hiring a service boy.

For the discreet-identifying MSM, in general, there is no absolute rule with respect to assuming sexual positions, as this is often subject to negotiation. What is clear is that being top is considered to be a more privileged role for this group. The roles may therefore, shift from time to time, depending on the need to have sex.

Perceived physical attractiveness is the currency with which these negotiations are forged. If the partner of interest of discreet-identifying MSM is found to be more physically attractive than them, then they are more than willing to be the receiver, with complete submission treated as a means to flatter the partner of interest. However, if they feel more attractive than those who woo them for sex, they insist on being the inserter. In such cases, they even emphasize that they are "purely top" – that is, apart from being the anal inserter, they also do not kiss and perform oral sex. One respondent stated:

> "If I really like the guy, I would submit as (a) bottom. But if I am more beautiful than him, I should be the top. Lucky him, I am pretty" **(FGD 25-39 Low Income).**

Yet another consideration in assuming a particular sexual position is the penis size.

Some of the respondents subscribe to the idea that whoever has the larger penis has the almost automatic privilege of being the inserter.

With all these variations, what is clear is the error in the notion that sexual acts are identity-specific. After all, for the respondents, the primary consideration is the pleasure derived from the diverse range of sexual acts available.

> "When a straight guy holds my penis, it simply means one thing – he wants us to have 69." **(FGD 25-39 Low Income, Davao)**

> "Before, I (as *bayot*) have always been the receiver (in anal sex) until I got uncomfortable with it already. But when I tried being the inserter once, I liked it a lot. I, therefore, conclude that it is better to give than to receive." **(FGD 25-39 Low Income, Davao)**

Given the relative risk of anal receivers compared to anal inserters, the fluidity of assumed sexual roles of the diverse MSM and TG persons necessitates rethinking of traditional messages that assume a very static and rigid model among the target audiences.

MULTIPLE PARTNERSHIPS.

The practice of having multiple partners among MSM and TG persons has been identified as a crucial factor in the increase of HIV cases, at least in much of the media reports. However, while the increased risk of engaging in such behaviors is conceded, discussions around this are often replete with sex-negative and homophobic undertones. For instance, the dichotomy between the decent and indecent *bakla* is often invoked, with the discourse often leading to blaming the lifestyle of the latter for the ongoing epidemic. This is unfortunately the same logic taken by many of the respondents of this study, which – yet again – highlights the antagonisms among the different MSM subgroups. Some participants, for example, insist that those who usually have multiple partners are the discreet *maya*, who are often part of clans. *Bayot* respondents, in particular, note with derision how the *maya* engages in multiple partnerships, supposedly even with best friends and consequently, they are at highest risk to HIV infection.

> *"Kasagaran sa maya gyud ko mas mo gamit ug* condom *kay mao man tsismis karon na sila pinakadaghan ug* HIV*"*
>
> (Most of the time I use condoms when with the maya because there hass been talk that they have the highest rate of HIV infection) **[KII-Shine Gay, Davao]**

It is worth noting that the prevailing beliefs are not aligned with the available data. The results of the 2009 IHBSS, in particular, indicate that 60.5% of the respondents have had multiple sex partners in the past month. One can say therefore, that biases are at play.

Along with multiple partnerships, group sex has of late been a cause for concern in the spread of HIV. The results of the 2009 IHBSS indicate that slightly less than a fifth (15.9%) of all respondents has engaged in group sex at least once. One participant shared how he used to arrange orgies:

> *"Ginagawa ko, nagse-*set *ako ng araw at sinasabi ko kung hanggang anong oras pwede ang* place *ko, kung anong yung hinahanap ko, at kung sino ang pwede sumama. Sinasabi ko yan halimbawa sa [online social networking site]. Halimbawa, 'Sinong pwede ng* Saturday *na mag-*orgy*. Kailangan ko ng limang* top *or lahat* top*, ako lang ang* bottom*."*
>
> (I set the date and indicate the time my place will be available, who I'm looking for, and who can join. I post announcements through [online social networking sites]. I say, for example: 'Who are available on Saturday for an orgy? I need five top men and I will be the only bottom.) **[Interview 1-PLHIV, Metro Manila]**

It has to be pointed out, however, that simply engaging in group sex should not be the sole cause of concern. Instead, what is more worrisome is that more than half of those who participate in these orgies do so under the influence of alcohol (56.0%), and are also not of the habit of using condoms (54.5%) (Table 9).

Disaggregating the data by age shows no stark difference across the different age brackets when it comes

It has to be pointed out that simply engaging in group sex should not be the sole cause of concern. Instead, what is more worrisome is that more than half of those who participate in these orgies do so under the influence of alcohol (56.0%), and are also not of the habit of using condoms (54.5%)

TABLE 9. *Group sex behavior*

GROUP SEX BEHAVIOR	PERCENT	N
Used condom in all group sex	12.8	674
Never used condom	54.5	674
Under the influence of alcohol during last group sex	56.0	671
Taken drugs during last group sex	9.0	671
Injected the drugs used	14.3	63
HIV positive who never used condom	54.5 (6)	11
Source: 2009 IHBSS, National Epidemiology Center		

to engaging in group sex. But more young people—with less than 5.0% in the 15-17 age bracket—engage in this high-risk behavior without the use of protection (Table 10).

Based on the telling of the participants of their sexual encounters, central to these behaviors is their constant search for gratification.

> *"Manyakis man gud ko mao gusto gyud ko ug lubi, murag malingaw gyud ko, kay ug mag-*blowjob *ko dali lang ko lud-on,* three times a day *magpalubi, gabi-i kasagaran,* satisfied *ko labaw na ug dako ug kinatawo."*
>
> (I think I'm a sex maniac, that's why I love being bottom so much. I feel very satisfied. For me, to perform oral sex is disgusting. On the average, I have anal sex three times a day and this happens usually in the evening. I'm very satisfied, especially if he has a big penis.) **[KII, Shine Gay, Davao]**

These encounters are also seen as the fulfillment of fantasies, at times with feelings of disbelief that they are actually happening.

> *"Yung nangyari kasi sa akin, di ko siya pinaplano, di ko in-*expect*, dumating na lang. Tulad nung di ko din ma-*imagine *na maka-*experience*yung tipong habang pina-*fuck *ka, duduraan ka at sasaluhin mo ng bibig mo at lulunukin mo… Napapanood ko at nalilibugan ako pero di ko naisip sa talambuhay ko na gagawin ko siya. Pero nung* time *na 'yun parang* I can't say no."
>
> (I didn't expect nor plan what happened to me. They just happened. For example, I never imagined that I would experience being spat on and swallow the spit. I only watched these things in the past, which aroused me, but I never imagined that I would get to do it, too. That time, it was as

TABLE 10. *Percent of MSM respondents who ever experienced group sex and who used condom in all group sex, by background characteristics*

BACKGROUND CHARACTERISTICS	PERCENT OF MSM RESPONDENTS WHO EVER EXPERIENCED GROUP SEX	N	MSM RESPONDENTS WHO USED CONDOM IN ALL GROUP SEX	N
AGE				
15-19	14.6	1,318	6.4	187
15-17 (minors)	14.5	594	4.7	85
20-24	16.1	1,518	13.5	237
25-29	19.5	771	19.2	146
30-34	14.9	336	14.3	49
35-39	15.8	190	20.7	29
40-44	14.0	121	(6.3)	16
45 and above	10.1	99	---	10
EDUCATIONAL ATTAINMENT				
Elementary	13.7	299	9.8	41
Secondary	13.9	2,146	12.2	288
Vocational, college and higher	18.8	1,883	13.7	344
Source: 2009 IHBSS, National Epidemiology Center				

if I can't say no.) **[Interview 1-PLHIV, Metro Manila]**

The participants attribute their behaviors that focus on sensation-seeking to various factors, ranging from early sexual experiences to such gateway behaviors as drinking and smoking.

"Nung ginagawa po kasi namin nung bata, naglalaro kami ng parang tuli-tulian, hangang sa nasanay kami nung nagka-edad. Naging at-ease *kami sa ganoon. Nung nag-*mature *na, nanood na kami ng mga* porn*. Tapos ginawa namin.* Blowjob *lang. Di kami nag-*fuck*, kasi nga parang bata pa ako noon, takot pa ako noon."*

(We use to play and pretend like we're circumcising each other, until we got used to it eventually. We felt comfortable. When we got older, we watched porn and did what we saw, limiting ourselves to blowjob. We didn't fuck because we were kids then, and I was scared.) **[Interview 2-PLHIV, Metro Manila]**

"Nag-umpisa kami sa mga inom-inom, sigarilyo – hanggang bisyo lang. Tapos dumating na sa point na lasing ka na. Nag-iiba na ang behavior *mo di ba? Kaya 'yun na nga, napapasok ka na, nadidikit ka na sa mga lala-lalake. Tapos habang lasing*

The need to find sexual gratification is, in itself, arguably not the problem. Instead, as shown by the actuations of this study's respondents, many willingly forego the standards they often set when selecting casual partners, mainly to give in to sexual urges without the recognition of the risks they subject themselves to.

*ka na – 'yun, nagagawa mo na ang mga bagay-bagay na hindi mo sukat na kaya mong gawin. Nag-*enjoy *naman ako noon. Tapos [na-isip ko] na – 'ay, masarap pala… Nakaka-*enjoy *pala. "*

(We started with drinking, smoking – the usual vices. And then I got drunk. Your behavior changes when you're drunk, right? So you let them penetrate you, you meet more boys. And when you're drunk, you do things you never thought you'd do.) **[Interview 2-PLHIV, Metro Manila]**

Eventually, for these respondents, their experiences became habitual. One participant even describes his experience as being akin to an addiction.

"Dumating sa point na hinanap-hanap ko na siya. Tipikal na sa gabi, [rumarampa] kami. Hindi na rin ako makatulog pag wala talaga akong nagiging partner. *Sa isang araw, mga* three, four*, o* five *[partners]"*

(It came to a point when I developed a craving for it. We'd cruise every night. I can't sleep when I don't have a sex partner. In one day, I'd have three, four, or five partners.) **[Interview 2-PLHIV, Metro Manila]**

Determining the cause of these sensation-seeking behaviors — if this can be determined at all — is not the concern of this study. The experiences of the respondents highlight how the MSM and TG respondents are aware of their sexuality even at a young age, experimenting sexually, and in some cases, experiencing sexual abuse. This is echoed by the data on sexual debut from the IHBSS, which indicates that almost half (46.6%) of MSM and TG will have had their first sexual encounter by the age of 15. Worse, none of the FGD or interview respondents of this study recall having anyone to help them process this experience (i.e. their feelings and the possible health repercussions of their behaviors). The inadequate inputs provided in the formal education setting highlight the need to revisit services currently in place.

*"Hindi kasi yan (HIV) nadi-*discuss *sa* school *namin.* Considering *na ako pa yung* President *ng* Population Education *dati. Basta ang alam lang namin noon sa* AIDS *nakukuha siya sa* sex *at sa* blood through blood transfusion*… Ang tinuro lang sa amin yung* reproductive health*, hanggang sa ganoong bagay lang."*

(We didn't discuss HIV in school in the past. Considering that I was president of the Population Education (school club). We only knew that you can get it through sex and blood transfusion. They only taught us about reproductive health, only that.) **[Interview 2-PLHIV, Metro Manila]**

It may be said that, without the provision of early guidance, risky practices eventually become habits, which older participants already find difficult to unlearn. Clearly, it is at this critical time in the development of MSM and TG persons, when the chance to inculcate sex-positive and LGBT-affirming values and attitudes is missed.

The need to find sexual gratification is, in itself, arguably not the problem. Instead, as shown by the actuations of this study's respondents, many willingly forego the standards they often set when selecting casual partners, mainly to give in to sexual urges without the recognition of the risks they subject themselves to.

> *"Multiple* casual *ha, walang* relationship*.* Orgy, threesome—of course*. Normal yan. Wala akong* criteria *doon."*
>
> (Multiple casual [partners], no relationship. Orgy, threesome — these are normal. And I don't have criteria when selecting partners for these.) **[Middle income, 25-39, Manila]**

> "If you are really horny and *uga* (*tigang*/dry), the face does not matter anymore as long as you get drizzled. Like me, I've always wanted a handsome guy in the past. But as I grew older, whoever comes, I will gladly accept." **(FGD Low income 25-39, Davao)**

There are various explanations offered by the respondents on their seeming insatiable sexual appetite. For one, there is the essentialist notion that gay men simply cannot help being overly sexual.

> *"…*Gay men will always be gay*, kahit saan ilagay. Gagawa [sila] ng paraan.* Let's face it*. Kahit sa* first class [cinemas]*, obserbahan mo, kakaihi lang pabalik-balik... Halos pag-aari na niya ang* urinal*."*
>
> (Gay men will always be gay, wherever they may be. They will always find a way. Let's face it. Even in first class cinemas, observe how they keep returning to the toilet. They act like they own the urinal.) **[RTD-Metro Manila]**

Secondly, there is the pride gained in being able to attract numerous partners. As one respondent stated:

> *"Diyosa ka 'pag naka-aura ka ng more… Maipagmamalaki mo na nakarami ka, pag nag-counting tayo"*
>
> (You're a goddess when you have more sex. You can be proud that you have lots of it when you compare notes with friends.) **[FGD-TG, Metro Manila]**

Thirdly, the evidence of the macho culture is undeniable, with the respondents viewing sex as a conquest, not too different from heterosexual men. Obviously, as with all conquests, the frequency of sex and number of sex partners are perceived as gauges of the worth of most of the respondents.

Fourthly, having frequent sex was considered as a means to improve one's skill, which, in turn, is considered as a necessary step to get more partners. The experience of one respondent highlights this.

During his first relationship, everytime he went to his boyfriend's house, his partner's friends took turns having sex with him, with most of them not using condoms. Since it was his boyfriend who made him do it, this particular responent did not mind the experience. He even saw it as an opportunity to improve his skills. That he was considered a "sex guru" for obliging to such an arrangement was even a source of pride.

> *"Oo, para sa akin advantage na lang, para gumaling ako. Pinagsasabay ko na minsan yung tatlo para mabilisan na. Kunwari, habang ine-*anal *ako, may ino-*oral *ako. Sinasabay ko na, hina-*handjob *ko na yung iba. Yung* boyfriend *ko naghihintay lang sa labas. Kaya nga ang tawag sa akin ng mga barkada namin '*sex guru*' daw ako."*
>
> (It was actually advantageous for me, so I could improve. Sometimes, I would have three partners at once. For instance, while I'm being anally penetrated, I also

All in all, the confluence of broadened sexual networks, fluidity of sexual roles, meanings associated with sex and risk factors (e.g. multiple partnerships and group sex), and the psychosocial issues faced by MSM and TG persons possess a huge challenge to any response to the HIV epidemic among MSM and TG.

perform oral sex on another, while masturbating yet another one. All the while, my boyfriend is just waiting for me to finish. Our friends see me as a 'sex guru'.**)** **[Interview 2-PLHIV, Metro Manila]**

Yet another view is perceived elusiveness of prospective sex partners. Respondents thus think that since having a guy who is willing to have sex with them does not happen often, grabbing the opportunity at every turn is the most logical thing to do.

"Panagsa ra baya ng laki muabot. So kung naa, go *dayon basi mawala pa"*

(Men do not come often. So if ever someone comes along, I don't have second thoughts, as dillydallying could mean losing him) [F**GD-Low Income 25-39, Davao**]

It is apparent how the respondents' construal of their behavior influences not only how they view sex, but also how they perceive their very own bodies and their personhood. Sex, after all, defines them and even validates their worth.

It is noteworthy that when looking for serious relationship partners, the need for affirmation is a salient need among the respondents.

"Malambing, di ako ipapahiya, kayang maipagmamalaki ako kahit homo ako"

(Want someone who is] affectionate, someone who will not humiliate me, someone who will be proud of me even if I am a homo[sexual].) **[FGD-TG, Manila]**

"Proud sa akin, proud siya kapag kasama ako"

(I want someone who is] proud of me, someone who will be proud when he is with me) **[FGD-TG, Manila]**

While this is not, in itself, a cause for concern, since this can be said to be a need not exclusive to MSM and TG persons, what is disturbing is when it is placed alongside their views on the viability of forming relationships.

"Bakla ako, seseryosohin ba ako ng lalake? Di rin ako sigurado kung ako lang ba talaga ang partner *niya."*

(I'm *bakla*, will any guy take me seriously? I'm not even sure if he does not have other partners, too.) **[RTD-Metro Manila]**

This low regard for the self also influences the way MSM respondents view abuses they have experienced, which are often ignored or forgotten altogether:

*"*Fourteen *ata ako noon. Parang napadaaan lang po ata 'yun eh [*partner*]. Mga 2:00 p.m. ng hapon, umuulan, tapos nakapayong ako. Hinatak lang ako. Na-*shock *ako, kasi parang di ko in-*expect*. Takot po ako kasi di ko alam ang* feeling*, at baka nga masakit. Sabi sa akin ng ka-partner ko 'pa-*try *nga daw'. Di ko siya kilala. Nagkataon lang. Wala akong naramdaman, siguro*

kasi maliit lang' yung kanya. Nagalit pa nga siya eh, kasi sabi ko virgin *pa ako. Nung na-*try *na niya, minura niya ako, kasi ang luwa-luwag na raw. Wala talaga akong naramdaman. Di siya ganun na-*stuck *sa utak ko. Kasi nga di siya* memorable*."*

(I may have been 14 then. He was just a passerby. It was 2:00 p.m. in the afternoon and it was raining. He grabbed me and I was shocked. I did not expect it. I was scared because I didn't know how it (anal sex) would feel and because it might be painful. He said he wanted to try it with me. I didn't know him. I just met him by chance. I didn't feel anything really, perhaps because his penis was small. He even got mad because I said I'm a virgin. He cursed me saying my ass was no longer tight. I didn't feel anything, really. I can barely remember the incident because it was not even memorable.) **[Interview 2-PLHIV, Metro Manila]**

All in all, the confluence of broadened sexual networks, fluidity of sexual roles, meanings associated with sex and risk factors (e.g. multiple partnerships and group sex), and the psychosocial issues faced by MSM and TG persons poses a huge challenge to any response to the HIV epidemic among MSM and TG. Zeroing in on condom use, results demand even greater nuancing in understanding the epidemic and crafting an effective response.

CONDOM USE.

On a positive note, MSM and TG respondents of the study know how important condom use is. Consistent with the results of the 2009 IHBSS, wherein 84.7% of the total respondents agree that condom use reduces risk (Table 11). the FGD and interview respondents of this study acknowledge that multiple partnerships increase one's risk to HIV infection, and this risk is exponentially increased with one's non-use of protection.

TABLE 11. *Percent distribution of MSM respondents who know means of prevention*

Sites	Untreated STI increases the risk of HIV transmission	Using condom reduces risk	Sex with only one faithful, uninfected partner reduces risk
All sites	87.2	84.7	80.3
Cebu	73.8	67.7	41.9
Davao	90.3	81.7	80.0
Caloocan	91.9	82.0	76.5
Makati	89.0	87.3	95.3
Mandaluyong	83.9	85.7	79.8
Manila	89.2	89.0	86.5
Marikina	93.4	90.4	83.2
Pasig	81.7	92.8	78.3
Pasay	100.0	98.4	96.9
Quezon City	95.5	90.1	78.0

Source: 2009 IHBSS, National Epidemiology Center

When asked why they refuse to use condoms, the participants share common reasons. The most frequently cited rationale for non-use of condoms is the discomfort and loss of sensation effected by the condoms.

Despite the recognition that condom use is necessary to avoid contracting STIs and HIV, this is often mediated by one's perception of the prospective partner's risk to STIs. For instance foreigners and *maya* in Cebu and Davao are seen as more likely to have HIV; hence, respondents are more likely to think that they need to use condoms when having sexual relations with people from these groups.

> "I love myself and I don't want to get into any trouble in the future. Many of my partners are foreigners so I really insist on using condoms." **(FGD 25-39 Low Income)**

Unfortunately, while respondents see the necessity of condoms in preventing the spread of HIV, this does not necessarily translate to actual condom use – a finding validating what other studies have already pinpointed. Majority of the respondents report low consistent use of condoms, which is consistent with the findings of the 2009 IHBSS, wherein only 31.5% of the total respondents report using a condom during their last anal sex. Disaggregating this by age, condom use increases with age, so that young MSM may be said to be more at risk (Table 12).

When asked why they refuse to use condoms, the participants share common reasons. The most frequently cited rationale for non-use of condoms is the discomfort and loss of sensation effected by the condoms. Both anal receivers and inserters expressed their desire for "skin-to-skin sex".

> *"Kahit magbigay ka ng* information *at sinasabi mong mag-*practice *ng* safer sex *ayaw pa rin gumagamit ng* condom *dahil di raw masarap ang* condom*. Kaya depende sa* partner *or minsan depende rin* if the price is right*."*

TABLE 12. *MSM respondents who did not use condom during their last anal sex with non-paying male sex partner, by age*

BACKGROUND CHARACTERISTICS	PERCENT	N
AGE		
15-19	31.7	
15-17 (minors)	14.5	
20-24	32.6	
25-29	18.1	
30-34	8.6	
35-39	4.1	
40-44	3.2	
45 and above	1.7	944
Source: 2009 IHBSS, National Epidemiology Center		

(Even if you provide information and tell them to practice safer sex, they still opt not to use condoms because they don't find it pleasurable. It's still dependent on the partner or in the case of sex workers, on the price.) **[RTD-Metro Manila]**

Related to the aforementioned point, though this time particular among TG participants, is the desire to feel the semen inside the anal cavity. While there are those who prefer using condoms to lessen the mess during sex, for the TG participants, "getting wet" is seen as a very important aspect of their being the receiver. Supposedly, not feeling the semen inside them by remaining dry after the sex act greatly reduces the pleasure experienced from the anal sex, allegedly tantamount to the feeling that they did not have sex at all.

Yet another reason provided particularly by anal receivers is the lack of intimacy effected by condoms. Particularly when in committed relationships, there is the desire to experience the sex act with the partner "fully" and"without any barrier". To a certain extent, there is an element of conquest at play here, too, even on the part of the anal receiver (as opposed to just the inserter) because to have had sex with a person without a condom is supposed to have experienced all of him.

*"Kasi pag gustong gusto ko talaga yung ka-*partner *ko, ayoko mag-*condom*. Parang di ko maramdaman, ayoko ng mga ka-artehan. Gusto ko siyang makuha ng buong-buo."*

(When I really like my partner, I don't like using condoms. I can't feel anything; it's just frivolous. I want to experience all of him.) **[Interview 2-PLHIV, Metro Manila]**

The participants differentiate the men they want to fully experience sex with (i.e. not use condoms), and those they only have sex with to get by (and, supposedly, with condom used during sex). They use the terms "*tanggal-libog*" or "*pampalipas-gutom*"—partners who do not necessarily meet one's standards, but are good enough to get by. How the participants decide on who they "like very much" is unfortunately, somewhat problematic, since this is used very loosely. One PLHIV respondent, for instance, claims that of the 10 partners that he has had, eight of these men meet this criterion.

Not much differ during group sex encounters, since comfort levels also dictate condom use during such instances. That these encounters involve multiple sexual partners in succession makes the task of determining the number of condoms to bring rather problematic.

One respondent [Interview **1-PLHIV, Metro Manila]** shared that during these "parties", participants usually arrive at different times. In one particular instance, a total of seven came, and all had condoms with them. However, the condoms were not enough for every contact that occurred that time. Reportedly, since they already felt comfortable with each other *("nagkagaanan na ng loob")*, no one bothered to leave the premises to get more condoms.

In all the sites researched, the "candy wrapper" metaphor is a rationale used to justify non-use of condoms. One Davao participant, for instance, insists that having a partner wear a condom prevents him from appreciating the penis because it is covered. For others, condom use has more serious repercussions, with the discomfort translating to the loss of sex drive altogether.

"Kasi ang problema ko sa erection*. Kapag nagsuot ako ng* condom *nilalambutan ako."*

(My problem is with erection. I lose it when I use condoms) **[Interview-PLHIV** 1, Metro Manila].

The bottomline is that condom use is equated to unsatisfactory, unfulfilling sex [**Interview 2-PLHIV, Metro Manila**].

There are also superstitions related to having a condom that somewhat complicates the issue of condom use. On the one hand, there are participants who say that always bringing a condom in their pockets or wallets brings them good luck and assures them of a partner for the night. On the other hand, though, there are those who believe the opposite, saying that the more they prepare with a condom, the less likely they are to get a partner for sex. Whereas when they opt not to prepare (i.e. not bring condoms), partners flock to them. This is related to the idea that sex must never be planned, since doing so robs them of the thrill of the encounter. For many, the solution for this dilemma

The discomfort in buying condoms is not limited to young MSM, as it is also experienced by most MSM and TG persons. Here, sex-negative attitudes are clearly to blame.

is not to bring a condom altogether. While condoms may be acquired at any point, for the participants, getting one during spontaneous encounters is never considered an option. They articulate the fear that stalling a sexual encounter to purchase a condom can ruin the moment, which can then translate to having a missed opportunity.

On who should be responsible for having a condom ready, the participants in all the FGDs relegated the responsibility to other people, never themselves. Those who are more bottom than top believe the tops should be prepared with a condom, while the tops believe the bottoms should be more responsible because they are technically more at risk. The sex workers see it as an unnecessary expense, while the clients only deem it necessary to use one if they suspect something is amiss solely basing this on certain indicators (e.g. the smell of the MSWs' crotch area)—though at this point, acquiring condoms may already be foregone because of the heat of the moment.

It is worth noting, too, that the availability of condoms is never a consideration in selecting places to have sex, with the conduciveness of the place for sex and the cost implications considered more important. This is best exemplified by MSM-frequented venues, such as bathhouses, where clear and consistent condom use policies are almost always inexistent. In some establishments, engaging in safer sex is actually made more difficult by establishment policies that prevent MSM from bringing in condoms. Worse, when one opts to purchase a condom from the said establishment, these are sold for approximately three times more than the suggested retail price (PhP30.00/ US$0.70 apiece). Among the places where safer sex policies are present, enforcement remains a problem.

> *"Pumasok ako sa isang* bathhouse*,* I just wanted to prove *kung hanggan saan.* This area has this condom policy*. Sabi ko ayaw kong mag-*condom*. [Ang sagot sa akin,] 'Hindi* sir*, kasi may* policy *kami'. Tapos sabi ko,'ayaw ko nga eh'. In the end,sabi niya,'Sige basta huwag ka lang maingay'."*
>
> (I went inside a bathhouse, wanting to prove what the limits [of these safer sex policies] are. This particular one had a condom policy. I told the person in charge that I did not want to use a condom. I was told that they have a policy. But I insisted that I don't use condoms. In the end, he let me enter, telling me to just be quiet about it." **[RTD-Metro Manila]**

As earlier noted, for sexual relations with MSWs, condoms are seen as an additional and unnecessary cost. In fact, non-use of condoms becomes a bargaining chip, since the money that will be spent buying condoms can be added on top of the agreed-upon price of the service boy or sex worker instead to be able to "demand anything one wishes" **[FGD 25-39 Low Income, Davao].**

It is interesting to note that, to a certain extent, the emphasis on safety every time a condom is used has fueled the discourse on trust versus distrust of people who use or not use it. The mere act of suggesting condom use can be taken as an accusation of having HIV or STIs, or an admission that one is unsafe, something

most respondents are not willing to risk. What dominates, therefore, is the reliance on the assumption that one's partner is safe and clean.

> "For me, if he's your boyfriend, if he's honest, then you should trust him. But with flings, I always make sure." **(Middle income, 25-39, Manila)**

> "Because I'll break up with him (if I start to doubt that he's safe). It's a deal breaker. So [I never use condoms] with my partner." **(Middle income, 25-39, Manila)**

While the purchase of condoms may be an additional burden for MSM from the low income bracket—whether engaged in sex work or not—some still see it as an essential part of their work, some sort of investment on their part. For an Internet-based masseur from Manila, for instance, he sees the cost of purchasing condoms as a component of the payment received from a client. He views it as an obligation to readily have a condom in every encounter as protection both for himself and his clients.

Young MSM are often forgotten in discussions of access to condoms. Despite having been sexually active at 13, one respondent intimates the difficulty in acquiring condoms during the period. For him, it is hard to imagine that it is any different today.

> *"Pag bata po kasi,* it's so hard for us *na makabili ng* condom *sa mga ganun.* Imagine *13* years old *ka, bibili ka ba ng* condom*?"*
>
> (When you're young, it's just hard to buy condoms. Imagine if you're 13, will you buy a condom?) [Interview 2-PLHIV, Metro Manila]

However, implementers need to be conscious of empowerment issues, particularly in the distribution of free commodities (e.g. condoms) as this may result in dependence on such interventions.

> *"Kung naa* condom available*, mo gamit gyud ko, murag sayangan ko magpalit ug* condom*, kung usahay naa man gud maghatag sa amo-a"*
>
> (If there are condoms available I would definitely use it, I feel that buying a condom is a waste of money, because often we are given free condoms) **[KII-Shine Gay, Davao]**

The discomfort in buying condoms is not limited to young MSM, as it is also experienced by most MSM and TG persons. Here, sex-negative attitudes are clearly to blame. Condoms are generally seen as an announcement that one is about to have sex or that one is at least planning to, both making one wary of the judgment of people. The pa-girl or the more feminine MSM is said to be more at a disadvantage in this regard. While the masculine-looking MSM will only be worrying about being judged on account of being sexually active, since people will not know anyway who they will use the condoms with, the *pa-girl* is judged on two accounts: being *bakla* (and all the associations attached to it) and his unacceptable, socially deviant sexual activity.

Based on the participants' responses, what is apparent is the token recognition of the importance of condoms. Despite the awareness of its utility in preventing HIV and other STIs, condoms are still seen as dispensible and even frivolous ("*Ka-artehan*". Interview **2-PLHIV, Metro Manila).**

LUBRICANTS.

Most participants are more familiar with the term *pampadulas*, a broad term used to encompass substances ranging from saliva (the most preferred) to baby oil, pomade, and hair conditioner. It is worth noting that the commercially available water-based lubricant is never top-of-mind when discussing *pampadulas*, with some participants not even aware that these are available in the market. It is thus safe to say that when referring to the water-based lubricants, the term *pampadulas* should be avoided as this can be misconstrued as some other substance.

Generally, the participants saw using a lubricant when having anal sex as essential in order to minimize pain and increase satisfaction. Some participants believe that younger MSM and TG need this more, considering their tighter anal sphincters. Older MSM and TGs are said to have less trouble because theirs are already loose ("*maluwag*").

Filipinos are known to have poor health-seeking behaviors, seeking professional treatment only in grave and serious circumstances. In the case of HIV voluntary counseling and testing (VCT), this challenge is compounded by the lack of awareness on facilities that provide this service and the cost of testing – both found to be barriers to access.

Echoing the notation in condom use, with lubricant use, one's own safety is also rarely a concern. This is because it is still the partner's gratification, if not preference, that more often than not determines safer sex behaviors, in this case the use of water-based lubricants.

Among the participants, for instance, there are those who proactively find ways to tighten their anuses – even if this means putting themselves more at risk for infections – as this is perceived to be preferred more by tops. Since increased friction and pain for the bottom is associated with a tight anal sphincter, believed to be more pleasurable for the top, some even apply *tawas* (alum) to their anal area, which they claim is effective in tightening sphincters. That increased friction increases the chances of tissue tear is not a concern among the respondents, and worse, some participants are not even aware of the added risk of contracting a broader range of infections because of this. What is noticeable is how the pleasure of the top is prioritized over one's own. It is no surprise then, particularly for self-identified bottoms, that when a partner requests the use of lubricants, they will almost always oblige.

In terms of acquiring lubricants, majority of the respondents do not have experience buying any, mainly relying on the readily available, free and "organic" saliva.

> *"Ayoko mag-ano (*lubricant*). Para sa akin,* waste of money *lang naman yun eh. Bibili ka ng ganun* for how much... hundreds*? Tapos para sa ganung bagay lang. Meron ka namang pwedeng gamitin na* alternative *para sa ganun. Tulad ng* lotion, *pwede lang naman yung laway lang. Bakit ako gagastos ng* hundreds*?"*
>
> (I don't like using lubricant. For me, it's just waste of money. You buy one for how much... hundreds? Only for something like that. You have alternatives to use for the same purpose, anyway, like lotion. Saliva will also do. Why should I spend hundreds?) **[Interview 2-PLHIV, Metro Manila]**

While using lubricant lessens the pain when engaging in anal sex, spending for the same is not considered necessary, even less so than condoms. Lubricant use among the respondents is common when the intention is to vary the sexual repertoire to increase sexual excitement, and here, again, a partner's request to use lubricant increases the chances of the respondents purchasing it.

Similar to buying condoms, buying lubricants is also associated with having sex. Also similar to buying condoms, the discomfort experienced with buying lubricants is actually less if one is straight-looking, given that lubricants are also used in the context of heterosexual sex, just as it may also be used for other purposes. According to some discreet participants, this may not be the case with the *pa-girl*, since seeing them purchase lubricants may automatically be taken to mean that they will be engaging in anal sex.

ACCESS TO SERVICES.
Generally, Filipinos are known to have poor health-seeking behaviors,seeking professional treatment only in grave and serious circumstances. In the case of HIV voluntary counseling and testing (VCT), this challenge is compounded by the lack of awareness on facilities that provide this service and the cost of testing – both found to be barriers to access. The participants are uninformed particularly about the legally required pre- and post-test counseling, which, when delivered in an MSM- and TG-affirming manner, may assuage apprehensions related to the test.

In cases where participants are indeed aware of service delivery facilities, such as the Social Hygiene Clinics (SHCs), they perceive these to cater mainly to sex workers. More importantly though, they are concerned with being discriminated in these facilities for engaging in male-to-male sex (or being gay, *bakla*, etc., for that matter). Discrimination here can take many forms: from the obvious disapproving statements about their chosen lifestyle ("Have you ever considered that you were not created for that?") to the more subtle body language (e.g. disapproving glances) said to be often influenced by the religious biases of the service providers. In some instances, the seeming indifference is due to the inability of service providers to be conscious of the sensitivities of MSM and TG clients.

For instance, a participant recounted his experience of being inside a testing room, anxiously waiting for the medical technologist to extract his blood sample, when he noticed a religious image posted at the back of the door, staring at him. This made the process all the more excruciating as the discomfort he already was experiencing was aggravated by all the associations he had of religion and its judgment on his way of life.

The perceived lack of confidentiality is also cited as a major consideration in deciding to undergo testing. Participants are wary of being outed by health care providers, which forces some to seek treatment elsewhere, or worse, forego testing altogether. This finding indicates that protocols aiming to protect confidentiality, as mandated by the AIDS Law, need to be implemented accordingly to effectively increase service uptake among MSM and TG persons.

Yet another factor contributing to the low testing rates is the persisting notion people have of how it is to be HIV-positive and of people living with HIV (PLHIV) in general. HIV still conjures images of sickly, bedridden, and unproductive individuals, consistent with the idea of the condition as a death sentence. This further fans the fear of finding out that one is HIV-positive. Despite the presence of the AIDS Law that mandates the protection of PLHIV from discrimination, they continue to be marginalized. Because of this, coupled with the burden of being MSM in an environment where homosexuality and being gender variant are still stigmatized, coming to terms with being HIV-positive and being gay continues to be extremely difficult, and these prove to be major hindrances to accessing VCT services.

Dealing with HIV among MSM and TGs necessitates dealing not just with the disease, but of other factors that may be affecting its spread in these populations. The findings of this study illustrate, for example, how the very low rates of the use of condom and lubricants is related to the reckless disregard for the self and for one's safety, which is very common among the participants. Probing deeper, society's very negative view of sex, in general, and of the various forms and permutations of *kabaklaan* (gayness), in particular, influence MSM and TG persons' self-concept and their risky behaviors. Truly, the problem goes beyond HIV, and this necessitates a response that recognizes this.

V. SPECIFIC RISKS TO MEN WHO ENGAGE IN SEX WORK

Men who engage in sex work are different because of the economic need that underlies their sexual activities. As such, the risks they experience go beyond what have been discussed above. Based on the experiences shared by the respondents, sex workers encounter additional risks, some more than others depending on mediating factors like sexual identity, age, and the kind of sex work undertaken.

While other reasons have been forwarded for entry into sex work, financial limitation is the main motivation for majority of the MSW respondents of this study. The relevance of the financial gains that force majority of the respondents into sex work is worth highlighting because it actually dictates many of the actuations of the

Taking a passive role in anal sex and an active role in oral sex increase the fee. It is thus an effective tool used to negotiate for higher rates.

sex workers. These include the selection of partners and the sexual acts engaged in, both frequently determined by the price a client is willing to pay. There is a notion that the "system" gives them little leeway to choose the partners they opt to have sex with as the choice is for the client to make ("*pilian ang sistema*"). This is said to be even more pronounced among masseurs.

Some of the respondents report instances when they have declined intoxicated clients. It is worth noting, though, that the underlying rationale in the refusal is still very much influenced by the financial need.

> *"Kapag lasing kasi, madalas hindi nakakapagbigay ng* tip*. Minsan tumatakas. E pag tumakas, hindi mo na hahabulin, kasi siyempre* customer *yun. Di mo naman pwedeng ipahiya yun."*
>
> (Drunk clients often do not give tips. Sometimes they run out on you, and when they do, you don't run after them anymore because they're customers. You simply don't embarrass customers.) **[FGD, Establishment-based sex worker, Metro Manila]**

The discourse of the respondents on the sexual services they provide further illustrate the commodification of these acts. They speak of a hierarchy determined by the cost of each service. *Romansa* (romancing), the least costly for the client, is at bottom of the list of services offered. Sucking and being the receiver in anal sex, meanwhile, top the list, as these are seen to constitute what they refer to as "true service".

> *"'True serbis' ang tawag doon (*being bottom*). Yun yung mga* straight *na* all-the-way*. Kumporme yun sa presyo, hindi na importante ang itsura. Pero depende pa din sa masahista kung gusto niya."*
>
> (It is 'trueservice' when a masseur agrees to be a bottom, when he goes all-the-way. This is dependenton the price agreed upon, and the looks don't matter.) **[FGD, Establishment-based sex worker, Metro Manila]**

As expected, "true service" is the most costly for the client.

> *"Naga-depende sa* performance *ang bayad, kung buhaton nimo tanan ginabuhat niya daku gyud na."*
>
> (The pay is dependent on the performance. If I do whatever he wants me to do, then that is more expensive.) **[KII-Freelance Sex Worker, Davao]**

Taking a passive role in anal sex and an active role in oral sex increase the fee. It is thus an effective tool used to negotiate for higher rates.

> *"Nagahulat giyud ko sa akong* customer *mo ingon nga lubuton ko niya para makapangayo ko ug dugang bayad. Pero kung dili siya mo-ingon unya daku siya ug kinatawo, ako na gyud mo ingon niya."*
>
> (I usually wait for my customer to ask me if he can fuck me so that

I can ask for additional pay. However, if he doesn't ask for it and he has big penis, I am the one who asks him to fuck me.) **[KII-Shine Gay, Davao]**

Reported rates also vary for the different kinds of MSWs in the different cities, with masseurs commanding far higher amounts than the *nelatch* in Cebu, where "true service" only command PhP250.00.

"If you do 'sing and dance' (oral and anal sex), you are paid higher. You get paid for PhP250.00 compared to performing oral sex, which only pays PhP50.00." **(FGD, Nelatch)**

THE NELATCH – who, as defined, are underage MSM – report feeling more vulnerable to abuses, with some of the respondents claiming being brought to clients' houses even if they feel uneasy about it. Needless to say, room for negotiations — whether on the cost of the services or the very acts expected from them — is significantly lessened in such contexts.

"The riskiest part of my work is when a customer takes me to his house. A customer refused to pay me for my services once. That was abuse." **(FGD Nelatch, Cebu)**

It is not only the rates that vary, but also the types of services offered by different types of MSWs. Some of MSW participants claim, for instance, that Davao callboys offer limited sexual acts when compared with the *ilogons*, since the former are always "top" while the latter can be "versatile", depending on the client's demand and the price he is willing to pay. Also, *ilogons* are seen to be more lax in negotiating condom use. Other respondents — both clients and MSWs — attest, however, that this distinction is not very accurate in actual practice because when offered the right price, even the callboy will be willing to be penetrated.

"Pwede akong chumupa, kumantot, kantutin, lahat pwede. Yung mga ibang callboy*, siguro ganun din. Hindi lang nila inaamin. Kasi mga* hypocrite *sila. Tinatago lang nila. Syempre kinakahiya nila. Ako nga* proud *nga ako eh.*

(I suck penises, penetrate and be penetrated, I have no reservations. Other sex workers are likely the same. They just deny it because they are hypocrites. They hide it because they are ashamed of it. In my case, I am even proud of it.)[**Interview**, **Freelance sex worker, Metro Manila**]

Central to the discussions of the MSWs is the presence of choice in the actions that they perform with clients. Supposedly, in the end, it is still up to the MSW if he will oblige (e.g. "*Kumporme sa masahista kung gusto niya*" [It is up to a masseur if he would do more]). This idea is important in contextualizing the gender-related concerns raised by the participants.

While there is wide recognition that rendering "true service" (i.e. engaging in anal sex in return for money) is commonplace, the straight-identifying respondents are often quick to point out that they personally do not engage in such acts. Apparently, this is considered as *kababuyan* (barbaric) and straight men do not engage in such acts. Rendering "true service" is what their cohorts are wont to do. It is here where tensions brought about by their sexual identity, and the definitions and expectations they have of such an identity (*tunay na lalake*) emerge.

Generally, there is the belief that to be the receiver in anal sex makes one less of a man.

"Pero ako kasi, hindi ako nagpapaganun (anal sex). Kababuyan na 'yun. Kadiri. Siyempre 'di ba, lalake ako. Parang kabawasan 'yun sa pagkalalake ko."

(I don't engage in anal sex. That's gross. I'm a man. That diminishes my masculinity.) **[FGD, Establishment-based sex worker, Metro Manila]**

However, even with this belief, there are MSWs who still bottom, with the financial gains buffering their prized but fragile manhood.

*"Siyempre masakit sa amin makipag-*sex *sa bakla, siyempre lalake kami. Ginagawa na lang 'yun para sa pera."*

There is a pervasive belief that MSWs are, for the most part, straight men who happen to desperately need money, and are willing to do anything to get the same. As such, while there is no reported discomfort in satisfying straight-identifying MSWs during sex, clients were not as keen on the idea that a gay-identifying MSW will get paid to enjoy the same act.

> (Of course it's [emotionally] painful for us to have sex with gay men because we are men. We only do this for the money.) **[FGD, Establishment-based sex worker, Metro Manila]**

One service boy shares that he enters into committed relationships with other men. However, every time this happens, he makes sure that the boyfriend is not from the vicinity where he lives. This is because of the discomfort he feels knowing that people are aware of his situation. As a man, he says, it is dehumanizing (i.e. "*nakakawala ng dignidad*" [you lose your dignity]) to be in a relationship with another man.

A closer analysis of the responses provided by the participants on why they refuse to assume the receiver's role in anal sex, however, shows that the fear experienced by the MSM goes beyond diminished masculinity. For some, there is fear that if they bottom, they may turn gay. Here, homosexuality is considered to be contagious (*nakakahawa*), triggered by the prospective pleasure derived from being bottom. The fear seems to be rooted in the possibility of enjoying being bottom, and doing so entails an almost automatic change in their sexual identity.

> *"Kung yung masahista, nag-e-*enjoy *na sa pakikipag-*sex *sa bading, ayun nahahawa na. Nakakahawa naman kasi ang pagiging bading. Kaya ayun, nagpapatulan na rin mga masahista."*
>
> (When a masseur starts to enjoy male-to-male sex, he catches it (homosexuality). Homosexuality is contagious, you see. That's why masseurs end up having sex with one another.) **[FGD, Establishment-based sex worker, Metro Manila]**

For the gay-identifying MSWs, meanwhile, there is cognizance of the supposed need to be discreet with the expression of their sexual identity. There is a pervasive belief that MSWs are, for the most part, straight men who happen to desperately need money, and are willing to do anything to get the same. As such, while there is no reported discomfort in satisfying straight-identifying MSWs during sex, clients were not as keen on the idea that a gay-identifying MSW will get paid to enjoy the same act. Gay MSWs are perceived to be not entitled to pleasure in the context of sex work. One straight-acting, yet gay-identifying MSW's experience sheds light on this:

> *"Pero siyempre* press-release *ko* straight *ako. Siyempre kasi minsan may mga* client *na 'di kumukha ng* bisexual *kasi parang* bisexual *din ito babayaran ko pa. [Baka] mag-e-*enjoy *pa siya."*
>
> (Of course, I tell people I am straight. There are times when clients don't hire bisexuals because they think that they are already bisexuals, so why pay to have sex with another bisexual?) **[Interview-Internet-based Sex Worker, Metro Manila]**

Certain attitudes further reinforce, if not lend some justification, to the acts that the MSWs engage in. For instance, remnants of the local belief that link HIV with female sex workers (i.e. that

only "prostitutes" get HIV) are echoed by the MSW respondents. Women in clubs, who are sometimes prospective partners for these MSWs, are considered dirtier than gay men.

> *"Nakakakuha kami ng babae sa* club*. Dapat mas mag-*condom *nga doon kasi babae 'yun eh. Kadalasan kasi 'pag galing sa* club*, mas madumi sila. Siyempre, iba-ibang lalake na yung nakagamit sa kanila."*
>
> (We tend to hook up with girls from the club. I find it more necessary to use a condom when hooking up with women from clubs because they are dirty. This is becaue these women already had sex with a lot of different men.) **[FGD, Establishment-based sex worker, Metro Manila]**

Still supporting this notion that women may be dirtier than the *bakla*, others argue that since women can find partners far easier than gay men, the latter, therefore, have fewer partners.

> *"Mas madumi yung babae kesa sa bakla. Kasi 'di ba babae sila. Yung bakla, konti lang yung nakaka-*sex *kasi bakla sila. Mahirap maghanap ng lalake. Pero 'pag babae ka, madali lang."*
>
> (Women are dirtier than gays. The gays have less sexual partners because it is harder for them to look for partners. But in the case of women, it is easier.) **[FGD, Establishment-based sex worker, Metro Manila]**

This thinking is translated into a perceived greater risk for HIV infection among women than men, with one participant going a step further by stating that HIV prevalence is higher among women.

> *"Mas malapit ang* HIV *sa iba-iba ang* sex partner*. Sa bakla din kasi iba-iba din ang* sex partner *nila eh. Pero mas maraming* HIV positive *na babae kasi babae sila, 'di ba? Mas mabilis sa kanila makahanap ng* sex partner*."*
>
> (It is more probable for HIV [transmission] to happen to someone who has many sexual partners. This includes the gay community. However, there are more HIV-positive women because it is easier for them to find sexual partners.) **[FGD, Establishment-based sex worker, Metro Manila]**

The MSWs note that while messages on condom use when dealing with MSM abound, considered as a necessity by existing program implementers, safer sex messages for MSM miss out on important points. As one respondent highlighted:

> *"Ang lumalabas sabi nila nagko-*condom *ako kapag lalake/bading/MSM ang ka-partner ko, pero pagdating sa labas or sa babae di sila nagko-*condom *at [pakiramdam nila] mas* safe *sila."*
>
> (They say that they use condoms with men/gay men/ MSM, but when it comes to female partners outside the establishment, they no longer do so because they think women are safer.) **[RTD-Metro Manila]**

Stories of relations with women from clubs are common among the MSW participants of this study. The few who are married provide insight on how they construe safety, and more importantly, on whose safety is of utmost importance. For them, keeping oneself safe is done for the female partners; and this is primarily done because one is in love.

> *"Pag magpa-lubot ang bayot mag-*condom *giyud ko, dili ko mosugot na molubot kung walay* condom*. Okay lang kung wala kay uyab."*
>
> (If a gay man asks me to fuck him, I use condom. I do not agree to fucking without condom. It would have been different if i didn't have a girlfriend) **[KII-Service Boy, Davao]**
>
> *"Hindi na ako nakikipag-*sex *(sa asawa ko 'pag meron akong* STI*). Pag-uwi ko sa asawa, gusto ko malinis na. Magpapa-*check-up *muna bago gawin*

Regardless of their civil status and sexual identity what was common among the MSWs in the study is the discomfort brought about by the nature of their work, and how these negative feelings affect the way they view themselves, and consequently, the safer sexual practices they opt to engage in or not.

(ang sex*). Siyempre gusto mong makasiguro. Siyempre mahal mo 'yun."*

(I do not have sex with my wife when I have STI. So when I go home to my wife, I make sure that I am free from diseases. I put myself to a series of tests to make sure that I am clean. All because I love my wife.) **[FGD, Establishment-based sex worker, Metro Manila]**

According to one participant, he refrains from having sex with his wife whenever he goes home to the province. This makes sense since masseurs are often sent home when they contract any STI, and are then deemed unfit to work. With married or partnered MSWs, engagement in sex work is often not discussed with — if not kept secret from – their girl friends or wives. Thus, avoiding sexual relations with wives or partners in the few occasions that they go to the province seems a better option, as opposed to doing so and possibly passing on an infection. Either way, this inevitably puts a strain on the relationship.

Regardless of their civil status and sexual identity, however, what was common among the MSWs in the study is the discomfort brought about by the nature of their work, and how these negative feelings affect the way they view themselves, and consequently, the safer sexual practices they opt to engage in or not.

For some respondents, insisting on using protection even with regular *suki* (regular clients) is deemed necessary.

"Suki gamit always condom *kay basi tulo ang suki sa gawas."*

(Even for a regular client, I still always use condom. What if three of your regular partners have it?) **[FGD-Establishment-based MSW, Davao]**

Still for some, free condoms make it easier for them to stay protected. These free commodities are particularly helpful for those who see anal sex as being dirty.

"May condom *kasi na binibigay sa* clinic. *Libre lang 'yun. Ayokong 'di gumamit kasi madumi 'yun eh. Pero sabi nila mas masarap 'pag wala daw. Pero ako, dapat meron kasi madumi."*

(The (health) clinic provides free condoms. I do not like to have sex without the use of condom because I find anal intercourse dirty. Some say it is more pleasurable without condom. But in my case, I find it necessary because anal intercourse is dirty.) **[FGD, Establishment-based sex worker, Metro Manila]**

That being said, such a service continues to be inequitably distributed across MSWs and geographic areas. This is very much pronounced among the *nelatch* in Cebu, who end up relying on clients to provide protection for their sexual activities:

"I will only use condoms if our gay customers will bring some. I do not buy condoms because it is an additional expense, and besides, I do not have the money to buy condoms." **(FGD-Nelatch, Cebu)**

Making condoms available is but the first step. Attitudes continue to be a major barrier, clearly illustrating that mere distribution is inadequate. For one particularly candid respondent, the use of condoms is simply unacceptable. For him, the purchase of these commodities becomes even more unnecessary since according to him, outreach workers give them out for free anyway. The free condoms even become an additional source of income for this respondent.

> *"Hindi ako bumibili ng* condom*, binibigyan niya (*outreach worker*) ako. Tapos binebenta ko. Mura lang naman. Para kumita ako.* Five *o 10 pesos. Pero 'di ako gumagamit. Kaya nga ako nagkatulo e."*
>
> (I do not buy condoms. My friend, an outreach worker, gives me some. But I just sell them cheaply. That's still additional income—PhP5.00 to PhP10.00. I do not use them personally, that's why I contracted gonorrhea.) **[FGD, Freelance sex worker, Metro Manila]**

In instances when a client actually prefers using condoms, the same respondent finds ways to avoid doing so and resorts to abusive behavior in the process.

> *"Hindi ako gumagamit ng* condom*. Kasi ayoko talaga. Pag kunwari gusto ng* customer*, maglalagay ako, tapos syempre patay yung ilaw, tinatanggal ko. Kapag gumanun siya (*makes a resisting move*), ginaganun ko nalang yung ulo niya (*makes a forceful move using his elbows*). Di na siya makapalag. Tapos ini-*spread *ko na yung paa niya. Kasi iba ako eh. Nagiging* demonic *ako pag nakikipag-ano. (Kapag pumalag) kinakagat, niroromansa ko nalang siya dito sa tainga."*
>
> (I do not use condom because I really don't like it. If the customer wants me to use one, I wear one and then take it off when the lights are out. When he resists, I pin his head down to immobilize him. He eventually gives in. And then I spread his legs. I become demonic whenever I have sex. If he resists, I would bite or lick his ears.) **[FGD, Freelance sex worker, Metro Manila]**

Though some of his clients have supposedly expressed anger over their experience with him, the respondent alleges that clients eventually just comply, with the termination of the sexual encounter not considered an option by the parties involved. This is also reflective of the idea raised earlier of already being in the moment, or of being at a point of no return, so one just goes along with what is happening. That one wanted to use protection, and that what happened could be classified as rape, are no longer concerns.

> *"Minsan o* twice *na may nagalit [dahil hindi ako gumamit ng condom kahit sinabi niyang gumamit ako]. Kasi 'di rin makapalag kasi andun na eh, pasok na eh. Inaano ko na siya eh, kinakabayo ko na siya kaya hindi na siya maka-ano."*
>
> (One time, a client got angry because I did not use a condom. He eventually gave in because my penis was already in his anus. I was already drilling him, he couldn't do anything anymore.) **[FGD, Freelance sex worker, Metro Manila]**

The negative value judgment on sex work (i.e. that it is "*masama*" or evil) of the MSWs themselves and the dissonance brought about by the inconsistency of their sexual behaviors with their sexual identities (i.e. that they are real men who engage in sex with other men) contributes to the risk-taking among members of the said group. Proof of this is that even among the sex workers themselves, the stereotype of prostitution as the recourse of the indolent is frequently used.

> *"Kaya ang tao nagiging* prostitute *kasi tamad magtrabaho. Gusto nila* easy money."
>
> (People become prostitutes because they're too lazy to work. They want easy money.) **[Interview-Freelance Male Sex Worker, Metro Manila]**

The point raised above, compounded with the idea that sex with men is morally unacceptable ("*Mali talaga kahit sa mata ng Diyos*." It [sex work]

Apart from knowledge gaps, other meanings associated with condom serve as constraints to consistent condom use. For MSW respondents with female partners, condoms are seen more as contraception than protection from HIV and other STIs.

is just wrong—even in the eyes of God [**Interview-Service boy, Metro Manila**]), the psychological demand of coming to terms with these feelings and beliefs is immense. No wonder that, with this notion, they almost expect contracting HIV, AIDS, STIs and other such hazards as punishment or bad karma.

> *"Si Lord ang nagbibigay ng* AIDS*. Parang parusa 'yun."*
>
> (AIDS comes from God. It's like a punishment.) **[Interview Freelance sex worker, Metro Manila]**

Taking these into consideration, it is easy to relate their low self-worth and their belief that HIV is a punishment for an "immoral" job that they are most often forced into, to an almost fatalistic attitude towards HIV.

> *"Sinasabi ko, wala lang 'yun. Okay lang yan. Wala yang* AIDS*. Walang* AIDS *dito sa mundo. Wala yan, gawa-gawa lang nila yan. Isipin mo lang yung sarap. Tutal mamamatay din tayo. Malay mo paglabas mo diyan, masagasaan ka ng pison, oh 'di patay ka na, at least nakatikim ka ng* sex*."*
>
> (It's alright, I say. There's no such thing as AIDS. AIDS was just invented by people. Just think of the pleasure. Anyway, we all eventually die. Who knows, when you go out your house, you could have an accident. Even if that happens, at least you had pleasurable sex.) **[Interview Freelance sex worker, Metro Manila]**

While resignation is apparent in the stories shared, the MSWs nonetheless also recognize that consciously spreading what they may have contracted is within their control. Interestingly, their term for purposely passing on one's STI is "blessing", echoing religious undertones.

Also interestingly, many MSWs hold the notion that they already know enough about HIV and STIs despite the limited if not flawed information they still have about these. One participant, for instance, describes HIV as akin to something that feeds on the flesh, something that dirties the blood, and a cancer: ("*Kinakain [ng* HIV*] ang laman mo… yung dugo mo dudumi… masisira ang* organ *sa loob ng katawan mo parang* cancer *na ewan*" [HIV feasts on your flesh… it dirties your blood… it destroys your internal organs like some cancer]).

Their understanding of the procedures they regularly undergo and the basic information on HIV (transmission, prevention and treatment) also appear to be inadequate. This is particularly true for Metro Manila respondents from massage parlors, who, despite routinely undergoing testing in the SHCs, are still unable to differentiate the purpose of cotton swabbing tests and blood extraction. Moreover, they still hold wrong notions about HIV transmission (e.g. though the exchange of saliva through kissing, sharing of utensils, and mosquito bites). One participant even posits that HIV may be airborne, though the risk of transmission is "only 45%". Still another believes that having tooth decay or cavities are indicative of having HIV. Yet one more respondent claims that having frequent sex can cause STIs (e.g. *tulo*).

The quality of the interventions provided by the SHCs may be put in bad light, but this study has no basis to question the same. What is clear, however, is that the participants point out that when undergoing their weekly check-up in the SHC, they tend to be sleepy and merely go through the testing routine. This being the case, they merely look forward to the module's completion so they can just head home and rest. It is thus no surprise that program implementers continue to encounter sex workers with problematic notions of safer sex.

> *"Ang* drama *lang nila ay 'Huwag mo lang ipapaputok sa bunganga ko' kasi* safety *na rin daw iyon."*
>
> (As long as you don't ejaculate in the mouth, you're safe.) **[RTD-Metro Manila]**

Apart from the said knowledge gaps, other meanings associated with condom serve as constraints to consistent condom use. For MSW respondents with female partners, condoms are seen more as contraception than protection from HIV and other STIs. According to one service boy, for example, he uses condoms inconsistently and this is more contingent on his perceived ability to control his ejaculation. Whenever drunk, he believes that he has less control, so there is a higher likelihood of getting his girlfriend pregnant. In this case, condoms become necessary.

Moreover, consistent with the earlier finding with other MSM, condoms are not found to be pleasurable by MSWs. As such, there are those who opt to bareback as it offers the pleasure of skin-to-skin rubbing. "*Mas masarap talaga yung humahagod*" (What really feels good is when you can feel everything). (**Interview-Service boy, Manila**). When using a condom, it supposedly feels "dry" and "dead".

Lubricants, meanwhile, are seen as something to be used for everything else except during sex with men.

> *"Ang* lubricant *ay pampaluwag sa mga masisikip. Actually, ang* lubricant *para naman talaga yan sa babae. Ewan ko ba kung bakit yung mga bakla nag-lu-*lubricant*. Yang KY, pambabae lang talaga yan. Ginagamit yan sa* sex. *Ang* lubricant, *pampadulas sa* internal organ.*"*
>
> (Lubricants loosen things up. Actually, the lubricant is really for women. I do not know why gay men use lubricants. KY Jelly is really for women. They use it for sex and for internal organs, too.) **[Interview Freelance sex worker, Metro Manila]**

The tightness of the anus to be penetrated is, for some, considered an important aspect of sex with men. This actually has implications as far as lubricant use is concerned.

> *"Hindi ko nararamdaman ang sikip. Parang patay. Parang may* limit*. Parang 'di mo maibuhos ang lahat ng sarap 'pag tumitira ka. Parang may pumipigil."*
>
> (I can't feel the tightness. It feels dead, as if there is a limit. I cannot feel the pleasure when I thrust. I feel constricted.)

While these risks may be addressed by good health-seeking behaviors, the MSWs – as with the other MSM – are not likely to seek medical help unless in dire circumstances. This is even more so among freelance sex workers, among whom a great discomfort is expressed as far as going to a doctor is concerned. "*Nakakahiya mag-punta sa doktor*." One respondent even shares that he has never visited a doctor despite admitting that he has already contracted an STI. Instead, a lot of his friends resort to a "website doctor." Asked how much he thinks it will cost to go to a doctor, his estimate is around PhP2,000.00, adding that this only covers the consultation. Apparently, the discomfort in consulting a health professional; the availability of online "doctors" they can consult; and the perceived cost do not help in encouraging better health-seeking behaviors among MSWs.

There is, however, also a different take on this. For at least one participant, seeing a health professional means stopping his sexual activities with other men. After all, if whatever ails him has been caused by male-to-male sexual encounters, it is then useless and impractical to pay and get treated for it, considering that he will still be engaging in the behavior that caused

There is a belief that, with HIV, one consciously puts oneself at risk, i.e. one knowingly engaged in risky, often socially unacceptable behaviors. This way, getting infected with HIV becomes a "choice". Having a "choice" is also believed to be true as far as caring for oneself in order to prolong one's life is concerned.

it to begin with. Since he still has no intention of leaving sex work, he finds going to a doctor completely unnecessary.

While one is inclined to think that establishment-based MSWs are better off, one common practice among establishments is worth highlighting for failing to recognize the need for adequate health information and services of their masseurs. Based on the responses obtained from the study's participants, they are often punished for contracting STIs by being sent home. There is, however, no indication whether this punitive practice has indeed lessened the number of infections among those in the establishments.

VI. PLHIV-SPECIFIC VULNERABILITIES STIGMA AND DISCRIMINATION.

Issues around stigma and discrimination (discussed at length earlier) deals with the lines drawn between the decent and the indecent *bakla*. This dichotomy, based on rather sex-negative and heterosexist values, inevitably informs self-perceptions of MSM and TG living with HIV as well.

> *"Sa ngayon, parang mas mahirap na meron kang* virus *kasi* automatic *na kahit 'di mo aminin sa* parents *mo na* MSM *ka, pag sinabing mong may* virus *ka, tatanungin ka kung bakit ka nagka-*virus*, sasabihin sa 'yo siguro ganyan ka… [A]ng mahirap sa panahon ngayon, 'pag sinasabi na may* HIV *ka, sasabihin nila kaya may* HIV *ka kasi* sex maniac *ka. Doon talaga ako inis na inis. Kaya medyo nagagalit din ako kay Sarah Jane, kasi 'di ba alam na pokpok siya? Kaya ngayon, ang* thinking *ng tao kaya nakukuha yan kasi pokpok yung tao. Kaya pangit yung tingin ng* public*."*
>
> (It's difficult to have HIV paticularlynow because even if you don't admit to your parents that you are MSM, it is almost automatic for them to assume that you are. And when they know that you are HIV-positive, they say that you're a sex maniac. It really frustrates me. Which is why I'm mad at Sarah Jane (Salazar) because she was a prostitute, right? She's the reason why people think only prostitutes contract HIV, and why the public has such a negative perception of HIV.) **[Interview 1-PLHIV, Metro Manila]**

This is not helped by the continuing general perception of HIV as a death sentence, a punishment for the supposed lifestyle that MSM and TG choose to live, both of which being heavily informed by media. The representation of PLHIV has consistently been that of the sick (or dying), desexualized individual, and the same impressions are shared by the respondents.

> *"(Ang taong may* HIV *ay) mainit ang ulo. Bugnutin. Tapos laging nasa bahay. Hindi lumalabas. (Mainit ang ulo) kasi lagi niyang iniisip yung kundisyon niya. Kaya hindi nagiging maganda yung pakikisama niya. Tapos hindi na siya lalabas ng bahay kasi malungkot na siya."*
>
> ([A person living with HIV is] irritable. He never leaves the house. He's irritable because he always thinks of his condition. He always stays at home because he is sad.) **[FGD-Establishment-based Sex Workers, Metro Manila]**

"'Pag may HIV *ka, nilalagay ka sa San Lazaro. Kinukulong ka doon para hindi ka na makalabas."*

(If you have HIV, the authorities will imprison you at San Lazaro.) **[Interview, Freelance Sex Worker, Metro Manila]**

Indeed, PLHIV respondents are very conscious about the stigma surrounding HIV. In discussing his condition, one participant cannot help but compare this with cancer. He said that with cancer, however, people tend to sympathize and feel sorry for those who have it, as opposed to being HIV-positive, which people find revolting.

"Ang cancer*, kakaawaan ka. Pag ikaw naman may* HIV*, pandidirihan ka"*

(With cancer, people pity you. But if you have HIV, people get disgusted) **[Interview 2-PLHIV, Metro Manila].**

There is a belief that, with HIV, one consciously put oneself at risk, i.e. one knowingly engaged in risky, often socially unacceptable behaviors. This way, getting infected with HIV becomes a "choice". Having a "choice" is also believed to be true as far as caring for oneself in order to prolong one's life is concerned.

"Tapos yun pa, di mo pa pwede pigilan yung spread*.* Unlike *sa* AIDS*,* decision *mo kung gusto mo pahabain buhay mo"*

([With cancer], you cannot stop its spread, unlike with AIDS, where you have the decision to prolong your life) **[Interview 2-PLHIV, Metro Manila].**

Though aware about the option to be healthy and functional, ironically, fatalistic attitudes drive the participants' lack of regard for their well-being and that of their partners.

"Siguro sa pangangalaga sa sarili ko, hindi (ko) na masyado (iniisip). Kasi parang feeling *ko, mamatay man ako* next week, okay *lang. Yun nga lang, sana yung mga* last days *na matira sa akin, na-*enjoy *ako.* I live my life to the fullest *na lang. Mawawala ka rin lang, 'di mo pa nagawa gusto mo."*

(When it comes to taking care of myself, I no longer think about it that much. Even if I die next week, it's okay. I hope though that I get to enjoy my remaining days, that I get to live my life to the fullest. Since you're going to die, you might as well do what you want to do while alive.) **[Interview 2-PLHIV, Metro Manila]**

"Siguro, sa ngayon di ko na kasi yan concern*. Kasi parang* feeling *ko, magkaka-*concern *pa ba ako sa kanya eh bago naman magkaroon yun baka wala na rin ako. Swertihan na lang kung buhay pa ako."*

(Right now, [making sure that my partner is safe] is no longer a concern. Anyway, before he even finds out [that he contracted HIV from me] I may be gone already. I will just leave it to chance that I'd still be alive then.) **[Interview 2-PLHIV, Metro Manila]**

These cases set the backdrop for discussion on disclosure, particularly as this relates to the continued risky sexual practices among MSM living with HIV.

Among the sources of social support that MSM should be able to tap are their peer groups, particularly prior to seroconversion. Judging from the experiences of the respondents, however, a lot of work still needs to be done to equip peer groups for this role.

ISSUES AROUND DISCLOSURE.

In cases where the HIV-positive respondents opt to disclose to friends, fear is the most salient feedback they receive. In certain respects, the respondents say that their disclosure has been good for their peer groups, since their friends are now more conscious about their health and are mindful of their bodies.

Increased access to information about sexual health, the HIV-positive respondents are also seen as conduits of information. This is not always a good thing, however, since there are times when the seropositive respondents are unable to provide correct information (e.g. the idea that HIV would exhibit symptoms persists), so that misconceptions are not corrected in peer groups.

"Kaya siguro pasalamat din na nagkaroon din yung isa sa grupo, at least mas naging maalala sila sa katawan nila"

(Maybe it's also a blessing in disguise that one of the group members tested HIV positive, at least the other members are now more conscious with what they do with their bodies) **[Interview 2-PLHIV, Metro Manila].**

Because of their increased access to information about sexual health, the HIV-positive respondents are also seen as conduits of information. This is not always a good thing, however, since there are times when the seropositive respondents are unable to provide correct information (e.g. the idea that HIV would exhibit symptoms persists), so that misconceptions are not corrected in peer groups.

While disclosing may be said to be beneficial in some ways, it still does not seem to translate to increased discussions around safer sexual practices within the respondents' peer groups. What happens to the respondents, instead, is that they become somewhat of sexual pariahs within their circles. Friends are now merely wary sharing partners with them, again for fear of becoming positive as well.

"Siguro umiiwas na lang sila. Na 'pag ako yung nakakasama nila, o 'pag nakakasama sila tapos alam na nilang may nangyari sa amin ng taong iyon, iwas na sila. 'Di tulad dati, kahit nagalaw ko na share *na iyon, hahabulin pa nila. Pero kasi ngayon, medyo iwas na rin sila. Takot na rin sila."*

(Maybe they're just avoiding [doing something with me]. If I am there, or if they discovered that something is going to happen with me and another person, they just avoid being there. Unlike before, even if I already had sex with a man, they'd still want to have sex with him. But now, they avoid; they fear me) **[Interview 2-PLHIV, Metro Manila]**

There are respondents, of course, who report having strained relationships with friends following disclosure. Particularly among those who opt to maintain a similar lifestyle prior to their turning positive and who choose not to disclose their serostatus to their current sexual partners, trust is always an issue to contend with. The participants are unsure if their friends will tell their partners that they have HIV.

*"*Open *naman ako sa kanila. Pero ngayon, kung magkakaroon ako ng* relationship*, nagta-*try *ako na 'di malalaman ng mga ka-barkada ko. Kasi natatakot ako na maging* familiar *din sila sa ka-*partner *ko, tapos sabihin nila na 'Hoy, bakit mo pinatulan si ganyan, eh may* AIDS *yan!' Di ko maalis sa sarili ko na baka sabihin nila sa mga ka-*partner *ko."*

(I am open with them [about my HIV status]. But now, if I ever have a relationship, I try to keep it from friends. I'm scared that if they know my partner, they might just tell him: 'Why are you in a

relationship with him? He has AIDS!' I cannot help but think that they will tell my partner.) **[Interview 2-PLHIV, Metro Manila]**

What is worth noting here is how peer groups are not perceived to be against the idea of their engaging in sexual activities per se. Instead, friends are seen as more concerned about keeping their circle safe.

> *"Di naman sa hindi ako* sure *sa kanila. Pero natatakot kasi ako na magagalit at maiilang sila kung kilala nila sa* partner *ko. Sa* side *ko na din lang, baka sabihin pa nila sa akin na: 'Alam mo naman na may* AIDS *ka, bakit mo ginawang* boyfriend *yung kaibigan ko?' Kaya ayoko talaga na malapit sa mga kaibigan ko [ang* partner *ko]. Kaya yung mga* boyfriend *kong dalawa, taga-malayo."*
>
> (It's not that I am unsure of my friends. It's just that I'm scared that they will be angry and uncomfortable if they know my partner. The way I see it, they might say: 'You knew you have AIDS, why are you in relationship with my friend?' That's why I don't like my boyfriend to be close to my friends. My two previous boyfriends were from far places." **[Interview 2-PLHIV, Metro Manila]**

Clearly, disclosure to friends is fraught with issues. What the narratives presented by the respondents highlight, however, is the inadequacy of HIV-negative peer groups to provide the necessary support for PLHIV. Given the strategic position of friends PLHIV had prior to seroconversion, it is lamentable if the said group remains untapped in reaching out to MSM and TGs living with HIV. Further investigation definitely needs to be done to determine models to accomplish this.

Apart from getting partners in the usual cruising places, respondents also report attempts to expand their social networks after being diagnosed with HIV. Among these networks are the clans, which are said to offer an avenue for the respondents to maintain their sexual lifestyle prior to getting infected with HIV. While no documented rules exist to bar PLHIV from joining such groups, the highly exclusive nature of these clans does not give them the assurance that they are welcome to join.

> *"May* rules and regulations*. Bago ka makapasok, sinasabi na 'di ka pwede magkaroon ng* sexually transmitted disease*. Kaya syempre, bakit mo sasabihin na meron ka, eh 'di hindi ka nakapasok."*
>
> (They have rules and regulations. Before you get accepted [to the clan], they say that you can't have a sexually transimitted disease. So why will you disclose? That's a sure way not to get in.) **[Interview 2-PLHIV, Metro Manila]**

One PLHIV respondent from Metro Manila belongs to three clans, and he opts not to disclose his status to any of the members of all these clans because of possible backlash if he decides to do so. This is consistent with attitudes regarding disclosing to both regular and casual sex partners. The seropositive respondents know of the general perception that living with HIV necessitates abstinence from sex and that PLHIV are not viable sex partners because they are likely to infect others, so most of them refuse to inform their partners of their HIV status.

Since physical appearance is often the basis to ascertain the status of one's health, one respondent said he uses this as a strategy to hide his situation, particularly during casual encounters.

> *"Nagbi-*base *sila sa hitsura. Isa sa mga na-*experience *ko sa* bathhouse after *ng* sex *minsan, ako, sinasabi ko na: 'O,* safe *ka naman,'di ba?' Parang pakitang tao lang na* safe *ka naman, wala ka namang sakit."*
>
> (They base it on physical appearance. In the bathhouse after sex, I ask my partner, 'You're safe right?' to create the impression that I am safe.) **[Interview 1-PLHIV, Metro Manila]**

Meanwhile, committed partnerships are seen as extremely fragile and respondents take great pains

Stories of group sex gathered from the respondents of the study mostly revolve around activities with other HIV-positive individuals. According to one respondent, seminars that they attend facilitate such activities, as these are often held in hotels for two to three days. Roommates end up as sexual partners for the duration of the seminar, with the underlying logic for the coupling said to be to keep the infection among those who already have it.

to conceal their conditions. Telltale signs of being positive that have to be avoided include being seen taking antiretroviral (ARV) medication, as well as having information, education and communication (IEC) materials on ARV.

> *"Kakatapos lang namin ng* seminar *about* ARVs *tapos nakipag-*meet *ako sa ka-*partner *ko. Nawala sa isip ko na may* portfolio *ako about* [ARV] knowledge and literacy*. Baka malaman niyon kung bakit ako nag-u-*undergo *ng* workshop and seminar about ARVs*. Bigla ako natakot. Sa mga ganoon ako ingat na ingat, sa mga gamot ko dini-*display *ko lang. Pero yung mga* materials *hindi – tulad ng* booklet *ko."*
>
> (I just came from a seminar on ARVs when I met with my partner. It slipped my mind that I had my portfolio of materials on [ARV] knowledge and literacy. He could have found out why I was undergoing the said workshop. I panicked. I'm very cautious when it comes to these things. My medication, I just display them; but these materials, like my booklet, I hide them.) **[Interview 2-PLHIV, Metro Manila]**

Such concerns have implications on how best to provide information for PLHIV (e.g. will online resources be more useful than printed materials?). A key point here, however, is how much work is still needed to be done to provide assistance to MSM and TGs living with HIV in coming to terms with their condition, and in helping them process the issues they have or may have had even prior to seroconversion.

> *"Ang dami kasing pasyente ngayon na hindi pa nakakapag-*out *[*as PLHIV*] sa* family*. Sino magsu-*support *sa iyo kung 'di alam ng pamilya mo. Kasi ang daming namatay doon na* three to four months *na wala man lang bantay. At yun, kailangan malaman na may mga tao na makakausap yung* family *para mapaliwanag kung ano ba talaga yung* HIV *para hindi nila pandidirihan yung pasyente nila."*
>
> (A lot of patients have yet to disclose their HIV status to their families. Who will support them if not their families? Some patients are confined for three to four months die there without anyone taking care of them. They need to know that there are groups that can explain to their families what HIV is so they won't find PLHIVs disgusting.) **[Interview 2-PLHIV, Metro Manila]**

That those who are able to disclose their HIV status to their partners have been empirically found to have increased safer sex behaviors [67] further highlights the importance of such efforts.

SEXUAL BEHAVIORS.

Among some PLHIV, their condition has brought about certain lifestyle changes. For instance, the consistent use of condoms has become a habit for some. For others, however, shifting to a healthier lifestyle is a constant challenge that they have to face.

One of the old habits that appear difficult to undo is having multiple sexual partners.

[67] *Empty?*

While the participants report an initial decrease in the number of partners upon finding out their HIV status, often because of being sad or depressed or being "*wala sa kondisyon*" (out of shape), they eventually return to old practices the moment they start feeling better.

> *"Ngayon, simula-simula na naman ako—texting-texting na naman. May mga nakaka-*experience *na rin po ako, ilang tao na rin. Tulad ngayon,* more than one month *na akong wala sa bahay. Nasa (*municipality*) ako—yung ka-*partner *ko, di niya alam (na* HIV-positive *ako). Natatakot ako na baka malaman niya. Ka-*clan *ko din 'yun."*
>
> (I'm starting again — I'm texting (sending SMS) again. I've already had sex with a number of men. I haven''t been home for a month now. I stay in (a municipality) with my partner who doesn't know (I'm HIV-positive). I'm scared that he'll find out. We belong to the same clan.) **[Interview 2-PLHIV, Metro Manila]**

Meanwhile, stories of group sex gathered from the respondents of the study mostly revolve around activities with other HIV-positive individuals. According to one respondent, seminars that they attend facilitate such activities, as these are often held in hotels for two to three days. Roommates end up as sexual partners for the duration of the seminar, with the underlying logic for the coupling said to be to keep the infection among those who already have it.

> *"Kesa naman makahawa ka pa ng iba. [Kami-kami na lang]"*
>
> (Instead of infecting others, it's better if it is kept among us) **[Interview 2-PLHIV, Metro Manila].**

Such rationalizations are anchored on the image of PLHIV as dangerous "carriers" of a disease, a group that should be isolated and quarantined. It is, therefore, not surprising that as experienced in the data gathering of this study, discussions on the sexual practices ofthe PLHIV with the researchers are often replete with awkward silences. Whether self-imposed or because it is the perceived social expectation, PLHIV seem guilty for having sex drives and actually acting on them. Respondents of the study seem to wait for an affirmation that it is alright for them to still have sex, though, at the same time, they appear to be half-expecting to be judged for doing so.

According to the reports from this study's respondents, the organizers of these seminars manage these incidents (i.e. participants sleeping with each other) by ensuring—or at least attempting to ensure—that no sexual activity happens. To achieve this, calls are made to each room to ensure that the participants are where they were supposed to be; and the staff checks on them in person at 1:00 a.m. These surveillance efforts, however, only seem to reinforce the notion that the PLHIV are not free to have sexual relations, and that they ought to abstain altogether from sex.

In the same vein, it appears that messages with a conscious or unconscious slant for fewer sex partners — sometimes bordering on the desexualization of PLHIV — tend to deemphasize the condom use messages among the said group. Positive prevention messages need to be crafted in a manner respectful of the sexual urges of PLHIV.

In exploring the rationalization of the PLHIVs in their decision not to use condoms, two main themes are identified: the improbability of infection, and the lack of concern for others' and their own well-being as a function of fatalism.

When unprotected anal sex is mentioned, the respondents frequently invoke probability statistics on the likelihood of transmission as a function of their preferred sexual position. For serodiscordant couples, the reduced risk for a negative top having sex with a positive bottom is equated to sex between two HIV-negative men.

> *"Pareho lang din sa (*sex among HIV-*)* negative *yung* negative top *tapos* positive *yung* bottom*. Sabi nga nila, 20% lang yung* risk *ng* top *kumpara sa* bottom *na 200% na makukuha mo."*
>
> (Sex between two HIV-negative men is the same as a negative top having sex with a positive bottom. As they say, there is only a 20% risk if you're top [having sex with

The lack of concern for the self is linked to notions of the fatalistic nature of HIV, and the desire to do whatever one wishes considering the perceived impending death.

a positive bottom] compared to bottoms [having sex with HIV-positive tops] wherein there's a 200% chance that you'll get infected.) **[Interview 1-PLHIV, Metro Manila]**

Some are confused about these statistical probabilities, but they still have unprotected sex anyway:

> *"Mas malaki' yung* chance *pag ikaw mag-bo-*bottom, *pero kung* top *ka, yung* chance *na ma-transferan ka ng* infection*, napaka-liit. Usually talaga yung nakaka-*infect *(yung)bottom. Yung* latest ko *naman na* boyfriend *nagawa na kasi namin lahat, kaya ngayon, masasabi ko lang na malaki talaga yung* chance *na mahawa ko siya."*
>
> (There is a bigger chance when you're the bottom; but if you're the top, the chances that you'll get infected are slim. Usually, it's the bottom that infects other people. My latest boyfriend, I can say that the chances of him getting infected are really big.) **[Interview 2-PLHIV, Metro Manila]**

The lack of concern for the self is linked to notions of the fatalistic nature of HIV, and the desire to do whatever one wishes considering the perceived impending death.

> *"Ngayon kasi 'pag nagka-*AIDS *ka, wala ka naman taning eh,* anytime *pwede ka makuha. Mawawala ka rin lang,'di mo pa nagawa gusto mo."* (Nowadays, when you develop AIDS, you don't know how long you still have to live. You could die at any moment. Since you are already certain to die, you may as well do what you want to do while alive.) **[Interview 2-PLHIV, Metro Manila]**

The same fatalism is also apparent when opportunistic infections (OIs) and ARV adherence are discussed. That the study's participants have gone through seminars and workshops that aim to discuss these concerns indicates that it may be prudent to revisit the modules used in these gathering to determine if these issues are adequately and effectively addressed.

> *"Wala masyado eh. Yun nga, nag-e-*smoke *ako, umiinom ako. Nagpupuyat ako. May nagbago siguro noong* first six months *ko siguro, pero ngayon bumabalik balik na naman. [M]edyo may problema na sa* medication *ko eh, kasi yung* ARVs *ko* one month *kong ini-*stop *kasi nga pumunta ako sa San Mateo tapos naiwan ko ang* ARV *sa bahay.* Back to zero *tuloy ako, kaya lahat ng mga* lab tests *ko inulit. Pero 'di ba nga tinanong mo ako kanina kung ano ung* preference *ko ngayon? Hindi na ako naka-*focus *sa may* virus *ako, inisip ko na lang mag-*enjoy *ako."*
>
> (There are not that many changes in my lifestyle. I still smoke, drink, stay up late. There were changes during the first six months, but things went back to normal. I have some problems with medication because I stopped for one month because I left home and left the medicines there. Now, I'm back to

zero and I have to repeat all my lab tests. You asked me what my preference is now? I don't focus on my having the virus. What's important is I'm enjoying my life.) **[Interview 2-PLHIV, Metro Manila]**

When concern for their partners is raised, one participant speaks of persistent sexual partners who insist on barebacking.

> *"Meron lang talagang makulit na at dahil makulit ka, pagbibigyan kita. yung makulit, sila talaga yung nag-i-*initiate *ng* bareback*."*
>
> (There are people who are pesky, and because they bug me for us to bareback, I give in. These pesky sex partners are the ones who initiate bareback sex.) **[Interview 1-PLHIV, Metro Manila]**

At face value, this respondent's narration gives an impression of the absence of a choice in his part, since he simply caved in due to the partner's insistence. With this, the burden of responsibility is then shifted to the partner, though it is clear with the respondent that he witheld his HIV status. As such, the act of giving in can be seen as punishment for the partner's insistence to be unsafe, for opting for the more irresponsible choice.

> *"Siguro, sa ngayon,'di ko na kasi yan* concern *[makahawa]. Magkaka-*concern *pa ba ako sa kanya eh bago naman magkaroon yun baka wala na rin ako. Swertihan na lang kung buhay pa ako."*
>
> (Maybe at this point, infecting others is not my concern. Should I still care about him when I may already be dead by the time he'd contract HIV I'll just leave it to chance if I'm still alive by then.) **[Interview 2-PLHIV, Metro Manila]**

OTHER ISSUES RAISED.

Aside from the psychosocial needs already discussed at length, the respondents also outline various issues that they hope will similarly be addressed:

1. Proper hospital services with emphasis on the non-discriminatory attitude of medical practitioners; and
2. Cost of treatment, care and support despite the free ARVs available, mainly because the cost of medicines for OIs contracted and the consultation fees of doctors now have to be shouldered by the patients.

Conclusions

Consistent and correct condom use for safer sex remains a challenge among MSM. For this study's participants, knowing of the importance of condom use does not seem to be enough to effect behavioral changes for their actual use, indicating a need to address misconceptions and other notions about the condom in the crafting of messages.

It is undeniable that MSM face various risks, health-related or not, because of their stigmatization and getting discriminated against. As they encounter difficulties in dealing with different groups in society, they miss out on opportunities afforded others.

The results of this study indicate that MSM as a category is heterogeneous, composed of identities that are fluid and dynamic, with some even at odds with each other. Since some of the MSM categories are more invisible than others, considering the difficulty of coming out and being organized, there is a need to be sensitive to the differences presented across the groups that are heavily influenced by class and age, among others.

Consistent and correct condom use for safer sex remains a challenge among MSM. For this study's participants, knowing of the importance of condom use does not seem to be enough to effect behavioral changes for their actual use, indicating a need to address misconceptions and other notions about the condom in the crafting of messages. Minors engaging in commercial sex work, such as the *nelatch*, *ilogon* and service boys, are found to have compounded risks given their minimal access to information and commodities. Also, sex workers in dire need of money almost always opt to not buy condoms even if it means possibly getting STIs for not doing so.

The MSM participants report not having adequate access to comprehensive, correct and timely information on HIV and AIDS. This is not helped by the media reports and mainstream movies discussing HIV, both continuing to be the most salient sources of information for most of the participants. These are often sensationalistic or, worse, blatantly misinformed.

For the few respondents of this study who have been exposed to HIV and AIDS education, the information provided them has not been adequately retained, with salient points forgotten in the succeeding months after they were given the lessons. Proof of this is their failure to recall the messages imparted to them, with their recollections limited to the types of IEC materials they have received, not their content which can help lessen if not completely change their risky behaviors.

HIV testing needs to be given emphasis, since this is a process that the participants are not familiar with. For starters, not many knew the entire process of testing, including such practices as the pre- and post-test counseling as mandated by the AIDS Law, with MSM likening it, instead, to having a complete blood count. Secondly, many MSM continue not seeing themselves at risk, believing their sexual practices remained safe. Thirdly, there were those who would rather not know their HIV status. Lastly, many of the MSM participants of this study did not know where they can get themselves tested, and if it will cost them getting a test. These highlight how HIV testing continues to be unpopular, even if there were those who recognize its necessity.

Similarly problematic is the way the participants view people with HIV. Despite the efforts made to lessen discrimination, such as having a law to protect them, they continue to be marginalized within and outside the MSM and TG communities.

Recommendations

POLICY

1. *Pass anti-discrimination law and ordinances that address violence against MSM and TG; and*
2. *Review gender policies and ensure that these cover other gender identities and sexual orientations*

   In light of increased sexual risk-taking as a function of stigma and discrimination, there is a need to recognize that part of ensuring effective HIV prevention among MSM is the establishment of more accepting safe spaces for them. To achieve this, it is imperative to enact legislations that will protect MSM, TG persons and other marginalized groups based on their gender identity and sexual orientation. Moreover, existing policies and laws (e.g. Anti-vagrancy Law, Anti-trafficking Law) that are used against MSM and TG persons need to be reviewed and amended as necessary.

3. *De-stigmatize HIV and sex education (acknowledge and discuss male-to-male sex and the need for condoms and lubricants)*

   Epidemiological data indicate that the demographic of people contracting HIV is shifting to a younger age group; while the results of this study show that younger MSM and TG persons are simply not getting timely, adequate, and audience-appropriate information. This highlights the urgency of reviewing HIV and sex education given in schools that highly stigmatizes sex — particularly male-to-male sex — either with its continued bio-medicalization of the matter, or its silence on it altogether. In having a more sex-positive HIV curriculum, young MSM may be equipped with the necessary life skills to make more informed decisions pertaining their sexuality (e.g. help them decide to delay their sexual debut, and facilitate condom and lubricant use).

4. *Create policy statement on condom use, and needle and syringe exchange*

   More than encouraging MSM and TG persons to use condoms, an environment that facilitates this behavior is also necessary. While condoms are commercially available in the Philippines, it has been repeatedly noted that venues where MSM and TG persons have sex at times do not facilitate and sometimes even hinder condom use. Moreover, there are documented reports of the use of condoms as evidence for criminal offenses (e.g. solicitation of sex) highlight the need for these to be also looked into.

   As for MSM and TG persons who inject drugs, the absence of a clear policy on needle and syringe exchange remains a major gap that needs to be filled to contribute significantly to HIV prevention among this population that is doubly at risk.

5. *Revisit policies on child abuse; consultation with MSM and TG groups is essential here*

   This study identifies young MSM as a particularly vulnerable sector. Notions of what is acceptable sexual behavior among MSM from those in the older age groups vary, and these contribute in part to this vulnerability. As such, a dialogue with the community

members to clarify this and to attempt to arrive at a consensus may prove beneficial.

PROGRAMS AND STRATEGIES

1. *Address antagonisms within and across MSM subgroups—first by sensitizing the currently predominantly* bakla *program implementers themselves of the repercussions of biases even they have*

   Antagonisms within and across MSM subgroups run deep. Given how program implementers — especially in local communities — are often *bakla*, these antagonisms inevitably get in the way of service delivery. Sensitization to their biases may benefit programs by widening the scope of programs to include groups previously invisible from coverage, while improving the quality of service provision.

2. *Develop core messages that are sex positive, rights-based, age-appropriate, and culture-sensitive, and that incorporate human rights concepts*

3. *Translate messages to a language each of the subpopulations can understand*

   The results of this study indicate gaps not only in MSM and TG persons' knowledge, but also in how they perceive themselves — i.e. their bodies, their sexuality — that have repercussions in HIV prevention efforts. For messages to be effective, then, these should be taken into account, articulated in ways understandable to the different MSM and TG subgroups.

4. *Explore and review the use of technologies to reach out to the diverse MSM subgroups and subpopulations*

   With the expansion of sexual networks facilitated by new technologies, strategies must come from a position that shows appreciation of the sexual networking patterns of the different subgroups. The invisibility of young MSM professionals in the middle- and high-income brackets, often without access to appropriate services and messages, indicates the urgency of determining platforms to reach the said group. Based on the findings of the study, the following are recommended:

   - **LOW-INCOME**, through scaled-up community-based efforts and mobile phone technologies,
   - **MIDDLE-INCOME** 18-24, through schools and the Internet
   - **MIDDLE-INCOME** 25-39, through the workplace and the Internet

5. *Scale-up coverage of outreach and peer education and leadership among community-based organizations*

   Much has been achieved by peer education in terms of raising awareness on HIV and AIDS among MSM and TG persons based on the experience of the low-income respondents. It will be beneficial, however, to assess peer education for MSM to scale-up its coverage by establishing functional coordinating bodies and identifying additional local champions to support and implement

such activities. Improving the quality of the service should also be addressed.

6. *Popularize voluntary counseling and testing, conscious of the factors affecting the low testing rates, by ensuring the availability of quality MSM-friendly services*

   Knowledge gaps (e.g. inaccurate information on the symptoms of HIV, awareness of health facilities providing VCT), and fear and denial as fueled by the perception of HIV as a death sentence, are but some of the factors identified by this study to explain low HIV testing rates. Campaigns that aim to increase testing need to address these issues.

   At the same time, the health sector must ensure the quality of services offered, considering this study's finding that MSM and TG participants are generally wary of not being treated properly (e.g. that they will not be subjected to discriminatory practices, and that confidentiality will be ensured) in health facilities. Possible initial steps to achieve this include the crafting of a list of indicators to determine quality service for MSM and TG, and a list of MSM- and PLHIV-friendly clinics and practitioners, or at the very least, guidelines for MSM- and TG-friendly service delivery.

7. *Capacitate paralegals and human rights advocates on the ground to document gender-based violence among MSM*

   The experience of violence and abuse has been identified as a common thread in the stories of MSM and TG persons of this study, so that an improved system of documentation needs to be set up.

8. *For programs specific to PLHIV:*

   - ❑ Address issues about sustainability of and adherence to socialized ART
   - ❑ Enhance health monitoring in treatment hubs to go beyond CD4 count by including psychosocial support and counseling

   An urgent concern for the PLHIV community is the sustainability of treatment. However, assistance to ensure adherence to treatment has also been identified as an urgent concern.

   More importantly, a more holistic approach to treatment, including psychosocial assistance to address issues of acceptance and coping, need to be established.

9. *Specific to local health providers*:

   - ❑ Incorporate a sociocultural frame that takes into account Filipino MSM realities into the curriculum of educational institutions for the medical and allied professions
   - ❑ Establish functional referral mechanism (e.g. come up with a list of MSM- and PLHIV-friendly practitioners)

   To ensure the development of MSM and TG-friendly services, future health providers should be taught early on to go beyond the current purely biomedical frame currently used in schools. By understanding key sexuality concepts, they will be more able to provide apt services to MSM and TG persons.

   As for health practitioners who currently already provide services, a functional referral mechanism may prove very useful to provide a more comprehensive package of services not limited to medical treatment, but incorporating other needs hihglighted by this study (e.g. psychosocial, legal, etc.).

References

1. **AGUSTO, R. (2000).** *Social Acceptance Needs of Male Homosexuals in Mandaue City: Proposed Intervention Programs*. Unpublished masteral thesis. Cebu: University of San Carlos.
2. **ALEGRE, B. (2006).** *Psychological Perspectives and Development of the Transsexual Woman: a Phenomenological Case Study on Male to Female Transsexuals.* Unpublished masteral thesis. Manila: University of Santo Tomas, Graduate School.
3. **AUSTRIA, F. (2006).** *Gay Voices Online: Understanding Internet Usage.* Unpublished masteral thesis. Quezon City: University of the Philippines-Diliman, College of Mass Communication.
4. **BAYTAN, R. (2000).** *Sexuality, ethnicity and language: Exploring Chinese Filipino male homosexual identity.* Culture, Health, and Sexuality, 2 (4), 391-404.
5. **CASTRO, P. (2003).** *Condom Use and Its Related Factors: The Practice among Young Homosexual Males in Selected Urban Poor Communities in Cotabato City.* Unpublished masteral thesis . Manila: De La Salle University, Faculty of Health Social Sciences.
6. **CATALAN, C. (2010)**. *Reconstructing the Filipino homosexual: Landscapes of resistance, identity, and the global in Filipino Cinema.* South East Asia Research, 18 (1), 67-104.
7. **COMMISSION ON AIDS.** (2008). *Redefining AIDS in Asia: Crafting an Effective Response.* Oxford University Press: New Delhi, India
8. **CONCEPCION, A. A. (2000).** *Knowledge level and the HIV/ AIDS related risk behaviors of the male prisoners in Davao City Jail*. Unpublished masteral thesis . Manila: De La Salle University, Behavioral Science Department.
9. **DALISAY, G. A., MENDOZA, R. M., MIRAFELIX, E. J., YACAT, J. L., STO. DOMINGO, M. R., & BAMBICO, F. R. (2001).** *Pagkalalake: Men in Control?: Filipino Male Views on Love, Sex, and Women*. Quezon City: National Association of Filipino Psychology.
10. **DELOS REYES, R. (2004).** *Counselling the Filipino Homosexual*. Unpublished masteral thesis . Quezon City: University of the Philippines-Diliman, College of Education.
11. **FUENTES, J. Y. (2007).** *Through Dimly Lighted Roads: Sexual Experience and Safer Sexual Practices of Men having Sex with other Men in Davao City.* Unpublished masteral thesis . Manila: De La Salle University, Faculty of Health Social Sciences.
12. **GODWIN, J. (2010).** *Legal environments, human rights and HIV responses among men who have sex with men and transgender people in Asia and the Pacific*. United Nations Development Program (UNDP) Asia Pacific Regional Center: Bangkok.
13. **HERNANDEZ, L., & IMPERIAL, R. (2009).** *Men-who-have-sex-with-men (MSM) in the Philippines- Identities, Sexualities, and Social Mobilities: A Formative Assessment of HIV and AIDS Vulnerabilities*. Acta Medica Philippina, 43 (3), 26-36.

14. **IWAG DABAW INC. (1999)**. *The Prevailing Sexual Attitudes and Behaviors Among Homosexual Men in Davao City*. AIDS Society of the Philippines - Quezon City.

15. **LEE, R. (2002).** *Psychosocial Contexts of the Homosexuality of Filipino Men in Heterosexual Unions*. Journal of Homosexuality, 42 (4), 35-64.

16. **MANALASTAS, E. (2010)**. *Cigarette Smoking among Lesbians, Gay, and Bisexual Filipino Youth*. Paper presented at the 2010 Annual Scientific Conference of the Philippine Population Association, 3-5 February 2008. Mandaluyong City.

17. **MANALASTAS, E. J. (2006).** *Filipino Men's Condom Use During Gay Sex: Findings from the 2003 National Demographic and Health Survey*. Philippine Population Review, 5 (1), 81-92.

18. **MANALASTAS, E. J. (2009).** *Filipino men's efficacy beliefs about acquiring condoms*. Philippine Population Review, 8 (1), 61-72.

19. **MANALASTAS, E., & MACAPAGAL, R. (2004).** *What Do Filipino Gay Male College Students Want To Learn in Sex Education?* Quezon City: University Center for Women's Studies.

20. **MIRALAO, V. (2004).** *Changing Sexual Identities in the Philippines*. Philippine Population Review, 3 (1), 79-92.

21. **MORALEDA, J. S. (2007).** *Coming Out Experiences and Internalized Homophobia among Filipino Gay Men*. Unpublished masteral thesis. Manila: University of the Philippines, Deptartment of Behavioral Sciences.

22. **MORTEL, J. L. (2006).** *Exploratory Study on the Behavior of Men Who Have Sex with Men*. Unpublished masteral thesis . Manila: University of the Philippines, Department of Behavioral Sciences.

23. **NATIVIDAD, J., KABAMALAN, M. M., MARQUEZ, M. P., CRUZ, G., OGENA, N., & LAVARES, M. (2008).** *The HIV/AIDS Situation in the Philippines*. Philippines: Demographic Research and Development Foundation (DRDF), Inc.

24. **OLIVEROS, C. (1999).** *Homosexual Adolscents: Problems and Coping in the Coming Out Process*. Unpublished masteral thesis. Manila: De La Salle University, College of Education.

25. **PHILIPPINE HIV AND AIDS REGISTRY. (2011).** *Newly Diagnosed HIV Cases in the Philippines*. National Epidemiology Center, Department of Health. Manila: National HIV/AIDSS & STI Strategic Information and Surveillance Unit.

26. **RAMOS-JIMENEZ, P., & LEE, R. B. (2001).** *Male Sexual Risk Behavior and HIV'AIDS: A Survey in Three Philippine Cities*. Manila: Behavioral Science Department, De La Salle University.

27. **RAYA, A. (2003).** *Self Acceptance of Partially Self-Disclosd Homosexual Gays from Middle Class Families in Metro Manila*. Unpublished masteral thesis. Quezon City: University of the Philippines-Diliman, College of Home Economics.

28. **RUBIO, R. J., & GREEN, R.-J. (2009).** *Filipino Masculinity and Psychological Distress: A Preliminary Comparison Between Gay and Heterosexual Men*. Sexuality Research & Social Policy: Journal of NSRC, 6 (3), 61-75.

29. **SASOT, A. (2002, AUGUST 27).** *Country Report: The Philippines*. Retrieved June 18, 2010, from http://web.hku.hk /~sjwinter/ TransgenderASIA /country_ report_ philippines.htm

30. **TAMAYO, A., & AGUIRRE, R. (2010).** *Peddlers of the Night: A Phenomenological Inquiry of Service Boys of Tuguegarao City and Enrile, Cagayan*. Paper presented at the 2010 Annual Scientific Conference of the Philippine Population Association, 3-5 February 2008, 1-23. Mandaluyong City.

31. **TAN, M., & CASTRO, P. (2000).** *In the Shadows: Men who have Sex with Men*. Quezon: Health Action Information Network.

32. **TAN, M., BATANGAN, M. T., & ESPANOLA, H. (2001).** *Love and Desire: Young Filipinos and Sexual Risk*. Quezon City: UP Center for Women's Studies and The Ford Foundation.

33. **THE LIBRARY FOUNDATION. (2006).** *The Library Foundation, Manila, the Philippines*. In UNAIDS, HIV and Men who have Sex with Men Sex with Men (pp. 47-52). Geneva: UNAIDS.

34. **TRINIDAD, R. L. (2005).** *Sexual and protective practices among self-identified homosexual men in Metro Manila: A comparison of two disparate income groups*. Unpublished masteral thesis . Manila: De La Salle University, Faculty of Health Social Sciences.

35. **UNIVERSITY OF THE PHILIPPINES POPULATION INSTITUTE. (2010)**. *Lifestyle, Health Status, and Behavior of Young Workers in Call Centers and Other Industries: Metro Manila and Metro Cebu*. Paper presented at the 2010 Annual Scientific Conference of the Philippine Population Association , 3-5 February 2010. Mandaluyong City.

36. **WINTER, S., ROGANDO-SASOT, S., & KING, M. (2007).** *Transgendered Women of the Philippines*. International Journal of Transgenderism, 10 (2), 79-90.

37. **WORLD HEALTH ORGANIZATION. (2010).** *Priority HIV and Sexual Health Interventions for Men who have Sex with Men and Transgender People in the Asia-Pacific Region*.

38. **WORLD HEALTH ORGANIZATION. (2011).** *Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: Recommendations for a public health approach*.