

# **INDIFFERENT ATTITUDINAL ISSUES OF YOUNG MALES ON HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS) ACQUIRED THROUGH MALES HAVING SEX WITH MALES (MSM) ACTIVITIES**

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## **INTRODUCTION**

The issue of Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome (HIV/AIDS) has become the concern of governments across the world. As the spread of the disease does not recognize any national boundary, all countries of the world are involved in bringing the pandemic under control. AIDS is a viral disease caused by HIV that is commonly found in body fluids like blood, semen, vagina fluid, and breast milk of an infected person (Arinola & Adekunjo, 2012; Ajiboye, 2013). As of 2012, there are about 35.5 million reported cases of HIV/AIDS around the world (UNAIDS, 2013). In the Philippines, since 1984 to present, there are about 16,964 cases of HIV/AIDS reported. Of this number, 7,843 came from the National Capital Region (NCR); 2,065 from Region 4A; 1,419 from Region 7; 1,310 from Region 3; 956 from Region 11, where Davao City is located, and the rest of the country comprises 2,233 of all the cases (Philippine HIV/AIDS Registry, 2014). The Department of Health ranked Davao Region the 5th highest growth of HIV cases in the country. (Davao Today, 2014).

In 2013, UNAIDS reported that in most regions of the world, the incidence of HIV infection is declining but the incidence among males having sex with males (MSM) appears to be increasing in several places including in Asia. MSM is defined in this study as the self-identified gay men, bisexual men, and heterosexual men who engage in same sex acts (Manalansan, 2006 & Treat Asia, 2008; Gerodias, 2012). Out of the 33 million reported cases of HIV/AIDS worldwide in 2009, an estimate of 79% engaged in MSM activities. Here in the Philippines, the number of HIV/AIDS cases in 2013 reached 16, 516 and 79% or an estimate of 3,823 were found to

be of MSM (Davao Today, 2014). Moreover, in January 2014, 97% of the 448 new HIV/ AIDS positive individuals confirmed by the STD/AIDS Cooperative Central Laboratory (SACCL) and reported to the HIV and AIDS Registry were males. According to the National Statistical Coordination Board (NSCB) in the Davao Region, the major reported mode of HIV transmission is through homosexual contact. Of the 189 cases in Davao City from 2003 to 2011, 89% were transmitted by homosexual contact or MSM (2011). In an interview, Dr. Jordana Ramiterre, an official of the Reproductive Health and Wellness Center (RHWC) of the Davao City Health Office (CHO) said that the trend of HIV cases in Davao City ranges from 10 to 15 cases per month which she has said to be very alarming. In fact, she said that 60 out of 621 persons who subjected themselves for testing turned positive of the virus for the first quarter of 2013 and majority of them are males engaged in MSM (Sun Star Davao).

Alarmingly, young men who have sex with men are found to be at high risk for contracting HIV. In fact, in the United States in 2006, males who have sex with males (MSM) accounted for more than half of all new infections, with young men with ages between 13-29 years old accounting for more than 1/3 of the infections amongst MSM. (Centers for Disease Control and Prevention (CDC), 2006; Advocates for Youth ©, 2010). This supported the data of the National Epidemiology Center in 2011 where the highest number of HIV cases were the youth, ages 15-24 years old. This only shows that the age range of those getting infected in the country is getting younger.

In this study, the term young males refer to all males within the age bracket of 15- 24 years old since according to the National Epidemiology Center (2011) as stated earlier, the youth ages 15-24 have the highest number of HIV cases for the year 2011.

Due to the increasing incidence of HIV/AIDS related deaths around the world in 2010, 189 countries included the reduction of HIV/AIDS in the Millennium Development Goals (MDG) for 2015 (United Nations, 2012; Gerodias 2012). Part of the strategy to reduce the cases of HIV and AIDS among the younger generation is the promotion of education since this plays an important role in the global efforts to end the pandemic. Providing young people with essential information on HIV/ AIDS enables them to avoid from becoming infected. Acquiring knowledge and skills encourages young people to thwart or reduce behaviours that carry a risk of HIV infection. AIDS education also helps to reduce stigma and discrimination, by dispelling false information that can lead to fear and blame which is crucial for prevention, as stigma often makes people reluctant to be tested for HIV and individuals that are unaware of their HIV infection are more likely to pass the virus on to others (WHO, 2014). The enactment of Republic Act 8504 (The Philippine

AIDS Prevention and Control Act of 1998) was also done to address the many issues concerning the lesbians, gays, bisexuals, and transgender (LGBT) with relation to HIV/AIDS in the Philippines (Gerodias, 2012). The Catholic Bishops' Conference of the Philippines (CBCP) has also started campaigns which focus on providing information about HIV/AIDS in different parts of the country including Davao City (Cancino, 2014). Dr. Jordana Ramiterre, chief of RHWC, said this has gone "very alarming." In Davao City, there is one particular organization named Iwag Dabaw Inc. that adheres to increase the advocacy of HIV/AIDS prevention especially on gay males. It provides gay males with the various program and services within the context of social focus, sexual health information and education (Iwag Dabaw Brochure, 1995; Tuazon III & Ang, 2005).

Despite MDG's campaign, HIV and AIDS have continued to be on the rise and majority of those who were infected, were the gay males (CDCP, 2009; Gerodias, 2012). HIV/AIDS is also now the second most leading cause of death among young people worldwide (WHO, 2014; AVERT, 2014). Despite the enactment of Republic Act 8504 which protects the rights of People Living with HIV/AIDS (PLWHAs) in the country, most MSM still refuse to take part in any intervention.

According to Treat Asia (2008); Gerodias (2012), the increase of MSM related HIV/AIDS cases is due to the lack of knowledge on the MSM issues since HIV-AIDS prevention programs are focused on heterosexual sex and injection drug users. The UNDP (2010) explained, this misleads some men to believe in myths such as the belief that MSM is a safer option than sex with women hence have continued to practice what the CDCP (2008) listed as risky behaviors for HIV transmission that included unprotected or condom-less insertive and penetrative anal sex with multiple unknown same sex partners (Gerodias, 2012).

Moreover, in a study conducted in Bali Indonesia, many of those engaging in MSM are actually knowledgeable about HIV/AIDS. Male commercial sex workers have heard about HIV/AIDS but still continue in their risky sexual adventures. (Fords, et. al., 1995; Lupase, 2004). In another recent study conducted in Nigeria, they have concluded that the problem might not be knowledge as there is usually high level of knowledge among the students. Instead, the problem might actually be attitudinal because many of them simply do not care or are unconcerned of the risk associated with unsafe sexual practices (Onyene et al., 2010, Omoregie, 2002 & Adedimeji, 2003; Ajiboye, 2013). Males engaging in MSM are less likely to see themselves to be at risk of acquiring the disease (Choi et. al, 1995; Lupase 2004). According to Gerodias despite free drugs, care and prevention, most MSM shunned HIV-AIDS testing and continued infecting others with their risky sex acts (2012).

In light of these bases, the study aimed to explore and reveal the knowledge, views and opinions of young males on HIV/AIDS acquired through MSM activities

using prepared interview questions. Results of this study will help groups, offices or agencies and individuals working on HIV/AIDS prevention and control formulate programs and interventions specifically designed for young males who engage in MSM act.

## **RESEARCH QUESTIONS**

This narrative-phenomenological study aimed to explore and reveal the knowledge, views and opinions of young males on HIV/AIDS acquired through MSM activities.

Specifically, the researchers sought to answer the following questions:

1. What is and how thorough is the knowledge of young males on Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome (HIV/AIDS) acquired through Males having Sex with Males (MSM) activities?
2. What are the views and opinions of young males on Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS) acquired through Males having Sex with Males (MSM) activities?
3. What are the adventures the participants have experienced or heard regarding People Living with HIV/AIDS (PLWHAs) due to MSM activities?
4. How do the participants regard PLWHAs due to MSM activities?

## **THEORIES**

The study made use of the social-cognitive framework by Albert Bandura which states that people learn from a variety of experiences, including their own, and by observing the behavior of other people in their society. This implies that the own experiences of young males and the experiences and beliefs on MSM coming from other people they know of, contributes to their knowledge about MSM. This theory also states that knowledge about HIV/AIDS acquired through MSM plays a vital role on how an adolescent engage in positive self-directed change. Thus, individuals who are less knowledgeable about HIV/AIDS acquired through MSM and those who believe in myths are most likely to engage in risky sexual adventures as they do not perceive themselves to be at risk (Majelantle et al., 2014). The study also made use of the Theory of Reasoned Action (TRA) which was formulated by Ajzen and Fishbein (1980). This theory postulates that behaviour is planned and deliberate because it is determined by intention which is influenced by the person's attitude toward particular behaviour, their subjective norms and their perceived behavioral control (Peterson & DiClemente; Gerodias, 2012). This

states that if an individual has an indifferent attitude towards the issues on HIV/AIDS acquired through MSM, there is a higher tendency for this individual to intentionally engage in MSM activities without acknowledging the possibility of getting infected with the virus.

## **BACKGROUND OF THE RESPONDENTS**

The respondents of this study are under the age bracket of 13-24 years old. The respondents are all residing in Davao City during the conduct of the study. Two of the respondents are high school students, three are college students and the other three are working. Respondents numbers 1 to 7 all took part in the Focused Group Discussion while Respondent number 8 took part in a three session In depth Interview.

Respondent 1 is an 18 year old high school student and a resident of Trading Boulevard, Davao City.

Respondent 2 is a 15-year old high school student and also a resident of Trading Boulevard, Davao City. He studies in the same school with respondent 1.

Respondent 3 is a 19-year old 3rd year college student and a scholar of their college. He is currently residing in the dormitory of their school. Upon the interview, he openly admitted that he is a homosexual and experienced in MSM activities.

Respondent 4 is also a 19-year old 3rd year college student and a classmate of respondent 3 and 5 and stays in the same dormitory with them. Like respondent 1 and 5, he also admitted that he is a homosexual.

Respondent 5 is a 19-year old 3rd year college student. Like the two of his classmates, he is also a scholar of their school. Upon the interview he stated that e is a homosexual but he is not engaging in any sexual activities.

Respondent 6 is a 21 year old call center agent living in Toril, Davao City. He identifies himself as a homosexual and admitted that he engages in MSM activities.

Respondent 7 is a 20 year old call center agent living in currently residing in Davao City. He and respondent 6 works in the same call center agency. During the interview, he also admitted that he engages in MSM activities.

Respondent 8 is a 23 year old human resource officer in a company here in Davao City. He openly admits that he is a homosexual and that he engages in MSM activities.

## **METHOD**

This narrative-phenomenological study intended to describe the attitudes of young males on the issue of HIV/ AIDS acquired through MSM including their experiences, knowledge and the beliefs they have on said issue. Results of this study will help groups, offices or agencies and individuals working on HIV/AIDS prevention and control to devise programs and interventions specifically designed for young males who engage in MSM act.

This research was conducted in Davao City a city also known to have a lot of nightlife destinations, KTV bars and call centers.

Purposive sampling was used in the selection of the respondents for this study. The informants for this research were young males within the age bracket of 15- 24 years old some had experiences in MSM activities and some had none. The informants were grouped according to their age. For the Focused Group Discussion (FGD), there were seven informants some had experiences in MSM and some had none but were under the target age bracket. The seven informants were divided into three groups according to their age brackets (15-17, 18-20, and 21-24 years old).

For the In Depth Interview, there were one informant interviewed who engages in MSM activities and under the age of 23 years old. Prior to the conduct of the research, the researchers sent letters to their schools or workplace asking permission if the researchers could conduct an interview with their student or employee. Once the letter was approved, the researchers provided the informants with informed consent forms and asked for a schedule for the interview. The researchers conducted their interview one-by-one using the prepared questions through in depth interview. The proponents assisted their adviser while conducting the interview.

With the permission of the respondents, a tape recorder was used to document the entire conversation and one of the researchers transcribed the details of the interview. In the same manner, the researchers assured the respondents that there will be no bias in conducting the interview and their identities will remain anonymous and safeguarded.

For the FGD, the researchers identified seven respondents, chosen purposively, which were divided into three groups according to their age ranges (15-17, 18-20, and 21-24 years old respectively). Given the approval of the target school and the approval of their parents and guardians through a letter of assent, the participants under the age bracket of 15-17 came from a high school located in Davao City. On the other hand, the participants under the age bracket of 18- 20 came from one of

the colleges in Davao City. Lastly, the participants under the age bracket of 21-24 came from a call center agency in Davao City and the In Depth Interviewee works in a company in the City. The FGD were conducted using the same set of questions in the In depth interview but were conducted on separate days by age group.

To ensure the credibility of this study, the adviser of this study served as the interviewer while the proponents assisted in the interview especially in recording and transcribing the data gathered. To address the transferability of this study, the researchers included in Appendix D several of the data analysis documents used to generate the answer to the research question. The complete set of data analysis documents are filed and available upon request. This access will give other researchers the ability to transfer the conclusions of this study to other cases, or to repeat procedures of this project. To address the issues of dependability and confirmability of this study, the researchers let experts on the field of research and psychology to validate the instrument to ensure that it yields the data needed in the study.

The data collected using In Depth Interview and FGD were analyzed and interpreted using the thematic approach to describe the knowledge and attitude of young males on the issue of HIV/ AIDS acquired through MSM. The In depth interview were held for three days for the informant. The FGD were held for three days for the seven informants grouped into three age groups. The recordings were transcribed combining the recordings from these days creating three transcripts, one for each age group. The data collected from all the focus groups were transcribed by one of the researchers. During this process the initial thoughts and ideas of the informants were noted down. The whole data set were given equal attention so that full consideration could be given to repeated patterns within the data. All initial codes relevant to the research questions were incorporated into a theme. Any themes that did not have enough data to support them or were too diverse were discarded until a clear idea of the various themes and how they fitted together emerged and until a conclusion was made.

## **RESULTS AND DISCUSSION**

This section presents the results of both the focused group discussion and in-depth interview. The answers per question were tabulated, codes were taken from these responses and themes emerged from these selected codes.

### *Matrix 1 Themes on the Knowledge of the Respondents on HIV/AIDS*

Featured in Matrix 1 are the generated themes on the concept of young males on HIV/AIDS.

<i>Ideas/ Issues being probed during interview</i>	<i>Themes</i>
On Participants' Knowledge about HIV/AIDS	<p>A SEXUALLY TRANSMITTED DISEASE</p> <p>They commonly responded that HIV/AIDS is a sexually transmitted disease.</p> <p>A LETHAL DISEASE</p> <p>A few respondents mentioned how the HIV virus attacks the immune system making it weak and vulnerable to other forms resulting to death.</p>

### **A Sexually Transmitted Disease**

When asked about their concept of HIV/AIDS all of the respondents have regarded HIV/AIDS as a sexually transmitted disease. Emphasising how it can be transmitted through having multiple sex partners and unprotected sexual intercourse with an infected as the main causes of acquiring the virus. Some of the respondents also highlighted how it can be transmitted through bodily fluids such as blood and semen.

With uncertainty in his voice, respondent 8, the In-depth interviewee shared his concept of HIV/AIDS. Stating that he believes it is a disease that can be transmitted through sexual intercourse.

*"...ang pagkaunawa ko tungkol sa HIV/AIDS is sexually acquired siya through sexual intercourse." (R8, L 1972-1973)*

*"My understanding of HIV/AIDS is that it's a sexually acquired disease."*

In the focused group discussion, on the other hand, respondent 3 confidently stated how this disease can be transmitted through having sexual intercourse with an infected person. He also added that the virus is passed on through sharing of body fluids and contact with the genitals of an infected person.

*"HIV for me... ahmm... that virus... virus that is acquired through infected person. So, it is napapasa siya eh! yes! It is through.. ahmmm... yung pakikipagtalik sa tao na merong ganyan. So, it maybe from the sperm of the guy that it's already been infected and maybe from genitals of the guy once it will transfer to you. You also become a part of that." (R6, L 1222-1223, 1225-127)*

*"HIV for me is that virus that is acquired from an infected person. So it is transmittable yes, through sexual intercourse with an infected person. . So, it*



maybe from the sperm of the guy that it's already been infected and maybe from genitals of the guy once it will transfer to you. You also become a part of that."

Moreover, another respondent stated however that HIV/AIDS can be acquired specifically through having anal intercourse.

*"Para sa akin ma'am HIV is actually a disease na acquired through anal most probably."* (R7, L 1241-1242)

*"For me ma'am, HIV is actually a disease acquired through anal most probably."*

### **A Lethal Disease**

How do young males view HIV/AIDS? A few respondents mentioned how the HIV virus attacks the immune system making it weak and vulnerable to other forms of viruses eventually leading to the death of an infected.

*"I think ang AIDS is yun yung result ng parang multiple sex partners... Ang HIV... HIV is transmitted disease siya for me... sa pagkaunawa nako... Then AIDS is I think mao ni ang time na nagsevere siguro ang HIV so naghina na ang immune system... which is cause na mamatay ang tao..."* (R8, L 1973-1974, 2689-2691)

*"I think AIDS is the result of having multiple sex partners, that's what I know. HIV is a transmitted disease in my own understanding. HIV is a transmitted disease we can acquire through sexual intercourse then I think AIDS occurs as a result of severe HIV which may result to the death of a person."*

Likewise, another respondent uneasily answered how HIV/AIDS affects the body's immune system making the person vulnerable against other forms of viruses.

*"Ang... pag magka-HIV na ka ma'am, kay dali nalang ka ma... dali lang ka makakuan ug sakit... mahawa ba... madapuan ug sakit."* (R1, L 48-49)

*"If you have HIV ma'am you will get sick easily."*

From the eyes of the researchers, it is impossible to miss the uncertainty in the voice of some of the respondents especially among the youngest participants in the focused group discussion. Despite having adequate knowledge about what HIV/AIDS is all about, it can't be ignored that when it comes to voicing their answers they showed uncertainty and repeatedly emphasized how their answers are mostly based only in their own understanding.

*Matrix 2 Themes on the Knowledge of the Respondents on MSM and MSM Activities*

<i>Ideas/ Issues being probed during interview</i>	<i>Themes</i>
On Participants' Knowledge about MSM and MSM activities	<p>ILLICIT DESIRES</p> <p>The common response was that MSM and their activities are illicit and out of the normal circumstances of human relationship that is dictated by tradition.</p> <p>A COMMON OCCURANCE</p> <p>The respondents pointed out how MSM is not a new issue anymore unlike in the past where people do not readily admit to their real sexual preference or attraction for the same sex.</p>

### **Illicit Desire**

Other than the high risk of infection, some of the respondents shared how they view MSM and MSM activities as bad, illicit or obscene activities despite admitting that they engage in MSM activities themselves.

Respondent 5 shared how he labels MSM activities as bad activities but also admitting that for a homosexual like himself, who is interested to engage in such activities in the future, he believes that MSM is a result of temptation.

*"Well honestly... I am a homosexual person and for me.. MSM in our case... uhm I guess... yes, you're right... this is a bad thing but... uhm sometimes we cannot... maybe the person cannot control it because of temptation."* (R5, L 490-492)

On the other hand, respondents 6 and 7 both described MSM as males who desire other males like themselves and by desire, they refer to the want they feel when seeing someone attractive in their eyes.

*"ahmmmm... yung lalakeng nag kakaroon ng desire sa kapwa lalake. desire means with malice... with of course ahmmmm.... yung something na nakakapag painit sa katawan nila."* (R7, L 1255, 1257-1258)

*"Males who desire other males. Desire means with malice... something that can make the body feel hot."*

Also respondents 4 and 3 hesitantly mentioned how as homosexuals, they know how to have sex with other males. For respondent 4, he shared how he believes MSM activities are not bad for homosexuals like him and the only way of getting HIV through MSM activities is through anal sex with a person with multiple partners.

*"... well of course being homosexual... I have... we have been there... and we know how to have sexual intercourse with our... the same gender..." (R3, L 444-445)*

*"MSM males having sex with male... actually yes... I've been there kanang... nakig-ana ko ug ano... of course... in my... but... male having with... having sex with male is not that... not that bad because... for us homosexuals... not all gays... but sometimes we are doing this but think... you can only acquire HIV with male having sex with male through anal if... that male you are having with... having sex with... is having sex with other gays also..." (R4, L 461-466)*

"MSM, actually yes I've been there, I've done that. But MSM is not that bad for us homosexuals and I think you can only acquire HIV with MSM through anal sex if your partner is having multiple sex partners."

Respondent 3 also stated that he knows that people may view their MSM activities as obscene or illicit things that are not normal and are beyond the normal activities of heterosexual couples.

*"...Obscene things that normal people do not do." (R3, L 1447)*

When asked about his concept on MSM activities, one respondent also said that he believes that MSM activities can lead to HIV infection.

*"...sa MSM na gawain is the activity ah yung activity mismo na ginagawana ng male having sex with males... I think marami siyang way through anal intercourse or ah... yung ano lang siya... sa mouth lang siya... through oral. My oral siya, meron din siyang through... let's say anal sex. For me is ano siya yang prone talaga siya sa HIV." (R8, L 1986, 1988-1989)*

"... MSM activity is the activity itself that is done by males having sex with males. I think there are a lot of ways like through anal intercourse or through oral. For me, it's prone to HIV."

### **A Common Occurrence**

The respondents pointed out how MSM is not a new issue anymore unlike in the past where people do not readily admit to their real sexual preference or attraction for the same sex. Respondents 8 shared how he sees MSM activities as a widespread activity as of the present.

*"So males having sex with male is... first is... syempre in reality... ginahimo na jud na sa tanan karon... murag rampant na siya... na ang lalaki makipagsex sa isa ka lalaki so same sex ano..." (R8, L 2691-2693)*

"So males having sex with males is first, in reality, it's already done by a lot of people now... it's rampant... that a male is already having sex with another male."

Respondents 1 and 2, the only heterosexual respondents both agreed on how the concept of MSM was not known or existing in the past but nowadays as the number of people admitting to be gays or bisexuals increase, so does MSM. However, when asked about their concepts on MSM activities, both respondents uncomfortably admitted that they do not know any activities or neither have a clear concept of what MSM activities are.

*“kining ... diba ... dili ... sa unang panahon diba dili man na natural ang ing-ana. Karon ma’am daghan na ug bayot... tawag nila karon ma’am kay bisexual.” (R1, L 34-35)*

*“Ma’am in the past, that is not natural. Now ma’am there are already a lot of gays and what they call bisexuals now ma’am.”*

Though the respondents have adequate knowledge about HIV/AIDS in terms of their understandings about MSM and MSM activities, respondents 1 and 2, the highschool respondents admitted how they are not knowledgeable when it comes to these issues.

*Matrix 3 Themes on the Knowledge of the Respondents on the Factors that can cause HIV/AIDS*

<i>Ideas/ Issues being probed during interview</i>	<i>Themes</i>
On Participants' Knowledge on the factors that can cause HIV/AIDS	LACK OF AWARENESS Without awareness of the factors that can lead to HIV/AIDS some continue to engage in risky sexual behaviours such as having multiple sex partners and unprotected intercourse.

**Lack of Awareness**

In terms of factors that cause HIV/AIDS, similar answers were also noted. Most considered multiple sex partners, unsafe sex and lack of knowledge as factors that can lead to being infected with the virus. However, only respondent 8, the in-depth interview, shared that even though contraceptives such as condoms are used if proper hygiene is not practiced, acquiring HIV/AIDS is still possible.

*“Siguro ano... unsafe sex. Hindi gumagamit ng condom and ano siguro hygiene din talaga. Kasi even though gumagamit siya ng let’s say contraceptives kung walang hygiene is may tendency talaga na magkaroon ng...ng aids. There is one thing na naka dungog ko ug balita sa akong friend na gay siya nagka herpes siya diri (mouth) so gi ingon sa iya sa doctor is walay hygiene imong partner. So I think hygiene and siguro contraceptives is kailangan dapat isa talaga yan siya. Especially through anal intercourse... especially if*

*hindi nagacondom ang isa... so possibility... may possibility na maano siya... makauha siya ng AIDS... through multiple sex partners.” (R8, L 1994-1999)*

“Maybe unsafe sex. Not using of condom and maybe hygiene also. Because even though he is using contraceptives if there is no proper hygiene, there is still a tendency that AIDS will occur. A friend told me before that he had herpes in the mouth and his doctor told me that his partner has poor hygiene. So I think proper hygiene and contraceptives are needed. Especially through anal intercourse, if the partner is not using condom then there is a chance he will get AIDS and also through having multiple sex partners.”

Another respondent pointed unprotected sexual intercourse as another factor and he also emphasized how it is very important that a person engaging in sexual activities must know how to protect himself. He added how even he believes sex isn't always about pleasure but also about protecting oneself from getting infected.

*“uhm... for me... the main reason why people or homosexual will acquire HIV/AIDS is because of unprotected sexual intercourse because of... like us... we've been there... and we're doing is we're always protecting ourselves because it's not all about pleasure anyway... yes... partly is more about pleasure...but we are more about protecting ourselves... and that's why it's preventing unprotected sex... and another thing is... if your partner is committing multiple sexual intercourse with somebody else... and therefore... probably you can acquire HIV/AIDS... through a continuous phase of... uhm.. prevalence that you are doing the same thing and otherwise they are doing the same thing to other people... there is high percentage occurrence of HIV/AIDS” (R3, L 503-511)*

Respondent 4 also mentioned important it is for a person to know the HIV/AIDS status of his partner. This was also backed up by respondent 3 saying that one must at least have the initiative to ask his partner before engaging in any sexual activities.

*“Ang pinakauna na sanhi na makakauha ka ug HIV is... ang... not knowing na ang partner nimo... is having multisex with... uhm... having sex with other people then.. wala... kanang wala ka kabalo na... nakaisex na diay siya didto then nakisex napud siya sa imo.” (R4, L 513-516)*

“The first factor that can cause HIV/AIDS is not knowing that your partner is having multiple sex partners.”

In line with the responses of both respondents 3 and 4, Respondent 7 also pointed unsafe sex as a factor even sharing what his friend, who died a few years ago from the virus, had experienced. He also mentioned how it took years before his friend started showing symptoms of the virus and that he acquired it by having sex with someone whom he later found out to be infected.

*"I have a friend... I have a friend parang nagkaroon siya ng intercourse sa isang taong HIV/AIDS positive and then pagkatapos kasi ang tagal... pero namatay yung... ang tagal ten years ata? Kasi ang dami na niyang symptoms, ubo siya ng ubo... hindi niya alam. Pero ubo siya ng ubo. Ang dami na niyang skin diseases tapos parang yun... hindi ko siya ka edad ha... parang na kuwento lang sa akin pero friend kami habang my ganun siya. Kumbaga nag start na yung symptoms saka kami naghinala. Tapos ang kuwento sa akin nagkaroon siya ng ka intercourse tapos namatay yung ka intercourse niya with AIDS positive."* (R7, L 1979-1281, 1283-1287)

"I have a friend who had sexual intercourse with a person who is HIV/AIDS positive it took a long time. 10 years probably? Symptoms started to appear, he keeps on coughing. He was not aware. He just keeps on coughing. He already had skin diseases... we're not of the same age... someone just told me the story but we were friends by that time. We only started to have suspicions when the symptoms started showing. I was told then that he had sexual intercourse with someone who died from HIV/AIDS."

Respondent 1 identified sex with the same gender as a factor. Most of the respondents such as respondents 3, 4 and 7 stated that having multiple sex partners and lack of awareness on a partners HIV/AIDS status can cause HIV/AIDS.

Meanwhile, respondent 5 stated that with proper knowledge about prevention, having multiple sex partners is not a factor that can result to HIV/AIDS.

*"I guess you will not acquire AIDS or HIV through multiple sex... it's just that... if you have the knowledge and you know how to do that thing that's all..."* (R5, L 538-540)

When asked about modes of transmission, Respondent 1 and 5 both stated that HIV/AIDS can be transmitted through blood while the rest of the respondents answered that the disease could be transmitted through semen. Respondent 5 also mentioned how open wounds serve as entry points for the virus.

*"I guess when we say HIV or AIDS it's about wounds... yeah wounds... I guess. If it's blood... yeah... blood to blood... semen to blood or anything but I guess laway... hindi po sa saliva. Pero if... for my knowledge ma'am ha... if there is a wound... open wounded and there is a blood... and or semen and that semen will... go in the wound... that's the time you will acquire HIV/AIDS for me..."* (R5, L 532-536)

"I guess when we say HIV or AIDS it's about wound yeah wound I guess. If it's blood yeah blood to blood or anything but I guess saliva is not included. But in my understanding ma'am, if there's a wound, open wound and there is blood and or semen and that semen will go in the wound, that's the time you will acquire HIV/AIDS."

When asked about the factors that can cause HIV/AIDS, not all respondents have the same ideas as to what really caused HIV/AIDS.

*“Through oral sex it doesn’t involve HIV/AIDS basically but...what’s worst is anal sex anal sex... it’s really the reason why MSM activities can really provoke HIV/AIDS infection.” (R3, L 742, 744-745)*

*“Well I disagree with participant 1 (R3) because for me... from my readings... from my reading... you can also acquire ... uhm HIV through oral sex... why? I’ll give you some instances... for example... if you... based on my readings ma’am ha... it... it was stated there that if the gay or homosexual person have... what what do you call this one... luas...oo...luas... that’s very dangerous daw... because that’s an open wound and if you have this oral sex... of course... the dick is so dirty baya... and then... what’s worst if that guy... mapalabas niya ang semen niya sa bunganga ng partner niya... so there are big chances that you will get infected by HIV.” (R5, L 795, 799-802, 806-809)*

*“Well I disagree with participant 1 (R3) because for me, from my readings, you can acquire HIV through oral sex. Why? I’ll give you some instances, for example, if you base on my readings ma’am, it was stated there that if the gay or homosexual person has a (luas) mouth sore, that’s very dangerous because that’s an open wound and if you have oral sex, the (dick) penis is very dirty and what’s worst is if the guy ejaculates his semen in your mouth.”*

The respondents show adequate awareness when it comes to HIV/AIDS but though they seem knowledgeable some uncertainties in their responses can still be noted. Some misconception in the modes of transmission were also observed and are most likely influenced by misinformation.

*Matrix 4 Themes on the Views and Opinion of the Rspndents on why Males engage in MSM activities*

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<i>Ideas/ Issues being probed during interview</i>	<i>Themes</i>
Views and Opinion on why men engage in MSM activities	PERMISSIVE SOCIETY The society has become permissive (liberal) that breaking the social norms has not been that much of a challenge anymore. It is easy to reveal such desires for the same sex without shame and fear. PLEASURE SEEKING TENDENCIES Humans seek for pleasure in whatever means and forms and for some, MSM has been the ultimate fulfilment of their desires.

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## Permissive Society

When asked about factors they associate MSM activities with, the respondents mentioned curiosity, the media, social media and money as key factors which are all somewhat related to the main theme; permissive society.

When asked about the reasons why they believe men engage in MSM activities, one respondent said that, "... I am very certain that the reason why we homosexuals engage in MSM... first is... number one factor is curiosity...yes of course... it is the very vital that plays in the term MSM... intercourse... kasi uhm... if I am homosexual... I cannot experiment on myself... so if I gotta try it to some people or to other... other men so I can... really say... what's... what's the experience or... what's the difference." (R3, L 546-547, 549-552)

"I am certain that the number one factor why homosexuals engage in MSM is curiosity. Of course I cannot experiment on myself so I have to try it to some people or to other men so I can really know how the experience feels and the difference it brings."

Similarly, respondent 8 also said that, "Curiosity, yung halimbawa di pa naka experience so ah parang for me if ever ako wala pa ako naka experience parang Makita ko parang madami naman let me try baka ma gustuhan ko parang ganun. para sa akin." (R8, L 2455-2457)

"Curiosity, like for example, you haven't experienced it yet but others are already doing it so you end up deciding to try it to find out if you would enjoy it as well."

Based on their own experiences, the respondents who admitted that they engage in MSM activities stated how their actions were at first driven by their curiosity on MSM activities.

On the other hand, respondents 1, 6, and 8, they emphasized the significance of social media sites and the media in the increasing incidence of HIV/AIDS among males engaging in MSM activities. Some of the respondents view that some gay themed shows and competitions lead some men to perceive that engaging in MSM activities is acceptable. Alarmingly, some social media sites has also served as means to get potential sex partners.

"*Kanang through... technology ma'am ...through... through... media kay... example lang ko ma'am ha...katong sa SHOWTIME, kanang I'm Pogay... kanang I am Pogay didto nila ginapagawas ang ilang mga tunay na pagkatao... so kato... katong nagduh-duha pa... or ginatago pa nila nag ilang tunay na kuan... kung kinsa sila... murag didto sila naingganyo ma'am na ipagawas ang ilang... kanang ilang tunay na pagkatao...*" (R1, L 140, 142, 146, 148-151)



“Through technology ma’am, through media, for example, in Showtime, they have a contest called I am Pogay. In that contest, men reveal their real identity as gays because of this, those who are still hiding their real self gets encouraged to admit their real gender preference.”

*“Social media and media. There actually the media is... the world in the society is now more open with gays and lesbian, same sex relationship and they think that it's time to come out to their closet..”*. (R6, L 1330-1332)

“Social media and media. The society is now more open with gays and lesbians, same sex relationship and they think it’s time to come out of their closet.”

Another respondent also said that, *“There is one time na parang sa social media is may nag create siya na group all the boys parang bisexual sila parang ganun. Then umabot siya... I think social media isa talaga sa reason. Umaabot siya sa wechat... sa... basta sa mga ganyan na social media then...first is ang narinig ko sa cebu. Cebu siya na parang group na mag group sex sila. So my tendency talaga na dun makakuha ng aids kasi more or less 4 to 5 people nag engage.”* (R8, L 2024-2029)

“There was one time when there were a group of bisexual boys I guess who created a group in the social media. I think social media is really one of the reason. Like in We Chat, like what I heard happened in Cebu where they had group sex. So there is really a tendency to get infected from those activities because it involves more or less than 4 to 5 people.”

Meanwhile, respondents 7 and 8 had identified poverty or the need for money as a reason to engage in MSM activities. Some have pointed out how some men deemed it acceptable to engage in such activities for the sake of providing the needs of their loved ones.

*“Siguro poverty kasi usually... ah... yung nasa... pumunta kami ng gay bar so my nakuha kami isang parang dancer doon may anak siya, so, actually alam ng wife niya na...”* (R8, L 2072-2074)

“Maybe poverty because usually... we went to a gay bar before we got one dancer he told us that he actually had a child and his wife also knows about his job.”

Same response is also noted with respondent 7. *“Parang yung sa mga callboys that are considerably engage parin sila sa MSM. kasi to think parang women talaga yung sexual preference nila pero kasi due to poverty or something that they really needs parang unfortunately they are engage to this... it doesn't mean talaga literally na nag hihirap sila. More on wants. Unsatisfied of their lifestyle kaya napipilitan silang ibenta ang katawan nila.”* (R7, L 1366-1368, 1379-1380)

“Like yung sa mga callboys that are considerably engaging in MSM activities though they really prefer women because just because of poverty. It doesn’t mean literally that they are really very poor. It’s more on wants. They are unsatisfied with their lifestyle that’s all.”

In general, the changing trends in the society and perceives social acceptance lead some MSM, closeted or not, to engage in or to continue engaging in MSM activities with not much shame and fear as decades before.

### **Pleasure Seeking Tendencies**

Majority of the respondents such as respondents 3 and 8 who admitted to be homosexuals claimed that MSM is okay and is normal for homosexuals like them. Respondent 6 also states how MSM activity provides sexual gratification. Some respondents who are MSM stated how as human beings, they are also driven to reach sexual gratification it is only saddening that their means to acquire such pleasure are prone to infection.

*“Of course it’s just normal I can say for all of us... they maybe think it’s... illicit. Immoral... but can you really blame those people like us with the need of this one? Actually I could not consider this one as a want anymore... there comes a... yes, at start it’s a want because of curiosity... but there comes a time that you really need it. It’s a need already... and I hope I could not... I could not reach the peak... that I would really thirst and hunger for that.”* (R3, L 839-840, 843, 847-850)

For respondent 8, *“Parang I can’t live without that parang ganun maam, honestly I can say that I can’t live without that pero, I want to stop but mahirap siya.”* (R8, L 2513-2514)

*“It’s like I can’t live without that ma’am. Honestly I can say that I can’t live without that but, I want to stop but it’s difficult.”*

*Matrix 5 Themes on the Views and Opinion of the Respondents on the Factors attributing in the high incidence of HIV/AIDS*

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<i>Ideas/ Issues being probed during interview</i>	<i>Themes</i>
On Participants’ Views and opinions on the factors attributing to the high incidence of HIV/AIDS	IRRESPONSIBLE SEXUAL ACTIVITIES Despite awareness of what HIV/AIDS is and the factors leading to this disease many continue to engage in risky sexual acts such as having multiple sex partners and unsafe sex leading to the continuous increase of HIV/AIDS cases in the country.

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## **IRRESPONSIBLE SEXUAL ACTIVITIES**

Respondent 5 and 8 have also identified how indifference or lack of care can also be a reason for getting infected with the virus.

When asked about factors they attribute the high incidence of HIV/AIDS with, one respondent said that immaturity is a factor. "...I can say that the reason why this is... the reason why this... uhm... there is incidence of uhm... HIV is... immature thinking...yes maturity... why did I say so? Because many people nowadays... they are doing such as MSM... without thinking... about the possible effects... the consequences and they do not have any responsibility" (R5, L 650-652, 654-656)

*"Siguro ito yung one main reason na parang sobra ka open dito sa society parang... ah.... Yung males don't care na lang kung anong sasabihin ng ibang tao kasi its normal."* (R8, L 2062-2063)

"Maybe one reason is because the society is already too open or accepting so males don't care about what other people would say because it's (MSM) normal."

Some respondents deemed lack of discipline and sense of responsibility in sexual activities contributes to the increase in HIV/AIDS cases. Despite having adequate knowledge, some continue to engage in risky sexual activities without any concern for the risks in their health.

*Matrix 6 Themes on the Views and Opinion of the Respondents on How MSM activities can lead to HIV/AIDS*

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<i>Ideas/ Issues being probed during interview</i>	<i>Themes</i>
On Participants' Views and opinion on how MSM activities can lead to HIV/AIDS	<b>LACK OF CONSTRAINTS</b> The lack of constraints or limitations serves as path to performing risky sexual activities increasing the chances of developing wounds especially during unprotected anal sex which in turn serves as entry points for the HIV.

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### **Lack of Constraints**

Most of the respondents answered how unsafe sex, multiple sex partners and lack of limitations as factors for MSM activities to lead to infection. However, respondent 3 gave a detailed account on how MSM activities particularly anal intercourse can produce wounds in the anal region providing an easy entry point for HIV/AIDS infection.

“..... sa gilid daw sa ano... sa gilid... syempre ang lubot baya nato is gamay... intended for... pangtae lang... then ang tae nato is humok lang siya not like dicks na tig-as. Mao na siya... mao na siya ang time na pagsulod sa isa ka lalaki sa imong lubot... kanang mag... kanang sa gilid gud... sa sobra siguro kadako...masugat... yes ma’am... mao na siya ma’am... plus pagawasan pajud ka sa lalaki sa lubot nimo... mao na siya ang time na makacreate ug... sakit... like AIDS.” (R4, L 783-786, 788-791)

“... the anus is small and intended for the elimination of our wastes... and our stools are soft unlike the penis.... That is why when your partner inserts his penis in your anus it can produce wounds and if your partner also ejaculates inside your anus that is the time it could end to AIDS.”

*Matrix 7 Themes on the Attitude of the Respondents on HIV/AIDS*

<i>Ideas/ Issues being probed during interview</i>	<i>Themes</i>
On Participants’ Attitude on HIV/AIDS	ALARMING The overemphasis of the horrors of HIV/AIDS has caused alarm among young males especially those engaging in MSM activities.

**ALARMING**

When asked about how they view HIV/AIDS, respondents 4, 6 and 8 stated that they are afraid of HIV/AIDS knowing that they themselves engage in MSM activities. Such fear has been the result of the increasing trend of HIV/AIDS infection and the overemphasis on the effects of HIV/AIDS. Some of them have also stated how they already find it difficult to trust their partners and how they sometimes perceive their partners to be cheating on them by having sex with others even without basis.

*“Uhm... for me... HIV/AIDS... for me... it’s really dangerous because nowadays it’s very rampant... everywhere... then... wala ka kabalo if ang imuhang partner naa nay AIDS or wala... it’s because... sa uhm... it’s because ano... I tried asking one of my teachers... told me ang mga ano daw...ang mga naay HIV na tao or AIDS... kanang makipagsex gud sila usab sa ubang tao na kanang dili infected it’s because... gusto nila magrevenge...”* (R4, L 874-879)

“For me, it’s really dangerous because nowadays it’s very rampant everywhere. Then you might not know if your partner is already infected or not. I tried asking my teacher and my teacher told me that PLWHAs have sex with other people who are not infected to extract their revenge.”

Similar response was also noted on Respondent 8. *“Nakakatakot... ah.... Specially wala kang partner. Then eventually nakahanap ka... so, even though na you know him very well, siguro kahit ako... Ah... takot ako mag commit if ever na meron kasi... I don’t.... ah.... Wala na kasing trust na ma build. So, ang iniisip ko na meron din siyang iba. Fear kasi yun yung reason na wala yung trust mo if ever na magkaroon ka nang partner wala ka nang trust kasi you know na maraming AIDS na mataas na ang percentage ng AIDS”* (R8, L 2128-2131, 2539-2541)

*“It’s scary especially if you don’t have a partner. Then eventually you found someone so even though you know that person well, I would still be afraid to commit on the relationship. There is no trust already so I also think that he has another partner. Fear is the reason why you don’t have trust because you know the number of infected is also rising.”*

*Matrix 8 Themes on the Attitude of the Respondents on MSM and MSM Activities*

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<i>Ideas/ Issues being probed during interview</i>	<i>Themes</i>
On Participants’ Attitude about MSM and MSM activities	GUILT Despite claiming that MSM activities are normal, guilt continues to exist knowing that their behaviours are considered illicit or immoral.

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### **Guilt**

Respondents 3, 7 and 8 all stated how they feel somewhat guilty after engaging in MSM activities knowing that it is a factor for the increase in HIV/AIDS cases in the country. They have shared how the pleasure they acquire during their sexual practices is immediately replaced by guilt and the desire to ask for forgiveness and repent from their sinful acts.

*“MSM activity... actually me personally after doing this thing... there comes a realization actually... “huh? What have I done? I never felt anything, nothing improved. So why continue doing this thing? ” But there’s also part of your mind telling you it’s just fine... it’s a matter of maturity, matter of experience... matter of teaching...”* (R3, L 853-855, 857-859)

Similarly, respondent 7 mentioned how he just asked for forgiveness from God knowing that he can’t really quit from these activities *“I really feel guilty about it. Tapos lalo na pag nagprepray kami parang sabi ko... parang forgiveness nalang hinihingi ko, hindi na ako humihingi ng blessings. Forgiveness na lang especially pag nakakita ako ng lalake. Yung desire... umiinit yung keme ko.”* (R7, L 1881-1885)

“I really feel guilty about it. When we pray, I only ask for forgiveness, I don’t ask for blessings anymore. I ask for forgiveness especially when I guys and I feel desire.”

*“Parang you’re guilty parang ginawa ko na rin to, so ah sad siya kasi guilty ka eh, parang ganun you try to prevent but you know to yourself na you’re guilty.”* (R8, L 2505-2506, 2508)

“It’s like you’re guilty because you do it, it’s sad because you’re guilty. It’s like that, you try to prevent but you know in yourself that you are guilty.”

In addition, respondent 7 also shared the customs of his people in his hometown when it comes to homosexuals like him. Adding that he knows MSM is a very serious sin in his religion that is why he feels all the more guilty about his actions.

*“MSM is like parang bumili ka ng ticket mo papunta sa hell. Umabot sa point na kapag.. halimbawa. Pumunta ka sa isang bahay ng muslim then alam ng mga tao na naga MSM ka lahat ng inuupuan mo, lahat ng na touch mo bubuhusan ng mainit na tubig..“Sodomy” ang tawag namin sa lalakeng nakikipag talik sa kapwa lalake and actually it’s a major sin... well... I feel guilty.”* (R7, L 1863-1864, 1869-1871, 1876, 1879)

“When you do MSM activities it’s like buying your own ticket to hell. It comes to a point that when someone engaging in MSM activities enters a home of a Muslim, they would pour boiling water on the things and places they have touched. It’s called Sodomy, it’s a major sin.... Well... I feel guilty.”

*Matrix 9 Themes on the Attitude of the Respondents on PLWHAs*

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<i>Ideas/ Issues being probed during interview</i>	<i>Themes</i>
On Participants’ Attitude towards PLWHAs	STIGMA The overemphasis on the dangers brought upon by HIV/AIDS creates stigma among PLWHAs increasing the tendencies of involuntary consultations or checkups for HIV/AIDS status awareness.

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**Stigma**

Respondents 5, 6 and 8 stated that they will avoid PLWHAs at first because of fear of getting infected. On the other hand, all respondents, except respondent 7, emphasized that they would do what they can to help PLWHAs.

*“ Imo nalang advisan nalang nimo na... na magpadactor or unsa pay treatment na makapaayo pa sa iyaha ug kanang iwas-iwasan nalang niya ang mga bisyo niya na makipagkuan sa laing lalaki. Kay kung iwasan nimo siya mua nalang pud mo ug... walay pinag... wala mpinagsamahan as a friend”* (R1, L 340-342)

"We should just advice them to see a doctor and get available treatments and to stop his bad habits because if you avoid him it's like you never valued him as a friend"

Another respondent stated that he will avoid sharing the same drinking glass with PLWHAs though, *"Kanang kuntahay ma'am dili ko magpahalata na mura gani nakabalo ko na ana ma'am. Pero kuntahay pud ma'am kanang mag-inom inom gani mo ma'am.. kanang ang baso ma'am giinuman niya... ikaw napud muinom ing ana ma'am..."* (R2, L 326-330)

"For example ma'am, I will act like I don't know he is infected with the virus. Like if we were drinking and I knew he already used the glass then I will not drink from the same glass ma'am..."

Conversely, for respondent 3, being supportive can be of help to PLWHAs. *"I should say that I should really be more caring to a really person living with HIV... because... they are just victims... they don't want to... to be infected but unfortunately... they had and there's... there's no point in blaming... there's no point in blaming... we should just care... just love... support. And of course... at least make him realize that there is still somebody that he can lean on...to make the burden easy to carry."* (R3, L 926-928, 930-932)

"I should say that I should really be more caring to a person living with HIV... because... they are just victims... they don't want to... to be infected but unfortunately... they were and there's... there's no point in blaming... there's no point in blaming... we should just care... just love... support. And of course... at least make him realize that there is still somebody that he can lean on...to make the burden easy to carry."

When asked about how he regarded someone he knows who got infected, one respondent said that he felt disgusted. *"First talaga ma'am... you know I tell you honestly. Pinagdirian ko talaga siya... he is a guy ha... he was part of the ano... nagkaroon siya ng relation sa babae na budats2x ana gud. werla2x ang achup boulevard ang babae. Tapos nag sex sila after a few days na infect siya. Na infect siya atong aids. Ay! Katong...oo! At first... my god! Ayaw kong lumapit sa kanya...mag-usap lang kami parang... "ewww! Unsa ma ning lalakeha ni ui. Nganong ni patol man ni siya atong budats! Unsa mana siya. Wala na ba laing babae? Ngano kato paman jud?" I judge him initially about that and yes... and i... you know.... I talk to myself that "why would I judge that person? It must have been so hard for them to be in that situation. Diba? And they didn't choose that one.. they just want to satisfy themselves from sexual attraction. Acceptance that is the only want it to the people to give them. They want it to be accepted... parang... "nakadapa na ako, wag mo na akong sipain" parang ganyan."* (R6, L 1639, 1641-1643, 1649, 1656, 1660-1667)

"I'll tell you honestly, at first I was disgusted with him. He had a relationship with a girl who is a "budats" they had sex and after a few days he got infected.

I didn't want to be close to him, when we talk I keep thinking "ewww! What happened to this guy, why would he have a relationship with that kind of girl?" I judged him initially about that and yes, I told myself that "why would I judge that person? It must have been so hard for them to be in that situation. And they didn't choose that one, they just wanted to satisfy themselves. It's like he is already down on his knees so why bring him down."

Similarly, respondent 8, regarded experiences of the PLWHA's as a lesson. *"First is pag search ko oh my God hala wala man jud ni sa iyang itsura ba pero siguro daghan na siyag naka sex uie. Hugaw, madumi parang yun isip mo sa kanya dirty siya I think hindi naman siguro mali pakitunguhan sila ng... parang normal lang. kasi if ever na ipa feel mo sa kanila na nandidiri ka. Wag.. ah... if ilagay mo yung shoes mo sa kanila parang... ah... masnakakasama eh. So, I think ah... gawin mo na lang sa kanya is... ano... ah... treat them normal. So, lesson na lang din na siguro siya. Ah... let's say... let... hindi natin siya gina judge as madumi, as sexually ano siya addict talaga. So, let us ano lang... siguro nagkataon lang talaga na mali yung partner niya or even though my mali silang dalawa... isipin mo sa kanila na ano sila yung parang they are parang sila yung teachers mo na yun."* (R8, L 2571-2573, 22181- 2191)

"When I first searched for his profile in Facebook my reaction was "oh my God, it's not obvious in his face but maybe he already had sex a lot of times. Dirty, that's what you think about him. But I think there's nothing wrong with interacting with them normally because if you make them feel that you are disgusted with them... just put yourself in his shoes... it would make them feel worst. So I think you should just treat them normally. Let's not judge them as dirty or sex addicts. let's just think that they were just unfortunate to have chosen a wrong partner. Think of them as your teachers."

Despite the initial fear the respondent have felt for PLWHAs, most of them shared how they consider PLWHAs as living examples that will teach them to not engage in any more risky sexual practices in fear of suffering the same fate.

Matrix 10 Themes generated from the suggestions of the respondents in addressing HIV/AIDS acquired through MSM activities

<i>Ideas/ Issues being probed during interview</i>	<i>Themes</i>
On Participants' Attitude on what the government, school and church should do	A collaborative effort to end the pandemic The rising incidence of HIV/AIDS acquired through MSM activities calls for a collaborative effort from the government, schools and the church.



## **A Collaborative Effort to End the Pandemic**

The rising incidence of HIV/AIDS acquired through MSM activities calls for a collaborative effort from the government, schools and the church.

This portion presents the suggestions of the respondents to the government, schools and the church when it comes to addressing the issues on HIV/AIDS acquired through MSM activities.

### **Government**

When asked about what the government should do to address the issues on HIV/AIDS, most of the respondents such as respondent 4 mentioned how the government should provide free medications for PLWHAs *"The government must... of course they must take action... because HIV is very rampant here in the Philippines and of course they must give medications... free medications para man lang sa victims because in the first place they are just victims of HIV..."* (R4, L 1031-1034)

*"The government must of course take action because HIV is very rampant here in the Philippines and of course they must also give free medications for the victims because in the first place they are only victims."*

Respondent 3 also mentioned how the government should fund researches centered on finding better medications for HIV/AIDS. *"... the government just venture in medical... in medical field... they should venture in medical field trying to feature more thing that are really more about HIV/AIDS... formulate... not totally a cure but at least a more accurate prevention"* (R3, L 976-978, 980)

### **School**

Most respondents mentioned there should be more symposiums in schools to educate the students. Some respondents also mentioned how the symposiums should also cover how to treat PLWHAs as to prevent discrimination. Respondent 3 on the other hand, mentioned how he believes that the most effective branch of the school to deal with these issues is the guidance office.

*"...there should be an intervention between the guidance office and all the students.. first they must... cater... they must impost activities... they must impost activities that will really... divert attention of young students into sex... like... reportings... interactive symposiums... interactive events that would make everything very busy... very active... by that people can no longer think... HIV/AIDS... as their way... or sex as their hobby..."* (R3, L 993-998)

## Church

When asked about what the church should do to address these issues, most of the respondent mentioned how the church should include topic about MSM and HIV/AIDS in their teachings. Respondent 3 on the other hand mentioned how the youth can also assist the church in spreading information and teachings about the virus.

*"...yes, the church plays a very important role in the formation of the youth actually. I am very lucky that I was a product of a religious catholic school... by that I have strong foundation of my faith and of course spiritual formation... but uhm... the church... especially the priest... during mass presiding... of course they have priest including HIV topics...include these into their homily but they should make a subjective body that should deal with only young people...for example now we have Youth for Christ (YFC) Catholic Youth Ministry... yes, they are active but I am not satisfied with how this social group functions... because I have been a leader of one of these groups... there should be really a very distinct function to be emphasized... that there should be a correlation between young leaders which is Catholic youth leaders into the intervention of the church... and the most important thing is the Church has a very powerful convincing power... that they can really attract people not to do those things because this is out of the commandments of God." (R3, L 1010-1014, 1016-1019, 1021-1023, 1026-1028)*

Meanwhile, respondent 7, a Muslim respondent, suggested that his church should include more symposiums about HIV/AIDS acquired through MSM because he deemed these symposiums helpful even for him.

*"...kasi this time based on experience. It's really symposium. Parang...kung hindi niya naman... sabi mga ni #1 kung hindi niya kaya tanggalin at least ma reduced." (R7, L 1891-1892)*

*"...based on experience, it's really symposiums as what the other respondent said, if he can't really stop then at least he can lessen his activities..."*

On the other hand, respondent 5 mentioned how the government, schools and church should collaborate in strengthening the bond of families. He also mentioned how the family serves as a primary source of education for children, providing them with knowledge and proper values as to not engage in such risky sexual behaviors.

*"...I will suggest those 3 branches to embody or empower the family... yes... because if they will transcend the bond of that family there is a big possibility that their children will be... educated really... because I can observe nowadays that even no matter how educated you are... no matter uhm... how religious you are... still and still you can do such thing... so... if they can do such thing... they are really lacking of love... that foundation we have from the very beginning... so I want the (government) pamahalaan, the (school) paaralan,*

*the (church) simbahan to strengthen the bond of the family..." (R5, L 1055-1056, 1060-1068)*

The government, schools and church holds a big role in bringing an end to the epidemic however, the respondents deemed their efforts as insufficient as the incidences of HIV/AIDS continue to rise.

Matrix 11 *Themes generated from the respondents answers on MSM Adventures leading to HIV/AIDS Infection*

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<i>Ideas/ Issues being probed during interview</i>	<i>Themes</i>
On Participants' Own or heard MSM adventures that can lead to HIV/AIDS	RISKY SEXUAL ADVENTURES Engaging in risky sexual adventures has higher chances of producing wounds especially in the anus which in turn increases the likelihood of developing HIV/AIDS. Risky sexual activities include unprotected anal intercourse and having multiple sex partners.

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### **Risky Sexual Behaviors**

Fairly uniform practices govern the sexual practices of the homosexual males in this study. All of the respondents engaging in MSM activities reported oral sex as a common or basic activity. This is followed by anal sex which some respondents admitted to engage in when motivated. Most of the respondents in this study stated how their activities elevate as time goes by. They try on new things they see from the movies or heard from their peers such as respondents 3, 5, 6, 7, and 8. However when it comes to MSM activities that they deemed to be prone to HIV/AIDS infection, only participants 6 and 3 were able to share real life examples.

Respondent 6 narrated how some risky activities he saw in some movie and television can lead to HIV/AIDS. *"Well for me. I have experienced pero hindi talaga ganun ka extreme. Because I have watch mga film. Particularly indie film. There was actually an insertion of the "feet" in the anal of the...pornographic films. Walang camera trick. Ipinasok talaga. So kapag nagka sugat2x yun... Baka my sugat yung paa niya. My ingrone siya diyen. My HIV siya diba? Tapos my sugat siya diyen so yung blood really immediately nakaka ano... meron din nag iinject something sa knailang penis. no! its petroleum jelly. permanent siya. Ang laki talaga! It was shown in imbistigador. Mike Enriquez. It is way back before. Yes! It is likely because puwede yung syringe na ginamit it can be contaminated. Pagnilipat sa kabila diba? It can also be ano... my mga ganyan diba?" (R6, L 1941-1943, 1947-1948, 1954-1956, 1962, 1965-1966)*

“Well, I have experiences but they are not extreme. But I had watched an indi film before and in that film they actually inserted the foot of one of the actors in the anus of his partner. There was no camera trick; they really inserted it in the anus. So incase that food had wounds on it such as an ingrown toe nail or incase that person was infected with HIV/AIDS then there really is a cchance of getting infected. There is also another one where they injected petroleum jelly in the penis so it would increase in size. It’s permanent and it really does make it bigger! Actually it was shown in Imbestigador by Mike Enriquez. It could be that the syringe used is contaminated and they share it with others...”

Respondent 3 also shared an experience he had that he deems susceptible in transmitting HIV/AIDS when his partner removes his condom during ejaculation and there are chance of creating wounds in the process.

*“...and another... MSM intercourse... anal intercourse... when men about to burst themselves they tend to remove condoms... yes... they tend to remove condoms because... they just wanted... how it feels... and of course... human as we are... we will say “yeah, do what you want”... and then of course he is gonna withdraw inside you... and that’s okay... and sometimes through... uhm... intense friction it can produce wounds...”* (R3, L 752-757)

Rectal tissue is much more vulnerable to tearing during anal intercourse and the large surface area of the rectum/colon provides more opportunity for HIV to penetrate. Unprotected receptive anal intercourse increases an individual’s biological risk most significantly compared to insertive anal intercourse and oral intercourse.

To sum it all up, most respondents have enough knowledge in terms of HIV/AIDS acquired through MSM activities. However, there were still some misconceptions with regards to the acquisition of the virus such as; when one respondent mentioned that oral sex is not a means of obtaining HIV/AIDS and when another respondent mentioned how he believes that he can acquire the virus if he shares the same drinking glass with PLWHAs.

In terms of their views and opinions about HIV/AIDS acquired through MSM activities, most have the respondents attributed MSM activities as a result of curiosity, poverty and indifference. Some respondents also mentioned how the media and social media play a significant role in encouraging some males to engage in MSM activities.

On the other hand, in terms of their attitude with regards to HIV/AIDS acquired through MSM activities, most of the respondents have stated how they are afraid of acquiring the virus but despite that fear some of the respondents who openly admitted that they are homosexuals, confessed that they know they

can't stop themselves from engaging in MSM activities. They have stated how they view these activities as part of their nature as homosexuals and even if they want to stop, they know they can't.

Considering the responses of the respondents with regards to the risky sexual adventures that they have experienced or have known of, most of the respondents engaging in MSM activities have mentioned oral sex and anal sex as susceptible means for acquiring the virus. In addition, whatever means they have in their risky MSM activities, does not eradicate the possibility of obtaining HIV/AIDS.

### **Implications of the Study**

Based on the social-cognitive framework by Albert Bandura, people learn from a variety of experiences, including their own, and by observing the behavior of other people in their society. This implies that the own experiences of young males and the experiences and beliefs on MSM coming from other people they know of, contributes to their knowledge about MSM. The respondents of this study have ample knowledge about HIV/AIDS acquired through MSM activities which only shows that the existing seminars and programs to address the issues on HIV/AIDS are working and effective in spreading much needed information. However, some misconceptions still occur such as the risk of contacting the virus through oral sex and through sharing the same drinking glass with PLWHAs. There is also a need for emphasis on the high risk levels of acquiring HIV/AIDS through MSM activities. It could also be implied through the social cognitive theory that individuals who are less knowledgeable about HIV/AIDS acquired through MSM are indeed most likely to engage in risky sexual adventures as they do not see themselves to be at risk (Majelantle et al., 2014).

The respondents also view the social media and media as factors that are relevant in understanding why some males engage in MSM activities. This implies how the media and social media itself can be used to spread awareness and campaigns against HIV/AIDS acquired through MSM activities. This also implies how further attention should be given on social internet sights to prevent immoral activities from taking place and to put off the spread of wrong information about HIV/AIDS.

The respondents have admitted that they fear getting infected with HIV/AIDS. This implies that the existing campaigns against HIV/AIDS are successful in spreading awareness however, the over emphasis on the dangers of this disease brings upon unnecessary fear affecting PLWHAs and those who have yet to be diagnosed. On the other hand, based on the Theory of Reasoned Action (TRA) which was formulated by Ajzen and Fishbein (1980), behaviour is planned and deliberate because it is determined by intention which is influenced by the person's

attitude toward particular behaviour, their subjective norms and their perceived behavioral control (Peterson & DiClemente; Gerodias, 2012). This theory may postulate that if an individual has an indifferent attitude towards the issues on HIV/ AIDS acquired through MSM, there is a higher tendency for this individual to intentionally engage in MSM activities without acknowledging the possibility of getting infected with the virus. The results of this study reveals that most of the young males actually fear getting infected with the virus given that they are knowledgeable of how it is acquired and how dangerous it is. However, the respondents engaging in MSM activities admitted how despite the fear of getting infected, they know that they can't stop themselves from continuing their sexual activities. They view MSM as a need or part of their nature as homosexuals and because they know they can't really stop themselves they focus on preventing themselves from activities that may lead to infection.

Some of the respondents continue to engage in risky sexual activities such as unprotected anal intercourse despite adequate knowledge of HIV/AIDS. Thus, it could be implied how the existing programs addressing HIV/AIDS should also address issues such as on the attitude of the young people.

### **Recommendation**

The proponents of this study suggest that the programs or seminars provided by the government and schools should not be centered on emphasizing the horrors of HIV/AIDS for it will only create fear of PLWHAs and at the same time increase the possibility of PLWHAs not to subject themselves to tests and treatments. The seminars and programs must also give emphasis on MSM activities and not only heterosexual activities that are prone to HIV/AIDS. The proponents also suggest that the seminars should touch issues on the attitude of the people regarding the issues in HIV/AIDS and not just provide information about the effects of having HIV/AIDS and the modes of transmission.

In addition, the proponents of this study also suggests the government, schools and church to make a collaborative effort in strengthening the family values and promote teachings about HIV/AIDS to educate children in an early stage. Also, to focus on teaching the right values and attitude with regards to such issues on HIV/AIDS acquired through MSM.

Lastly, the proponents recommend for more studies on HIV/AIDS acquired through MSM focussing also on other age brackets, adding more participants and more questions aswell.

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