

The Lived Experience of Male Sex Workers in Negros Oriental, Philippines

Evalyn E. Abalos

College of Nursing
Silliman University

This study is a descriptive phenomenological inquiry that utilized the Husserlian methodology and Colaizzi's method of data analysis to explore and describe the lived experience of male commercial sex workers (CSWs) engaged in direct sexual contact with clients and practiced unsafe sex in the province of Negros Oriental, Philippines.

Seven participants, aged 18-28 years, were purposively selected to be part of the study. The unstructured in-depth interviews were guided by the main question: "*Puede ko nimo istoryahan kun unsa para nimo ang kahulugan sa imong sitwasyon karon?*" ("Can you please tell me the meaning of the situation in which you are in?"). Four central themes were revealed namely: struggle, realization, approval, and invulnerability.

The following implications and recommendations were made in the areas of nursing practice, education, research, and health care policy: use of tele-consultation (use of phone or text messaging) to address queries of male CSWs in a confidential manner; the creation of a multidisciplinary team composed of a nurse, doctor, spiritual adviser, social worker, and a psychologist to address their concerns; information dissemination using leaflets, brochures, and educational films on sexually transmitted diseases in schools; inclusion of 'knowing persons as caring' in the nursing undergraduate and master's curricula and use of this study as an example in the discussion; conduct of follow-up/replication studies; use of the study in the development of a middle range-theory related to the care of CSWs; and formulation of policies related to the creation of health and livelihood programs and policies on mandatory health education in private and public schools that include sex education with emphasis on safe sex practices and disease prevention.

KEYWORDS: male sex work, commercial sex work, prostitution, male prostitution, phenomenology

INTRODUCTION

There is a paucity of accessible studies on male prostitution (Nery, 1979; Grimes, 2001; Escoffier, 2005; Tan, 1999) particularly in the Philippines (Nery, 1979) and if there are, these are written by non-Filipino researchers (Tan, 1999). It may appear that not much is written about it even if there are anecdotal reports that male prostitution exists as it did in the ancient civilizations of Europe, the Middle East, Asia, and the Americas (Escoffier, 2005). According to Kempner (2005), commercial sex work refers to a number of various activities including “street prostitution, massage parlors, brothels, escort services, strip clubs, phone sex lines, and pornography” (para. 1). Anyone then who renders sexual services for money can be referred to as a ‘sex worker,’ a term “used to describe those who work or are engaged in prostitution” (Grimes, 2001, p. 12). Tan (1999) opined that in the Philippines, it is difficult to trace the start of formal sex work. Male sex worker in this study refers to male prostitutes or those who engage in unsafe sex (without use of condom) with men for a fee. This study focused on freelance male sex workers who can be found in accessible places such as public parks, shopping malls, public toilets and cinemas (Tan, 1999) and have experienced having unsafe penetrative sexual activity without use of condom. This study does not intend to discuss the paradigm that male sex workers are psychopathological nor the typologies of male sex work (Bimbi, 2007) but embraces the paradigm of contemporary researches which views sex work as a job (Bimbi, 2007).

Male prostitution is a phenomenon which needs to be further understood as it is multifaceted. Not only is it surrounded by issues concerning health such as the spread of HIV and other sexually transmitted diseases (Morse, Simon, Osofsky, Balson, & Gaumer, 1991; Estcourt et al., 2000; Belza et al., 2001; Lau & Wong, 2002; Choi, Operario, Gregorich, & Han, 2003; Sethi et al., 2006; Wong et al., 2008). In fact, in relation to condom use, Tan (1999) mentioned, “Condoms are not popular for many reasons: ‘they reduce sensitivity’ or ‘they don’t work’. But most importantly, HIV and STDs are not seen as immediate risks...” (p. 52). Thus the perceived risks are not diseases, but of not being able to earn money. It is also associated with poverty (Ramos-Jimenez & Lee, 2000; Bousfiha, Fdail, & Mekouar, 2006; Udoh, Mantell, Sandfort, & Eighmy, 2009; Khan et al., 2010), abuse of drugs and alcohol (Morse, Simon, Balson, & Osofsky, 1992; Newman, Rhodes, & Weiss, 2004), and human trafficking (Barnitz,

2001). The practice of male sex work can include, among others, direct sexual contact with both males and females, thus, infecting more men and women and serving as disease vectors to both the homosexual and heterosexual world (Morse et al., 1991; Ramos-Jimenez & Lee, 2000) and indirectly to potential future children of infected parents.

A review of the social scientific work on sex work from 1990-2000 by Vanwesenbeeck (2001) revealed that the literature produced is not more about sex work but about sex. Among the recommendations for future studies was to include the type of sex work in relation to issues of health and well-being (Vanwesenbeeck, 2001). Hence, this study aimed to describe the lived experience of male commercial sex workers who engaged in unsafe same-sex activities for a fee in the province of Negros Oriental, Philippines. The results of this study can inform the design of future health promotion and disease prevention programs for this particular population as well as help advance future researches. Understanding the experience of these individuals, therefore, enhances the appreciation of what it is like 'living as persons' engaged in such activities, and can be a step towards a better way of informing the nursing profession, consequently impacting policy formulation for the health and well-being of this marginalized group.

REVIEW OF RELATED LITERATURE

Using the appropriate keywords, the review of literature was done electronically using CINAHL and MEDLINE online library databases. Ascendancy and descendancy approaches were likewise done to trace relevant sources. Searches were complemented using general search engines Yahoo and Google. The James Cook University online library database was also used to access journal articles. Relevant quantitative and qualitative studies as well as unpublished reports and conference papers were included in the review.

Male Prostitution

Prostitution, commonly referred to as the oldest profession, is also called commercial sex work (Kempner, 2005). Commercial sex work refers to a number of various activities including "street prostitution, in massage parlors, brothels, escort services, strip clubs, phone sex lines, and pornography" (para. 1). Anyone then who renders sexual

services for money can be called a 'sex worker.' The term 'sex work' is more inclusive than the term prostitution. Similarly, the usage of this term exists in a continuum—from fantasy to direct sexual activity in different degrees (Escoffier, 2005), including direct sexual contact and cybersex. Furthermore, the term 'sex worker' is also more popular than 'prostitute,' is less stigmatizing, and more descriptive of the experience (Ricardo et al., 2007).

Male commercial sex workers (CSWs) can be included in the category of men who have sex with men (MSM) since MSM would include all situations of male-to-male sexual interactions (Cáceres, 2002) although they were differentiated by Weinberg, Worth, and Williams (2001) from other men who have sex with men (OMSM) who are not paid. Prostitution does not always involve a cash exchange. For some, it is the exchange of sexual favors in return for food or shelter (Grimes, 2001), drugs, or other items, always with some value to one of the partners, but often of monetary value (Morse et al., 1991).

There are different forms of male prostitution. The two most common types of male prostitution (involving direct sexual services) are the hustler and the escort. The hustler typically deals with his customers on a face-to-face basis—either on the street, at adult bookstores (a disappearing venue), bathhouses, and, especially, in bars. In contrast, the escort generally arranges his business over the telephone, through an escorting agency, or on a website (Escoffier, 2005). In the last decade though, cyberspace has impacted sex work and more men sell sexual services on the Internet (Scott et al., 2005).

There is a difficulty in estimating the number of persons engaged in prostitution due to various reasons. In the USA, based on average prostitution arrests in the 1980s, 20% were males, 70% were females, and 10% were customers (Prostitutes' Education Network, n.d.). The proportion of male to female prostitutes varied from one city to another. For example, in San Francisco, 20-30% of the prostitutes were male (Prostitutes' Education Network, n.d.). Despite diligent search, the researcher has not found available data statistics related to aspects and concerns of male sex workers in the Philippines. There are only few, to the point of rarity, research and published literature related to male prostitution in the Philippines (Nery, 1979). The study by Ramos-Jimenez and Lee (2000) on the sexual risk behavior of males aging 15-44 years in the three major urban cities in the Philippines was not specific for men who have sex with men for a fee.

Male Prostitution and Sexually Transmitted Diseases

Health promotion, in the nursing perspective, includes understanding the complex social, political, and economic forces that affect the lives of individuals (Hellman, 2005). Promoting health included behaviors that lead to wellness. However, there are behaviors that predispose individuals to diseases. In the case of male CSWs, they are more prone to HIV/AIDS (Morse et al., 1991) and other STDs like gonorrhea, genital herpes, chlamydia/NSU, syphilis, trichomoniasis, genital warts, Hepatitis B, Hepatitis C, and non-gonococcal urethritis (Sethi et al., 2006).

Several studies have also investigated male prostitution in relation to the spread of sexually transmitted diseases on a country- and culture- specific context (Morse et al., 1991; Choi et al., 2003; McFarland, Chen, Weide, Kohn, & Klausner, 2004; Prestage et al., 2007). These studies often reported on HIV statistics. According to UNAIDS (2006), as of 2005, 1.6 million adults and children have been living with HIV in Eastern Europe and Central Asia. In the Philippines, whose population has reached 92.2 million in 2008, 8,300 were reported to have HIV/AIDS in 2007 (HIV InSite, 2010).

Human Immunodeficiency Virus or HIV is spread through certain sexual practices such as insertive anal or vaginal sex (if condom is used, this is considered as probably safe as long as the condom does not break), oral sex, and blood exchange (e.g., transfusion of blood and blood products and transplantation of tissue/organs contaminated with HIV) (Black & Hawks, 2005). The vectors of HIV and other STDs can be bisexual and heterosexual male commercial sex workers who spread such to the heterosexual world through their partners (Morse et al., 1992). The study of Bousfiha et al. (2006) in Morocco revealed that clientele of male prostitutes is composed of heterosexuals, homosexuals, and pedophiles. Similarly, a study involving male prostitutes (N=211) in New Orleans, USA, showed that the respondents perceived that their male customers were heterosexual or bisexual (39% of which were married), thus male prostitutes can bridge the spread of HIV infection into populations of low infection rates directly and indirectly through the spouses of their customers (Morse et al., 1991).

STDs can also be acquired through the behavior of the prostitute or the prostitute's clients. Lau and Siah (2001) studied the adult male general population in Hong Kong (N=1,020) aging 18 to 60 years to establish a behavioral surveillance system (BSS) for

sexually-related risk behaviors. Some of the findings were: 27% of the male commercial sex clients did not always use condoms when having sexual intercourse with CSWs; 1.5% of the respondents had contracted STDs in the past six months; and STD incidence was significantly associated with practicing commercial sex since 5.6% of those who engaged in commercial sex self-reported having an STD (Lau & Siah, 2001).

Demographics also play a role in the spread of sexually transmitted diseases. A 10-year study was done by Sethi et al. (2006) on men who sold sex (N=823 for baseline survey; N=628 for follow-up) in London in relation to HIV, sexually transmitted infections (STIs) and their risk behaviors with the aim to describe their changing characteristics. Results showed that there was an increase in HIV rate of seroconversion (becoming HIV positive from a previously HIV negative state based on blood test results). There was also an increase in cases of gonorrhea. One of the factors that were significantly related to this was clinic attendance. The changing demographics (such as country of birth, self-identified gender orientation, and sexual risk behavior) are also associated with the patterns of infection.

Consequently, Belza et al. (2001) studied the socio-demographic characteristics and HIV risk behavior patterns of male sex workers in Madrid, Spain. Among the results was a higher percentage (60%) of those who were HIV positive from those who were injecting as opposed to those who were not injecting drug-users (17%). Also, immigrants were found to be less educated, used condoms less often, and had more condom failures.

Prostitution, Poverty, and Trafficking

Prostitution is also related to issues of poverty, violence, and trafficking not only of women but also of male and female children. These children's right is exploited when they are sold into prostitution. The Subgroup against the Sexual Exploitation of Children of the Convention on the Rights of the Child (2005) defined the commercial sexual exploitation of children (CSEC) as "a fundamental violation of children's rights. It comprises sexual abuse by the adult and remuneration in cash or kind to the child or a third person or persons" (p. 59).

The United Nations estimated that there are 2.5 million people being trafficked around the world at any given time, majority

(80%) of which are women and children. Some have attempted to differentiate prostitution from trafficking when trafficking can be simply described as “the global form of prostitution” (Farley, n.d., para. 1). Sex trafficking as part of human trafficking is described by Farley (n.d.) as “a high-technology, globalized, electronic market” (para. 1). The sex industry generates billions of dollars annually. Las Vegas City alone can gross as high as \$5 billion (Farley, n.d.).

When immersed in poverty, young boys can easily be allured by money and what money can buy. In a survey of three Philippine cities which included respondents who were 15-24 years old (considered young, N=960 of the total 3,615), most young men who had experienced anal receptive sex were paid by their partners (Ramos-Jimenez & Lee, 2000). They also noted that aside from poverty, materialism and immediate gratification drove a number of adolescents and young adults in urban areas to exchange sex for money.

Poverty is linked to issues related to condom use as a means to prevent the spread of HIV. Chattopadhyay and McKaig (2004) noted that in India, which has the highest number of HIV/AIDS cases in the world, condom use is considered a disease prevention strategy. However, CSWs could not insist to have their clients use condoms since they (CSWs) are disempowered, marginalized, and economically deprived. Moreover, Bousfiha et al. (2006) showed that poverty was the number one perceived reason that drove men to prostitution in Morocco.

Other Factors Related to Male Prostitution

Use of illegal drugs and alcohol are also linked to prostitution. In a study by Cates and Markley (1992), 15 male prostitutes (hustlers) and 15 non-prostitutes (non-hustlers) were compared in relation to some demographic, clinical, and personality variables. Significant findings include heavier drug and alcohol use, and more limited vocational successes and aspirations among the male prostitutes. There was also greater alcohol use among the family members of the male prostitutes. In fact, trading sex for drugs is closely related to conditions of poverty and homelessness, conditions that especially affect many crack smokers (Elwood et al., 1997).

Alcohol and drug use in heterosexual and homosexual prostitution and its relation to protection behavior was also investigated by de Graaf et al. (1995) in the Netherlands. The respondents of the study included male prostitutes (N=27), female prostitutes (N=127),

clients of female prostitutes (N=91), and clients of male prostitutes (N=24). Some of the findings showed that those meeting their clients in clubs or bars reported the highest consumption of alcohol while hard drugs were used predominantly by street prostitutes. The use of hard drugs (e.g., cocaine, heroin) plays an important role in their engagement in unsafe sexual activities. The study of Minichiello, Mariño, Khan, and Browne (2003) also suggested that consumption of drugs and alcohol was statistically related to the length of the commercial sex encounter and that clients obtained through escort agencies or brothels were significantly associated with marijuana, heroine, and other drugs.

There are few accessible qualitative studies related to male prostitution. One of which is a report by Bloor et al. (1990) on a pilot ethnographic study on HIV-related risk practices among rent boys and their clients in Glasgow, United Kingdom. The study concluded that rent boys differ from each other in terms of locations of work, ways in how they contact clients, services offered, and kinds of services they perform. Minority of them practiced safe and unsafe anal sex both as insertors or insertees, but majority practiced safe sex with clients.

Kidd and Kral (2002) did qualitative analysis of the narratives on the topic of suicide. The participants consisted of 29 street youth (19=males; 10=females). Of these, 69% were involved in prostitution (74% males, 60% females). Of the total, 76% have attempted suicide at least once, mostly by overdosing or slashing. Generally, they have "prostituted themselves" by trading sex for drugs, being picked up by customers in cars, or working in escort agencies.

METHODS

The phenomenology of Edmund Husserl was deemed appropriate for this study. The intent to understand the male CSW, as relevant in the nursing perspective, is consistent with the study of their lived experience. Eidetic or descriptive phenomenology, sometimes referred to as objective hermeneutics, is guided by the work of Husserl while hermeneutics (interpretive phenomenology or existential phenomenology) is guided by the work of Heidegger (Koch, 1995; Dowling, 2004). Descriptive phenomenology was founded by Edmund Husserl who sought to establish a science of cognition of essences (Annells, 1999). This type of phenomenology is defined as

a “descriptive analysis of the essence of pure consciousness” (Scott, 2003, p. 1). Essence is defined by Husserl as “the very central core of reality” (Lauer, 1958, p. 20). It may be understood as meaning since “to say that one has grasped the essence of something is to say that one has grasped its meaning” (Lauer, 1958, p. 21). “In order to concentrate on the contribution of consciousness, Husserl wanted to capture it in the purest state possible. Consequently, he developed a method he called phenomenological reduction” (Giorgi, 2005, p. 77) which means holding in abeyance the assumptions, beliefs, and biases about a phenomenon under investigation, thus, isolating pure phenomenon from what is already known about a particular phenomenon (Speziale & Carpenter, 2007). Bracketing or separating out of consciousness what is already known about or believed about the phenomenon being experienced is part of the reductive process (Burns & Grove, 2005; Speziale & Carpenter, 2007; Polit & Beck, 2008). This process entails that in order to grasp the essential lived experience of those being studied, the researcher should shed prior knowledge related to the phenomenon being studied (Lopez & Willis, 2004). This technique is termed *epoché*, which is not meant to eliminate existence (which Husserl called “transcendence”) but is just bracketed (Lauer, 1958). “With *epoché* in operation, whatever is known is known as essential and necessary” (Lauer, 1958, p. 50). To this end, the phenomenology of Husserl was used so that biases and preconceptions would not interfere with the object of the study (Lopez & Willis, 2004) which is the male sex worker. Culture, society, politics, and how these affect an individual are not central to Husserl’s thoughts (Lopez & Willis, 2004). Therefore, the descriptive phenomenology of Husserl was utilized in order to have “direct exploration, analysis, and description of particular phenomena, as free as possible from unexamined presuppositions, aiming at maximum intuitive presentation” (Spiegelberg, 1975, p. 57).

The Study Population

The seven male participants were recruited through purposive sampling. The researcher already knew one male commercial sex worker through a referral from a friend and asked this person to refer other male CSWs whom he thought would want to participate in the study. In the end, six other CSWs were referred and added as study participants.

All seven were known to work within the province of Negros

Oriental in the Central Visayas region of the Philippines. The province has an agriculturally-driven economy but is also booming in the tourism and information and communication technology sectors, due to its abundance in natural resources and international standard workforce produced by several high quality educational institutions (ONe-IPC, 2006a). To illustrate, Dumaguete City, the capital seat of the province, is dubbed “university town” due to the presence of four universities and several colleges (Dumaguete University Town, 2013). The city is also known as Gateway City due to its convenient location and accessibility from Cebu (a major business and tourism hub) and other tourist hotspots (Dumaguete University Town, 2013). Negros Oriental has a population of approximately 1.1 million as of 2000, with a fairly equal sex ratio (50.43% males, 49.57% females) (ONe-IPC, 2006b). Like most provinces, the residents of Negros Oriental are predominantly Roman Catholic.

All participants met the following inclusion criteria: at least 18 years of age; had at least one experience of direct sexual contact with a male customer without the use of a condom; had been paid in exchange for sexual activity; willing to participate in the study; and able to narrate, describe, and explain their lived experiences.

The Setting

The venue for the interviews was in a mutually agreed-upon place (e.g., at a restaurant in the outskirts of the city), which allowed for relative privacy during the interview. The researcher sat herself approximately at a 45-degree angle from the participant.

Data Collection

The first part of the interview sought the written consent of the participants in accordance with the ethical considerations in conducting research. Since all the participants were not fluent in English, the interviews were done in the local language of Bisaya. The main question for the interview was “Can you please tell me the meaning of the situation in which you are in?” (*Puede ko nimo istoryahan kun unsa para nimo ang kahulugan sa imong sitwasyon karon?*). Further prompts or probes to elicit further descriptions of their experiences were made when deemed needed, such as “Can you please tell me what you mean by that?” or “Please tell me more about it.” Permission was also sought from the participant for the use of a

digital audio recorder to record the interview and for taking down of notes. The interviews had a duration of 30-45 minutes.

Data saturation was reached with five participants, but with the advice of the methodology supervisor, two more participants were interviewed to ensure the rigor of the study. As expected, the two additional participants rendered redundant data and no other new themes were revealed. At this point, the study was closed to additional participants.

Data Analysis

After each in-depth interview, the researcher listened to the recorded interviews two to three times before transcribing the narratives. The study utilized Colaizzi's (1978) analytic method which is consistent with Husserl's descriptive phenomenology. This method consists of seven steps as follows:

1. Read all of subjects' descriptions (protocols) to acquire a feeling for them.
2. Return to each protocol and extract significant statements.
3. Formulate meanings. This is done by spelling out the meaning of each significant statement.
4. Organize formulated meanings into clusters of themes.
 - Refer these clusters back to the original protocols to validate them.
 - Note discrepancies among or between the various clusters, avoiding the temptation of ignoring data that do not fit.
5. Integrate results into an exhaustive description of the investigated topic.
6. Formulate an exhaustive description of the phenomenon under study in as unequivocal a statement of identification of its fundamental structure as possible.
7. As a final validating step, return to each subject and ask them how the descriptive results compare with their experience.

A total of 232 significant statements were extracted from the verbal transcriptions. Two hundred fifty-four formulated meanings were consequently derived from these significant statements. The formulated meanings were then clustered to produce 21 themes. The themes were further grouped under four central themes namely: *Struggle, Realization, Invulnerability, and Approval.*

The final step in Colaizzi's method of data analysis is validation of the findings. This was achieved by having the participants verify the thematic clusters and asking them to corroborate the accuracy of the descriptive results (exhaustive descriptions) with their actual experience. This was done by meeting four of the seven participants (as the three were either not available or could not be reached through their contact numbers). Each was met separately, and was given a copy of the exhaustive descriptions translated into Cebuano (with translation validated by a professional editor) to read. On a separate sheet of paper, they were asked if the exhaustive descriptions accurately described their experience and if they had anything more to add. All participants acknowledged that the descriptions accurately described their experience, except for one who suggested including an aspect regarding life-threatening situations such as being murdered. He expressed this in a sentence: "*Ang uban na salvage kay ilang pangawatan ug butang o kwarta ang ilang customer*" ("Others were 'salvaged' (slang or street word for 'killed') because they robbed their customers of things or their money").

RESULTS

To maintain confidentiality, fictitious names were used in the presentation of results.

Theme Cluster: Struggle

The Webster's Universal College Dictionary (2001) defined struggle as "to contend vigorously with an adverse condition or to contend resolutely with a problem" (p. 781). In this study, "Struggle" as a theme cluster is expressed in the following themes: Meeting financial sexual and social needs; Wanting to get out of prostitution and yet still continuing it at times; Keeping the practice secret; Being influenced to be gay and/or being doubtful about his sexuality and consequently needing to affirm that he is not gay; Longing for the sexual experience; Desiring for a better or changed life, a dislike or discontent of present state; Living in embarrassment, humiliation, helplessness, and anger; Being sought more if one is young; Seeking awareness; Non-approval by family and society; and a consequence of lack of education.

The following statement by Carlito exemplifies his struggle as a father wanting to provide the basic needs of his family:

I have tried other jobs, Ma'am. I tried being a '*kargador*' [porter], but it was only on contractual/limited basis. That is why I went back to the park [place where they wait for customers] and back to being a 'call boy.' This is so I can support my children.

On the other hand, this is how Anton described his struggle to get away from prostitution and yet continuing it:

I drink because when I get drunk, I could not go out. I would not be enticed to go there [place where they wait for customers]. But there were times when I went there because I was enticed, like when somebody 'texts' me to go there. I would go. There were times when I said, I don't care, I will not go there for now. But after several days, I'd still go back again...

A better and changed life and consequently a brighter future is also sought after as evidenced by the following statement of Benedict:

I am praying that I will succeed, that I can regain myself even if I was just a 'stand by' [one who waits idly for a customer] before. I can be proud of myself that even if I am just like this, that I would change. I have good thoughts about myself and my future...I need to have a stable job. I am thinking of my future...

Meanwhile, non-approval from society is realized from this statement from Anton:

They see it as dirty. They see it as dirty since it [sexual activity] is done by both males, then it is dirty.

Carlito also verbalized the non-approval of his family when his wife and family left him when they knew he was into prostitution:

When my wife knew that I was doing it with another person, they left me.

Anton is striving to keep the practice secret due to the shameful nature of the practice and said:

...Because this is a secret among us [prostitutes and customers]. You are brought somewhere, you see each other, check in [in a hotel], then go home after...You cannot be recognized because you are just with a male...It's really difficult [to be identified as a male commercial sex worker]; there are also gays who look manly. They look so manly but they are in fact gays. That's why you will never be found out unless you are with a woman...

Anton further said:

...But if you are with someone who is clearly gay, then you will be known...People tell you, 'hey, man, you are with a gay person,' then they will know what you are.

Enjoying sex with the same gender has led Benedict to doubt his sexuality, a struggle he has to contend with. He said:

That—that is the number one [fear]...I told myself I will never be like them [prostitutes who become gay]. I stopped [prostitution] for three years but I was longing for them [male customers], because I have not experienced doing it with a female for a long time. I was longing for them, the men...Yes, like that, [I'm] a 'double-blade.' I evaluate myself, which one do I like? I like women, not men, that is why I force myself...They say it's in your blood, and it depends on you if you will allow yourself to become one [gay]. If you don't allow yourself, then it will not happen...I doubt if I am really a man.

Seeking awareness of his experiences in prostitution is reflected in the following statement of Anton:

For me this job is, I don't know...it's like there are a lot of things running in your mind.

Similarly, Fermin also expressed his struggle for the longing of sexual activities with gays and not just for the money:

I got into this [prostitution] not to earn money, but just to be 'game' [a term used to denote that you just enjoy each other] with the gays.

Likewise, participants also showed the struggle in living a life of embarrassment, hurt, helplessness and even anger. The following is a description from Benedict:

We [prostitutes] also feel hurt; it is not good for our reputation that we are called 'call boys.' I have tried those [customers] who would not pay, [I was] left on the road. One time, I was left alone. I was crying while walking, asking why he [the customer] did this to me when I have not done him wrong...There was a time when I thought of shooting this guy [customer who left him] because he has done me wrong several times. But I don't want to commit a sin or have a bad record because I don't want to tarnish my name or reputation.

Anton also exclaimed, "It is shameful but what can we do? We are looking for money."

On a similar note, Carlito verbalized that his struggle to live in prostitution is a consequence of his lack of education: "... had I finished schooling before, I would not have been involved in this,

being a 'call boy'..."

Younger male CSWs are more vulnerable to the enticement of customers. This struggle is described by Gaston when he claimed that:

Fourteen. That was when I did it the first time; I was in the internet [café]. When I went out, somebody invited me; we ate. I did not know him. I went with him because it was about eating. I was young, I was easily enticed. He brought me to his house. I was surprised, he touched me; he asked me to watch X-rated films. I said to myself, this is something. He said he would use me and would give me money. I was young then so I was enticed that I could earn money.

Theme Cluster: Realization

To realize is "to grasp or understand clearly" (Webster's Universal College Dictionary, 2001, p. 655). The theme cluster "Realization" is comprised of the following themes: Realizing the possible consequences, risks, and dangers of prostitution; Owning responsibility for choices; Acknowledging the spiritual component; Recognizing that prostitution is not totally unethical (bad) but a practice justified by its "good" results; and Sharing burdens within the group.

To have engaged in unsafe same-sex activities was acknowledged by all participants. These activities were done with same-sex customers. The realization of contracting sexually-transmitted disease (STDs) due to the nature of the sexual activity like penetrative anal sex was verbalized by Carlito:

Usually Ma'am, there are those who want '*magpalubot*' [penetrative anal sex], like that, that cannot be avoided...we don't use condoms. We don't use because they [customers] don't like it. What they want is only natural...It's up for us to look for ways how to get medicines so we will not be affected.

The risks in prostitution are also endured by the study participants in order to survive. This is well described in the statement of Anton:

I was forced to become a prostitute because of poverty. If you don't have money, you would really be forced to do anything. In other words, '*kapit sa patalim*' [expression which means that you will do anything, no matter how dangerous it may be, just so you can have what you need].

Furthermore, there is also the realization of entering into prostitution as a personal choice or with personal accountability, as reflected in Benedict's words:

It was my fault because I did not want to go home and sleep early. I liked hanging out with my gang because we were close, and there were many girls with us. We were always 'jamming' [a term used to refer to enjoying together as a group]. My grandmother did not like this. It was me; it was my fault why my grandma sent me away...

With realization is regret that prostitution is linked to spirituality and one's belief about what is sinful. These statements made by Enrique are descriptive of such belief:

Personally, I am miserable that I am into this. I was just influenced. I was influenced by the devil. In my mind, I want to be changed. I don't want to go back to this [prostitution]. I hate this.

Enrique acknowledged the destruction of his soul as he repented:

The meaning of this [prostitution] to me is destruction, destruction of your body, destruction of what they call...[stopped for a while as if thinking]—I confessed to a priest about this. The priest said I have destroyed my soul, that I have so many sins against God and that I needed to repent. But that's it. After repenting I still go back to this work. When will I stop doing this?

In contrast was another realization that illustrated a grasp of the other side of prostitution—the happiness that the study participants were able to give to the gay customers and the happiness they in turn also received. This was reflected in Enrique's statement: "I told myself, being a call boy is better than stealing... There is a saying that goes that when we make the gays happy, in return, they make us happy with their money... It [Stealing] makes people sad."

He also acknowledged the support his gay customer gave him during the time when he badly needed financial assistance:

When I texted a gay [customer] informing him of my youngest brother's death that time, he paid [for] everything..." [His voice became mellow and soft to the extent that the researcher could no longer hear his story. This gave the researcher the clue not to pursue the topic about death or loss].

There was also a realization among the study participants that their burdens were being shared by their fellow prostitutes. One study participant said that he had knowledge about which customers had STDs. Since they (male prostitutes) share this kind of information with each other, they also caution each other not to go with a certain customer by giving each other non-verbal signals as described below:

We get information from among ourselves. At times, I ask from other boys, they signal by hitting my elbow meaning that you should not go with that certain customer because that customer has a disease. We really help each other, we carry the load together. If we see that one of us has a problem and just stays quiet, we immediately go near him, make jokes, we laugh...and tell him it's okay...We tell him that we can cry together, and we also talk to each other.

Theme Cluster: Approval (by Family)

To approve means "to have a favorable view, to confirm or sanction formally" (Webster's Universal College Dictionary, 2001, p. 40). In this study, the theme cluster "Approval" refers to the theme condoned by family, referring to acts or behaviors of family members approving prostitution. This theme is opposite to the family and society's disapproval of such practice that is considered part of the 'struggle' of the participants. There were participants who stated that they were doing prostitution together with another family member, have been helped, or have even been "sold" by a brother.

As a recipient of gifts and material things of her husband's earnings from prostitution, the wife of Dino fully approves of this practice. In some instances, it is the wife who sends text messages to her husband's customers:

None Ma'am [referring to both his wife and himself not seeing any problem with his engagement in prostitution]. My wife approves of this because I can earn money. Sometimes, before I come home I buy something for her. I buy hamburger or foot long [sandwich], she would be happy if I bring something for her. When I go somewhere, I ask for her permission, and she will just ask me to buy something for her.

Dino further said: "Sometimes when I am lazy to send text messages [to customers], I let my wife send the text messages."

Enrique, being close with his brothers, goes with his two younger brothers for prostitution. Together, they share the same routine in going to the park to wait for customers and waiting for each other before going home:

The three of us sleep on one bed. We have a big bed. The three of us were together [before the youngest died]. When we work as 'call boys,' we go together, wait for each other, and come home together. The following day we wake up, eat, take a bath, and go back to the park.

Theme Cluster: Invulnerability

Invulnerable is defined as “incapable of being hurt” (Webster’s Universal College Dictionary, 2001, p. 431). “Invulnerability” in this study is seen in the following themes: Happiness in their present situation; Non-realization of health risks; Abiding by customer’s decisions; and Conquering embarrassment.

Fermin verbalized that he likes his situation although money is not his main concern: “It is nice Ma’am, it is good [referring to his situation]...I ask for a fee, but if they don’t pay, it’s okay with me.”

However, Fermin also articulated non-realization of health risks as he said:

I have not thought about that [AIDS or HIV]...That HIV, AIDS, that does not seem to be there...Why will I have sira [disease] when I am not ill? I don’t have...[head moved from side to side] what is this...about sira.

Dino was also unperturbed of the danger of HIV/AIDS, not realizing any problem or risks about not using condoms during direct sexual contact because of his customer’s preferences:

Sometimes if they do it [have sex], they [customers] are the ones who decide if it [condom] will be used or not. For me, it’s fine with me if [condom] is not used...There is no problem [if condom is not used].

Enrique who has engaged in prostitution for about five years got so used to it that he is not embarrassed by it anymore. In fact, he freely talked about his experience during the interview:

...when I was 17 years old, I met a friend who was a call boy. He brought me to the park and he introduced me to a gay. Then that was it; I got used to it, that whenever I don’t have money, I did it...I always did it...until I got used to it that I was not ashamed of it anymore...

Exhaustive Description

The lived experience of the male CSWs who practice unsafe sexual activities with customers of the same sex is living life as a struggle. This engagement is a realization of the strength of human needs as stimulus and motivator of behavior—the need for food, meeting sexual needs with same sex partners which they have gotten used to, and their need to belong and be with others (i.e., gangs). This practice is perceived as a source of income especially for one participant who

sees this practice as a consequence for not finishing his studies.

Due to the shameful nature of prostitution and the disapproval of family and society as a whole, male commercial sex workers are struggling to keep their practice secret while consequently living a life of embarrassment, hurt, helplessness, and even anger. This struggle is particularly felt by those who are younger, as they are more vulnerable to prostitution, and are more sought after by customers. Some participants have experienced discontent of their present state, thus, wanting a change for a better life yet continuing to struggle—one participant in particular wants to know his sexual identity, doubting if he is straight due to his sexual desire for male partners.

The male commercial sex workers have made realizations in their lives. Some have an understanding that they are not shielded from consequences including health risks such as contracting sexually transmitted diseases, encountering threats to life such as being murdered, and even causing unwanted consequences to their future children, that of also becoming prostitutes. Nevertheless, they have realized that their engagement in prostitution is their own choice, and that there is a spiritual component to it, a realization that it is a sin. On the contrary, there are those who do not see prostitution as entirely bad, claiming that it is at least better than stealing. It makes others happy, such as their family members and their customers. Prostitution allows them to gain financial and even emotional support.

In addition, there were participants who had approval from their families. These gestures of approval were illustrated by a wife assisting her husband in contacting customers since she is given gifts and other things that she wants from her husband's income from prostitution; a brother who sold a participant when he asked how to earn money during his time of need; and a group of three brothers who did prostitution together sharing the family expenses from their income.

Invulnerability is seen in participants who did not feel embarrassed in what they were doing, those who had no feelings of discontent but rather happiness in their situation, and those who had not realized that they are prone to sexually transmitted diseases by not practicing safe sex (use of condom) with their customers.

DISCUSSION

The three-year study of Allen (1980) on young male prostitutes revealed that although male prostitutes differed in their personal characteristics, one common denominator was their return of sexual relations for money, usually in cash, or in the case of kept-boys (live-in partners), living expenses (full package). Except for one, all the other six participants claimed that prostitution was for financial gain and for meeting basic needs such as food.

On the contrary, Craft (1966) believed that parental attitudes and behavior were of prime importance in preparing a child for misconduct, thus seeking affection and money through prostitution are the motivating factors. Craft (1966) concluded that most of the subjects in his study lacked parental love and training and lacked personality organization. Their spending of long hours on the streets made them susceptible to chance influences as well as seduction especially by older male partners. This is seen in one participant who wanted to be with his gang because of their "jamming" (enjoying together as a group). Also, his income from prostitution allowed him to defray expenses for gang activities. Thus, Craft's observation is still evident in the present time.

Living in an embarrassing, hurtful, helpless, and frustrating situation is another struggle among the participants. One study participant felt hurt when he was referred to as a call boy. Collins (2007) who did an interview-based research exploring the lived experience of gay hosts who worked in Manila, Philippines posited that sexual identities enforce social distinctions between male sexual laborers (e.g., CB for call boy, GRO for guest relations officer, escort, host, and *Afamista* (*Afam* is a Tagalog word for foreigner which is the most derogatory term used to describe Filipinos who prefer to have foreigners as customers because of perceived high-income). One participant claimed that he was given PhP6,000 by a foreigner whom he had sex with, a rather big amount compared to the usual PhP150 to PhP500 from a Filipino customer.

On the other hand, Collins (2007) further mentioned that in Malate (Manila, Philippines), heterosexual call boys state that they have sex with men for money, not because they are "gay," which allow them to establish a clear distinction *from* gays which they regard as socially disreputable. Malate is dubbed as the center of gay night life (Considine, 2006). This 'third sex' is often stigmatized in many countries including India, Bangladesh, Indonesia, and Thailand, and the visibility of such sexual interests varies considerably from one country to another (Dowsett, Grierson, & McNally, 2006).

In the Philippines, Nery (1979) disclosed in his study that the callboy subculture functions through informal and simple mutual cooperation as it is inconsistent with the prevailing socio-cultural norms. Also, in the study by Onyango-Ouma, Birungi, and Geibel (2006), they showed that men who have sex with men are vulnerable to stigma, discrimination, and violence as most respondents perceive such as the major problems in their lives. Kong (2009) aptly summarized this by saying:

The perceived stigma of male prostitution is that this is not a “normal” occupation—“not a proper job”—as (1) it is “immoral” (selling the body for sex); (2) it is the result of either not having a choice or of making an incorrect choice; (3) it entails reduction to the status of an object, without control; and (4) it entails becoming a vector of sexually transmitted disease. Thus male prostitution is a job with no respect (e.g., immoral, “money machine,” “sex machine”), and the prostitutes are irresponsible (e.g., by choosing wrongly and becoming disease carriers. (p. 730)

Keeping prostitution secret is another struggle of the participants. One participant remarked that prostitution is a covert practice since he and his customers do it in a private setting, like in a hotel. Another participant hid this practice from his family even though he had been supporting his nephew and giving money to his grandmother. The study by McCannish (1999) involving 43 male commercial sex workers in Thailand is consistent with the study since most participants claimed that their parents did not know that they sold sex even if the money they sent to their families were incompatibly bigger than the work they claimed to have in a hotel or restaurant. In such culture, the child is expected to repay his/her mother for her care as soon as he/she becomes independent (McCannish, 1999). Similarly, this is what one participant claimed he was obliged to do as instilled in his mind by his mother, but because he felt he was unable to do so through more decent ways, he resorted to prostitution.

Contrary to Craft's (1966) findings were the results of Wilson and Widom's (2010) study. Their study was a prospective 30-year follow-up on whether physical abuse, sexual abuse, or neglect in childhood increased the likelihood of same-sex sexual relationship. The results of physically abused (N=85), sexually abused (N=72), and neglected (N=429) children (ages 0-11) showed that childhood physical abuse and neglect were not significantly associated with same-sex cohabitation or sexual partners. This study, though failing to substantiate that having same-sex partners was related to prostitution, did show that there were participants who struggled with their longings for

the sexual experience with the same sex. Similarly, one participant claimed that he would have sex with male customers regardless of whether he would get paid or not.

Russell (1971) described young male prostitutes as fatherless, runaways, and lived with men characterized as “friends” who helped them out, someone who used them and gave them money and presents. This is also consistent with the findings of Mariño, Minichiello, and Disogra (2003) that street male sex workers were younger and had less formal education.

Two of the seven participants in the study started prostitution when they were 14 years old. Gaston claimed that he was easily enticed when he was invited to eat before he was brought to a customer’s house for sex. This participant had parents who were drug addicts and left him in the care of his grandmother.

Benedict had a similar experience. When his parents separated, he was also left in the care of his grandmother, but he left her. Eventually, his brother sold him to a customer and he started wanting to be with his gay customers since he felt happy being with them. When he was sold by his brother, he instantly got a customer because he was very young. Moreover, Enrique received financial help from a gay friend when his younger brother died.

Both Gaston and Benedict stopped schooling when they started to engage in prostitution. The said benefits from their initial experiences in prostitution may well have become the push and/or pull factor in discontinuing their schooling. This is similar to the results of Coombs’ (1974, as cited in Allen, 1980) study which found that rewards such as money and favors were used to seduce other males at an early age.

Theme Cluster: Realization

The participants had many realizations. The participants realized that prostitution could involve the risks of contracting sexually transmitted diseases through unsafe (non-condom use) same-sex practices. Participants accepted the fact that they practiced ‘*palubot*’ (a Cebuano term for penetrative anal sex as insertor or insertee) without the use of condoms. This suggested that condoms were not consistently used during anal penetrative sex. The study of Ramos-Jimenez and Lee (2000) on male sexual risk behavior of men (N=3,615) in three big cities in the Philippines (Quezon, Cebu, and Davao) revealed that less than one-third (29.6%) of the few men (N=115) who had ever engaged in anal sex had used condoms in their lifetime. The findings of this

study though is contrary to the conclusion of Escoffier's (2005) study that male CSWs used condoms with clients but were more likely to practice unsafe sex with non-work partners.

In the interviews, none of the participants had a clear understanding of STDs even though they acknowledged that these were transmittable through unsafe same-sex activities. This is an issue in the Philippines, according to Nierras, Austero, Santos, and de Real (1992), because HIV/AIDS information and education is severely constrained due to widespread poverty and traditional Catholic conservatism. Also, the majority of Filipino men do not self-identify as being "gay" (Nierres et al., 1992). According to the most recent articles from Doctors for Life (1997), a non-profit NGO composed of medical practitioners that produce scientific documents on issues such as prostitution and cloning, condoms tend to be more effective in preventing the spread of HIV, Hepatitis B, Chlamydia, gonorrhea, bacterial vaginosis, and trichomoniasis but less effective in those spread by direct contact such as Herpes, Human Papilloma Virus (HPV), pubic lice, scabies, and chancroid. Prostitutes and their clients are a high-risk population for HIV/AIDS because they become vectors of such diseases to the heterosexual world (Morse et al., 1991).

Prostitution also bears other negative consequences such as physical dangers. Benedict recounted once having sadistic customers and being afraid of getting murdered. There are many instances wherein prostitutes can be physically harmed. Among these is insistence in condom use. A study conducted in South Africa found that nine out of 12 male sex workers asked their clients to use condoms. Of the nine, only four cancelled when their customers refused. Insistence to use condom use is responsible for losing clients, non-payment by customers, lower fees, and or frequent beatings after sex (Doctors for Life, 1997).

One participant claimed that it was his personal choice to be engaged in prostitution. His choice was a reflection of contempt against the rules imposed by his former guardian, his grandmother. Scott et al. (2005) likewise averred that sex work cannot be described as a psychological condition but rather an outcome of a dignified rational choice for financial gain—a worker, who, like other persons is impacted with the same socioeconomic forces.

One participant realized that prostitution was a sin while another one claimed that he was tempted by the devil into entering prostitution. The former realized this because he claimed he had been active in church. The same participant confessed his sins to a priest

and he was told to repent as he had destroyed his soul.

Similarly, Bousfiha et al. (2006) concluded that the Muslim society in Morocco is highly attached to their religious values and principles. Therefore, freedom to express homosexuality is hindered because in Islamic faith, homosexuality is considered a sin. This is amply summarized in the words of a sociologist interviewed by Bousfiha et al. (2006):

...most people have very deep-seeded reasons for keeping this issue concealed. Some are religious (against God's laws of nature), some are social (being taught that it's wrong), and some just knee-jerk reactions of disgust (for heterosexuals). The overwhelming majority of most cultures treat homosexuals in the realm of "wrong/evil/unnatural": a taboo. (p. 18)

The "good" side of prostitution was also realized by some of the study participants. This good side was that of a positive nature—being helped by a customer in times of need and being able to make their families and customers happy and sharing problems within their group. The qualitative study of Kong (2009) on Chinese male sex workers (N=18) revealed that male prostitutes stressed the positive side or the "intrinsic" values of male prostitution for reasons that they had sexual pleasure, freedom, flexibility, and self-esteem aside from money. In addition, one participant verbalized, "...it's not that we are doing bad or what, but we do direct sexual contact/sexual intercourse with men like us." Another participant also said: "...I told myself, being a call boy is better than stealing." These perceptions, according to Kong, reduced the "money machine" stigma but instead enabled the male prostitutes to affirm that they should be respected since they are closer to the "hegemonic ideal of a working-class individual—powerful, self-reliant, and competent" (2009, p. 736).

Theme Cluster: Approval (By Family)

The help given by a brother of a participant can be understood in the light of the results of the study of Luckenbill (1985) involving male hustlers (N=26) in Chicago. This study examined the conditions leading to their first sale and their movement into regular involvement. One of the two ways in which boys went into prostitution was called the defensive involvement, which was utilized by 15 of the respondents. Defensive involvement starts when a boy, being embedded in a situation of financial needs, seeks to make ends meet and learns about prostitution from an older man or an experienced hustler who then

proposes the sexual sale, thus finding a practical solution to a life-threatening situation. Defensive involvement was experienced by one participant who was “sold” by an older brother to a customer at a time when he ran away from his guardian’s (grandmother) home and was in need of money. Being a 14-year old boy then, he easily attracted older male customers.

A wife of a participant who sent text messages to his customers gave evidence that prostitutes do not have to be single. There are CSWs whose permanent relationships with the same sex or opposite sex have remained despite the nature of their work. The profile of the 211 male street prostitutes in New Orleans in the study of Morse et al. (1991) showed that 39% of respondents were thought to be married. In the study, the participant’s wife assisted him in his work as it had become their source of income; so was the case of the three sibling prostitutes.

Theme Cluster: Invulnerability

Some participants reflected invulnerability in their statements. The non-realization of some participants of the health risks brought about by prostitution and their inability to describe their understanding of STDs indicated a lack of knowledge or information. This is consistent with the study of Wong et al. (2008) on the HIV risks among gay-identified and non-gay identified migrant boys in Shanghai, China that showed that among other findings, participants had little knowledge of HIVs.

Findings of the study of Meng et al. (2010), however, are contrary to the previous study. Meng et al. (2010) did the first exploratory study of Chinese men (N=86) who provided commercial sex services to other men (“money boys”) in Jilin Province, China. Some findings revealed that in spite of their exhibited high level of basic HIV/AIDS transmission knowledge, none of the participants reported regular use of condom during their sexual activities.

Some participants were happy and contented with their situation and were not embarrassed to be prostitutes. Walby (2008) opined that a way to counter the moral bias of discriminatory laws is to demonstrate that male sex work is like other kinds of work, and can even be seen as less exploitative than the regular wage slaves in terms of their labor, if all labor is seen as exploitative in the capitalist system. Walby (2008) stated that male sex work should be treated as work because it is such.

Seeing prostitution in a different light was also shown in the study of Minichiello et al. (2002) on the socio-demographic and sex work characteristics of male sex workers in three Australian cities. Their study claimed to have debunked the myths surrounding the popular view of male sex workers. In their study, more than half of the prostitutes were in a permanent relationship, only 7.3% of this group used heroin daily, and most of them offered safer sex, among others. Such study though is contrary to the findings of this research since all the participants had instances of non-condom use while two participants were not concerned about the health-related consequences of non-condom use. Also, in this study, only one of the seven participants was in a permanent relationship.

IMPLICATIONS AND RECOMMENDATIONS

The lived experience of the male CSWs who practice unsafe same sex with clients revealed four central themes. *Struggle* was expressed between human needs (food, sex) and shame (shameful nature). Struggle was also expressed between money (source of income) and acceptance (disapproval of family and society and feelings of embarrassment, hurt, helplessness, and even anger) and between contentment (belongingness, better life) and morality (sin, sexual identity). The male CSWs also had *realizations*. These realizations pertained to the health and physical risks involved in prostitution, a consequence of their own choice, and the 'good side' of prostitution (financial and emotional support). The study participants also gained some measure of *approval* from family (spouse, brother, family). *Invulnerability* was also evident in participants who did not feel embarrassed in what they were doing, had no feelings of discontent but rather happiness in their situation, and in those who had not realized that they were prone to STDs by practicing unsafe sex. These findings affirm that unsafe sex is being practiced by male CSWs in Negros Oriental with implications for the health and well-being of the CSWs, their partners, and the community in general.

Nursing Practice

The findings of this study can assist nurses particularly in the community health settings to find creative ways to address the

concerns of the male CSWs in a non-threatening and confidential manner. It is known in this study that participants consider sex work as shameful and that family and society disapprove of it. The nurse as a caring person can enhance the personhood of the male CSWs by enabling them to care for themselves. This can be by avoiding biases and prejudices since the nurse "is not called upon to judge the other, but to care for the other" (Boykin, Schoenhofer, and Linden, 2010, p. 378). One way in which this can be achieved is through telenursing, which is a program of health care delivery through a telecommunication system (Kozier et al., 2004). A tele-consultation (use of phone or text messaging) can be employed to address queries of male CSWs in a confidential manner.

Government agencies could also consider forming a multidisciplinary team that caters to the health needs of those who are at risk of or already have HIV. This multidisciplinary referral system can be initiated at the local level by a community health nurse employed at the city health office, soliciting the services of a city health doctor, a social worker from the Department of Social Welfare and Development, and a psychologist from the Philippine Mental Health Office. Non-government advocacy groups (e.g., religious groups) could also provide spiritual counseling services since some view this as a sin.

The findings of the study can also be considered as additional content in the undergraduate and master's curricula, enhancing the learning for knowing persons (e.g., male CSWs) as caring individuals that need to be understood as persons who are "caring by virtue of their humanness" (Boykin et al., 2010, p. 378) even if they see their sex work as shameful and embarrassing. The themes which describe the meaning of their lived experience embody their value system to which the caring nurse should respond with respect, mindful that male CSWs are also persons of value.

Nursing Education and Research

A theory of compassionate nursing can be developed, particularly for nursing interventions emphasizing the process of care, valuing respect, and safeguarding one's self as a caring person. The four central themes of the study can provide the structure from which evolves the appreciation of the person as *invulnerable*, in which the *realization* of self is critical in understanding the *survival* instinct to do what is best for oneself and family, to *sacrifice* for the good of *oneself*

and family. Furthering these conceptions can serve as basis for the nursing process *framework* of compassionate nursing and towards the development of an intervention theory that will “provide empirical support for the propositions of the theory” (Covell, 2008, p. 94).

The male CSWs of this study, although aware of the risks of contracting STDs, still lack the concern for this realization (invulnerability). It is thus recommended that subsequent studies be made to assess the knowledge, attitudes, and behavior of male CSWs toward STDs.

The study involved participants aged 18 years and above. It is not known if there are those engaged in prostitution younger than 18 years old. Conducting a replication study for a younger age group may provide a different description of their experiences, therefore enlightening and furthering the theoretical description of compassionate nursing. Replication studies should be done in other locations and settings and with other types of sex work as well.

The study revealed that male CSWs lived in embarrassment because their behavior was often not approved by their families and accepted within social norms. Consequently, it was found that male CSWs did not seek professional help for their health needs. Of particular interest was one participant who shared that drinking liquid soap was his way of treating STD, prompting the consideration that investigations on the health-seeking behaviors of male CSWs to enhance understanding of the health needs of this sector should also be done.

Health Care Policy

What was known in this study is that unsafe same-sex (non-condom use) is practiced by male CSWs in Negros Oriental, Philippines primarily as a means of livelihood. The non-use of condom during direct sexual contact has implications to the spread of STDs. In this regard, the following are recommended:

1. Formulation of policies relative to the creation of health and livelihood programs by the Department of Health (DOH), the Department of Social Welfare and Development (DSWD), and the Department of Labor and Employment (DOLE), which would include male CSWs, among others.
2. A policy on mandatory health education in private and public schools about STDs with emphasis on HIV and Hepatitis B, which have yet no cure. Health education should include sex education

with emphasis on safe sex practices and disease prevention.

ACKNOWLEDGEMENTS

The paper is a condensed version of the author's dissertation. The author would like to express her heartfelt gratitude to the following: Silliman University for the FADECO grant; the seven key informants of this study; her adviser, Dr. Rozzano C. Locsin, for his expression of caring and valuable suggestions; the panel members of her dissertation defense—Dr. Betsy Joy B. Tan, Dr. Letty G. Kuan, Dr. Rey Rivera, and Dr. Margaret Helen U. Alvarez; to Dr. Maria Teresita Sy-Sinda, Dean of the Graduate Programs; Prof. John Raymond Drury, her methodology supervisor; Dean Florenda F. Cabatit of the Silliman University College of Nursing; friends and colleagues who have prayed, assisted with their technical skills and in participant recruitment; her family; and the Lord Almighty who makes all things beautiful in His perfect time.

REFERENCES

- Allen, D. M. (1980). Young male prostitutes: A psychosocial study. *Archives of Sexual Behavior, 9*(5), 399-426.
- Barnitz, L. (2001). Effectively responding to the commercial sexual exploitation of children: A comprehensive approach to prevention, protection, and reintegration services. *Child Welfare, 80*(5), 597-610.
- Belza, M. J., Llaser, A., Mora, R., Morales, M., Castilla, J., & de la Fuente, L. (2001). Sociodemographic characteristics and HIV risk behaviour patterns of male sex workers in Madrid, Spain. *AIDS Care, 13*(5), 677-682. doi: 10.1080/09540120120063296
- Bimbi, D. S. (2007). Male prostitution: Pathology, paradigms and progress in research. *Journal of Homosexuality, 53*, 7-35.
- Bousfiha, S., Fdaïl, M., & Mekouar, A. (2006). Male prostitution in Morocco. Unpublished undergraduate thesis. Al Akhawayn University, Infrane, Morocco. Retrieved from <http://www.asylumlaw.org/docs/sexualminorities/Morocco063006.pdf>
- Boykin, A., Schoenhofer, S. O., & Linden, D. (2010). Anne Boykin and Savina O. Schoenhofer's nursing as caring theory. In M. E. Parker & M. C. Smith (Eds.). *Nursing theories & nursing practice* (3rd ed.) (pp. 370-386). Philadelphia, PA: F.A. Davis.
- Choi, K.-H., Operario, D., Gregorich, S. E., & Han, L. (2003). Age and race mixing patterns of sexual partnerships among Asian men who have sex with men: Implications for HIV transmission and prevention. *AIDS Education and Prevention, 15*(1), 53-65.
- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. Vale & M. King (Eds.). *Existential-phenomenological alternatives for psychology*

(pp. 48-71). New York, NY: Oxford University Press.

- Collins, D. (2007). When sex work isn't 'work': Hospitality, gay life, and the production of desiring labor. *Tourist Studies*, 7(2), 115-139. doi: 10.1177/1468797607083498
- Considine, A. (2006, June 4). Hip-hopping the night away in Manila. *The New York Times*. Retrieved from http://www.nytimes.com/2006/06/04/travel/04surfacing.html?_r=0
- Covell, C. L. (2008). The middle-range theory of nursing intellectual capital. *Journal of Advanced Nursing*, 63(1), 94-103. doi: 10.1111/j.1365-2648.2008.04626.x
- Craft, M. (1966). Boy prostitutes and their fate. *British Journal of Psychiatry*, 112, 1111-1114.
- Doctors for Life. (1997). Medical and social reasons for keeping prostitution illegal. Retrieved from <http://www.doctorsforlifeinternational.com/departments/legal/Reasonskeepingprostitution.doc>
- Dowsett, G., Grierson, J., & McNally, S. (2006). *A review of knowledge about the sexual networks and behaviours of men who have sex with men in Asia*. Australian Research Centre in Sex, Health and Society. La Trobe University, Melbourne, Australia. Monograph Series Number 59.
- Dumaguete University Town. (2013). *Home*. Retrieved from <http://dumagueteunitown.com/>
- Escoffier, J. (2005). Sex work and prostitution: Male. In *glbtq: An encyclopedia of gay, lesbian, bisexual, transgender, and queer culture online*. Retrieved from http://www.glbtq.com/social-sciences/sex_work_male,4.html
- Estcourt, C. S., Marks, C., Rohrsheim, R., Johnson, A. M., Donovan, B., & Mindel, A. (2000). HIV, sexually transmitted infections, and risk behaviours in male commercial sex workers in Sydney. *Sexually Transmitted Infections*, 76, 294-298. doi: 10.1136/sti.76.4.294
- Grimes, T. (2001). *Such a taboo: An analysis of service needs and service provisions for male in prostitution in the eastern region [of Ireland]*. Irish Network Male Prostitution and the East Coast Area Health Board. Retrieved from <http://web.archive.org/web/20040730204112/http://www.enmp.org/download/Ireland.pdf>
- HIV InSite. (2010). Philippines. Retrieved from <http://hivinsite.ucsf.edu/global?page=cr08-rp-00>
- Khan, M. S., Johansson, E., Zaman, S., Unemo, M., Rahat, N. I., & Lundborg, C. S. (2010). Poverty of opportunity forcing women into prostitution—a qualitative study in Pakistan. *Health Care for Women, International*, 31(4), 365-383. doi: 10.1080/07399330903349707
- Kong, T. S. K. (2009). More than a sex machine: Accomplishing masculinity among

- Chinese male sex workers in the Hong Kong sex industry. *Deviant Behavior*, 30(8), 715-745. doi: 10.1080/01639620902854654
- Kozier, B., Erb, G., Berman, A., & Snyder, S. (2004). *Fundamentals of nursing: Concepts, process, and practice* (7th ed.). Singapore: Pearson Education South Asia.
- Lau, J. T. F., & Wong, W. S. (2002). HIV antibody testing among male commercial sex networkers, men who have sex with men and the lower-risk male general population in Hong Kong. *AIDS Care*, 14(1), 55-61. doi: 10.1080/09540120220097937
- Luckenbill, D. F. (1985). Entering male prostitution. *Journal of Contemporary Ethnography*, 14(2), 131-153. doi: 10.1177/089124168501400201
- Mariño, R., Minichiello, V., & Disogra, C. (2003). Male sex workers in Córdoba, Argentina: Sociodemographic characteristics and sex work experiences. *Pan American Journal of Public Health*, 13(5), 311-319.
- McCannish, M. (1999). The friends thou hast. *Journal of Gay and Lesbian Social Services*, 9(2), 161-191. doi: 10.1300/J041v09n02_08
- Meng, X., Anderson, A. F., Wang, L., Li, Z., Guo, W., Lee, Z.,...Cai, Y. (2010). An exploratory survey of money boys and HIV transmission risk in Jilin Province, PR China. *AIDS Research and Therapy*, 7(17), 1-8. doi: 10.1186/1742-6405-7-17
- Minichiello, V., Mariño, R., Browne, J., Jamieson, M., Peterson, K., Reuter, B., & Robinson, K. (2002). Male sex workers in three Australian cities. *Journal of Homosexuality*, 42(1), 29-51. doi: 10.1300/J082v42n01_02
- Morse, E. V., Simon, P. M., Osofsky, H. J., Balson, P. M., & Gaumer, H. R. (1991). The male street prostitute: A vector for transmission of HIV infection into the heterosexual world. *Social Science & Medicine*, 32(5), 535-539.
- Morse, E. V., Simon, P. M., Balson, P. M., & Osofsky, H. J. (1992). Sexual behavior patterns of customers of male street prostitutes. *Archives of Sexual Behavior*, 21(4), 347-357.
- Nery, L. C. (1979). The covert subculture of male homosexual prostitutes in Metro-Manila. *Philippine Journal of Psychology*, 12(1), 27-34.
- Newman, P. A., Rhodes, F., & Weiss, R. E. (2004). Correlates of sex trading among drug-using men who have sex with men. *American Journal of Public Health*, 94(11), 1998-2003.
- Nierras, T., Austero, B., Santos, J., & De Real, A. (1992). HIV/AIDS and the Filipino gay male community. *International Conference on AIDS, 1992, July 19-24*. Abstract No. PoD 5419.
- One-IPC. (2006a). *Local economy*. Retrieved from <http://www.investoriental.com/localeconomy.html>

- One-IPC. (2006b). *Economic indicators*. Retrieved from <http://www.investoriental.com/indicators.html#Demographic>
- Onyango-Ouma, W., Birungi, H., & Geibel, S. (2006). Understanding the HIV/STI prevention needs of men who have sex with men in Kenya. *Horizons Research Summary*. Washington, D.C.: Population Council.
- Ramos-Jimenez, P., & Lee, R. B. (2000). Male sexual risk behavior and HIV/AIDS: A survey in three Philippine cities. De La Salle University, Manila, and the Family Health International (FHI) IMPACT-USAID. Retrieved from <http://www.fhi.org/NR/rdonlyres/eom7gfrarfd6m5r4wtotflcnbfejbsvrzvdwyh7ynwul4tcijjer43ju7gaejypbp4t3g7xh/MENNSAFinalreport.pdf>
- Ricardo, C., Barker, G., Nascimento, M., & Segundo, M. (2007). Young men and HIV prevention: A toolkit for action. UNFPA and PROMUNDO. Retrieved from <http://www.xyonline.net/sites/default/files/Instituto%20Promundo,%20Young%20Men%20and%20HIV%20-%20Text.pdf>
- Russell, D. H. (1971). From the Massachusetts court clinics: On the psychopathology of boy prostitutes. *International Journal of Offender Therapy*, 15(1), 49-52.
- Scott, J., Minichiello, V., Mariño, R., Harvey, G. P., Jamieson, M., & Browne, J. (2005). Understanding the new context of the male sex work industry. *Journal of Interpersonal Violence*, 20(3), 320-342. doi: 10.1177/0886260504270334
- Sethi, G., Holden, B. M., Gaffney, J., Greene, L., Ghani, A. C., & Ward, H. (2006). HIV, sexually transmitted infections, and risk behaviours in male sex workers in London over a 10 year period. *Sexually Transmitted Diseases*, 82, 359-363. doi: 10.1136/sti.2005.019257
- Speziale, H. J., & Carpenter, D. R. (2007). *Qualitative research in nursing: Advancing humanistic imperative* (2nd ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Tan, M. L. (1999). Walking the tightrope: Sexual risk and male sex work in the Philippines. In P. Aggleton (Ed.), *Men who sell sex: International perspectives on male prostitution and HIV/AIDS* (pp. 241- 262). Philadelphia: Temple University Press.
- Udoh, I. A., Mantell, J. E., Sandfort, T., & Eighmy, M. A. (2009). Potential pathways to HIV/AIDS transmission in the Niger Delta of Nigeria: Poverty, migration and commercial sex. *AIDS Care*, 21(5), 567-574. doi: 10.1080/09540120802301840
- Walby, K. (2008). Male sex work: A business doing pleasure (Book Review). *The Canadian Journal of Human Sexuality*, 17(4), 221-225.
- Wilson, H. W., & Widom, C. S. (2010). Does physical abuse, sexual abuse, or neglect in childhood increase the likelihood of same-sex sexual relationships and cohabitation? A prospective 30-year follow-up. *Archives of Sexual Behavior*, 39, 63-74. doi: 10.1007/s10508-008-9449-3

Wong, F. Y., Huang, Z. J., He, N., Smith, B. D., Ding, Y., Fu, C., & Young, D. (2008). HIV risks among gay- and non-gay-identified migrant money boys in Shanghai, China. *AIDS Care*, *20*(2), 170-180. doi: 10.1080/09540120701534707