

Original Article

Predictors of Risky Sexual Behaviors among Young Gay, Bisexual, and MSM (gbMSM) Filipinos

Vizmarc V. Santos^{1*}

1. Cebu Institute of Technology - University

* Correspondence: marcsantos408@gmail.com

Abstract: Risky sexual behaviours among young gay, bisexual, and other men who have sex with men (gbMSM) remain a significant public health concern, particularly in the context of the rising HIV incidence in the Philippines. The study investigated the predictors of engagement in risky sexual behaviours among Cebuano gbMSM youth, focusing on the roles of personal attitude, subjective norms, perceived behavioural control, and behavioural intention. A descriptive- correlational- predictive design was employed, recruiting 139 Cebuano gbMSM youth aged 18 to 30 years through dating applications and social media platforms. Inclusion criteria ensured participants were male, residents of Cebu City, identified as gay, bisexual, or MSM, and had engaged in at least one risky sexual behaviour facilitated by dating apps in the past six months. Data were collected using a composite electronic survey integrating standardized instruments. The majority of respondents were bisexual, Roman Catholic, college-educated, and aged 20–25, with high levels of HIV-related knowledge. Despite that, 60.4% reported condom less anal sex, 52.5% multiple sex partnerships, 19.4% Chemsex, and 7.2% commercial sex in the preceding six months. The analysis revealed that respondents exhibited a negative attitude toward all risky sexual behaviours, reflecting increased awareness of associated health risks. Negative subjective norms were observed, indicating that significant others disapproved of risky sexual behaviours, potentially influenced by religious and community values. Positive perceived behavioural control was noted for condom less anal sex and Chemsex, suggesting autonomy in these behaviours, while negative control was seen for multiple sex partnerships and commercial sex, indicating external influences. The respondents expressed negative intentions toward risky sexual behaviours. However, behavioural intention emerged as a significant predictor for condom less anal sex (OR = 1.86) and commercial sex (OR = 6.13), with stronger intentions correlating with higher likelihood of engagement. Conversely, weaker intentions predicted engagement in multiple sex partnerships (OR = 0.44). No significant predictors were identified for Chemsex, possibly due to the psychological effects of substance use. Behavioural intention is a critical determinant of engagement in condom less anal sex, multiple sex partnerships, and commercial sex among Cebuano gbMSM youth.

Keywords: predictors, risky, sexual behaviours, young gay, bisexual

1. INTRODUCTION

Worldwide, it's estimated that sex between men accounts for between 5 and 10% of HIV infections. The situation varies between countries however, and in much of the developed world – including the USA, Canada, Australia, New Zealand and many parts of Western Europe – more people have become infected with HIV through male-male sex than through any other transmission route. Current epidemiological reports estimate that 40,000 citizens in the United States become infected with HIV each year. HIV infections increased 40% in 2002 and 60% in 2003 [1]. One in seven gay men live with

HIV, and only 25% of those are above 40 years old. Gay and bisexual men constitute 70% of the total cases of HIV infected persons. After more than two decades of living in the pandemic, developing knowledge, implementing education, and establishing an industry of care and prevention, it is curious to many why HIV persists in the life of any citizen [2]. It is especially true for the case of gay men. But whomever or whatever the case may be, it is clear that the efforts of knowledge, study, treatment, and prevention are not functioning in the direction it seems they should: we have not stopped the microscopic to the macro-system replication of HIV. Currently, the social side of the field presents with some trends, debates, and points of consensus. The term “risk” and all its permutations are caught between a traditional notion of unprotected anal sex, UAI, (and varying gradations from there) and a burgeoning body of literature attempting to expand it toward social and other philosophical grounds. Mediators and moderators of “risk” find great representation in study, though primarily focused at the individual psychiatric level, suggesting control, responsibility, and accountability by that individual [3]. Interventions therein are lacking in numbers alone, but also in going beyond the individual, cognitive level as well; community directions are now starting to be suggested study on AIDS knowledge is based on the rationalistic assumption that once people know “the facts” about AIDS and HIV transmission, they will modify their behaviour to eliminate the risk of becoming infected [4]. For gay men, education about HIV/ AIDS and availability of condoms are not showing to prevent risky sexual behaviours. It is generally agreed now that knowledge per se does not produce changes in sexual behaviour; knowledge may be necessary, but it is definitely not sufficient [5]. A high level of awareness in the risk of HIV/ AIDS had no correlation in the condom use among 40 Filipino MSM [6]. Multiple factors including psychological attributes, health promoting behaviours (HPB) and biological factors influence an individual’s ability to make required lifestyle changes. The concepts of self-esteem, self-efficacy and hope have consistently produced strong relationships with HPB [7]. Sexual self-concept is considered a multidimensional construct that refers to an individual's positive and negative perceptions and feelings about him- or herself as a sexual being. As with other dimensions of self-concept, the development and consolidation of one's sexual self-concept is considered an important developmental task of adolescence [8]. Despite its developmental significance, however, only a handful of published studies have focused on assessing adolescents' sexual self-concepts and determining associations between adolescents' sexual self-concepts and sexual behaviours and experiences [9]. Self-efficacy was determined to be a dominant predictor of positive health related behaviour in a group of 345 fourth grade students (mean = 10.5 years) [10]. Stigma of being attracted to the same-sex has been suggested to negatively influence self-esteem and self-worth and bring about stress [11]. As a consequence, men who are not comfortable with their sexuality may engage in risky sexual behaviours because they either lack the self-esteem to protect themselves or want to avoid discussions of HIV and condoms with their sex partners for fear of being labelled “Gay.” According to social cognitive theory [12], self-efficacy, or an individual's beliefs about his/ her ability to perform a particular behaviour in a given situation, mediates the relation between an individual's knowledge and skills related to performing behaviour and his or her actual performance of the behaviour. Only a few studies have examined sexual self-concept and sexual self-efficacy in adolescence, and findings are inconsistent. Taken as a group, the primary focus of available studies has been on sexual risk taking, the majority examining condom use among sexually active females in university samples. Only one study used an African American sample, only one measured resistive self-efficacy, and none examined sexual situation self-efficacy. We sought to extend previous study by assessing specific sexual self-efficacy factors and specific sexual self-concept factors (sexual self-esteem in a sample of MSM. Humans are sexual beings. It is part of the nature of man to become intimate with another. As the 21st century society becomes more accepting to the LGBTQIA+ community [13], the concept of sexuality becomes even more complex. Dating apps have now paved a way for the members of the community to connect with others which may facilitate risky sexual behaviours [14]. Although the culture can set opportunities for sexual exploration, it has

been significantly linked to the development of sexually transmitted infections (STIs), including HIV [15]. As the Philippines gradually recover from the aftermath of the COVID-19 pandemic, the health challenges linked to HIV/AIDS remain evident. Risky sexual behaviours remain to be a major predisposing factor, with male- to- male sex as the leading mode of transmission [16]. Global health initiatives have been carried out to boost HIV/AIDS awareness and policies yet the number of new cases remain high [17]. Thus, the need to strengthen HIV/AIDS awareness focusing on the gay, bisexual, and men having sex with men (gbMSM) is paramount. Anchored on the Theory of Planned Behaviour, the study aims to determine the predictors of likelihood of engagement in risky sexual behaviours among young Filipino gbMSMs. Specifically, it answered the following questions: What are the sociodem

2. MATERIALS AND METHODS

The study utilized a descriptive-correlational-predictive design and was conducted in Cebu City, Philippines, which ranked as the 5th in terms of newly diagnosed HIV cases in the country [18]. Purposive sampling was used to determine the eligibility of the respondents using the following inclusion criteria: the participants must: (1) be a male resident of Cebu City, (2) have be either gay, bisexual, or men having sex with men, (3) be aged 18 to 30 years old, (4) had at least one (1) engagement with any of the risky sexual behaviours over the last six months from the start of data gathering; and (5) must have had used any dating applications (e.g., Grinder, Bumble, Planet Romeo) to facilitate any of the risky sexual behaviours. Quota sampling was employed and the sample size was calculated through Cochran's formula, where $z = 1.96$ (with a 95% confidence level), $p = 0.90$, and $e = 0.05$. A total of 139 respondents were recruited through Grinder and Planet Romeo. An online survey questionnaire crafted by combining various standardized tools was used as study instrument. Data consolidation was executed using Microsoft Excel. Statistical analysis was conducted using SPSS version 29. To summarize variables, descriptive statistics was utilized. Continuous variables were presented either as mean while nominal (categorical) variables were presented in terms of frequency and percentage. These metrics were organized in tables to effectively address the study question. To identify significant predictors of risky sexual behaviours among the predefined variables, multivariate binary logistic regression was employed. Any statistic with a P-value less than 0.05 was considered significant.

3. RESULTS AND DISCUSSION

The majority of the respondents identified as bisexual, Roman Catholics, had an age within the 20 to 25 age brackets, college level, and had a high level of HIV- related knowledge. Personal attitude toward risky sexual behaviours was defined by the results of salient beliefs and subjective evaluation. The respondents had a negative attitude towards all risky sexual behaviours. The negative personal attitude toward condom less anal sex and the average level of HIV- related knowledge of the respondents reflected a favourable change in attitude on condom use. It is in reference to the study of De Torres (2020) on the correlation of HIV and condom use knowledge and attitude on condom use. On the other hand, the negative personal attitude toward multiple sexual partners of the respondents opposed the results of existing studies that revealed positive attitude [19] and indifference [20] toward multiple sex partnership. In terms of Chemsex, the negative personal attitude of the respondents refuted the previously reported favourable attitudes of young men toward use of illicit drugs in their line of work [21]. Similarly, the negative average personal attitude toward commercial sex countered the favourable attitudes depicted in the studies of [22] and [23]. It implies that at-risk individuals have become more informed of the health consequences associated with the risky sexual behaviours. It reflected the

impact brought about by health awareness initiatives for HIV and other sexually transmitted diseases (STD) [24]. The subjective norms of risky sexual behaviours were reflected through the normative beliefs of the respondents. The respondents had a negative subjective norm for all risky sexual behaviours. It suggested that the respondents perceived their significant others to have a negative attitude toward the behaviours. It can be associated with the religion of the significant others as it was previously known to exert influence on a family [25] and community [44] level. Studies have established the influence of perceived peer behaviour on condom less sex [26,27], multiple sex partnership [28], [29], and commercial sex [30]. The finding implies that significant others can play a key role in the behaviour modification of individuals who engage in risky sexual behaviours. As learning may be facilitated by the observation and behaviour of others [31], they can help influence the at - risk individuals through peer mentoring. Perceived behavioural control was described as the respondents' control and perceived power over the risky sexual behaviours. The participants had a positive perceived behavioural control on condom less anal sex and Chemsex. It meant that the respondents were aware of the resources that facilitated the risky sexual behaviours. Moreover, the finding suggested that the respondents exercised autonomous decision- making on matters related to the engagement in risky sexual behaviours. Gay dating apps may have possibly mediated these findings [32] and can become a source of potential psychosocial concern as users may face rejection, discrimination, or both. According to the study of [33], rejection within the gay community increases the likelihood of risky sexual behaviour. In contrast, they had a negative perception of their behavioural control over multiple sex partnership and commercial sex. It meant that external factors may have influenced the resource availability and their decision- making on matters related to risky sexual behaviours. The respondents had negative behavioural intention to engage in the risky sexual behaviours. The finding was supported by the negative responses for personal attitude toward and subjective norms of risky sexual behaviours. Observation emphasized the influence of personal attitude and subjective norms in the formation of behavioural intention implying that previous experience of risky sexual behaviours can have an influence the intent to engage in risky sexual behaviours through the personal attitude and behavioural control. As explained by [34], the behavioural intention of an individual depended on his or her personal attitude, subjective norms, and perceived behavioural control. Condom less anal sex (n= 84) had the most engagement while commercial sex (n=10) had the least engagement among the respondents. Further, it was also evident that the total frequency of risky sexual behaviours exceeded the sample size. The respondents were allowed to select from the options multiple risky sexual behaviours that were applicable to them. It meant that the respondents engaged in a combination of risky sexual behaviours at a given encounter. Behavioural intention emerged as significantly associated with condom less anal sex. Specifically, it showed a significant positive association (coefficient = 0.619, p-value = 0.023), suggesting that individuals with stronger intentions are more likely to engage in condom less anal sex. As peer behaviour was already negative, individuals with strong intentions to engage in condom less anal sex may do so because of a desire for intimacy and increased pleasure [35], having consistent partner/s [36], and engagement in Chemsex [37]. Its odds ratio was 1.86, indicating that individuals with a one-unit increase in their behavioural intention score were estimated to have 1.86 times higher odds of engaging in condom less anal sex. The regression analysis of multiple sex partners and the independent variables revealed that behavioral intent had a significant association with the risky sexual behaviour. Specifically, the multivariate analysis of behavioural intention showed a significant negative association (coefficient = -.823; p- value = 0.31), indicating that individuals with weaker intentions are more likely to engage in multiple sex partnerships. Despite the weak intentions, individuals may engage in multiple sex partnerships because of opportunities provided by gay app use [38], attachment anxiety [39], and engagement in Chemsex [40]. The odds ratio for behavioural intention is 0.44, indicating that individuals with a one-unit decrease in their behavioural intention score are estimated to have 0.44 times higher odds of engaging in risky sexual behaviours. The regression

analysis of intent, personal attitude, subjective norms, and perceived behavioural control revealed no significant predictors on multivariate analysis. It meant that intent, personal attitude, subjective norms, and perceived behavioural control cannot be used as a predictor for the likelihood of engagement with Chemsex. It is perhaps related to the psychological effects of the drugs used during Chemsex. An author [41] associated Chemsex with heightened pleasure – seeking behaviour and decreased fears and inhibitions. It suggests that Chemsex clouds a person's judgment and decision-making, increasing the threats to health. Behavioural intention appeared as significantly associated with commercial sex. Specifically, it showed a significant positive association (coefficient = 1.813, p-value = 0.018), signifying that individuals with stronger intentions are more likely to engage in commercial sex. Although the study accepted the responses to commercial sex as true, it must be noted that those who are incidentally involved with the behaviour do not want to be associated with it [42]. Strong intentions to engage in commercial sex are mostly likely driven by economic factors [43]. The odds ratio for behavioural intention is 6.13, indicating that individuals with a one-unit increase in their behavioural intention score are estimated to have 6.13 times higher odds of engaging in risky sexual behaviours. In summary, the results showed negative personal attitude, subjective norms, and intention for all risky sexual behaviours. A negative perceived behavioural control was noted on multiple sex partnership and commercial sex, while a positive perceived behavioural control was seen on condom less anal sex and Chemsex. The prevalence of risky sexual behaviours was as follows: 60.4% had condom less anal sex, 52.5% had multiple sex partnership, 19.4% had Chemsex, and 7.2% had commercial sex. Behavioural intention was seen as a significant predictor for condom less anal sex, multiple sex partnership, and commercial sex. The findings of the study suggest the continued presence of an increased risk for sexual health concerns among the gbMSM youth despite risk awareness. Further, the findings facilitated insight formation into the local sexual culture of the gbMSM youth which could serve as the foundation for more efficient and cost-effective targeted strategies. Furthermore, the findings highlight the importance of behavioural intention in predicting the likelihood of engagement in risky sexual behaviours, underscoring the need for targeted interventions addressing intention formation and modification to mitigate such risks.

4. CONCLUSION

The analysis revealed that respondents exhibited a negative attitude toward all risky sexual behaviours, reflecting increased awareness of associated health risks. Negative subjective norms were observed, indicating that significant others disapproved of risky sexual behaviours, potentially influenced by religious and community values. Positive perceived behavioural control was noted for condom less anal sex and Chemsex, suggesting autonomy in these behaviours, while negative control was seen for multiple sex partnerships and commercial sex, indicating external influences. The respondents expressed negative intentions toward risky sexual behaviours. However, behavioural intention emerged as a significant predictor for condom less anal sex (OR = 1.86) and commercial sex (OR = 6.13), with stronger intentions correlating with higher likelihood of engagement. Conversely, weaker intentions predicted engagement in multiple sex partnerships (OR = 0.44). No significant predictors were identified for Chemsex, possibly due to the psychological effects of substance use. Behavioural intention is a critical determinant of engagement in condom less anal sex, multiple sex partnerships, and commercial sex among Cebuano gbMSM youth. Based on the findings of the study, the following conclusions are generated. The significance of behavioural intention as a predictor for condom less anal sex, multiple sex partnerships, and commercial sex is an indicator exploration into the motivations and intentions of young Filipino gbMSMs in honing their sexual behaviour. Strategies geared at promoting safer sex practices should lean toward addressing attitudes, norms, and intentions, while also

considering factors influencing perceived behavioural control. In addition, the prevalence of the risky sexual behaviours highlights the need to formulate targeted strategies to reduce their occurrence and promote sexual health among the young Filipinos gbMSMs. Overall, these findings offer valuable insights for developing targeted strategies and public health initiatives geared at mitigating risky sexual behaviours and promoting sexual health and well-being among varied populations.

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