Motivating Men Who Have Sex with Men Closet Gays to Get Tested for HIV

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ABSTRACT

The cloak of secrecy that some men throw around their homosexuality does not suit their physical health once they contract the Human Immunodeficiency Virus (HIV). Being closeted is a deterrent for getting tested for HIV; thus, this study was conducted to determine how to motivate closet gays to be tested for HIV. Most closeted individuals hide in the shadows of lies and live in a contradiction of love, hate, and fear. Many closet homosexuals struggle (or have struggled) with an internal conflict: it's like, deep down feeling that their affection for and attraction to the same sex just can't be right. We conducted interview to seven identified closet gays from November to December 2013 with guide questions that identified key features and preferences of why they are closet gays and why they did not submit themselves for HIV testing. Participants reported, being unaware that HIV is asymptomatic, to which they did not consider themselves at risk. They are not willing to come out for fear of social stigma in their workplace and the severity of antihomosexual attitudes in their family and community. Fear, shame, doubt of confidentiality of the result and unaware of the risk of unsafe sexual practice – no condom use, were reasons why they don't want to get tested for HIV. We identified 4 key themes with regards to preferences and features of an effective ways to motivate HIV testing among MSM closet gays: addressing fear, enhancing risk perception, avoiding stigmatizing, and perception on HIV testing in the center. Although its results must be cautiously considered, many of the conclusions are clear. The results of this study serve as the basis to design an effective campaign to motivate HIV testing among MSM closet gays in Davao City. These interventions should include motivations that reduce the fear of getting tested and increase the risk perception of participants. They should also market the venue to where the testing will be conducted, the professionals who will perform the tests, and the test itself.

Key words: *closet MSM gays, motivation to get tested for HIV, Davao City*

INTRODUCTION

In recent years, new Human Immunodeficiency Virus (HIV) diagnoses occur predominantly among men having sex with men (MSM), so with HIV infection, and high-risk sexual behavior of MSM. To diagnose HIV infection, HIV testing is an important part of HIV prevention activities; programs focused on the HIV status of the person may be very appropriate to reduce acquisition and transmission of the infection. A major barrier to HIV prevention efforts is a reported low frequency of HIV testing among MSM (Bonus, 2009). One factor that contributes to the low frequency of HIV testing is the absence of tailored health promotion strategies, which address specific reasons and fears that MSM have on not getting tested for HIV. Another factor is the limited number of MSM who are reached by traditional interventions which is mostly through peer educators.

Early diagnosis is vital for timely access to treatment and to control the spread of the virus, which is the considered advantage of being tested regularly for HIV. Research linking psychological inhibition to physical illness led us to examine whether HIV infection might progress more rapidly among gay men who conceal their homosexual identity than among those who do not because there are costs and benefits for gays to disclose publicly these illnesses (Corrigan and Matthews, 2003).

Some studies have reported that once people know they are HIV-positive, many of them reduce high-risk sexual behaviors compared with untested people (Bonus and Chovnick, 2009). Diagnosis is also desirable because it allows early initiation of antiretroviral therapy, which reduces viral load and in turn may reduce the risk of transmission of HIV.

A number of new infections are acquired from sexual partners whose infection is undiagnosed; thus, a major potential source of the spread of infection (Goodreau, Carnegie, Vitinghof, *et.al.,* 2012). Men who took the most drastic steps to stay "in the closet" experienced serious losses of critical immune cells and received a diagnosis of AIDS from 1.5 to 2 years sooner than men who were relatively open about their sexual orientation. A similar disparity characterized the time between diagnosis and death from AIDS for closeted versus openly gay men. In order to avoid public knowledge of their orientation, many gay men conceal their lifestyles, often referred to as staying "in the closet." Many authors in the popular press claim that this concealment creates a great deal of stress and anxiety, requires a large expenditure of effort, results in dissatisfaction, feeling misunderstood, pressured, detached, and alienated (Seal, 1991). In addition, they speculate that staying "closeted" can lead to a desire to leave the organization or to lowered performance (Williamson, 1993). These negative feelings are not assumed to be experienced to the same degree by "open" homosexuals (Levine & Leonard, 1984).

The cloak of secrecy that some men throw around their homosexuality does not suit their physical health once they contract the HIV, a new study finds. In a 9-year study of gay men infected with HIV, those who reported striving to keep their sexual orientation hidden from the public developed AIDS and died markedly sooner than those who made no or few efforts to conceal their homosexuality. An inhibited personality style caused some of men to conceal their homosexuality and to suffer decreased immune function after HIV infection.

Officially, Philippines has a low-HIV-prevalence country, with less than 0.1 percent of the adult population estimated to be HIV-positive. As of January 2013, the Department of Health (DOH) AIDS Registry in the Philippines reported that 10,514 people are living with HIV. But the number of HIV cases in the Philippines is rising at a "fast and furious" rate – with the rise concentrated among males who have sex with males and people who inject illegal drugs or narcotics, according to the executive director of the Philippine National AIDS Council. They said that this is fast and furious because in the last four years, we have seen that the increase in HIV cases in the Philippines was at 523 percent from 2008 to 2012. Certain portion of the population, who are the MSM, is now experiencing an increase in HIV cases; but the number of HIV cases was not a general epidemic – it could be an epidemic among this population subgroup.

Therefore, to monitor the epidemic among MSM, it is important to know why, when, and where they are tested, or conversely, why individuals do not seek HIV testing or refuse it if it is offered. Then there is relatively limited knowledge regarding closet MSM gays who have never been tested or refuse for HIV in Davao City.

As reported, the high level of HIV prevalence among most-at-risk population including the "closeted gay" MSM in Davao City demonstrates a need for an effective enabling environment to ensure that this population access services to help them stay healthy and be HIV-free. Thus, this study was conducted to focus on the "closet gay" with the aim to describe the socio-demographic profile of these closets MSM and to analyze the factors which motivate them for HIV testing.

Statement of the Problem

This study aims to determine how to motivate closet MSM for HIV testing. Specifically, it sought answers to the following questions:

1. What is the socio demographic and clinical profile of closet gay MSM?

2. What are the life experiences and sexual practices of the participants being a closet gay MSM?
3. What are the reasons why they don't want to get tested for HIV?
4. How do closet gay MSM describe the effects of their sexual orientation that may motivate HIV testing?

FRAMEWORK

This study is anchored on the theory of Bandura (1997) which is the Social Cognitive Theory. This theory explains that behavior changes are dynamic and influenced by personal and environmental factors.

People learn new behaviors through direct experience or modeling after others by observation. The theory is subdivided into five categories wherein the key concepts are the psychological determinants of behavior are individual's beliefs about likely results of actions; observational learning is the individual's beliefs based on observing others like self and/or visible physical results of desired behavior; environmental determinants of behavior, it recognizes the powerful influence of environment, knowledge, and skills needed to influence behavior; self-regulation is the individual's confidence in ability to take action and persist in action; and the moral disengagement describes ways of thinking about harmful behaviors that make the infliction of suffering acceptable or involve the individual and relevant others – work to change the environment, if warranted. The Social Cognitive theory works on if a person thinks and decides to take action (i.e., coming out as a closeted gay).

METHODS

Research design

Phenomenology was chosen as the qualitative approach in this research. Phenomenology is focused on individuals' meaning making as the quintessential element of the human experience. The closet gays sexual, behavior and life experiences are the important findings derived from phenomenology – understanding their experiences is a phenomenon that have been seen through the eyes of those who have experienced it. Phenomenological inquiry holds the assumption that there is an essence or essences to shared experience (Patton, 2002).

Qualitative inquiry is often used to study phenomena which little is known. It is also ideally suited when one wishes to gain a richer understanding of an experience or known phenomenon. One limitation of this methodology is that small sample sizes preclude generalization of the findings. The results presented in this study are based on the comments of a purposively selected sample of MSM closet gays; therefore, the study results should be used to inform health promotion strategies to motivate HIV testing, rather than direct guidelines for designing educational campaigns. Given the sampling strategy, the generalizability of these results is limited. Despite the limitations in the sampling strategy, it allowed us to reach similar experiences of the participants.

Research Participants

The participants of this study were seven (7) closet gays that were selected through snowball sampling. Snowball sampling was used as sampling technique because the identification of few persons have met the requisite characteristics of the study, and who in turn, led to other

qualified respondents who would be interviewed – this process continues until the desired number of the respondent is reached.

The researchers made use of social networks and websites such as Facebook to get potential participants wherein willingness and acceptance on certain processes were considered. The trust between the researcher and the participants had encouraged privacy and confidentiality.

Research Instrument

A self-made questionnaire was formulated by the researcher for the personal variables of the respondents, which include their age, gender, religious affiliation and socioeconomic status, marital status, their employment, steady partners, number of non steady partners, use of drugs, and STI infections in the last 12 months. A semi-structured questionnaire was used during which interviewees answer planned questions in a flexible structure. A Key Informant Interview (KII) a conversation among acquaintances, allowed a free flow of ideas and information that ensure precise and relevant answers to identify the factors that will motivate close MSM gays to be tested for HIV.

Ethical Consideration

The approval of the BC Ethics Research Committee was secured. The protection of the individual is of greatest importance and forms as basis of considerations in research. The study had met the best practices in researching human subjects, who are closeted gays and all relevant issues are resolved. Anyone proposing to make someone else's sex life to be part of research is under a heavy obligation to overcome serious moral and practical obstacles. Thus, a written consent from the participants was obtained before conducting the study.

The field researchers would not disclose the identities of the participants at any time. Only the main proponent of the study had the actual contact information of the participants. Tape interviews involving the participants did not reveal the identities of the participants. The gathered data, during the study were forwarded to the Research Office of Brokenshire College to ensure confidentiality.

Data Analysis

Frequency percentage distribution was used to answer the personal variables of the data, which are nominal. Mean and standard deviation were used for continuous data. The verbatim statements of the taped interviews were transcribed by the researcher. A content analysis Patton (2002) of the transcripts then occurred in the following manner; before the analysis of actual transcripts; the researcher had reached an agreement in coding to a minimum of 90 percent accuracy, and all transcripts were coded line by-line; and following the analyses, the author had organized the content into categories and themes.

RESULTS AND DISCUSSIONS

Socio demographic and clinical profile of closet gay MSM

During the two-month conduct of the study, we tried to reach out fifteen (15) identified closet gays but only seven consented to be participants in our study. The demographic characteristics of the 7 identified closet gays were as follows: the age range of the participants was 17 to 29 years, with a mean age of 21.28 years (SD = 3. 68 years). One hundred percent (100%) of the participants were single and 85.7% had college education. More than half of the respondents were Roman Catholics (57.1%) and only (42.98%) were non-Roman Catholics. Majority (57.1%) were employed. The self reported mean income of the respondents was PhP 12,000.00.

The categories and themes that emerged from the analyses are based from the results; each theme is first described followed by one or more exemplars from the actual interview transcripts – all names are pseudonyms.

The Closet Kingdom and Homosexual Identity. Most closeted individuals hide in the shadows of lies, and live a contradiction of love, hate, and fear. Many closet homosexuals struggle or have struggled with an internal conflict: it is like a deep down feeling that their affection for and attraction to the same sex just cannot be right.

At some point, along the path to finding themselves, the respondents discovered that their attractions gravitated more toward their own gender. Closeted individuals frequently cannot acknowledge themselves, let alone to others, their homoerotic feelings, attractions and fantasies. Their homosexuality is so unacceptable; it must be kept out with consciousness or awareness and cannot be integrated into their public persona. Consequently, these feelings must be dissociated from the self and hidden from others.

When I asked Mark, a 24-year-old, who works in the government office, whether his parents suspected that he, was gay, he responded, "Maybe they feel it, but they have not come up to me and asked me. They don't want to open the door." Sociologist Stephen Murray, has called this sort of denial "the will not to know." Acknowledging homosexuality would harden a potentially mutable behavior into an identity that contradicts the teachings of Christianity. In Secular Morality, morality is based on reason alone. In Religious morality, morality is based on direct dependence upon religious belief, or upon a set of values given by religion. Most of our religious sector, based from the Bible, heterosexuality is regarded as a norm that considers homosexual orientation as a distortion of God's design and homosexual as sin. Mark, being a Christian gay, is not open to the possibility of coming out.

RJ said, "I was always uncomfortable at home because of the threat of my father who works in the army, that a gay is not acceptable in the society. So I want to be a straight guy in the eyes of my father, my relatives and my friends. He also wants to be respected and not to be bullied."

According to Jack Drescher, M.D., an American psychiatrist and famous for his work on gender identity, said that the fear of discrimination is largely caused by the anti-homosexual attitudes they have encountered from their communities and families during their childhood. When constantly exposed to these attitudes, they grow to internalize such anti-homosexual attitudes that lead to instinctive disgust.

Life and Sexual Experiences

The respondents experienced a sort of dual persona, which they attempt to dissociate their sexual identity with the rest of their identity, and live on a double life; perhaps behaving differently while alone and while amongst others. These splitting personalities are mentally excruciating to them.

Indeed, most of the respondents, the most unbearable part of being in the closet is their daily interactions with the people around them. Interestingly, they said, that this emotional burden of keeping a secret might actually really feel like a physical burden. They have their own language and communication that if they look through the eyes of someone and create a spark, it's like an electric current that moves through their body, then that's it.

Three of the respondents have experienced a girl steady relationship – during their early adolescent years, but in parallel to a boy relationship that they enjoyed more because they have a more "*horny*" experienced with boys than their steady girl relationship. These people have experienced homosexual self-awareness; may have acted on their feelings, and even once identified as gay.

However, such individuals find it difficult, if not impossible, to naturalize their same-sex feelings and attractions. While recognizing their homosexual feelings, these individuals reject the feelings; - despite the low odds of success, may even seek to change their sexual orientation (Shidlo et al., 2001).

Rudy, a 20-year-old, narrated, “All my life I know that I was different even during elementary days when I experienced sex porno movies. When I was in high school, I felt like a boy and I am looking for the girls in our class instead of the boys. You know, I always felt different when I experienced same sex in college.

Clearly, there are a number of men, who at some point in their lives said that they enjoyed having sex with women and identified as bisexual and yet found out that they have a homosexual identity, and started to minimize their attraction to women.

Stephen O. Murray (1997) explained that " 'Sexuality' is distinguished not between 'homosexual' and 'heterosexual' but between taking pleasure and submitting to someone (being used for pleasure),"

The most common sexual role of respondents was top (insertive) followed by versa both bottom (receptive) and top (insertive). Four out of three participants preferred on top position and the other three respondents have a vice versa position. The taxonomy revolved around the roles of top and bottom, with little stigma attaching to the top. In the evolution of sexual positions, among gays, being a bottom was meant playing a woman's role, and the dominant partner, on top, playing the man’s role. However; because of curiosity, challenge and exploration, which give them more enjoyable sexual activity, they preferred the two positions (top and bottom). With regard to condom use, at last intercourse, they had unprotected sex by their role on their last sexual intercourse and most respondents did not know the HIV status of their last sexual partner.

Reasons why they don’t want to get tested for HIV

In the analysis of reasons for not getting tested to HIV we included only sexually active participants with risky behaviors. Only two of the seven participants used condoms in their sexual activities, but condom use was inconsistently practiced in their sexual engagements.

The most common reasons for not getting tested to HIV among respondents were; *fear of the consequences of getting a positive test result, ashamed to get tested and doubtful if the result is confidential.* Two other reasons were; *unaware of the risk of no condom use, and had no idea where to get tested.*

The respondents gave a self- report of the following reasons for not getting tested to HIV:

> “My partners look healthy, so I don’t need condom - so I don’t need to be tested (Danny, 21 years old.) “I am aware of HIV and I don’t want to get tested for fear to have a positive result (RJ, age 23) “I am ashamed to get tested because people will talk about you and the result is not confidential” (Rolly, age 29). “Hearing news of those who died young of HIV, and fear of death (Daniel, age 21), “I am ashamed that somebody knows me in the resting center.” (Armand, age 22), “I am aware of HIV but I don’t know where to be tested (RJ, age 22), “I fear death so I don’t want to get tested for HIV” (Edgar, age 17)

We identified key themes with regards to what motivates the respondents to get tested for HIV among closet gays: addressing fear, enhancing risk perception, explaining logistics, and avoiding stigmatizing and stereotyped content. Results are presented by themes

Strategies for Effective Motivation for closet gays to get tested for HIV

When keeping one's sexual orientation is a burdensome and painful experience; it goes without saying that to get tested for HIV, when done in a proper manner, would free the individual of such worries, fear and shame. Knowing the common reasons why the participants in the study do not want to get tested for HIV, strategies on how to motivate MSM closet gays were identified based on the reasons for not getting tested to HIV.

We identified 4 key themes with regards to preferences and features of effective ways to motivate HIV testing among MSM closet gays: addressing fear, enhancing risk perception, avoiding stigmatizing, perception on HIV testing in the center.

Addressing fear. Participants should be encouraged to overcome the fear of getting tested for HIV. Fear was cited as the main reason for not getting tested. According to participants, the main fear of testing is getting a positive result and the "possibility of dying" or "having your life turn upside down. Thus, it should be emphasized to the participants, whichever is the result, they will be able to do the things they used to do, and anything related to death due to HIV, should not be stated.

Participants will be motivated to get tested by telling them in a positive rather than negative tone. For example, it is better to say "Being HIV positive is not a death sentence." If the result is positive, emphasis should be on the treatment wherein the government gives it for free and allows the participant to control the disease and be able to continue life normally and build a future.

Increasing risk perception. Participants have been receiving a wide dissemination of information regarding the prevention of HIV, and how important it is to the MSM community. One participant stated: "It is well known that it is an epidemic- a virus. But I still don't want to use condom." However, there is still a lot of misinformation and misperception that only gay men are affected with HIV. Participants were asked to further discuss their perceptions on HIV. Most of them were aware of HIV, but not knowledgeable. Rey, age 25 said, "I did not use condom because my partner looks normal and healthy, so no risk of getting HIV".

Participants stated that they knew that "HIV is now a chronic disease that is treatable; it is no longer a synonym of death." However, they also reported that there are still many people who think that HIV is a terminal disease.

Motivation to get tested for HIV should increase the risk perception of participants that do not consider themselves at risk by eliciting common risky situations, so that they can identify themselves with them. If they did not use condom, so they should submit themselves for testing, explaining the risky situations they have experienced. The concept of HIV spreading in social networks should be shown in order to remind people that a person can be HIV positive in spite looking healthy.

Avoiding stigmatizing. The majority of participants emphasized that they don't want to get out of the closet because they want to be respected and not to be bullied. They were very susceptible towards messages that implied that gay people have more sexual partners or are more promiscuous than other populations. So with the stigma attached to gay people, the closet gays are not motivated to get tested because they are not sure if the staff in the testing center would keep confidentiality.

Participants also stated that HIV is a disease with high stigma and that there are several limitations for persons diagnosed with the virus. One participant stated: "HIV is not a synonym of physical death but there are still high stigma and several social limitations for persons who live with HIV."

Motivation should emphasize confidentiality, respect and the professionalism of the personnel who will do the testing. Participants reported that an effective motivation should have "trained personnel that will respect you, that will keep your information private, that won't make you feel ashamed and will treat you as a person." Also, the motivation should have "personnel who you can trust," and "who will make you feel relaxed and not alone."

Perception on HIV testing and the center where the tests will be conducted. One of the fears of participants is to be identified as gay or HIV positive just for attending the venue where they will get tested, therefore it will be important to emphasize that not only gay or HIV positive people attend the venue. One participant stated, "I have a lot of friends who want to get tested but they don't know where."

We identified that participants need to know before deciding to get tested at a certain venue: the personnel who will be involved during the testing process, the place, and the process of HIV testing. This process should include information about the steps to get tested, the test itself, and the price of the testing. The motivation should include detailed information about the venue where the test will be conducted in terms of clients, location, hours and personnel. Motivations should emphasize confidentiality, respect and the professionalism of the personnel who will do the testing.

This study identified and characterized closet gays on how to motivate them to get tested for HIV. It is one of the few studies that have focused on MSM closet gays because being closet is a deterrent for getting tested for HIV.

We identified 4 key themes that should be considered when designing an effective campaign to motivate HIV testing: overcome fear to HIV testing, increase risk perception, avoid stigmatizing and perception on HIV testing, and the center where the tests will be conducted

The first important component of motivation oriented HIV testing to MSM closet gays is to provide motivation to overcome the fear of getting tested. Previous studies have identified the "fear of the consequences of a positive test result" as the main barrier for not getting tested among MSM (Blas MM, Alva IE, Cabello R, Carcamo, 2011). The findings are consistent with the study conducted by Lapinski MK, Nwulu P (2008) that "Fear appeal" campaigns have been the basis of HIV prevention campaigns in Peru since the 1980's. These campaigns have contributed to stigmatizing the disease and increasing peoples' fear of being infected with HIV and getting tested for the virus. Future campaigns need to counteract this situation by providing motivations that transmit calmness and explain that HIV is now a chronic and treatable disease.

Motivation should also focus on increasing risk perception. MSM closet gays with high-risk practices often do not perceive themselves at risks (Dowson L, Kober C., 2012). Thus, a brief explanation on the education of AIDS 101-basic knowledge of HIV/AIDS, with motivations that can prompt participants to remember common risk situations they may have experienced, would be useful to enhance risk perception.

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