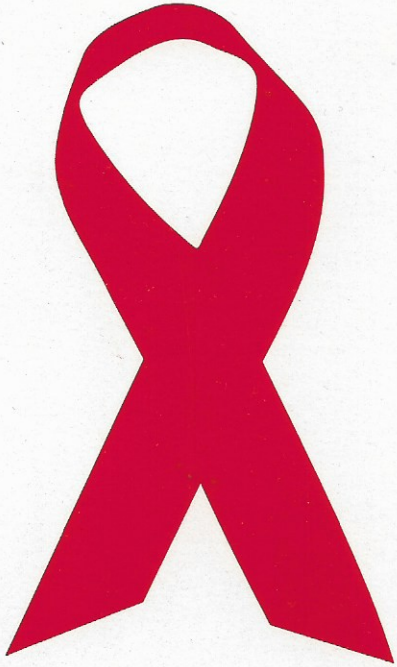
IN THE SHADOWS:
Men who have Sex with Men



Health Action Information Network

National Economic and Development Authority

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I. Introduction

Among reported HIV cases, the mode of transmission for 22 percent is "homosexual"or "bisexual"*. Among AIDS cases, the figure is 35 percent of total cases.

The actual numbers may be higher. Many of the males were listed as having "unknown" modes of transmission. Moreover, health personnel working at the Health Department acknowledge that because of the stigma attached to homosexuality in the Philippines, newly diagnosed HIV-positive Filipinos may be unwilling to admit they had sex with men.

The point is that male-to-male sex is a significant route of HIV transmission in the Philippines, and must be addressed. To prepare this paper, we drew on published research materials while conducting interviews with experts in the field of sexuality, as well as those working with HIV/AIDS. We also conducted a focus group discussion with key people involved in HIV/AIDS prevention with men who have sex with men, including two representatives from outside Metro Manila. (See Appendix A for a list of participants.)

* An MSM consultation we sponsored in June 2000 came to the consensus that this "homosexual/bisexual" mode of transmission is not scientific. One cannot contract HIV through "bisexual" sex.

II. Explaining the term MSM

The term "men who have sex with men" (MSM) does not refer to sexual orientation or sexual identity. It was first used in the context of the HIV/AIDS epidemic. The term was introduced recognizing that existing labels such as "homosexual" and "heterosexual" are not always applicable when discussing sexual behavior, i.e., many men who have sex with men may not think of themselves as "homosexual", "bisexual" or "heterosexual". Even local terms are not always clearly defined, with "bakla" for example tending to be used for any male who is effeminate.

In relation to the HIV epidemic, the concern is transmission of the virus. This occurs through unprotected penetrative sex, and would include anal intercourse between two men. (It should be emphasized that anal intercourse is not limited to sex between two men. It can occur too between a man and a woman.)

Sex between two men is not always high-risk for HIV. It becomes high-risk only when there is anal intercourse without condoms. Greater risk is present if the "active" partner (i.e., the one who inserts) is the one infected because there is a greater chance of his passing on the virus to the one being penetrated.

The main subpopulations of MSMs in the Philippines include the following:

1) The traditional "parlorista bakla" is the most visible. These are effeminate men, who may use make-up and dress in women's clothes. They tend to be concentrated in certain professions such as working in beauty parlors (thus the term parlorista). Some work as entertainers, and a growing number work in Japan as female impersonators. Many of these *bakla* will also self-identify as homosexual, using the English word "gay". Many of these *bakla* will not have sex with another *bakla*, preferring instead "lalake" or men who self-identify as heterosexual.

2) "Straight-acting" bakla or gays. This population is found more in urban areas. These men are not effeminate and will not use make-up or cross-dress. They are found outside of the stereotyped "bakla" professions. Sexual preferences vary with some willing to have sex with other gays while others will prefer "straight" men (lalake). It is also interesting that many will self-identify as "bisexual", even if they only have sex with men, "bisexual" having been redefined locally to mean "straight-acting".

3) Call boys/service boys. These are men who will have sex with men (usually *bakla* and gays but also occasionally with women) in exchange for money or other material rewards. Most self-identify as heterosexual and often have families.

Male sex workers, like their female counterparts, are not homogenous groups. Some are establishment-based, working in bars or massage parlors, while others are freelance, working in the streets. In Metro Manila alone, we estimate there are about 1,000 sex workers in establishment, with many more doing freelance work. In cities outside Metro Manila, gay bars and massage parlors are rare so most of the sex workers do freelance work.

It is important to recognize that many of the male sex workers ply their trade on a part-time basis, sometimes based on need (e.g., "tuition fee boys" or those who come out for "Friday and Saturday night fever" as our informants from Davao describe them).

Male sex workers' clients include MSMs, as well as women, including women sex workers as well as middle-aged "matrons"

4) "Lalake". These are men who self-identify as heterosexual, or occasionally, as bisexuals, and have sex with other men without monetary or material favors. Many have families. This includes adolescents and young adults who have sex with men simply for sexual pleasure because of difficulties of accessing females for sex. However, there are also older men, including married ones, who continue to prefer having sex with men, usually the more visible *bakla*, but do not self-identify as homosexual.

With each of the four categories we named, there are many subgroupings. The subcultures are based on age, on professions, on class, and even occasionally along ethnicity. Each of these subcultures may, in turn be further subdivided. Thus, young MSMs may be divided into those who are still studying and those who are out of school. We have found, too, that MSM subcultures are shaped, to a large extent, by the area in which sexual encounters take place. There are some who go to bars while others prefer certain cruising areas, such as particular theaters, streets or parks. The cruising places come and go, some longer than others.

When we say there are subcultures we mean they have their own sets of values, ways of doing things. The subcultures each have their own versions of "gay language" or swardspeak. For example, MSMs who adopt masculine mannerisms are called "pamin" or "paminta" in Manila but "maya" in the Visayas and Mindanao.

The MSM population is diverse and diffused, often merged into what epidemiologists call the "general population". Moreover, in terms of sexual activity, MSMs may form bridges across different segments of the population through which HIV may be transmitted. An example would be married MSMs who have high-risk sex outside of their marriage and who may in turn infect their spouse and contribute to vertical transmission (an infected woman passing on the infection to the fetus or newborn). We will give other examples of such bridges in this review.

It is difficult to say what the numbers of MSMs are but three surveys give us some information that might be useful:

Tiglao's KAP (knowledge, attitudes, practices) survey in 1991, conducted for the World Health Organization among 1,670 respondents in Metro Manila found that among males, 3.1% said they had sex only with males, while 4 percent said they had sex with both males and females.

The UP Population Institute's Young Adult and Fertility Survey, conducted in 1994 with a nationwide sample, found that among sexually experienced males, 1.1% said they had sex only with males, while 5.4 % said they had sex with males and females. Note that in this sample, 8.8% had no response or had inconsistent answers. (See Balk and others 1999.)

It is also significant that 10 percent of all sexually experienced males in this UPPI survey said they had received pay for sex at some time. Almost 70% of these males said their paying partners were male only. We will return to this figure later in the paper.

It is difficult to test the reliability of these statistics again because of discrimination against homosexuals and homosexuality in the Philippines, which may prevent disclosure during surveys. What we can be certain of is that the numbers of men who have sex with men are not small.

Most recently, De La Salle University conducted a "Men's Study on Sexuality and AIDS" (MENSSA) among 3,615 men aged 15 to 44 in Quezon City, Cebu and Davao. Note that the men belong to the "general population" and not to a specific "gay", "bisexual" or MSM population. Twelve percent of the respondents said they had experienced oral insertive sex with another male. One hundred of the respondents or about 3 percent said they had experienced insertive anal sex, and that their partner tended to be older men. Almost two-thirds of those who said

they had experienced anal sex said they were paid by their partners.

Another 37 respondents, or about 1 percent of total respondents said they had experienced receptive anal sex, with two-thirds saying there was no money involved.

It is difficult to draw firm conclusions from the De La Salle study, for which only preliminary results have been released, but the findings that have been released show how tenuous sexual classifications and sexual behavior are, and the need for studies other than surveys to explore the milieu of MSMs in the Philippines.

III. What puts MSMs at risk?

There are many reasons why MSMs in the Philippines are at risk for HIV/AIDS. The main one is discrimination. While homosexuality is, on the surface, tolerated by Philippine society, there is in fact strong stigmatization, including cases of discrimination, harassment and outright physical violence against homosexuals. The powerful Roman Catholic church has repeatedly stated its position that homosexual acts are "unnatural", and have opposed a bill that sought to promote civil rights for gay men (but which was erroneously publicized as a bill that would allow gay marriages). The Catholic position creates confusion because it talks about "loving the sinner (the homosexual) and hating the sin (homosexual acts)". In lay terms, many Filipinos believe homosexuals can be "cured" by marrying, yet the Family Code of 1989 allows annulment of marriages if the husband is homosexual.

The contradictory views and signals that society give out leads to ambivalence and discrimination. To play safe, many MSMs, especially professionals and middle-class men, retreat into "shadow" populations, since they sense there is too much risk coming out to their family or work colleagues.

Because of social pressure, older gay men who may be out in their youth may also "retire" back into the closet and the shadows as they grow older by marrying and having children. Those who continue to have extramarital affairs, with unprotected penetrative sex, may put their families at risk.

Because they are in the shadows, MSMs are difficult to reach with HIV/AIDS information and education. Moreover, many of the MSMs, afraid to come out in the open, have to utilize the services of male sex workers, who in essence become "shadows" of the "shadow population". As we pointed out earlier, many male sex workers are married and have children so if they pick up

infections through their work, they can pass on the infections to their family, and to other partners.

Many MSMs are from low income backgrounds, including the parlorista *bakla* and male sex workers. With low educational attainment, they tend to lack access to information on sexual health, including the prevention of STDs and HIV/AIDS. Their main sources of information tend to be peer groups and the media. These informal information networks are quite active and involve an exchange of all kinds of health facts and fallacies.

This is not to say that higher educational attainment automatically means lower risks for HIV/AIDS. Among men who have sex with men who have higher educational attainment, there are also many misconceptions about HIV. Moreover, even among those with high levels of knowledge about HIV, safer sex behavior does not necessarily follow. The reasons for this "KAP gap" are varied, but include denial of personal vulnerability, weak social support to reinforce safer sex, and even the lack of self-esteem that has been mentioned earlier.

IV. Working with Self-identified Gay Men and Bisexuals

There is no single national gay organization at present but there are many different types of gay groups, or ganized around common interests. Many neighborhoods, for example, have gay organizations that become active for the annual fiesta and santacruzan.

In recent years, there have been a number of organizations emerging, attempting to organize around gay issues and, peripherally, gay rights. The HIV/AIDS epidemic has, to a large extent, spurred the establishment or expansion of such groups as The Library Foundation (TLF) and Iwag Dabaw, with specific HIV/AIDS prevention programs. A number of other health groups, such as HAIN and the Remedios AIDS Foundation, have also established special programs for MSMs that go beyond "AIDS 101" lectures and incorporate sessions on sexuality and sexual rights.

TLF sits in the Philippine National AIDS Council and is therefore in a good position to lobby for gay rights and representation, but this is still limited to HIV/AIDS-related issues.

TLF has been a pioneer in reaching self-identified gay men and bisexuals. Since 1991, TLF has organized the most intensive workshops to reach this sector, with some 600 people who have attended week-end workshops and follow-through activities, many of them becoming peer educators, volunteers and staff members of AIDS organizations.

TLF's HIV (Healthy Interactive Values) workshops emphasize the need to go beyond AIDS 101 workshops. The HIV workshops deal as well with issues of sexual identity, with interpersonal relationships, sexuality, and religion. The workshops have evolved through the years, incorporating many changes based on the participants' suggestions.

The initiatives of TLF and, in Davao, Iwag Dabaw, have surfaced many strengths of gay-initiated programs. The main strengths identified of existing IEC initiatives are:

1) Creation of small social support groups. "Graduates" of the different programs have retained their ties and are able to meet among themselves. These are vital as social support groups, and may in fact be a viable model since it may be difficult to aim for a national organization among middle-class gay men, especially if they are reluctant to come out in the open.

2) Emergence of an awareness of links between HIV and sexuality issues. Many of those who went through the workshops acknowledge that the most important accomplishment of the workshop was to help them become more comfortable with their sexuality.

3) Development of participatory methods. The work of gay groups has been flexible, avoiding any compulsion to recruit "members" in the organization and keeping ties through a loose network. The use of participatory methods creates a sense of safety and allows MSMs to speak frankly about their experiences and to seek help when necessary.

4) Incorporating "culture" into HIV prevention. The TLF workshops, which had pre- and post-workshop questionnaires as well as qualitative evaluation questionnaires, have produced many new insights on local "gay" culture. Iwag Dabaw also conducted a survey in 1999 that yielded additional information. It will be useful to cite two examples of these aspects of MSM culture that need to be tackled:

   First, we have learned that the Filipino "gay" culture is not necessarily a mirror of western "gay" culture. For

example, we accept that many self-identified gay men still grapple with the definition of their desire as being oriented toward "true men", even if many also acknowledge such relationships may be self-defeating and exploitative. Helping to process these conflicting feelings, including concomitant fears and anxieties — for example of growing old alone — are important.

Second, self-esteem is important in helping to "empower" gay men for safer sex. As early as 1995, we had reported that changes in knowledge scores and in attitudes tended to be more positive for those who felt more comfortable with their sexuality, as reflected by questionnaire items about gay men.

Finally, as pointed out earlier, it is dangerous to think of a monolithic "gay" culture. It would be safe to speak of several cultures, divided by age, class and ethnicity, and combinations thereof.

V. Working with Male Sex Workers

HAIN has worked with male sex workers since 1986, when we were first asked by GABRIELA, a women's organization, to assist them with their programs for sex workers, including male child sex workers in Pagsanjan, a resort popular with pedophiles.

In the 1990s, we pioneered with programs for male sex workers that had parallels with TLF's workshops for gay men. Our first program incorporated AIDS 101 lectures with group dynamics that sought to help sex workers confront their problems in their personal lives as well as at work. This very intensive program was initiated among freelance workers, and consisted of staggered workshops spread across two months. Participation was good, with only one drop-out out of nearly 30 participants.

A similar program was replicated together with the University of the Philippines for establishment-based male sex workers, this time involving lectures done in the establishments as well as live-in workshops. Despite the success of these programs, we have discontinued them for two reasons:

First, we recognized the quick turn-over of male sex workers, so that many were only averaging about 3 months in each establishment. This did not mean they would leave sex work but instead moved from one establishment to another, or even going freelance. Others would be taken in by a wealthy gay patron, a process called "garahe" (meaning garage), where the sex worker becomes a live-in partner of the patron. This, however, was rarely a long-term arrangement and many would return to sex work once the relationship was terminated.

Because of the quick turn-over of sex workers, a peer education program was not feasible, at least not with the sex workers

themselves. We are now exploring the possibilities of having peer educators from sex workers who have been in an establishment for a long-term, or with the managers, who are always self-identified bakla or gay men.

The rapid turn-over of sex workers also means we need to have several repeat lectures of vital topics such as AIDS 101 and STD prevention in the same establishments. We have found that even those who have heard the lectures still benefit from listening to them again, and may help to answer questions from the newer sex workers.

Second, the sex workers' interests in health go beyond reproductive health, that new fad among donor agencies. The sex workers' interest, based on our experience, include family planning, and drugs — including the dangers of psychoactive drugs, as well as the rational use of medicines like vitamins, cough and cold remedies, and others.

Third, the sex workers do have concerns relating to sexuality. Many of them self-identify as heterosexual, and are married, sometimes with mistresses. Machismo is a very strong value with the sex workers, and needs to be tackled in an HIV/AIDS program.

VI. Integrating the Work with Gay Men and with Male Sex Workers

About five years ago, we were able to organize a "dia logue" involving male sex workers and members of two gay organizations. The dialogue was important to interface our work with self-identified gay men and with male sex workers, so that each could confront their typecasting of the other sector, including biases, fears and prejudices.

For example, it had become very clear that gay men favored mandatory testing of sex workers, seeing them as both desirable yet dangerous. It was important to confront these perceptions, and to point out that the sex workers were often at greater risk for HIV than the customers, i.e., the problem was that of customers infecting the sex workers, rather the other way around.

We are now developing more appropriate ways for dealing with the complex issue of sexuality involving a male sex worker and a gay client. Tan (1998), in an historical review of male prostitution in the Philippines, points out that risks for the male sex worker have increased as sex work becomes more and more commodified. In the past, and to some extent in the present, a bakla could get sex in the streets from a "real man" without commercial considerations. Today, the emergence of brothels, massage parlors and bars means that the sex worker demands monetary payment but, in return, must render certain services described as "singing and dancing", referring to giving a blow job and taking anal sex. Out in the streets, these were not necessarily required, in fact, the bakla would avoid asking for a blow job or being the penetrator in anal sex because this would have their partner "female", rather than a "real man".

Understanding these changes mean that HIV education will have to go beyond dry technical lectures about viruses, or showing slides with horrifying lesions from STDs.

We have described, in a very general way, some of the issues we are tackling to show that work with sexual minorities demands introspection, research, investigation. We would like to end, too, with reference to the need for AIDS groups to take up ethical issues following complaints from male sex workers that they were being exploited as well by AIDS groups that would lecture on AIDS while sexually harassing the workers, or even returning as clients. The worst part, sex workers recount, is that some of these AIDS educators would insist on unsafe sex. The damage done by such unscrupulous individuals and NGOs is difficult to repair since trust is lost and the MSMs often become unwilling to cooperate with government and NGOs for HIV prevention.

VII. Recommendations from a Consultation

In June 2000, we held an FGD with representatives of MSM organizations from Manila, Cebu and Davao, as well as from NGOs working on HIV/AIDS. The recommendations from that consultation are as follows:

1. The DOH should change its AIDS reporting of "homosexual and bisexual" transmission to, "male-to-male".

Homosexual and bisexual refer to sexual orientation. It is not sexual orientation that transmits HIV, but sexual behavior.

2. HIV-positive MSMs need to come out and help in the education work among MSMs.

Despite the growing number of HIV infections among MSMs, there is still strong denial among MSMs mainly because many still do not know or have not met someone with HIV. HIV-positive MSMs, as resource persons or lecturers, can help other MSMs to become more aware of the real threat of HIV.

3. Support more HIV prevention programs for MSMs.

There is a great need for HIV prevention programs for MSMs, especially those that emphasize interpersonal approaches (e.g., the use of workshops) and that have follow-through activities. Such programs are especially needed in areas outside Metro Manila, although the needs in the capital region continue to be largely unmet.

4. Support access to condoms and lubricants.

Information and education campaigns are not enough. MSMs need access to condoms and lubricants. These are not always accessible or available.

5. Support more research into the situation and needs of MSMs.

Our review of the literature shows that many surveys only give statistics without explaining the numbers. As shadow populations, MSM subgroups remain "mysterious" even to other MSMs. The social networks, the problems and resources of MSMs, remain unmapped to a large extent, whether in or out of Metro Manila. Research is needed to evaluate their needs, and to evolve relevant and responsive programs in the area of education and services.

6. Support MSM organizations.

MSM organizations are in the best position to conduct research, training and advocacy for fellow MSMs. They need to be supported for community drop-in centers providing information and education, as well as other services that MSMs need. HIV antibody testing, for example, will be more acceptable to MSMs when conducted in a safe and non-threatening environment such as a drop-in center, rather than in a government unit.

7. Promote greater public awareness of the public about gay and lesbian rights.

Recognizing that discrimination puts MSMs at risk, it is important to fight discrimination and educate the public about issues surrounding homosexuality. Discussions about homosexuality – including a tackling of myths and misconceptions – need to be integrated into gender sensitivity workshops conducted by government and by NGOs.

8. Educate government, NGOs and media on the needs of sexual minorities.

While the groups are opposed to a medicalization of homosexuality, there was also recognition of specific needs of sexual

minorities that have to be brought to the attention of government agencies and NGOs, especially those working in health. HIV/AIDS is not the only concern of the communities. There are individual problems resulting from isolation and stigmatization. Sometimes the stigmatization is aggravated by the way media covers MSMs, tending to depict them as predators in theaters and parks without explaining that society gives little alternative and safe space for MSMs.

There are also community-specific problems, such as the lack of livelihood skills and violations of human rights. There are also problems specific to particular subgroups of MSMs such as those who have to work overseas, whether as transvestite "japa-yukis", seafarers or as technical workers. In all these instances, discrimination in their new environment may pose new problems and risks for the MSMs.

The needs of MSMs, as expressed during the small consultation we had, are diverse and not limited to HIV/AIDs, but following the focus of the current research on HIV and development, we see too that HIV risk among MSMs relate back, ultimately, to a broader social context. Addressing that context is important if we are to reduce risks for HIV/AIDS.

References:

Balk, Deborah and others. 1999. HIV/AIDS. In: Corazon M. Raymundo, Peter Xenos and Lita J. Domingo, editors. Adolescent Sexuality in the Philippines. Quezon City: UP Population Institute and Honolulu: East-West Center Population and Health Studies.

De La Salle University. n.d. Men's Study on Sexuality and AIDS (MENSSA). Powerpoint presentation. (Unpublished)

Tan, Michael L. and Castro, Philip. 1999. Working with Sexual Minorities in the Philippines. Paper Presented at the 5th Asian Congress on AIDS, Kuala Lumpur, Malaysia.

Tan, Michael L. 1999. Walking the Tightrope: Sexual Risk and Male Sex Work in the Philippines. In: Peter Aggleton, ed. Men Who Sell Sex. London: University College London Press.

Tan, Michael L. 1996. Silahis: The Case of the Missing Filipino Bisexual. In: Peter Aggleton, ed. Bisexualities and AIDS: International Perspectives. London: Taylor and Francis.

Tan, Michael L. 1995. From Bakla to Gay: Shifting Gender Identities and Sexual Behaviors in the Philippines. In: Richard Parker and John Gagnon, editors. Conceiving Sexuality: Approaches to Sex Research in a Post-modern World. New York and London: Routledge.

Tiglao, Teodora V. 1991. Philippine KABP/PR. Sonecom. (Unpublished)

Appendix A

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