

HEALTH ORIENTATION AND SEXUAL BEHAVIORS OF MEN WHO HAVE SEX WITH MEN IN DAVAO CITY

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ABSTRACT

This study determined the relationship between health orientation and sexual behaviors among men who have sex with men. A quantitative research design was utilized in this study. A total of 30 MSM's in Davao City were selected as respondents using purposive sampling technique. The researchers utilized an adopted questionnaire to gather information from the respondents. Statistical tools such as Frequency and Percentage, Mean, Pearson R, Spearman Rank correlation, and Point Biserial correlation were used to analyze the data. The results revealed that majority of the respondents are between the range of 20-30 years old, undergraduate level, with monthly earnings between 1,001-10,000, and belong to Catholic religion. Meanwhile, the level of health orientation of respondents is high. In the same way, there is also high level of sexual behavior among MSM's. Furthermore, there is no significant relationship between the profile variables and health orientation, while only religion has significant relationship with sexual behavior. Nevertheless, there is a significant relationship between health orientation and sexual behavior of MSM's.

KEY WORDS: *Health Orientation, Sexual Behaviors, MSM's, Davao City, Philippines*

INTRODUCTION

The environment in which people are making decisions related to sexual health is rapidly evolving. Rates of sexual initiation among men having sex with men (MSM's) are rising in many countries which attribute to the high HIV prevalence associated with sexual behaviors (Fatusi et al., 2009). MSM's may be prone to engaging in risky sexual behavior due to perceptions of personal invulnerability and their tendency to focus on the immediate, rather than long-term, consequences of their behavior. Risky sexual behaviors are of particular concern in public health that they can lead to serious consequences both for the MSM's involved and for any number of unseen partners (Hall et al., 2008).

Meanwhile, the risky sexual behaviors are increasing among men who have sex with men (MSM) despite years of prevention education and intervention efforts. The Centers for Disease Control (CDC) reported increase in the incidence of sexual behaviors among MSM's that include unprotected intercourse, alcohol and drug use, and multiple sexual partners (CDC, 2010). This leads to increase cases of HIV diagnoses. In fact, the CDC reports a 26% increase in new HIV diagnoses among men who have sex with men (CDC, 2010). Furthermore, the rates among MSM continue to rise, with male-to-male sexual contact accounting for 53% of all new HIV infections (CDC, 2017). Despite not engaging in notably riskier sexual behavior, the MSM's have an elevated risk of acquiring HIV because their sex partners are more likely to have HIV, and they are more likely than their peers to inject drugs (McCullom,2016).

A systematic review of the literature conducted by Wei et al. (2011) suggests that Asian have comparable high-risk sexual behaviors, number of sex partners and unprotected sex partners as MSM of other races/ethnicities. In addition, 61% of Asian and Pacific Islanders diagnosed with HIV in the US were MSM (Adih et al., 2011). Furthermore, Wei et al. (2011) also found that substance use/abuse is

as prevalent among both Asian and Pacific Islander men and those of other races/ethnicities. In addition, while finding that frequent-heavy alcohol use, polydrug use, frequent drug use and non-injection drug use were not significantly associated with race/ethnicity, two of the three studies found that Asian and Pacific Islander men were less likely to have injected drugs.

In the Philippines, risky sexual behavior and practices, as well as the lack of government policies focused on prevention, have contributed to the steep rise in the number of human immunodeficiency virus (HIV) cases among Filipinos, particularly among the youth and men having sex with men (Santos, 2017). From the survey of HIV/AIDS Registry of the Philippines, 1,962 new HIV cases were reported from July to August this year, or an average of 31 cases a day (Santos, 2018). Meanwhile, Hernandez and Imperial (2009) revealed that the degree of risks of HIV and STI transmission can be attributed to the various sexual roles a Filipino MSM can perform. In this study, we have established that while condom use seemed to be low, sexual roles seemed to be enjoyed by Filipino MSM's in varying degrees. In Davao City, the statistics are as alarming nationwide. From January to November 2016 cases of HIV reached to 401 which are common among MSM's. As to mode of transmission, 208 were homosexuals, 156 are bisexuals, 35 are heterosexuals and two are perinatal. Davao City currently has a total of 1,736 HIV-AIDS cases since 1984 (Tejano, 2016).

However, the sexual behaviors of MSM are not explained by biology alone. Prior research has found that MSM tend to have higher numbers of sex partners (Levin, 2009), but the link of health orientation to sexual behaviors has not been extensively explored. Essentially, health orientation represents individuals' inclinations toward their own health, and is important in understanding the extent to which individuals are willing to take responsibility for their own health (Dutta-Bergman, 2005). This factor would likely play important roles in the epidemiology of STI's and in explaining observed disparities. While some factors have been assessed to better understand observed sexual behaviors of

MSM's (Hallfors et al., 2007; Millett et al., 2007), much less has been done to associate the health orientation with sexual behaviors of MSM.

With these scenarios, there's a need to conduct a study on the link between health orientation and sexual behaviors of MSM's as it can provide empirical data that can help explain MSM's sexual behaviors. Moreover, the results can be used as basis among health practitioners in drafting intervention programs especially on areas that are crucial to the sexual health among men having sex with men (MSM's).

Statement of the problem

This study determined the relationship between health orientation and sexual behaviors among men who have sex with men. Specifically, this sought answers to the following questions:

1. What is the demographic profile of the respondents in terms of:
 - 1.1. Age;
 - 1.2. Educational attainment;
 - 1.3. Socioeconomic; and
 - 1.4. Religion?
2. What is the level of health orientation of MSM's in terms of:
 - 2.1. Personal Health consciousness;
 - 2.2. Health Image Concern;
 - 2.3. Health anxiety;
 - 2.4. Health esteem and confidence;
 - 2.5. Motivation to avoid unhealthiness;
 - 2.6. Health for healthiness;
 - 2.7. Health internal control;
 - 2.8. Health external control;
 - 2.9. Health expectation control and
 - 2.10. Health status control?
3. What is the level of sexual behaviors of the respondents?

4. Is there a significant association between demographic profile and health orientation among the respondents?

5. Is there a significant association between demographic profile and sexual behaviors among the respondents?

6. Is there a significant relationship between the level of health orientation and sexual behaviors of the respondents?

Conceptual Framework

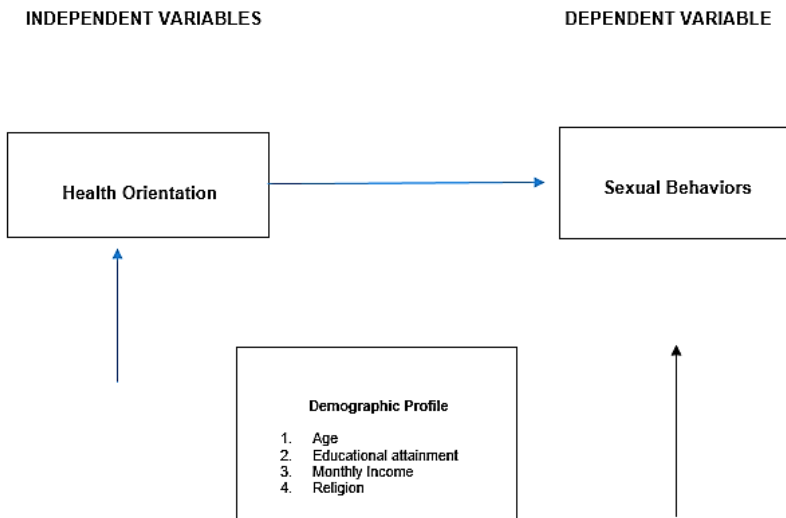


Figure 1: Research Paradigm

The figure shows the conceptual framework of the study. The Health Orientation represents the independent variable while the Sexual Behavior represents dependent variable. It shows the relationship of Health Orientation to Sexual Behaviors of the respondents. It also shows the demographic profile of the moderating variables of the study.

METHOD

Research Design

This quantitative research utilized the descriptive-correlational research design. It determined the demographic profile of the respondents, and the levels of health orientation and sexual behaviors of men who have sex with men (MSM's). Moreover, it also explored the relationship of demographic profile, health orientation and sexual behaviors of MSM's.

Research Locale

The researcher conducted the study in the Reproductive Health and Wellness Center (RHWC) of the City Health Office located in Door 10 inside Magsaysay Park, Davao City. The RHWC holds a mission of reducing the transmission of HIV and STI among the Most at Risk Population and General Population and mitigate its impact at the individual, family, and community level. The institution offers a free STI and HIV counseling and screening; laboratory diagnostics; and treatment for sexually transmitted infections. They also monitor the number of HIV/AIDS positive individuals and the people at risk of acquiring the infection.

Research Respondent

A total of 30 MSM's in Davao City were selected as respondents of the study. The purposive sampling technique was used in selecting the respondents of the study. This technique is a form of non-probability sampling in which decisions concerning the individuals to be included in the sample are taken by the researcher, based upon a variety of criteria which may include specialist knowledge of the research issue, or capacity and willingness to participate in the research (Oliver, 2013).

With the help of the RHWC, men who are engaged in sexual intercourse with the same sex were identified through a list from the said institution. The selection was further guided by inclusion criteria which include: age must be between 19-50 years old, the participants should be men who have sex with men and MSM who are currently having their monitoring for HIV at RHWC.

Research Instruments

The researchers utilized a standard questionnaire made by Snell (1991) which were used to gather information on the Health orientation and sexual behavior on men who have sex with men.

Pilot study was conducted to test the reliability of the questionnaire. In particular, the health orientation scale have the following Cronbach's alpha values: personal health consciousness ($\alpha=.763$), health image concern ($\alpha=.775$), health anxiety ($\alpha=.884$), health esteem ($\alpha=.809$), motivation to avoid unhealthiness ($\alpha=.892$), health and healthiness ($\alpha=.931$), health internal control ($\alpha=.848$), health external control ($\alpha=.759$), health expectation control ($\alpha=.760$), and health status ($\alpha=.724$). On the other hand, the sexual behavior has an alpha value of .909. The results indicate a better internal consistency of items of the constructs since the alpha values are above .70.

Procedure

A letter of permission addressed to the Reproductive Health and Wellness Center (RHWC) of Davao City was formulated to acquire the necessary data for the study. Data gathering was then conducted observing strict ethical standards considering the fact that the respondents belong to the vulnerable population. Hence, the researchers coordinated with LGU and RHWC to obtain referrals and endorsement.

Statistical Tools

The following are the statistical tools used in treatment of data that were gathered:

Frequency and Percentage. This was used for the demographic profile of the respondents in terms of their age, educational attainment, monthly income and religion.

Mean. This was used in describing the levels of health orientation and sexual behaviors among MSM's in Davao City.

Pearson R, Spearman Rank correlation, and Point Biserial correlation were used to determine the relationship between the variables of the study.

RESULTS AND DISCUSSION

In terms of profile, the majority are between the ranges of 20-30 years old (f=18, 60%). The census is followed by several respondents above 30 years old (f=7, 23.3%), while the lowest are those below 20 years old (f=5, 16.7%). Moreover, majority of the respondents are still undergraduate (f=13, 43.3%) and still at secondary level (f=11, 36.7%). Nevertheless, there were few who have already graduated in College (f=6, 20%). Furthermore, most of them have monthly earnings between 1,001-10,000 (f=13, 43.3). There are also 30 percent from the respondents having an income between 1,000 and below, and 26.7% having an income of 10,000 and above. Meanwhile, a huge proportion of the respondents belong to Catholic (f=24, 80%), while there were few representations of non-Catholic (f=6, 20%).

The level of health orientation of respondents is high with an overall mean of 3.72. In particular, the highest mean is 4.15 in the aspect of health internal control. On the other hand, the lowest mean is

represented by the motivation to avoid unhealthiness with a value of 2.84. This result of high health orientation is better than the findings of Katz-Wise (2014) as it indicated in her report that men who have sex with men have poor health as a result of prejudice and stigma, and also due to their sexual orientation. Moreover, the results of this study regarding health orientation is more positive than the findings of Brennan (2010) that gay and *bisexual* men may be at increased risk for a variety of *health* problems and *health* risk behaviors. Thus, gay men report higher rates of respiratory problems, arthritis, intestinal problems, and migraines.

The level of sexual behavior is high with an overall mean of 3.79. More specifically, the highest mean is 4.43 in the aspect of making sure that they are free from sores or irritation. On the other hand, the lowest mean is in the aspect of engage in oral sex using protective barriers with a value of 3.03. This result conforms to the study Grov (2013) that most MSM are performing risky sexual behavior that includes unprotected sex by not using condom in oral or anal sexual intercourse. Moreover, most of them do not disclosed their status whether they have HIV or sexually transmitted infections to their recent partner. Moreover, the findings of this study also indicate that MSM are now cautious in dealing with their partner as they also perform communication with their partner, and physical inspections. This affirms the study of that Ven et al. (2002) that some MSM have chosen “seroadaptive” sexual behaviors which include practices that attempt to reduce the risk of HIV transmission associated with unprotected anal intercourse.

In similar vein, the study is aligned to the findings of Italia and Oducado (2014) that most of the Filipino MSM’s have multiple sex partners and nearly half does not use condom hence are at high risk of contracting HIV.

There is no significant relationship between the profile variables and health orientation with p-values greater than .05. This denotes that demographic profile such as age, education, income, and religion have no significant relationship with health orientation. The result is in

contrast with the claim of Higa (2014) that health orientation varies among individuals and also differs according to sexual orientation and demographic profile.

The tests of correlation between profile and sexual behavior reveal that only religion has significant relationship with sexual behavior (coefficient=-.495, $p<.05$). This implies that religion play an important role in the sexual behaviors of the respondents. This is contradicted with Mojahed (2014) that religiosity have negative relationship with risky sexual behaviors. Moreover, McCree et al (2003) stated that religiosity improve sexual behaviors among adolescents which enable them to practice safe sex and more positive attitude towards condom use.

There is a significant relationship between health orientation and sexual behaviors. The results reveal that health orientation have significant and positive relationship with sexual behavior ($r=.543$, $p<.05$). This implies that the increase in health orientation would also likely improve the sexual behaviors of the respondents. The result conforms to the finding of Oswalt (2013) that health orientation has positive relationship with sexual behavior. Thus, those who have better health orientation are most likely having healthier sexual behaviors.

CONCLUSION

1. The majority of the respondents is at early adult stage, is still undergraduate and low income earners, and belongs to Catholic denomination.
2. The level of health orientation of respondents is high particularly in the aspect of health internal control, while they only have moderate motivation to avoid unhealthiness
3. The level of sexual behavior is high more specifically in the aspect of making sure that they are free from sores or irritation.
4. There is no significant the relationship between the profile variables and health orientation of the respondents.

5. Only religion has significant relationship with sexual behavior implying that religion plays an important role in the sexual behaviors of the respondents.
6. There is a significant relationship between health orientation and sexual behaviors.

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