

# Men-who-have-Sex-with-other-Males (MSM) in the Philippines – Identities, Sexualities and Social Mobilities: A Formative Assessment of HIV and AIDS Vulnerabilities

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## ABSTRACT

Men are primarily responsible for the transmission of HIV because of their participation in risk-taking activities such as unsafe sex (i.e. homosexual and/or heterosexual) and drug injections. Men, particularly men having sex with other males, were identified by the DOH-HIV Serologic Surveillance as one of the subpopulations with the highest risk of acquiring HIV. This can be attributed to their behavior towards safe sex, masculinity and their partner. The main objective of this study was to conduct a formative and qualitative assessment on HIV and AIDS among MSM (men who have sex with other males) in the Philippines by identifying the constructions of their sexual identities and their sexual behaviors and risks using the following themes: social mobility; and, health seeking behaviors. Multiple methods have been utilized in this study such as environmental scoping, key informant interviews and focus group discussion sessions in four selected sites in the Philippines. A Delphi technique was also used to solicit opinion of experts in the field of medical, allied medical and social sciences. Results of this study showed that MSM is a vulnerable and susceptible sub-population group to STI, HIV and AIDS due to the complexities of understanding their own sexualities, the gap between their actual and ideal health seeking behaviors and various sexual experiences that brought about the dynamics of sexual proclivities. The study recommends a strong programmatic design for intervention among MSM to become positive agents of change in STI, HIV and AIDS education.

*Key Words: men, sexualities, gender, HIV, AIDS*

## Introduction

The main objective of this study was to conduct a formative and qualitative assessment on HIV and AIDS among MSM (men who have sex with other males) in the Philippines by identifying the constructions of their sexual identities and their sexual behaviors and risks using the following themes:

1. Social Mobility – to map or locate places and events, which MSM frequent and to identify their sexual networks.
2. Sexual Practices – to probe into the various practices (e.g. partner exchange rate, condom use, etc.), norms and

behaviors of MSM which make them vulnerable HIV and AIDS. Sexual risk perception including alcohol and drug use linked to their sexual norms will also be investigated.

3. Health Seeking Behaviors – to establish the link between their actual health seeking behaviors and their perceived health seeking behaviors by using the following indicators: use of barriers for safer sex, access to facilities for medication and their perceptions on stigma and discrimination.

4. Specifically, the project aimed to undertake the following:

- to identify the types of sexual identities and behaviors of MSM which affect their health seeking behaviors,
- to describe the social network and mobility of MSM, and
- to determine their actual and perceived health seeking behaviors

## Review of Literature

Men are primarily responsible for the transmission of HIV because of their participation in risk-taking activities such as unsafe sex (i.e. homosexual and/or heterosexual) and drug injections.<sup>1</sup> Men, particularly men having sex with other males, were identified by the HIV Serologic Surveillance (conducted by the Philippine's National HIV Sentinel Surveillance System) as one of the subpopulations with the highest risk of acquiring HIV.<sup>2</sup> This can be attributed to their behavior towards safe sex, masculinity and their partner.<sup>3</sup> Men are generally more sexually active; have more sexual intercourse than the female population; have more sexual partners, and generally take risks to maintain their machismo image to the extent that they refuse to practice safe sex.<sup>4</sup>

However, the importance of male participation in AIDS prevention is much needed. There should be a comprehensive community-based approach and recognized the important/dominant roles (played by men) in decisions crucial to sexual behavior particularly in the practice of safe sex.<sup>5</sup>

Studies on human sexuality primarily delve on documenting behavioral frequencies within a relatively limited range of populations which sometimes lead to extreme empiricism which ignores the diverse social, cultural, economic, and political factor potentially

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influencing or even shaping sexual behavior.<sup>6</sup> This has not in any way contributed to the holistic understanding of sexuality but has instead promoted the intellectual myopia surrounding the already obscure field of study. It has also reinforced the negative connotation attached to sexuality. Such connotation has been attached to sexuality because of its “sex component”. Sex is generally considered bad; it even considered this notion as “the most important ideological formation” and labels it “sex negativity”.<sup>7</sup> However, sexuality is a problematic construct.<sup>8</sup> Not only was there an absence of Filipino words for those terms but the English words had in fact gone through semantic shift.<sup>9</sup> Sexuality is a western construct that covers a range of phenomena, many of which may defy lexical labels.<sup>10</sup> Such should be regarded more of a challenge than an obstacle especially now that there is a great need for culturally-sensitive and culturally-responsive HIV and AIDS health services.

- **Constructing Sexuality**

Sexuality as a broad term (that) involves an individual’s entire personality.<sup>11</sup> It involves the identification of a person with (his/her gender) and with that identification, a person develops feelings, attitudes, and behaviors that are appropriate for that sex. Sexuality may be defined as the expression of one’s totality as a person. It may refer to one’s masculinity and femininity. It also covers a range phenomena making it ambiguous and difficult to define.<sup>12</sup> The social construction of sexuality or “frame” theories adopts the view that physically identical sexual acts may have varying social significance and subjective meaning depending on how they are defined and understood in different cultures and historical periods.<sup>13</sup> This kind of view towards masculinity has been one of the factors that perpetuate men’s role in the transmission of HIV.<sup>14</sup> Safe sex (i.e., use of protection) is viewed as *unmasculine* for it hinders sexual prowess (masculinity is defined as sexual prowess and virility—man’s ability to penetrate and besides “real men do not get sick”). On the other hand, gender (masculinity for that matter) is not merely constructed but rather it is performative.<sup>14</sup> Further, masculinity is not as a monolithic entity, but as an interplay of emotional and intellectual factors—an interplay that directly implicates women as well as men, and is mediated by other social factors, including race, sexuality, nationality, and class.<sup>15</sup>

- **Constructing Filipino Sexuality**

The concept of sexuality in the Philippines has been shaped by its colonial history.<sup>16</sup> Sexual categories have been “exported” from Western countries through “foreign influence and globalization.” The immense Western influence does not hinder Filipino authors from constructing Filipino sexuality as seen in the works of Michael Tan (“Sex and Sexuality”), Alicia Tadeo Pingol (“Remaking Masculinities”), and Grace Aguilung-Dalisay, Roberto Moran Mendoza, Edzel Jose L. Mirafelix, Francis Rodriguez Bambico, Mariano R. Sto. Domingo and Jay Yacat (Pagkalalake: Men in Control? Filipino Male Views on Love, Sex & Women).

Sexuality defies the instruments of Masters and Johnson; hence it cannot be reduced to a physical or biological phenomenon.<sup>17</sup> Instead sexuality is socially constructed in particular cultural and historical setting.

Remaking masculinities have two perspective.<sup>18</sup> (1) the socialization perspective which shows masculine identity as framed by the local culture where traditional beliefs, and values and norms are embedded in the male psyche in the process of growing up; and, (2) constructionist view which becomes more suitable because the men in this study are in a cultural system of values and beliefs which is getting relatively unstable as a consequence of globalized labor.

Other scholarly works on gender and sexuality point to the vital role of culture in understanding concepts as well as human behavior.<sup>19</sup> The use of the native language, moreover, in identifying specific terminologies is very much evident in Filipino researches. Perhaps Filipino authors have recognized the importance of language, as one of the components of praxis, in the construction of human sexuality. Language is often extremely important in making out cultural domains and categories which construct the domains of gender.<sup>20</sup>

That is why the absence of any Filipino term for sexuality is one of the key factors that make the construction of Filipino sexuality difficult. There is no term for sexuality in any of the Philippine languages for it is a Western construct.<sup>21</sup> Nonetheless, numerous local terms describing masculinity have been identified as a result of researches on masculinity.

However, there are various constructions of Filipino masculinity. Research results maintain that physical characteristic is an important component for Filipinos to consider one masculine.<sup>22</sup> Physical characteristic pertains to the possession of penis and its corresponding function. It is also equated physical characteristics to overall physical appearance, reproductive capability, physical strength and even manner of dressing.<sup>23</sup>

Despite these studies the concepts of sexuality and masculinity remain obscure.

### Materials and Methods

Table 1 shows the basis of data collection and analysis.

**Subjects and Target sites.** In the main, the primary subjects of this research were MSM and their social agents to include club managers, clients (customers) of male sex workers and other gate keepers from four study sites. The study sites were:

1. City of Baguio, Province of Benguet in Northern Luzon;
2. Municipality of Pagsanjan, Province of Laguna in Southern Luzon;
3. Municipality of Puerto Galera, Province of Oriental Mindoro in Southern Luzon; and,
4. Metro Manila (that included Quezon City, Manila and Pasay City).

The aforementioned sites have been chosen because

**Table 1.** Methods and description including strategies of research

Method	Description	Strategies
Environmental scoping	Undertake field visits to sites where MSM frequent	<ul style="list-style-type: none"> <li>• Snow balling method</li> <li>• Observation</li> </ul>
Key and Secondary Informants Interviews	Undertake one-on-one interviews with gatekeepers, clients or MSM	<ul style="list-style-type: none"> <li>• Structured questionnaire</li> </ul>
Focus Group Discussions	Undertake several small group discussions to surface issues and concerns of MSM in relation to their identities, sexualities and social mobility	<ul style="list-style-type: none"> <li>• Semi-structured discussion themes</li> <li>• Snow balling method</li> <li>• Validation of Response process</li> </ul>
Delphi Technique	Undertake small group discussions with experts outside the MSM community and to explore their insights which may be important in designing models for interventions	<ul style="list-style-type: none"> <li>• Structured discussion themes</li> </ul>

of the increasing rates of HIV and sexually transmitted infections (STI), per report by the Department of Health. Aside from the perspective of urbanization as in the case of Metro Manila, the other sites were also areas where local and foreign tourists frequent.

## Results

### *Environmental Scoping (Social Mapping)*

It was important for this study to identify the places where MSM converge and transact consensual and commercial sex. It was necessary to undertake this activity that both sexual behavior and sexual identity could be described.

Based on the environmental scoping that the team conducted in the four locations, the team identified the sites/ locations where MSM congregate or gather for consensual and commercial sex. (Table 2)

Third run theaters which cater to gay sex have very few air fans, dirty comfort rooms and dilapidated seats, to name a few. Prices in third run theaters are fixed and therefore one can move around from the lodge to the orchestra section. Although they open at the same time with first run theaters, these places are easily filled up by MSM on the first 4 hours of operations. (Table 3)

Gay-oriented theaters in Metro Manila have two main sections – orchestra (or the first floor inside the theater) where commercial sex are being transacted and the lodge (or the second floor inside the theater) where mostly consensual sex are being pursued. It would be expected that male sex workers frequent the orchestra section.

During actual environmental scoping in these theaters, various sexual acts were recorded. Most of the clients of the theaters cruise for sex partners, some engage in torrid kissing, fondling of nipples, oral sex, and unprotected anal sex inside the galleries and/or comfort rooms.

**Table 2.** Areas where MSM gather/congregate and location

Location	MSM Area
Baguio City	Theaters/Cinemas, Public Parks, Major streetways, Malls and Bars
Municipality of Pagsanjan	Town Plaza, Public Parks, Major streetways, Bars and Hotels/Motels alongside the Pagsanjan River
Municipality of Puerto Galera	Pubs, Bars, Hotels/Motels/Inns near the coast and public places
City of Manila, Metro Manila	Theaters/Cinemas, Public Parks, Malls, Bars, Gaybars, Bath houses and other public places
Quezon City, Metro Manila	Theaters/Cinemas, Public Parks, Bars, Gaybars and other public places
Pasay City, Metro Manila	Theaters/Cinemas, Public Parks, Malls, Bars, Gaybars, Bath houses and other public places

Note: Consensual sex = sex without pay and Commercial sex = sex with pay

**Table 3.** Approximate number of MSM, by theater/cinema and by location

Location	Theater/Cinema	No. of MSM*
Baguio City	Cinema BGO 1**	15-20 average per day
	Cinema BGO 2**	20-25 average per day
	Cinema BGO 3**	15-20 average per day
City of Manila, Metro Manila	Cinema MNL 1	150 average per day
	Cinema MNL 2	120 average per day
	Cinema MNL 3	200 average per day
	Cinema MNL 4	120 average per day
	Cinema MNL 5	140 average per day
Quezon City, Metro Manila	Cinema QUE 1	200 average per day
Pasay City, Metro Manila	Cinema PAS 1	50 average per day
	Cinema PAS 2	75 average per day

\*Counted everyday (Monday-Sunday); higher during weekends and pay day

\*\*Mix groups (heterosexual and homosexual patrons)

Based on the interviews conducted with key informants, prices range for commercial sex from PhP50.00 or US\$0.89 to PhP200.00 or US\$3.50. Most of the male sex workers have an average of 3-5 clients in a day's work. The peak hours for these activities are between 10:00 am until 12:00 noon and 3:00 pm until closing time. Patrons of these theaters come from all walks of life including students and employees. However, some key informants claimed that most of the men plying their sex trade (consensual and commercial) inside the theaters work in groups.

Cruising for sex in these locations happen most of the time. Predominantly identified were malls and public parks. Table 4 shows the places that were identified during the environmental scoping.

Of all the locations visited during the environmental scoping, many minors ply their sex trade in the Municipality of Pagsanjan. However, local folks in the area deny the existence of this phenomenon, and refuse to intervene. In fact, some of these boys are sons of former male sex workers who are now manning boats for tourists known as *bangkeros* cruising the Pagsanjan River.

In the case of Puerto Galera, there is a growing number

**Table 4.** Approximate number of MSM, by cruising area and by location

Location	Cruising Area	No. of MSM*
Baguio City	BGO Park	15-20 average per day
	BGO Road	10-15 average per day
	BGO Mall	10-15 average per day
	BGO Building	15-20 average per day
	BGO Plaza	5-10 average per day
Municipality of Pagsanjan	PGS Inn	15-20 average per day
	PGS Plaza	15-20 average per day
	PGS Road	15-20 average per day
Municipality of Puerto Galera	Beach Area	15-20 average per day
City of Manila, Metro Manila	MNL Avenue 1	12-15 average per day
	MNL Mall	15-20 average per day
	MNL Park	50-60 average per day
	MNL Avenue 2	20-25 average per day
Quezon City, Metro Manila	QUE Park	25-30 average per day
	QUE Mall	15-20 average per day
	QUE Avenue 1	20-25 average per day
	QUE Avenue 2	25-30 average per day
	QUE Avenue 3	15-20 average per day
Pasay City, Metro Manila	PAS Park	50-70 average per day
	PAS Avenue	30-40 average per day

\*Counted everyday (Monday-Sunday); higher during weekends and pay day

of very young sex workers (aged 12-15 years old) foreigners usually have liking for young men.

Sex work among boys is not alien in all the locations identified in this project. Manila and its undisclosed Park including its adjoining facilities in Pasay have plenty of boys – working in-groups, selling sex to anyone. A few young studs can be seen at a Quezon City undisclosed park.

With regard to consensual sex trading, most of the key informants interviewed said that malls were the ideal location for “eye-balls”, a euphemism for cruising for probable sex partners. These malls have become places where consensual partners meet after establishing rapport through internet chat rooms.

Gay bars in these locations offer different types of services based on the nature of the establishment. (Table 5)

Classic to the concept of gay bars, most of the clients are still predominantly gay men. However, there is a growing number of female clients most especially bars in Manila. Most of the bars require clients to pay a “bar-fine” – payment for the bar for taking-out a male sex worker.

An array of male sex workers can be found in almost all the bars. One bar only employs 18-23 year olds to maintain that “student-like” scenario making their sex workers attractive to older male and/or female clients. Some bars have male sex workers who are tall, buffed, and/or have handsome faces. In a word, these bars offer different types of men depending on expressed desires of their clients. Almost all of the locations have gay bars, except for Puerto Galera and Pagsanjan.

Cruising bars in Metro Manila, for example, solely cater to lonely and single men. Most of these bars identified as karaoke and comedy bars but not strictly catering to MSM (closeted or otherwise). Comedy bars are places where stand-up comedians and singers who are mostly gay men,

**Table 5.** Approximate number of MSM, by Bar type and by location

Location	Bar	Bar Type	No. of MSM*
Baguio City	BGO Bar 1	Cruising	30-50 average/day
	BGO Bar 2	Cruising	40-50 average/day
	BGO Bar 2	Cruising	50-70 average/day
Puerto Galera	PGA Bar	Cruising	40-50 average/week
	MNL Bar 1	Gay Bar	20-50 average/day
	MNL Bar 2	Gay Bar	50-70 average/day
	MNL Bar 3	Cruising	30-50 average/day
Manila	MNL Bar 4	Comedy Bar	30-50 average/day
	QUE Bar 1	Gay Bar	50-70 average/day
	QUE Bar 2	Gay Bar	50-70 average/day
	QUE Bar 3	Gay Bar	40-50 average/day
Quezon City, Metro Manila	QUE Bar 4	Gay Bar	40-50 average/day
	QUE Bar 5	Gay Bar	50-70 average/day
	QUE Bar 6	Gay Bar	50-70 average/day
	QUE Bar 7	Gay Bar	50-70 average/day
	QUE Bar 8	Gay Bar	40-50 average/day
	QUE Bar 9	Gay Bar	50-70 average/day
	QUE Bar 10	Gay Bar	50-70 average/day
Pasay City, Metro Manila	PAS Bar 1	Gay Bar	50-70 average/day
	PAS Bar 2	Gay Bar	50-70 average/day

\*Counted everyday (Monday-Sunday); higher during weekends and pay day. Count includes male sex workers and MSM clients.

entertain clients. Most of the clients in these bars are those who have steady incomes although few students can be seen in these places as well.

Massage parlors are one of the important venues where paid or commercial sex is transacted. A service fee of PHP700.00 or US\$13.00 is charged to a client for the room and massage. It is all up to the client to add up to the amount for “extra service” (read:sex) rendered by the attendant. “Extra service” can come as kissing, fondling of nipples, penetrative oral and/or anal sex. These massage parlors strictly cater to MSM clients.

Some of the parlors offer condoms as protection during oral and/or anal sex. Of all the locations identified in this study, Quezon City (Metro Manila) had the most number of parlors where a large number of clients go to, regardless of time and day. (Table 6) As to the rest of the locations, massage services are being offered outside hotels such as by the beach in Puerto Galera. Manila and Pasay (all from Metro Manila) may have less massage parlors but they maintain a stable number of clients. However, our key informants told the research team that massage parlor attendants in Manila and Pasay opt to contacting clients and service clients outside their workplace.

The key informants, most of whom are clients of these massage parlors, quickly added that these attendants are mobile as they transfer from one parlor to another.

Sex clubs are relatively new but steadily growing in number in the MSM scene as they offer a different type of sexual networking. The general characteristics of these clubs in Metro Manila are as follows:

1. they would require clients to register and pay monthly and/or annual membership dues aside from discounted payment for services being rendered by the club;

**Table 6.** Approximate number of MSM, by parlor and by location

Location	Massage Parlor	No. of MSM*
Quezon City	QUE Parlor 1	20-25 average per day
	QUE Parlor 2	20-25 average per day
	QUE Parlor 3	30-35 average per day
	QUE Parlor 4	40-45 average per day
	QUE Parlor 5	20-25 average per day
	QUE Parlor 6	15-20 average per day
	QUE Parlor 7	20-25 average per day

\*Counted everyday (Monday-Sunday); higher during weekends and pay day. Count includes male massage parlor attendants and MSM clients.

2. these clubs are exclusively targeting MSM clients belonging to upper-middle to upper-upper economic class;

3. these clubs operate in a clandestine or covert manner to avoid police raids by city governments; and,

4. sex among men in these establishments are always consensual.

Based on the interviews and focus group discussions the team conducted, there are different types of sex clubs. (Table 7)

There are no available condoms in all of these clubs. Condoms are not used during sex because most of the clients are either drunk or high on drugs. One key informant told the team that these clubs are prone to police raids but are able to resume operation in three days time. (Table 8)

#### Key Informant Interviews (KII)

Critical to the data collection are the results of the various interviews conducted with key informants who described the social movements and sexual practices of MSM. The instrument used for this process was pre-tested prior to its implementation. Pre-testing was conducted among 10 persons who came from areas outside target sites of the project.

The KII are clustered into several categories and they are as follows:

- Club Managers and Personnel (N=15)

The team interviewed club managers and personnel as gatekeepers. They are the ones who know a lot about male sex workers (or sometimes referred to as receptionists) and their sexual practices, preferences and health seeking behaviors. A majority of those interviewed had an average of 3 years in their line of work either as floor managers (or pimps in gaybars) or Guest Relation Officers (GROs). A majority of the key informants were from Metro Manila with only 1 club owner from Puerto Galera.

- Male Sex Workers (N=35)

Male sex workers interviewed are either from establishment-based clubs (N=15) or freelancers (N=20). Most of the interviews that took place were conducted in Metro Manila for establishment-based sex workers while freelancers were interviewed mostly in Baguio City, Puerto Galera and Pagsanjan. The minimum age of freelancers interviewed was posted at 13 years old (Pagsanjan) and the maximum age was recorded at 28 years old (Baguio City).

- *Bangkeros* or Boatmen (N=10)

These boatmen, as primary interviewees, double as

**Table 7.** Types of sex clubs

Type	Description
Bath Houses	Following the traditions of Roman and Greek spa in 21st century, clients promenade inside these establishments clad in their towels around their waists. A majority of these places offer steam rooms, spas, communal shower rooms, mini-gym, in-house bar, blue rooms (showing MSM film videos), cubicles for sex, and stage for occasional performances by guests of the management.
Sex Clubs	Sex is free for all in these sex clubs. These clubs have a different theme for each day. For example, Saturday is an All-Naked-Night, whereby clients including the owners and personnel are all naked. Not many cubicles are being offered to clients but there are big rooms dimly lighted where clients can indulge in unprotected sex with anyone and/or with others. Old big houses are converted into sex clubs.
Dance Clubs	These clubs are being enveloped by dance or disco music. Open from Wednesday to Saturday night, these establishments have bars selling liquors. Some of these clubs are exclusively catering to only to buffed and young people (16-25 year olds) which are the preferred clients. Consensual sex can happen in almost any part of the club since most of its sections are dimly lighted including comfort rooms.

**Table 8.** Approximate number of MSM, by club type and by location

Location	Club	Club Type	No. of MSM*
Quezon City	QUE Club 1	Sex Club	20-25 average/day
	QUE Club 2	Sex Club/Bath House	80-100 average/day
City of Manila	MNL Club 1	Dance Club	90-100 average/week
	MNL Club 2	Bath House	50-80 average/day
	MNL Club 3	Dance Club	90-100 average/week
	MNL Club 4	Dance Club	70-80 average/week
	MNL Club 5	Dance Club	90-100 average/week
Pasay	PAS Club 1	Bath House	30-40 average/day
	PAS Club 2	Sex Club	25-35 average/day

tourist guides manning boats plying the Pagsanjan River and as pimps to young boys, as sex workers. The age range of the boatmen interviewed is between 22 to 35 years of age. Most of these informants have had MSM experience as they were sex workers during their teens. Now that they are older and some of them who have become fathers, they still moonlight as "agents" for younger men (read:boys) peddling them to local and foreign tourists. They get certain commissions for every successful sexual transaction.

- *Parloristas* or Beauticians (N=10)

Beauticians are gaymen who are hairdressers in beauty shops. Most of those interviewed were from Baguio City (N=8), which to our surprise had the most number of salons in all the sites included in the study. Two informants were from Puerto Galera. The parloristas had multiple partners, from having live-in male partners (all short-lived) to a string of long-term and short-term boyfriends. All of the informants are clients of male sex workers.

- Academicians (N=5)

The project team sought academicians who are into sexuality and gender studies. Critical to the preparation

for the survey are the sexual identities, based on research that may assist the project team in designing appropriate interventions. Western and Asian sexual identity concepts were discussed in the process of the interviews. Two faculty members from the University of the Philippines (UP) campus in Baguio and 3 from Diliman were the key informants.

- Clients (N=15)

In the process of interviewing club owners and male sex workers, the project team also interviewed clients of clubs. These clients showed us their array of sexual preferences, networks and identities in choosing men, either as sex workers or boyfriends/live-in partners. Students, office workers, entrepreneurs, teachers, and seafarers were the respondents. These clients patronize sex clubs where they actively indulge in consensual and/or commercial sex. Eight clients were from Metro Manila, 3 from Baguio City and 2 from Puerto Galera.

- Nongovernmental Organization Workers in HIV and AIDS Work (N=5)

The project team interviewed 5 persons from The Library Foundation (TLF), an NGO for Filipino gaymen and managed by gaymen. The Foundation's primary goal is to establish a core group of supporters in advancing the plight of gaymen in the country. They have organized for the past several years seminars and workshops on sexuality and reproductive health issues and concerns of gay men. TLF is based in Manila.

- Social Hygiene Clinics (N=5)

Part of our research process is to determine the health seeking practices of MSM. We interviewed heads and representatives of social hygiene clinics in Baguio City, Puerto Galera and Metro Manila. We looked into how these clinics can assist us in (1) formulating the behavioral survey for the second phase of the project and (2) becoming potent partners in implementing intervention programs for MSM.

Simultaneously with the Key Informant Interviews (KII), focus group discussion sessions were held. The main purpose of these activities are to raise issues and concerns not covered by the KII which would triangulate previous responses on the discussion on sexual identities, networks and mobilities.

Table 9 shows discussion themes which aided the flow of these sessions.

The participants of the FGD sessions come from an array of MSM – (1) College students (Baguio); (2) NGO workers (Baguio); (3) Gay sex workers (Puerto Galera); (4) Young male sex workers (Puerto Galera and Pagsanjan); and, (5) Mixed groups of male sex workers and clients (Manila).

## Discussion

### On Sexual Identities

A majority of the informants especially from the sex industry would agree that language is extremely important in defining cultural domains and categories which construct gender and sexuality. That is why the absence of any Filipino

term for sexuality is one of the key factors that make the construction of Filipino sexuality difficult. There is no term for sexuality in any of the Philippine languages for it is a Western construct.

For the informants, being a man, regardless of his sexual orientation or predilection for either sex, is equated to physical characteristics - the overall physical appearance, reproductive capability, physical strength and even manner of dressing. However, the said characteristics would not suffice for one to be considered culturally male. A male should measure up to the behaviors considered masculine by the society. The socially acceptable characteristic of men is described in direct opposition to women, which explains why the phrase "*para kang babae*" (you are like a woman) is considered derogatory by men.

In a word, in order to be a man, one should not be feminine, not be a homosexual, not to be effeminate; not to have sexual or overly intimate relations with other men; or

**Table 9.** Thematic discussion of FGD and KII

Theme	Description
Sex Among Men	The importance of talking about sex and sexual health of MSM
Sexual Transactions	The description of how one MSM transacts sexual negotiations and the dynamics involved in the process
Sexual Health Behaviors	The experience in seeking health interventions when one gets infected by a disease including the MSM's participation in the health care facilities, as clients
Sexual Health Promotion	The level of understanding and sufficiency of IEC materials dealing with MSM, their sexual behaviors and STI prevention including opportunities for interventions

not to be impotent with women. Paradoxically, males are the ones who predominantly use such kind of labeling.

Moreover, socially desirable characteristics, particularly the performance of one's role, are also important. Most Filipinos consider a male masculine if he is either a good father or a good provider. Aside from this, men still have to prove themselves to the society that they are really and truly males. To say *lalaking-lalaki* (manly men) is different from the *tunay na lalaki* (real men). Some informants even identified the difference between *tunay na lalaki* and *ganap na lalaki*. Real men (*tunay*) are principled (*maprinsipyo*) while the actualized men (*ganap*) are those who have started their own families and look after their welfare.

Thus, no male sex workers would admit that their sexual identity is that both of a male and female. However, probing deeper on the construction of the sexual identities of male sex workers, the project team has gathered the following labels shared by the informants, each of which connotes the corresponding sexual role and practices.

These labels, used by sex workers to identify themselves and their sexual practices, manifest a certain degree of fluency especially among male sex workers. The social acceptability of being male in the Philippines is a factor of behavior, thus, the claim that in spite of their sexual relationships with other men, they maintain that they are

still men and that they still prefer women as sex partners.

The sexual identities of some of the respondents like in the case of beauticians and clients are simpler to understand. They are *bakla*, *bading* or gay and would seek straight-looking men as sex partners. Their feminine side is overt and transparent, as most respondents dress in female clothes and sport longer hair with make-up on their faces. They would say that they are women trapped in men's bodies. In terms of sexual act, they prefer oral sex but anal sex can be permitted if love has been committed.

Sexual identity defines the sexual role preference. For closeted gay men, for instance, their sexual role preference would be more of a top or insertor and receiver of oral sex but for those who are "out" or openly gay, they easily swing from being an insertor to receptor of oral and/or anal sex.

#### On Sexual Networks

The sexual networks shared by the informants are as vast as their sexual maps. A majority of the informants had the following information:

- Commercial sex can be transacted either at bars, clubs, theaters and public parks. This transaction can be direct and indirect. Direct transactions would mean, clients go to such places and avail the services of men as sex partners. Indirect transactions are probable sex partners that are being referred by friends, colleagues and associates who have tried the services of those being referred.

- Consensual sex can be indirect transactions through

**Table 10.** Variations of concepts in defining men

Label	Description
Lalakeng-lalake	Male sex workers who are men, masculine in dress also in manner and speech. With regard to sex he is exclusively and strictly insertor in vaginal or anal or the fellatee in oral intercourse. The biological sex of the partner is female.
Lalake	Male sex workers who are men, masculine in dress also in manners and speech but who can have sexual activities with both gay men and women clients. They are insertor in vaginal or anal or the fellatee in oral intercourse.
Bahid/Pa-men	Male sex workers who dress masculine and are (heterosexual) straight-acting. In sexual acts, he is more of an insertor, less of a receiver. The biological sex of the partner varies but the preference is for male partners.
Silahista	Male sex workers who swing both ways. They can be straight-acting at one time and effeminate in another time depending on their clients. In sexual acts, they are less insertor and more receiver. The biological sex of the partner is not important.
Bading/Bakla	Male sex workers who are gay and work exclusive for gay men clients (mostly foreigners) and who prefer to be fellators in oral intercourse and receiver in anal intercourse. The biological sex of the partner is strictly male.
Pa-girl	Male sex workers who dress and speak like women and prefer to be the fellators in oral intercourse and receiver in anal intercourse. They inject estrogen to their bodies to possess feminine characteristics and behaviors. The biological sex of the partner is strictly male.

the use of the internet chatrooms where "eye-balling" or dating just to check out each other is permissible and possible. Direct transactions can be realized in bars, clubs, theaters and public parks where one-on-one and face-to-face encounters have been achieved.

- Consensual sex can be the art of gaming, according to some of the informants. Informal and casual sex orgies are happening in Metro Manila where one would need to follow rules in order to join such "parties". These "parties" or orgies are being held in hotels or a house of the party organizer. The organizer would require, among other rules, that the participants be buffed, good-looking and/or younger. Thus, consensual sex parties vary as they can be exclusively for students, doctors, lawyers, older men, younger men, chubs or even for married guys.

#### On Health Seeking Behaviors

Not all of the informants admitted having bouts with sexually transmitted infections (STI). While there was no mention in the course of the interview and upon probing whether they use condoms as protection in penetrative sex, they quickly added that they can determine a sex partner whether he is clean or not. For them, if a man is not too thin and not too fat, he is clean.

However, only five of the informants confessed that they have had gonorrhea for the last 2 years; self-medication seemed to be their health seeking behaviors. They opine that they were reluctant to go to a biomedical doctor because (1) they feel ashamed for having the infection and (2) they feel more comfortable in approaching peers who had the infections before. Drinking soap suds was the most popular choice for treating STI, followed by drinking of coconut milk or beer. Lifestyle practices associated with disease such as drinking liquor and/or inhaling prohibited drugs before, during and after sex are being done by more than half of the participants.

#### On Sexual Health Promotions

Except for a nongovernmental organization solely catering to MSM, most of the informants do not know of any organization or HIV and AIDS material that would cater to the needs of MSM. Although they have heard and seen advertisements on condoms, they are ashamed of purchasing one from convenient stores and drugstores because of the stigma attached to condoms. This stigma would be that of indulging into promiscuous sex or sex outside marriage.

The informants expressed the need for more information on STI, HIV and AIDS and reproductive health with reference to MSM. A majority admitted that getting in terms with their sexuality and their sexual orientation is far more important prior to preventive information on their sexual health.

Health structures such as public hospitals and clinics may be a hindrance in getting the right information. For most of the respondents, they would likely protect their self-image of being men rather than be judged as MSM.

As sexuality for these men involved in this study draws

mainly from their self concept about what they want and what gives pleasure to their partners, it is important to look at how these men protect themselves from the perilous effects of infection or disease. Because these men are pressured into intimacy with their partners, they often leave to chance the need for sexually healthy practices.

#### ***On Sex among Men***

Most of the respondents celebrate their sexuality based on their freedom to choose the type and the number of men as their sexual partners. Apparently from the discussions, sexual roles play important roles in sex. For gay college students and gay sex workers, the need to satisfy their partners first before them is a conscious decision. This decision involves allowing their partners to receive oral sex and giving anal sex. They opine that they are “women” in this kind of sexual interlock and therefore should be submissive to their partners. Most of the participants in that group of MSM admitted to not having used a condom (both in anal and oral) so that they can feel the “manhood” of their partners.

Compared to another group of male sex workers, they quickly said that sex among men is not an issue for them because there is no emotions involve in having sex with them. Economics play an important role in this equation. They do have sex with men because of the financial gains they derive from it. Ejaculation is a creative form of expression and a thought process. For them, they could easily reach orgasm and ejaculate when they think that the person they are having sex with is a girlfriend or a female partner. Having emotional link to their male clients challenges their sexual orientation of being a man and a stud. Their bodies are body politic -- they develop their physique to be more attractive to male clients (and female clients as well). The project proponents were amazed by the way they answer this theme question considering the fact that the majority of participants were minors. In the end, sex for them would mean being able to live well, have a new house, better clothing and education.

However, when participants (male sex workers) have sex with women, and were thus true to their socialization and internalized beliefs, sexuality was a source of pleasure. When they responded to the sexual needs of their gay men partners, the desire of their partners was a source of conflict, which they tried to resolve by staying passive in the sexual act and by imposing limitations to what they can do in bed.

These sex workers take the position that sexual desire and pleasure should not be drawn from the bodies of other men, otherwise, they have to reject their own sexuality and be transformed into men liking other men. They project that the source of their own pleasure and that of their client is solely based on the contract that they have entered into. And that while they can become sexually aroused with what their gay men clients do to them, they should not lose control of their power as men.

On another issue, sex among men is of great concern for

a group of NGO workers in Baguio. Based on a national statistical survey conducted by the UP Population Institute in 2002 that for every 10 boys, sexual debut with girls and boys has been increasing since the last survey. As a discussion piece, it is challenging for the NGO workers to develop a strategy by which they can invite MSM, regardless of age and class, to sit down and talk about their sexuality. Opportunities for discussion about their sexuality will help determine appropriate programs for them.

From the discussions, participants from 3 groups have admitted having used condoms during oral and anal sex and various reasons. One, in the spur of the moment (read: sex) most especially borne by consensual sex transactions, no one can think of purchasing condoms despite their availability and access. Second, condoms distract pleasure and as one participant said “*its like eating a candy with the wrapper still on it.*” Third, there is the stigma attached to the purchase of a condom. The impression is that they indulge in premarital sex or sex outside marriage.

#### ***On Sexual Transactions***

The FGD among gay sex workers in Puerto Galera centered on the solicitation of sexual favors from local and foreign tourists. They quickly added that most foreigners prefer to give oral sex which for the participants was exciting and novel considering the fact that they are used to being the ones doing it to their boyfriends and/or live-in partners. The foreigners are more conscious in terms of protection. They carry condoms most of the time compared to local tourists.

Sex referrals seem to be the mode of sexual negotiations/networking mentioned by almost all of the groups. But for gay students in Baguio, the use of the internet chatrooms is another source of soliciting and/or transacting sex through hook-ups.

For the sex workers group, almost all of their sexual encounters are based on commercial sex. Clients come in the clubs/bars, choose the stud, pay the bar, leave the club and pay the stud after the sexual services have been given. Referrals of clients too are evident in commercial sex.

Sexual transactions call for intermediaries. In the case of the group of young male sex workers in Pagsanjan, they get their clients through the intercession of the *bangkeros* or boatmen who used to be sex workers when they were younger.

Sexual transactions can be covert and/or overt. Most of the participants in all of the groups said that in malls, theaters, public parks or even street alleys, sexual negotiations could be achieved. Every wink of the eye, glances and body charades are all sexual innuendoes that can lead to successful negotiations.

#### ***On Sexual Health Behaviors***

While almost all of the participants knew the risks of getting infected or they leave it by chance, there were few instances when they used public or private health facilities because even if they get infected, they either self-medicate or seek and follow the advice of their peers.

### ***On Sexual Health Promotion***

How sex workers perceive their work reflects how they practice and maintain their sexual health. For the participants, there was a connection between what they do as sex workers and what they perceive as safe sexual practices. Many prevention programs in the country addressing the need to promote the sexual health of male sex workers have emphasized the messages of safer sexual practices and condom use. However, these efforts have failed to take into account strategies that carry relevant sensitive messages, particularly sexual decision-making and practices. Thus, these programs have failed to develop among these men skills to ensure protection.

The group of NGO workers believed in developing programs for MSM, as they are considered a highly vulnerable and shadow risk population group in the transmission of STI, HIV and AIDS. However, they remarked that the absence of counselors and the lack of teaching modules in gender and sexuality among young MSM should be addressed.

### ***Sex Among Men (and Women)***

Undoubtedly, MSM celebrate their sexuality for various reasons – economic, social or political. Having simultaneous sex with other sex (females or males) of different categories (clients, partners, and casual sex partners) does not seem to pose a problem for them in terms of STI and HIV risks.

### ***Risk Behaviors***

Risk behaviors are too far from what they actually do in sex -

1. Sexual satisfaction among MSM can be derived based on the sexual roles they assume with different types of partners;
2. Sexual roles vary according to the type of partners (i.e., male clients, male regular partners and/or male sex workers); and,
3. Sexual roles have a degree of flexibility that when one MSM indulges into sex, for example, with a person from a public park, it expected that anal sex (either receiver or inserter) would happen and different sexual role expectations in different locations.

The degree of risks of HIV and STI transmission can be attributed to the various sexual roles an MSM can perform. In this study, we have established that while condom use seemed to be low, sexual roles seemed to be enjoyed by MSM in varying degrees. They have sex with men and women.

### ***Sexual Health (Ideal versus Actual)***

In several studies conducted by government, nongovernmental organizations and the academe on the relationship of variables on knowledge levels to actual practice in HIV, AIDS and STI, it seems that there is a gap between these two variables. The Philippine perspective is that the higher the level of knowledge, the higher too is their actual risk-taking behaviors. This trend is somewhat baffles intervention program managers since the onset of HIV cases in the country.

Despite massive campaigns on positive messages on HIV and AIDS in terms of risk-taking behaviors, Filipinos particularly MSM in this study still maintain high-risk behaviors. Why is this so?

The FGD participants mentioned several reasons. The perceptions of MSM about their lifestyle reflect how they practice and maintain their sexual health. For the participants, there was a connection between what they do as MSM and what they perceive as safe sexual practices. Many prevention programs in the country addressing the need to promote the sexual health of MSM have emphasized the messages of safer sexual practices and condom use. However, these efforts have failed to take into account strategies that carry relevant sensitive messages, particularly sexual decision-making and practices. Thus, these programs have failed to develop among these men the needed skills to ensure protection.

Another case in point is how the avoidance of health structures such as public hospitals and clinics may be hindrances in getting the right information. For most of the participants, they would likely protect their self-image of being men rather than be judged as MSM. As sexuality for these men involved in this study draws mainly from their self concept about what they want and what gives pleasure to their partners, it is important to look at how these men protect themselves from the perilous effects of infection or disease. Because these men are pressured into intimacy with their partners, they often leave to chance the need for sexually healthy practices.

### ***Conclusion and Recommendation***

In the light of these findings, it is not possible to ignore the existence of high-risk MSM sexual behavior in the Philippines nor is it acceptable to neglect this group when planning for HIV prevention interventions. Prior to our recommendations, we would like to point out and identify the key players in the HIV and AIDS environment particularly addressing the sexual health needs of the MSM community. The purpose of identifying these players is mainly to determine the roles of each one have that would (1) redefine their strategies and (2) avoid duplication of prevention work. The matrix below is the existing key players in HIV/ AIDS work among MSM.

The main goal of intervention program in this study is to create and provide activities that will respond to the health needs and wants of MSM in the community. These needs should include positive sexual behaviors and provision of knowledge and skills in HIV/AIDS intervention work including advocacy strategies.

Based on this main goal alongside with the key players, this study recommends the following using variables as themes:

### ***Programmatic Designs***

Key players should be convened and their roles determined in MSM program designs and interventions. This is necessary so that resources and expertise can be

shared if only to avoid duplication of work in the field.

There are several factors in the design of intervention work – determination of key players' involvement in (1) program designs; (2) sustainability of programs; (3) monitoring and evaluation; (4) service provision; and, (5) skills trainings for advocacy work. Importantly, there should be a determination of immediate, intermediate and long-term outcomes as a logic model for MSM intervention work.

Data collection or process documentation on MSM concerns such as STI, HIV and AIDS prevalence is needed because the results of this process will be important inputs to the design of intervention work. Results of Surveillance Reports on MSM can be transferred to popular mediums.

Networking among the key players is crucial to a successful intervention work dealing with MSM. However, networking would require level of commitments. There could be networks that are local government unit (LGU)-led and some would be NGO-led. A clear social mapping of key players should take place before a network can take place.

It is not the intention of this study to “reinvent the wheel”, so to speak but try to look for existing successful MSM interventions and which technology has been tested over time. If identified, moves to capacitate the skills and training should follow. Designing a new program for MSM is costly and time-consuming considering the alarming figures presented in this study.

#### **Theoretical Frameworks**

An intervention can be based on theories of peer influence and diffusion of innovations, which posit that people are most likely to adopt new behaviors when favorable evaluations of the behavior are conveyed to them by similar others whom they respect. MSM leaders in the community can be tapped to spearhead MSM community towards positive sexual health.

Based on the aforementioned theory of peer influence, it requires multi-component intervention that includes types of formal outreach, informal outreach, peer-led small groups, and a small ongoing publicity campaign. One type of formal outreach activity was directed at venues where MSM congregated. Volunteers may dress in costumes and distributed safer-sex materials. Another type of formal outreach activity that would consist safer-sex promotional events embedded in a series of fun social activities. Informal outreach consisted of peer-initiated communications among friends about the need for safer sex. Small groups can be designed to be fun and interactive. They served as entry into the intervention work, addressed safer-sex concerns and skills, and motivated participants to invite their friends. The publicity campaign, which included articles and advertisements in newspapers and outreach materials, aimed to reinforce the norms for safer sex and spread awareness of the intervention project.

Another model is a community-level intervention that was based on the Trans-theoretical Model of Behavior

<b>Key Player</b>	<b>Description</b>
MSM National Groups	MSM National groups exist in the country where memberships are open to Filipinos who may self-identify as gay and/or bisexuals. Their organization is basically social but their advocacy work can be political. Examples of this kind of group may include Progressive Gays or Pro-Gay, Bisexual Network of the Philippines, etc.
MSM NGOs	MSM NGOs are now evolving from being categorized before as NGOs advancing causes for gay men. These organizations have very good advocacy plans but sustainability of programs remains to be a concern. Samples of MSM NGOs would include The Library Foundation (TLF) in Manila or Iwag-Dabaw in Davao City.
MSM Local Groups	MSM local groups would include community-based gay organizations, faith-based gay entities and school-based gay student organizations. Basically they carry social issues and concerns among gays but are in the low end in political activism.
MSM Informal Groups	These informal groups are like mushrooms because they come and go. Groups such as hairdressers (parloristas), young gay men (badettes), discreet and closeted men, the academe and the arts are some of the samples. They may be loose in terms of organization but can be cohesive when issues and concerns about them are at the offing.
Health NGOs	There are more than a hundred Health-based NGOs in the country and they give advocacy work for MSM. MSM issues are treated equally with other health concerns of other groups (e.g., children, women, the elderly) in most of these NGOs. The impact of MSM activities in these organizations in national programs proved to be minimal.
International NGOs	These NGOs carry a focused and programmatic design activity that directly deals with MSM. Their organizations may include HIV / AIDS or reproductive health or health technology-based programs. Their role is purely assistive in character but can be persuasive in technology building.
Public Health Institutions	These institutions carry a national mandate – to provide information and services in health-related matters such STI, RH and HIV / AIDS for free or for a minimum fee. These institutions do carry infrastructures and health service providers that can help MSM-based NGOs to bridge their program requirements such as training, information campaigns, etc.
Private Health Institutions	Similar to the public health institution set-up, private organizations can complement the infrastructure and personnel requirements of MSM seeking to avail of sexual health information. A sample of such institutions is the HIV / AIDS Core Teams (HACT) in every private hospital in the country.
Health Media Practitioners	Media persons in health are the ones responsible in informing the public in MSM issues and concerns. They do advocacy work too and may have political clout in establishing MSM programs.
The Academe	The academe may contribute immensely to the rigors of research and its results translated into advocacy work for MSM. They provide the academic eye in developing programs for MSM and its prospects for political activism in terms of advocacy strategies.

Change, which recognizes that change occurs in stages. The intervention aimed to modify attitudes and beliefs about prevention methods among the community members by providing models of successful risk-reduction strategies adopted by members of the target population.

Using this trans-theoretical model, peer volunteers from each target community were trained to carry out the intervention, drawing attention to and reinforcing identification with and acceptance of the intervention messages.

The intervention can feature role model stories developed from the real-life experiences of local community members. These stories depicted members of the target population moving from earlier to later stages of change. Stories can be developed and selected so that the majority matched the predominant stages of change and beliefs about condom use, for example, in the population. The role model stories can be included in flyers distributed with condoms by the peer volunteers.

### Education

Education about MSM issues on STI, HIV and AIDS can begin with Local Government AIDS Councils (LACs) so that they can be sensitized to these issues. This is important because as political entities they can use their machinery in advancing the causes of MSM issues.

Health service providers through the HIV and AIDS Core Team (HACT) should be trained to be able to talk to their MSM clients on concerns such as sexual risks and STI, HIV and AIDS transmission.

Information, Education and Communication (IEC) material development should encourage the participation of all key players and to determine how water-based lubricants and condoms can be promoted through social marketing.

Core elements should be designed as a planning educational tool. These elements should have the following messages:

- educates clients (MSM) about risks and sensitizes clients to risk;
- develop risk reduction strategies;
- coach MSM regarding the capacity to change;
- train MSM in partner selection, communication and negotiation;
- provide support and relapse prevention.

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