

# **THE JOURNEY OF MEN WHO HAVE SEX WITH MEN: FROM CURIOSITY TO SATISFACTION**

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## **ABSTRACT**

Men are primarily responsible for the transmission of HIV because of their participation in risk-taking activities and illicit drug use, while men who have sex with men (MSM) are major drivers of the HIV/AIDS epidemic globally. This study explored the lived experiences of eleven (11) male key informants (KIs) residing in Cebu province, who admit having had sexual encounter with the same sex at least once in their life. Utilizing a Husserlian phenomenology approach, a researcher-made interview guide was used in individually interviewing the KIs with strict attention to data privacy. The data gathered were interpreted using reflexivity and were analyzed using the Colaizzi strategy. The lived experience of MSM, as individuals, presented eight paradoxical themes: belongingness, romantic and sexual relationships, predictability, safety, behaviors on sexual initiation, inclination, identity disclosure, and the circumstances preceding an MSM sexual encounter. This paradox shows how MSM are unique from one another and needs to be simultaneously attached to and separate from the society. Just like any other heterosexual human beings, MSM face various situations in their day-to-day encounter, which may directly or indirectly impact their behaviors and their health. Both government and non-government organizations (NGO) should raise social awareness on the impact of stigma towards MSM population, and promote public knowledge about the motivations, risk-taking behaviors and safety practices adopted by the MSM in response to persistent health threats and sexual prejudice.

**Keywords:** Sexual and Gender Minorities, Homosexuality, Sexism, Social Stigma, Homophobia

## **1. INTRODUCTION**

Aided by the sexual revolution which led to the shift of tolerance on homosexuality into the acceptance of sexual fluidity, more and more people had adopted the idea of alternative forms of sexuality, which includes attraction and sexual activities with the same gender (Canavan, 2000; Treas, 2002). Recent studies revealed that sexually fluid people were more likely than non-sexually-fluid people to have engaged in past sexual behaviors with both genders (Katz-wise, 2015). The changes in the sexual behaviors and practices over the century have reshaped the health care trends, particularly the spread of diseases which are sexually influenced.

Men are primarily responsible for the transmission of HIV because of their participation in risk-taking activities such as unsafe sexual practices and drug injections (Hernandez & Imperial, 2012). Men, particularly men having sex with other men (MSM), were identified in 2016 by the Center for Disease Control and

Prevention (CDC) and by the Department of Health (DOH) as one of the major drivers of the HIV/AIDS epidemic, not only in the Philippines, but all over the world. In Australia, New Zealand, and most western European countries, MSM accounted for as much as 70% of all HIV infection, which can be attributed to their behavior towards sex, masculinity, and their partners (Feng et al, 2010; Hernandez & Imperial, 2012; Mor & Dan, 2012).

In the Philippines, the HIV/AIDS Registry of the Philippines (HARP) of the Department of Health (DOH) reported that the new HIV cases recorded on January 2019 was the highest number reported since 1984, with a total of 1,249 newly diagnosed cases on that month or an average of 40.29 HIV cases diagnosed in a day. Of the newly diagnosed HIV cases in January 2019, 95% were male, 98% of the new cases were acquired through sexual transmission, and 87% (1,086 patients) of whom belong to the MSM group (DOH, 2017). The HARP epidemiology report even shows that since 1984, 86% (average) of newly diagnosed HIV cases were transmitted through sexual contact involving males who have sex with males; and 52% of whom fall under the 25-34 years old age range (DOH, 2020). Despite the efforts and growing consciousness of the community on HIV and other STIs, the number of infected and diagnosed people continues to increase, especially in the MSM population (CDC, 2015).

Studies had been conducted worldwide about the dynamics of sexuality (Jenness, 2017), sexual practices (Grant et al., 2014; Landovitz, 2013), knowledge (Smith et al., 2010), behavior (Landovitz, 2013), statistics (Beyrer et al., 2012) and other risk factors contributing to the spread of HIV (Rice, 2012), and other forms of sexually transmitted infection (STI) involving MSM. They are the hardest population to reach in terms of HIV testing, thus a better understanding of their concerns, barriers and motivations are quintessential to developing innovative testing strategies that will help in effectively controlling the spread of HIV/AIDS infection (Lui, et al., 2018). The current established knowledge about unique behavioral, social and psychological definitive factors associated with risky sexual behaviors among MSM needs continued research as the current lack of experimental studies limit the present research findings to global and situational level studies (Heath et al., 2012). Due to the limited available information about the MSM population in the Philippines, this study aims to establish data about the Filipino MSM's lived experience. The findings of this study will help in developing a model that will guide the future strategies in addressing the HIV epidemic (and other STIs), especially among MSM.

## **2. METHODOLOGY**

This study applied a Husserlian phenomenological approach which focused on the descriptive understanding of the subject's point of view, and how experience is object-directed (Siewert, 2002). Having the informants describe their experiences in their own language is the most appropriate design for this research in order to capture the lived meanings of the phenomenon as seen through the eyes of MSM. This approach also utilized '*reflexivity*' in interpreting the meanings discovered, and on adding value to those types of interpretations. Reflexivity describes the process in which the researcher is conscious of and reflective about the ways in which their questions, methods and subject position impact the data or the psychological knowledge produced in the study (Langdridge, 2007). Edmund Husserl (1939) the proponent of this phenomenological approach, even affirmed that 'some' kind of reflexivity is essential to consciousness (Siewert, 2002). In the case of applying reflexivity on this study, the researcher is allowed to use his own background, prior

knowledge and experience of the research subject to influence the processes of data gathering (Dowling, 2006; Sloan & Bowe, 2014). Furthermore, 'bracketing' was also done as it facilitates in reaching deeper levels of reflection across all stages of qualitative research while mitigating the potentially deleterious effects of preconceptions that may taint the research process (Tufford & Newman, 2012).

The study was conducted in Cebu province which remains to be one of the top provinces in the Philippines with the highest number of newly diagnosed HIV cases. In selecting the Key Informants (KIs) for this study, the researcher focused on Cebuano men who admit having had sexual encounter with the same sex at least once in their life. Eleven KIs with ages ranging from early 20's to early 30's volunteered to participate in this study. Applying sensitivity to gender-roles and identity, transgenders were not invited to be part of this study, since the transgender population requires a separate study that addresses barriers that are transgender-specific. Due to the specificity of the topic, the study utilized purposive sampling technique to come up with the needed data. Any person who qualified based on the inclusion criteria, and was willing to share his lived experience, was invited to be part of the study, and was also encouraged to refer anyone who also meets the same criteria.

In order to fully capture the human experience of the MSM KIs, the researcher minimized the use of prescriptive questions which limits the expression and free flow of thoughts. However, to clarify some critical points of the phenomenon under study, follow up questions were raised. These follow up questions were not predetermined and varied depending on the responses of the KI. The interview is guided by the inquiry, "What does it mean to be a man, who is having sex with a man?" The said interview guide was pilot tested on three key informants and checked for internal validity and ethical considerations by a panel of experts from Cebu Normal University.

To ensure that the identities of the KIs are protected, the interviews are conducted exclusively between the researcher and the KI only, in locations that are random yet convenient (ie, far corners of uncrowded coffee shops, secluded tables or balconies of restaurants) where the privacy and the integrity of the conversation are maintained. During the data gathering phase, a deep interview is conducted in a dialogical manner which is spontaneous, and some follow-up questions (that are not found on the research instrument) are raised based on the responses - with the aim of clarifying the texts and exploring the phenomenon further. To protect the identity of the KI's, field notes are labeled with codes (ie., KI1, KI2, and so on) and do not reflect any information that will identify the KI. After transcribing the interview data, reverse translation was done with the help of a qualified expert of the language used, in order to ensure proper translation and data interpretation. The researcher's notes are kept on a secure storage device that can only be accessed by the researcher during the data analysis.

In analyzing the data, the researcher utilized Colaizzi's strategy (1978), as cited in Shosha (2012), used in descriptive phenomenological data analysis which follows seven steps. First, each transcript is read and re-read to obtain a general sense of the whole content. Second, significant statements pertaining to the phenomenon are extracted, where their pages and line numbers are noted. Third, meanings are formulated out from the significant statements. Fourth, the formulated meanings are sorted into themes and sub-themes. Fifth, the findings are integrated into an exhaustive description of the phenomenon. Sixth, the fundamental structure of the phenomenon is described. And lastly, validation of the research findings is sought from the study participants to ensure that the researcher's descriptive results are not far from the KI's actual experiences.

### 3. RESULTS AND DISCUSSION

Just like any other human person, MSM face challenges, opportunities and situations that impact their meaning-making and worldview. Being the usual victims of social stigma, some MSM are facing dilemmas that are specific to sexual minorities. Apart from the social challenges, the MSM's health is also usually jeopardized for various reasons which include having limited opportunities for health counseling and services due to the need of hiding one's sexual identity.

MSM face contradictory situations in their day-to-day living. They experience coexisting and rhythmical opposites pertaining to one's belongingness, relationship, predictability of sexual encounters, circumstances that lead to or prevent a homosexual encounter, personal safety, sexual initiation, sexual inclination, and self-disclosure. These paradoxical patterns were substantiated by subthemes of collective experiences among the KIs.

#### **Theme I. Belongingness: The amity of acceptance and rejection**

Throughout the man's evolutionary process, the desire to belong is a important motivator and mechanism that increases chances for survival and reproduction (Malone, Pillow & Osman, 2012). On issues of belongingness, MSM experience varying levels of rejection and acceptance. An MSM's perceived rejection may originate from the society, from his own family or from himself. An MSM's perceived rejection from the society is usually caused by bullying directed at one's effeminate manners and clothing styles. Phoenix, Frosh, and Pattman (as cited in Swearer, et al., 2008) revealed that men needed to be careful about how they act or say things for fear of being called as 'gay' or 'effeminate', as they are constantly bullied for lack of conformity to a heterosexual notion of appropriate masculinity. Such prejudicial bullying usually arises from a misguided or learned belief that certain people deserve to be treated with less respect due to their difference (Gordon, 2016). Such experiences of ridicule lead to a lasting trauma and self-denial, thus preventing one from expressing his personality, to conform to socio-cultural standards of masculinity. Family rejection also affects an MSM's world view as some individuals are forced conceal their sexual identities due to the fear of being misunderstood and ostracized by the family. This is highly problematic and counterproductive as familial support for MSM is found to be a protective factor from HIV risk, while family rejection had the opposite effect (Scheibe et al., 2016). Both social and family rejections lead some MSM to develop shame, self-denial, and internalized homophobia.

*"I don't really like it if my partner is too gay. I don't like the girly type. To be fair, I prefer the discreet ones, like me. That's because I don't want to be bullied. I prefer to have a relationship partner who is just like me, discreet.... Maybe I'm thinking also of my reputation. You know, lots of people know me already, especially here in Cebu. That's why I don't want to flirt around, because they might view me as promiscuous, and I don't like it." (KI #4)*

Coexisting with rejection is the MSM's perceived acceptance originating from the society and the self. Acceptance and support from MSM's friends yield the strongest positive effect on the individual's disclosure of his sexuality, while support and acceptance from one's family and peers yield the strongest positive effect on the individual's self-acceptance and well-being (Shilo & Savaya, 2011). Such self-acceptance relieved some MSM from their worries on their sexuality and is also used to combat social rejection.

*“Having friends who accepted me, that’s when I realized that it’s okay to be gay. I felt pleasure. And it helped me accept myself. That might be the time when I started not to worry about me being gay. That’s when I felt that I want more in life.” (KI# 5)*

### **Theme II. Relationship: The antinomy of concurrency and exclusivity**

MSM also encounter rhythmical patterns of relationship preferences ranging from multiple concurrencies to exclusive partnership (closed relationship), where individual reasons and purposes explain such relationship dynamics. As compared to heterosexual couples, homosexual couples have an easier acceptance of sexual concurrency than heterosexual couples, in general (Shernoff, 2006). Furthermore, a person’s lack of emotional and sexual satisfaction in their primary relationship is a common motivation of one’s engagement on affairs outside the Relationship (Omarzu, Miller, Schultz, & Timmerman, 2012). The MSM who are part of this study engage on both explicit and implicit sexual or relationship concurrency because of reasons which include one’s desire to avoid emotional attachments, dissatisfaction to an existing relationship, curiosity, and the desire for more encounters with different people.

*“But I told him that it’s okay with me if he goes out and find another man, even if we are in a relationship, and he can do it with someone else if he is not satisfied with me. That’s really okay with me, as long as he is being safe.” (KI# 10)*

70% of men in male couples are in exclusive relationship and views any sexual activity outside the relationship as a form of betrayal to the relationship (Nash, 2018). The reasons for maintaining exclusive partnership among MSM, who took part of this study include establishing security, trust, intimacy, protection from STDs, and overall relationship satisfaction.

*“Sex is a need. I just take it religiously. For me, I prefer doing it with my partner only, in order to maintain intimacy. I’m afraid of the idea of having sex with random people, especially those that I do not know, especially in the recent years when HIV prevalence is really high. That’s why I only do it with my boyfriend. And I have high standards. It’s difficult to have sex without any commitment. I don’t like being called promiscuous.” (KI# 8)*

### **Theme III. Predictability: The mellifluence of anticipation and surprise**

On their day-to-day relating of value priorities, MSM also experience situations that affect their ability to predict various situations. After establishing recurrent patterns and maintaining mental schema of context, action and result, some MSM develop the ability to anticipate results caused by certain actions in a given context. Such anticipatory mechanism led some MSM to foresee a probable sexual encounter, a consequential positive sensory experience, a probable sexual preference, or even an emerging meaningful relationship.

*“It didn’t only happen once. After the first time that it happened, it happened again. A pattern has been built. Every time he comes, and nobody is around the house, we are doing it. Sometimes, we talk about it” (KI# 6)*

*“If I am invited by someone that I like, I’ll be happy because the feeling is mutual. He is showing interest. There is a possibility of having sex. It might flourish into a deeper relationship, which I would always want. I do believe in the idea of friends with benefits, who started as*

*casual sex partners that developed into a serious relationship. And I look forward to that” (KI# 5)*

Along with the MSM’s ability to predict situations, some circumstances with inherent vagueness may also arise that violate one’s mental schema rendering one unable to foresee the consequential possibilities of any given situation. Because of such vagueness or lack of sufficient information and preparation, some MSM experience unpredicted sexual encounters, unexpected pleasurable sensation, unexpected sexual cravings and unexpected guilt or remorse after sex. As narrated by some key informants, their first few experiences of MSM sexual encounters are unexpected.

*“...We were 13 years old at that time, and we were playing hide and seek. I was running and looking for a good place to hide. I noticed that wherever I hide, he goes with me. I didn’t know that he had a plan to bring me to a certain vacant house where we can have sex, while our friends are looking for us.” (KI# 11)*

*“...I felt awkward around him because he was too good. I wasn’t expecting that we were going to have sex. Before we met in person, we used to have a nice conversation. We were not even drunk when we met. It was not part of the plan and yet we had sex.” (KI# 3)*

*“...I felt dirty, guilty and used. I was surprised why I felt that way. I felt like I don’t want to have sex with another man again. It wasn’t bad per se. I just felt guilty for some reason, and I didn’t expect to feel that way.” (KI# 1)*

**Theme IV. Circumstance: The propelling and repelling consonance**

MSM also experience situations that may lead (propelling) or prevent (repelling) them from engaging on same-sex encounters. Propelling circumstances are usually present prior to an MSM homosexual encounter. The propelling circumstances which were reported by the KIs of this study include individual naivety and curiosity, adventure-seeking motives, desire to relieve one’s sexual tension and stress, alcohol intoxication, lack of parental or adult guidance, exposure to sexual violence, peer pressure, spontaneous and unplanned sex, easy access to sex with the use of technology (social media, text messaging, online dating) and access to pornography. Leigh, as cited in Hatfield, Luckhurst, and Rapson (2011), found out that while heterosexual men and women are more likely to engage in sex in the hopes of procreation, homosexual men engage in sex because of the desire to relieve the sexual tension.

*“In my mind, I thought of how it would be like to have sex with a man. How would that feel? Would I be satisfied? Would I be hurt? Would I do it again? Or just forget about it? So, we were around the same age. We used to play video games, then watch some pornography together. Of course, I was straight back then. I just couldn’t remember why I had sex with him. That was just curiosity. All of that was curiosity.” (KI# 8)*

Repelling circumstances, which were extracted after thorough analysis of the KI’s statements, prevents an MSM homosexual encounter and include the fear of social judgment, fear of family rejection, moral and religious inhibitions, and threats to health (caused by awareness of STD prevalence and transmission).

*“Then at that time, I was afraid that the news might spread out, and my family will know. There was this growing fear that maybe my*

*family will find out, and my image will get ruined. That's why it didn't happen again." (KI# 8)*

*"I was curious. Back in elementary and high school, it was still on my thoughts. I grew up with my parents, and I grew up from a religious family. So it is against my religion, my school, our church and our beliefs. Before, it was only just in my mind. I felt guilty after that." (KI# 10)"*

**Theme V. Safety: The quandary of taking risks and being safe**

Even on issues of safety, MSM also experience rhythmical patterns of threats and opportunities. The threats experienced by some MSM are perpetuated by actions that expose one to risks on personal health (which includes engaging on unprotected sex and having multiple casual partners) and physical safety (such as having sex with strangers in dark alleys). Such threats may also be triggered by actions that exposes one to public ridicule (such as being caught having sex in public places).

*"...so, we looked for a dark place, the darkest part of the vacant lot. It doesn't have walls, or any trees to cover us. And there was this person who passed by. So, we stopped for a moment, but I didn't turn my head. I was anxious since someone might see us. That was a dark open place in a public area. But it was pleasurable to the point that I didn't really care anymore if someone might see us. So long as we can get it over with." (KI# 5)*

*"...Along with my friends, we will then go around the streets at night. That was the time when we will look for men to have sex with. And of course, we don't know the men that we meet. They are strangers by the roadside, or by the dark alleys. So, it's scary to have sex with them, since I don't know them. But then, it adds to the thrill." (KI# 6)*

While various actions expose MSM to threat, some MSM also practice safety precautions which include cautious selection of sexual partner, using sexual protective devices (condoms), being faithful to one's sexual partner, maintaining abstinence, and making use of alternatives that provide relative sexual gratification without the same level of risks (such as the use of pornography).

*"It's better to be safe than to be sorry. Just know your partner, and always use protection. Or better yet just settle with pornography. It's free and it's safe too. It's not a good habit, but it's better than suffering the consequences." (KI# 11)*

**Theme VI. Initiation- An oxymoron of assertion and passivity**

Sexual initiation among MSM exposes individuals to internally conflicting yet rhythmical meanings that may influence one's behavior on sexual initiation. An MSM may take passive or assertive roles in sexual initiation depending on the valued meaning that prevails after an internal conflict. Glick et al. (2012) discovered that MSM tend to initiate sexual activities at slightly younger ages compared to their heterosexual counterparts, display more age-disassortative mixing and sex partner concurrency, and continue to form new partnerships later into adulthood. The reasons that lead an MSM to take assertive roles in sexual initiation include the desire to experience thrill, to get rid of boredom and sexual tension, to gain a sense of power, to build one's self esteem, to secure one's social value and self-image, and to secure one's masculine image.

*"I like initiating sex! It's fun to do because it builds confidence. And the guy I want, will I get him or not? Will he agree, or not? And of*

*course, sometimes, when you initiate and he doesn't agree, it is disappointing. But if they gave you a 'GO' signal, it is very satisfying and it boosts my self-worth." (KI# 2)*

On the other hand, the KI's passivity on sexual initiation are be caused by feelings of shame, naivety and lack of past experience, pride, having a soft personality, having poor self-image and low self- esteem, the desire to compensate for the lack of parental attention, and the desire to validate one's personal value.

*"...if there's a person trying to initiate sex with me, I feel flattered. I'm enjoying the attention. I grew up lacking attention from my parents. Now that I keep getting indecent proposals, I like the attention given to me. Whether I like the person or not, I like getting the attention. There's a time when I just entertain the indecent proposal, but I don't show up." (KI# 7)*

**Theme VII. Inclination- An equipoise of satisfying the self and the partner**

An MSM's sexual acts may also have conflicting yet rhythmical inclination to which the pleasurable experience of sex is directed to. The MSM's sexual drives may be aimed at satisfying oneself, which is achieved by being the recipient of sexual acts or by meeting one's information-seeking and sensation-seeking motives.

*"...It satisfied my curiosity. It gave me an idea on how to do it, and how it feels. And yes! I liked it. That incident happened again, with another person." (KI# 9)*

The MSM's sexual drives may also be aimed at pleasing one's sexual partner which is be achieved by submission of oneself to the sexual partner.

*"It was a memorable one. What I had with my first partner, maybe, It's not just about lust. It's not about pure sex. There was lust, of course. But that's what makes it memorable. Because it's not just about satisfying my physical needs. It's about giving myself. It's not just about sex. It's also about love, because I loved the person. That's why he was satisfied, and I was satisfied, too." (KI# 10)*

*"I'm just excited about what he is willing to do, and also I'm focusing on how he would respond. I just want to know if he is enjoying it, and if I'm doing it right, just the way he likes it. If not, I'll adjust. It's just a matter of satisfying my partner." (KI# 11)*

**Theme VIII. Disclosure: The revealing and concealing euphony**

Self-disclosure in one of the MSM's valued meanings with inherent conflicting and coexisting rhythms on how an MSM disclose and do not disclose meanings, thoughts, feelings, and values. It involves act of revealing oneself to others which may range from superficial details to very private, sensitive and personal information (Masaviru, 2016). This is particularly important among sexual minorities because the disclosure and concealment of one's sexual orientation indirectly affects one's mental health (Schrimshaw, Siegel, Downing, Martin, & Parsons, 2013), as the threat of having one's secret discovered publicly and the ambiguity of social situation causes considerable stressors and psychological challenges to individuals (Pachankis, 2007). For some MSM, receiving a positive response after they chose to disclose their sexuality promotes self-acceptance.

*"It wasn't until I met some friends who are gay and are doing the same thing that I felt acceptance; and I realized that it's okay, and it's a common thing. At first, it was difficult because I didn't have a lot of*

*friends and most of my friends are straight. I was also in the closet that time.” (KI# 1)*

For some MSM, however, internalized homophobia and the desire to avoid being stigmatized by the society have led them into concealing their identity, or have made them decide to disclose their sexuality to a very limited and selected audience.

*“Most of our neighbors were our relatives. That is why I kept it a secret before because my first sexual encounter is with my male cousin-our neighbor who is also my cousin. We didn’t want our relatives to know about us.” (KI# 5)*

Some MSM may also opt to disclose sensitive information, such as their sexuality, to strangers. This phenomenon is known as “the stranger-on-the-train”, which pertains to individuals having the tendency to share sensitive information and secrets to strangers in the belief that they will never see or hear from the said stranger again (Farber, 2003).

*“It’s really awkward. However, it’s easier to open up to a stranger about my sexuality because there is less bias, less judgment from strangers.” (KI# 7)*

#### 4. CONCLUSIONS AND RECOMMENDATION

Despite multiple studies conducted worldwide focusing on the sexual minorities and high-risk populations such as the MSM, there are multiple facets among MSM that still need to be discovered. Just like any other heterosexual human beings, MSM faces various situations in their day-to-day encounter, which may directly or indirectly impact their behaviors and their health. Like their heterosexual counterparts, MSM also have paradoxical reasons and experiences that motivate or prevent them from taking actions that impact their health. The findings of this study imply that since MSM live their own rhythms, nurses need to promote health in ways that are appropriate to the MSM’s experiences, lifestyle and meanings based on the MSM’s own perspective.

Some of these paradoxical experiences are unique to the MSM community because of the impact of sexual stigma. For example, the paradox of revealing and concealing one’s meanings and purposes may play a highly important role among MSM individuals, since extra caution in relation to the sociopolitical and cultural environment must be taken in order to avoid rejection and prejudice. Taking this into consideration, nurses can be more effective in dealing with MSM by consistently adopting an unconditional positive regard.

It must also be noted that each MSM is unique, with some levels of self-care knowledge (as manifested by the MSM’s cautious selection of sexual partners, practice of same sex and being faithful to one sexual partner) and needs to be simultaneously attached to and separate from the society. Nurses are to use this understanding and consider the MSM as the expert in his own care who knows best how he needs to be helped, while nurses can work hand in hand with MSM as partners in health promotion and disease prevention, instead of merely acting as a goal setter.

After having explored the meanings and factors influencing the MSM behaviors, the health sector can design health promotion campaigns, specific to a high-risk population, which is sensitive to the needs, concerns, and aspirations of individuals from a sexual minority group. Also having established the information on the circumstances that propels to an MSM sexual intercourse, the health sector may improve some interventions that limit the risks of MSM and provide teachings that address these issues. Also, using the findings of this study, government, and non-

government organizations (NGO) may raise social awareness on the impact of stigma towards the MSM population, and promote public knowledge about the motivations, risk-taking behaviors and safety practices adopted by the MSM in response to health threats and sexual prejudice.

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The paper reflects the author's own research and analysis in a truthful and complete manner, and is not being considered for publication elsewhere.

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