



## Case Study

# Men who have sex with men: the naked truth among male university students

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## Abstract

*There is an increasing human immunodeficiency virus (HIV) infection in the Philippines and the predominant mode of transmission is through men having sex with men (MSM). This qualitative case study reports on the experience of eight male university students involved in MSM activity. Data obtained through focus group discussion helped understand the feelings, views, and factors that contributed to the involvement in MSM of the university students. Results revealed that curiosity, alcohol drinking, material rewards and sexual satisfaction were the reasons for engaging in MSM activity. This study provides some inputs that maybe useful in planning and implementing programs that can provide opportunity for the students to know where to seek guidance regarding this sensitive issue, thereby, encouraging them towards observing a more positive sexual health.*

**Keywords:** MSM, male university students, case study, HIV.

## Introduction

Men who have sex with men (MSM) is considered at present as the predominant mode of transmission of Human Immunodeficiency Virus (HIV) infection among males. It is identified as one of the subpopulations with the highest risk of acquiring HIV by the DOH-HIV Serologic Surveillance<sup>1,2</sup>. MSM in this study refers to those males regardless of whether they associate themselves as straight, gay, or bisexual, who have sex with other males, regardless of whether or not they have sex with women<sup>1</sup>. From the records of HIV/AIDS and ART Registry of the Philippines (HARP) from January 1984 to June 2018, there have been 56,275 reported HIV positive cases and 94 % (52,622) of the reported HIV positive were males<sup>3</sup>. Data indicated that MSM is taking up an increasingly larger portion of new HIV infections<sup>4</sup>. It was also reflected from HARP that the leading mode of HIV transmission among males is MSM (84%, 44,242) followed by male-female sex (11%, 5,941), and sharing of infected needles (4%, 1,965)<sup>3</sup>. These data are corroborated by findings of foreman and the World Health Organization (WHO)<sup>5,6</sup>.

Region 8 has listed 604 reported HIV positive cases from 1984 to February 2018<sup>7</sup>. From the same data source, Leyte has the highest number of reported HIV cases. It has around 334 reported positive HIV cases. In Leyte, Tacloban City has the highest number among the different municipalities with reported cases of 104 (31%). It is also reflected in the data that as young as 15-24 years old, there are already reported 163 cases. In addition, 550 (91%) of the 604 reported positive HIV cases were males. In terms of mode of transmission, MSM ranks first with 307 (58%) positive with HIV. The existence of MSM

activity among the youth in Tacloban City is corroborated by the findings of Ogena and Kabamalan and Matillano<sup>8,9</sup>.

Much of the literature provided is on statistics of HIV cases and population of those engaged in MSM. There is not much of literature dealing with understanding the reasons and factors that lead youth to be involved in MSM activity. According to WHO, lack of global data on the number of young MSM, their levels of risk for HIV and their protective behavior is due in part to a "lack of research and surveillance, and also to the difficulty of reaching young MSM who may fear disclosing their same-sex behavior"<sup>6</sup>. Hence, this study was conducted as an effort to address this lack of research on understanding MSM among the youth.

This study sought to answer the research question: What are the perceptions and reasons of male college students for engaging in MSM activity? The purpose of this case study was to describe the views and reasons for engaging MSM activity of male youths enrolled in college in a state university. The result of the study may provide useful inputs to the university in crafting guidance and health programs that would create opportunity for the MSM students to know where to seek guidance and who to talk to in the university regarding this sensitive issue, thereby, encouraging them to observe a more positive sexual health.

This study is anchored on the theory of peer influence and social construction of sexuality or 'frame' theory. Theory of peer influence posits that people are most likely to engage or adopt new behaviors when positive feedbacks of the experience in engaging such behavior are observed among similar others

whom they trust or respect<sup>2</sup>. The concept of social construction of sexuality or 'frame' theory advances that physically similar sexual acts may have different social significance and subjective meaning on the people depending on the culture and periods it is being defined and understood<sup>10</sup>.

## Methodology

**Research Design:** With the aim of understanding the factors that prompted a male youth to engage sex with another male, this study was conducted using the case study as the main research design. Case study research involves "studying of a case within a real-life contemporary context or setting through detailed, in-depth data collection involving multiple sources of information"<sup>11-13</sup>. In addition, this study also follows a multiple case study design as there were more than one group of participants from where the data were collected to get different perspectives on the case<sup>11,12</sup>.

**Research Instrument:** The survey questionnaire in this study was designed by the researcher. It was composed of 14 open-ended questions that were designed to gather data on participant's views and reasons for engaging in MSM activity. The questionnaire was first validated by two experts in qualitative research. Then it was pilot tested to gays and heterosexual male university students, who in turn were not taken as participants of the study. They were asked for comments and suggestions to improve the questionnaire. The same questionnaire also served as the guide during the focus group discussion (FGD).

**Participants:** The study was conducted in a state university where students of different gender are enrolled. However, in terms of student population, it is dominated by female students. Male university students regardless of their gender who had experienced MSM activity were taken as participants of the study. Due to the sensitivity of the topic being explored, purposive sampling particularly snow-ball sampling was used to get participants of the study. A total of eight (8) students, 18 years old and above, served as participants of the study. According to Wa-Mbaleka and Gladstone, case study can have a minimum of eight (8) participants<sup>14</sup>. Two identified themselves as heterosexual, two bisexuals but more into liking female, and four openly admitting gays.

**Ethical Consideration:** A consent form was attached to the questionnaire. The key informant was the one in-charge of fielding the questionnaire, and retrieved the same. The questionnaire was given first to the participants to answer. This is to let the researcher have idea on which aspects needed to be explored deeper during the interview. They were instructed that they can skip questions they do not want to answer. All answered questionnaires were placed in the sealed envelope. It was stated in the consent that their identity would be held confidential and their responses will be reported collectively. They were informed that pseudonyms will be used if there is a

need to name participants. Also included in the consent was asking permission for audio recording during the interview.

Since the participants opted to be interviewed in a group, focus group discussions (FGDs) were instead conducted. The FGDs were conducted on a Saturday when there were no other students present. It was in a closed room to make sure that the identity of the participants was held confidential from other students. Likewise, at the start of the FGD, the process was explained and they were informed that they can withdraw from the discussion at any time.

Interviewing the health personnel and guidance counselor also observed ethical procedure. The interviews were primarily focused on their awareness of male students' involvement in MSM activity and the programs being implemented by the university in relation to reaching out to these students. There were no names or data record asked regarding the individual participant of the study. Permission was also sought in the use of audio recorder in the duration of the interview.

**Reflexivity:** The researcher has no direct supervision of the participants of the study. The participants were not students of the researcher. The researcher is a Biological Science teacher who has an interest in the study of HIV infection.

**Data Collection Procedure:** Qualitative research depends on many different types of data sources such as interviews, focus groups, artifacts, observations, documents, and archival data<sup>11,13</sup>. For this current study, data were collected through interview, FGD, and documents. The participants were informed that they will be called for an interview at their most convenient time. However, since participants know each other and they were shy being interviewed alone, they agreed to be interviewed together, hence, FGD was conducted. Focus group discussion is a research methodology in which a small group of participants from similar backgrounds or experiences gather to generate data such as their perceptions, attitudes, beliefs, opinion or ideas on a specified topic or issue<sup>15</sup>. The researcher conducted two FGDs. The first group was composed of openly admitting gays. The second group was composed of bisexuals and heterosexuals.

To ensure reliability of data, triangulation procedure was observed. Triangulation is a great method to use in validating data through cross verification from two or more sources<sup>16</sup>. Interviews with the university guidance counselor and the health personnel as well as documents from Department of Health (DOH), supplemented the data gathered from the participants.

**Data Analysis:** The units of analysis in this study were the three groups of male college students involved in MSM activity such as the openly admitting gays, bisexuals, and the heterosexual; hence, cross-case synthesis best fit in analyzing the data. For this study, with-in case analysis was done for each group first, followed by cross-case synthesis. Cross-case synthesis enabled the researcher to see comparisons on the views and reasons for

engaging in MSM activity of the three groups. In the analysis, themes were formed, and then an interpretation of the meaning of the case or assertion was made<sup>11</sup>. The data from the recordings of the FGD were analyzed following the stages developed by Ajawwi and Higgs<sup>17</sup>.

Member checking was also done by the researcher to improve credibility of the results from the data gathered from the participants. Birt et al. mentioned that in member checking, "data or results are returned to participants to check for accuracy and resonance with their experiences"<sup>18</sup>.

## Results and discussion

### Existence of MSM activity among male university students:

The university guidance counselor, physician, and nurse confirmed that there are students who were involved in MSM activity in the university. The guidance counselor confirmed that there were students who went to their office and asked for advises regarding their MSM involvement. For the university physician and nurse, they get to know MSM involvement of students because of being diagnosed to have sexually transmitted infections (STI). Based on the university clinic records from 2013 to 2018, there were reported 10 students identified to have STIs. Through their probing, they were able to confirm that these student-patients were involved in MSM activity with partners who were either a student of the university or from another school.

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**Age and Sexuality:** The participants were ages 19 to 21 years old. This finding corroborates to what DOH<sup>3</sup>, and Ogena and Kabamalan<sup>8</sup> reported on the age range of male youth involved in MSM. When asked how old when they had first experienced MSM, one gay participant had his first experience of MSM at a young age of 6 years old with an older cousin. The other participants experienced at the age of 9, 13, 14, 15 and 17 years old. Results suggest that the first experience of MSM activity of the male youths happen at a very young age. This study corroborates to the findings of Italia and Oducado<sup>19</sup> that their participants had their first experience of MSM below 18 years old and with a relative.

When asked about their sexuality, they have different answers in relation to how they classify their sexual orientation. Sexuality

is expression of ones totality as a person and may refer to one's masculinity and femininity<sup>20</sup>. In the study, four openly admitted that they are gays because they are attracted to the same sex and does not like to have sexual relationship with women. The bisexuals classified themselves as such because they are attracted to both man and woman. However, they had indicated that they associate more themselves into the side of masculinity. For the heterosexuals, they classified themselves straight men because they are not attracted to have relationship with gay, they have male sex organ and it is what the society dictates. They engage in MSM just for the purpose of getting sexual pleasure.

This description of being a straight man of the participant is one of the constructions of Filipino masculinity. For Filipinos, physical characteristic is an important component for one to be considered as masculine<sup>20</sup>. Possession of penis and its corresponding function is the physical characteristic being referred to as an important aspect of Filipino masculinity<sup>21</sup>. How the participants define their sexuality is based on their social construction and subjective meanings of masculinity.

In addition, participant's response that he is a straight man because it is what the society dictates reflects socialization perspective of viewing masculinity. Socialization perspective posits that "masculine identity is framed by the local culture where traditional beliefs, and values and norms are embedded in the male psyche in the process of growing up"<sup>21</sup>.

**Reasons for Engaging MSM Activity:** For the three groups, they have indicated that the first time they engaged in MSM was because of curiosity and peer pressure. The story of pleasure experienced by their peers may have motivated the participants to also engage in MSM. This result reflects theory of peer influence which posits that people are most likely to engage or adopt new behaviors when positive feedbacks of the experience in engaging such behavior are observed among similar others whom they trust or respect<sup>2</sup>.

Alcohol intoxication plays a role in getting involved in MSM. Participants shared that once they are under the influence of alcohol, they did not become ashamed of engaging in the activity. When they are sober, they felt shy to initiate or to engage in such activity. Alcohol intoxication also lead some of those engage in MSM not to use condom during their intercourse.

Social media and exposure to pornographic sites also influence the three groups to engage in MSM activity. The participants visited websites with sexually-explicit content and watched sex-videos through cell phones or internet. Participants also mentioned to receive some material things from being engaged in MSM. One gay participant said that he was given cellphone. Aside from sexual pleasure, one bisexual mentioned that he was given an amount for tuition fee but already stopped receiving it. Another mentioned he was offered money but refused because

he does not want to be asked for favors in return for the money given. For the heterosexuals, they engaged in such activity primarily just for the release. They got sexual pleasure, which they cannot get from masturbation or from women. They also mentioned that gays find pleasure in doing that to them. This is substantiated by the gays who said that they felt like they are a woman when they could let their male partner able to release or reach climax.

**Perception on MSM Activity:** Gays, bisexuals and heterosexuals have different views on the MSM activity. This reflects the concept of social construction of sexuality or “frame” theory that physically similar sexual acts may have different social significance and subjective meaning depending on the culture and periods it is being defined and understood<sup>10</sup>. The three groups admitted that in their first experience they felt awkward, ashamed of themselves, and guilty. Then, later on they overcame the guilt and considered it as a normal activity for them. However, one heterosexual considers it abnormal because it is man to man, when it is supposed to be done by a man and a woman. Another one mentioned that he knew that engaging in MSM is considered as sin in the Bible and it is a form of fornication. However, as time passed the guilt in doing the activity diminishes that it becomes a normal activity, especially if done with boyfriend.

It is also interesting to note that the participants preferred to be interviewed in a group rather than individually. When they were asked why they preferred to be in a group to share their thoughts regarding this sensitive topic, each participant felt more at ease knowing that it is not just him engaged in MSM activity. They felt validated. The researcher had seen the FGD as similar to a support group for the participants in whom they were free to express their views and feelings regarding MSM activity without the fear of being judged.

**Dynamics of the MSM Activity:** The three groups mentioned that they get involved in the activity at their own free will and they only engage with people they know such as casual friends, close friends, and boyfriends. However, one participant indicated to have engaged with a commercial sex partner or one who engage MSM in exchange for money. All these findings corroborate with the findings of Italia and Oducado<sup>19</sup>.

Before the MSM activity happens, all participants observed body language and wait for signals such as meaningful glances. Gays would jokingly touch the sides or back of the man to check if the guy is into it. This is confirmed by the straight men and bisexuals, who mentioned that a gay man tends to be touchy. In addition, the heterosexual participants revealed that they tend to be the insertive partner. They usually do oral sex with the gay as the receptive partner. For gays, they feel satisfied just being a receptive partner either in oral or anal sex. They feel beautiful or like a woman when they can let the man reached or climaxed. They also mentioned that if their partner would agree to them that they are going to switch role of being

insertive to receptive, it is an indication that the man is a bisexual.

In addition, most of the participants admitted that they do not engage MSM activity at their own houses. They did it in boarding houses of their sexual partner, friend's house and even in public places for as long as it is dark and secluded such as the plaza or school. Also, the gays mentioned that they engaged in MSM with men who are from their home town rather than those from the city because they believe that rural men have lesser tendencies of being infected with STI or STD.

In terms of frequency in doing the activity, the participants had varying answers. Ranging from rarely, once a week, every monthly anniversary, twice to four times a month or just when they feel like doing it. When asked if they will stop engaging in the MSM, the participants mentioned they will in the future, but not immediately.

**Ways for Protection:** The three groups have ways to protect themselves from harm or STI. All participants agreed that they choose to do the activity with partners they are familiar with because they are more certain that the person is not infected with STI or STD. They also advised not to have multiple partners.

In addition, gays mentioned that another way to protect themselves is doing a body check of their potential partner. They do this by touching the side of their body to check if the man has something inserted in the pocket or inside of their clothes. If they feel that there is something, they slowly distance themselves because it may indicate that the man has a deadly weapon, which may be used to harm them later on. They also smell their potential partner in not so obvious manner. If they smell something not good in their potential partner, they find a way to excuse themselves. Another way of protection is the use of condom during anal sex. Other participants mentioned that they do not engage in anal sex because they believe that is how they can be infected with STI or STD.

**Fear:** All participants have fear of being engaged in MSM. However, despite of their fears they continue to engage in the activity. These fears include fear of getting infected of STI or STD, discovered by parents for the possibility of being reprimanded or condemned, and become the topic of nasty talks or gossips resulting to damaged reputation. One heterosexual also mentioned he is afraid that the gay partner will take a picture of him naked and show it to his friends or post in social media.

**Awareness of STI and STD:** All groups are aware of STI and STD. The symptoms they know include difficulty in urinating, genital and mouth sores or blisters, bad smell discharge and rashes in the private part. All participants mentioned that they do not have any signs or symptoms of STIs.

**Advice for those involved in MSM:** It is interesting that three groups advised that men as much as possible should avoid being

involved in MSM. The gays mentioned that young gays should not be in a hurry to be involved in MSM and to be very responsible and careful in choosing a partner. The heterosexual advised not to get involved in MSM just to get money nor to have a relationship with a gay.

**Actions done by the University:** In the interview with the guidance counselor and the university physician, symposiums were being conducted regarding HIV and STI awareness every year. The guidance counselor, however, admitted that few attend the said activity and very few come to the guidance office to talk about their involvement with MSM. With the sensitivity and confidentiality of the matter, the guidance cannot think of other activity except through symposium.

## Conclusion

The university acknowledges that there are male students in the university who are indeed involved in MSM.

The participants have opposing views of MSM activity. As time passed, they overcame the guilt and viewed the MSM activity as a normal activity. The participants got involved of the activity because of curiosity, peer pressure, pornographic sites, sexual pleasure, and material rewards. They established certain dynamics to get into an MSM activity. They have fears of being involved in MSM but they engaged in the activity and have ways of protecting themselves from potential harm.

Given the circumstance that the students involved in MSM is hesitant to share their experience and have few people to talk to concerning this very private and sensitive matter, it is being suggested that the university may design a hotline where students can contact to express their concern privately regarding MSM as well as other confidential issues. An intervention can also be designed based on theory of peer influence. Students who are involved in MSM can be trained and tapped as peer counselors. MSM students may open up and listen to their advice as these peer counselors can relate more to them. They can also spearhead a support group for the young students to be well oriented regarding observing positive sexual health.

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