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Love in the time of HIV: Narratives of Filipino HIV Serodiscordant Gay Couples in Metro Manila, Philippines

INTRODUCTION

Gay men have been conditioned by society to accept that gay relationships would always end in tragedy (Oogachaga 2011). While gay men have various reasons for engaging in relationships, gay couples often face prejudice, discrimination, and non-acceptance that strain the relationship (Peplau and Fingerhut 2007). Discrimination toward gay couples come in what Swim (2004) described as everyday hassles in the form of discriminatory remarks, including jokes, comments based on stereotypes, and general dislike toward couples.

The generally tolerant yet discriminatory attitude of Filipino society indicates the lack of acceptance of homosexuality. For instance, a gay person who is not accepted by his family would have to endure uncalled remarks in his everyday life, while a discreet gay person may choose to perform a more acceptable identity to evade discrimination. This ambivalent attitude of the general Filipino public toward gay men is perpetuated by how various social institutions portray the homosexual. For example, leaders of the Catholic Church acknowledge and accept people experiencing same-sex attraction (SSA); however, the sexual attraction that these people experience towards the same sex is considered a “condition” that is condemned as immoral. This incongruity heavily misinforms mainstream thinking and dictates rules of propriety. Thus, while it is “acceptable” to be gay and to be emotionally attracted to the same sex, having sex with another man is a moral transgression and same-sex attraction must be “treated.”

This dissonance forces some gay men to retreat to become what Tan and Castro (2010:4) coined as “shadow” populations so as not to risk coming out. Those who identify themselves as masculine would resort to labels such as “bisexual”: a loosely

used term by gay men to identify themselves while retaining the masculine ideal despite being attracted towards solely men (HAIN 2010:15). All these contradictions are ways for gay men to shun from being called gay and to avoid its derogatory attachments.

This pervasive ambivalence toward homosexuality affects the way people treat gay men at various levels. At the institutional level, this projection incurs legal implications. Police authorities, following their moral bias and in view that gay sex would always involve money, arrest men who have sex with men (MSM). While gay sex is not illegal in the Philippines, law enforcement agencies use laws such as anti-prostitution and anti-trafficking laws to harass gay men and extort money. These do not exempt legal entertainment establishments that cater to MSM clients, which are raided and charged with anti-trafficking charges using condoms as evidence.

Institutional homophobia shapes social homophobia, resulting in ostracizing and discriminating individuals who do not conform to the heterosexual normative lifestyle. According to a report submitted jointly by the Rainbow Rights Project (R-Rights) and the Philippine Lesbian, Gay, Bisexual, and Transgender (LGBT) Hate Crime Watch to the United Nations Human Rights Council, LGBT Filipinos are faced with physical and verbal assaults due to homophobia, transphobia, and machismo (United Nations Human Rights Council 2012:2). The lack of a national legislation that protects LGBT people from discrimination makes various institutions act based on morals, which is most of the time biased against LGBTs.

Homophobia fuelling the HIV epidemic among Gay Men and other Men who have Sex with Men (MSM)

Evidence suggests that homophobia contributes to gay men's exposure to sexually transmitted infections (STIs), including HIV (HAIN et al. 2010). The increasing direction of HIV cases coming from the gay community in the Philippines where eight in every ten cases are men who have sex with men (MSM) has influenced moralists to continue labelling and calling the virus a punishment to gay men because of their immoral sexual behaviors, similar to what happened in the 1980s in the United States (National Epidemiological Center 2018, L.K. Altman 1982). The climate of stigma drives men away

from STI and HIV-related services and toward anonymous, casual, and unsafe sexual encounters (Human Rights Watch 2004:50). Moreover, the stigma attached to condoms makes them unavailable in venues where gay men hang out and meet their partners. Likewise, gay men cannot access social hygiene clinics because of the prevailing perception that they might get discriminated in these sites. Stigma therefore pushes gay men who identify with the gay construct to hide among the general population, making them difficult to reach by these services (Tan and Castro 2000).

This situation becomes doubly difficult when a gay man becomes HIV-positive. Like any other people living with HIV (PLHIV), HIV-positive gay men are exposed to biased and unfair judgment on how they acquired the disease (Acaba and Marin 2011:33). Society's homophobic attitude coupled with HIV stigma result in an HIV-positive gay man being judged as promiscuous and as someone being punished for his immoral acts. Since homophobia already impacts one's self-esteem and sense of self, HIV-related discrimination and the stigma attached to it aggravates one's experiences of being gay and living with HIV.

Without the support of family and friends, as well as HIV support groups, an HIV-positive gay person may develop what Pinoy Plus Association (2010:31) calls as "internalized stigma," or an internalized shame, blame, hopelessness, guilt, and fear of discrimination associated with being HIV-positive. Internalized stigma results in a gay man's withdrawal from his previous activities and opportunities, isolation, and eventually, mortality. Today, we hear stories among gay and bisexual men communities of sudden deaths of young men due to pneumonia and other diseases that are known to be AIDS-related. These happen because they were suspected of being diagnosed late, presumably because they cannot access services early due to fear of discrimination for being gay.

Collective Agency and the study of Relationships in the context of HIV

The attention towards stigma has considered on top of the list of "five pressing items...for the world community" and a "continuing challenge" in the global AIDS response (Parker and Aggleton 2003). However, much of the literature in the study of stigma, as Parker and Aggleton (2003:15) highlighted, has been delimited to social-cognitive approaches

highly variable, vague definitions. Much of the research has focused on the perceptions of the stigmatized groups toward discriminatory attitudes that they experience, and in turn, limiting proposed interventions around addressing stigma aiming at increasing tolerance toward people living with HIV (PLHIV) and equipping the general population with sufficient tools to help PLHIV alleviate their anxieties. This dichotomy between individual-oriented and population-based interventions to address stigma leaves a gap in terms of contextualizing individuals as individual agencies that responds to their situation. There is a need to recognize that individuals interact with each other within a broader, complex, interconnected structures and arrangements that shape individual behaviors and the decisions that they make that impact the way they prevent HIV. While individual agency is recognized, the interactions that they engage in opens an understanding that individuals inhabit their own social worlds that mediate their ability to confront HIV and AIDS (Kippax et al 2013). This middle ground is a necessary part of understanding agency, whereby individual's behaviors do not become end products but rather a conscious act to respond based on the situations where they are located, and based on collective forms of agency, or simply, "collective agency".

Collective agency recognizes these interactions of individuals as a response to the dominant notion of HIV programs targeting individuals towards behavior change. It finds its roots in the argument made by Giddens (1984) on the value of human beings as conscious agents, that the responses of people of a certain situation are not mere reactions influenced by structures but as a creative form of producing and reproducing new cultural models. This can be better exemplified in the interactions and social relationships individuals formed as they participate in creating and recreating meanings of their actions and decisions in their lives.

Collective agency recognizes collective capabilities of individuals, in connecting with other people, as they decide for themselves in a way that is not dictated by outside forces as they prevent further HIV transmission. For example, gay men's innovative ways to negotiate for sexual safety to prevent becoming infected with HIV is an act of resilience, a negotiation of their affirmation of identity (i.e. by continuously exercising their right to sex) while finding ways to prevent HIV. In the case of gay men in Australia, for instance,

evidence suggests that these men have devised ways to strategize risk reduction based on changing medical technologies: either through the use of PrEP, condom use, serosorting (unprotected sex between men of known HIV status, which includes poz-poz sex, whereby positive men would only engage in unprotected sex with other positive men and negotiated safety, whereby two men of known HIV-negative status would engage in unprotected sex) (Kippax et al 2013). While some of these strategies have been introduced by various HIV programs to reduce the risk of HIV transmission, it should not be undermined that these decisions that individuals take as they engage in sex are influenced by broader cultural and social norms based on social interactions with other people.

The notion of collective agency fits well in the study of relationships. Relationship-building and maintenance are manifestations of this complex social arrangement between two individuals, and serves as the middle ground that shape's individual's decisions within the relationship without undermining individual agency. It is a place where social interactions that shape individual agency takes place.

There is, however, little understanding about how relationships work in the context of HIV. In particular, little is known among serodiscordant relationships (where one is HIV-positive and the other is HIV-negative) and how gay men and gay men living with HIV in these relationships negotiate their individual experiences of homophobia and HIV-related stigma and discrimination with regards to sex, taking care of each other, and in confronting homophobia and HIV-related stigma and discrimination as part of a serodiscordant relationship. In this paper, I argue that gay men's and gay men living with HIV's experience of homophobia and perceptions and experience with regards to HIV are mediated when they engage in a serodiscordant setup. Unpacking these dynamics within these relationships will help understand local information about social situations so that we can better provide recommendations about interventions that may have meaningful impact in the HIV epidemic locally and will provide how best to design and modify HIV interventions to curb the HIV epidemic.

METHODS

RESEARCH DESIGN

For this paper, I employed qualitative research design through in-depth interviews among six Filipino serodiscordant gay couples based in Metro Manila, Philippines. These six couples were recruited through purposive sampling through snowballing and networking techniques. I used my networks and friends, being active in both LGBT and HIV community, to find six couples: three of them should be in a relationship for two years and above, while the other three should be in a relationship for less than two years who are willing to participate in my study. The decision to recruit six couples of different longevity brackets was purposive as there has not been any data that can be used as a baseline on the number of couples that needed to be interviewed. At the same time, the scarcity of serodiscordant couples and the rarity of couples that last more than a couple of years also influenced this decision to limit the number of in-depth interviews to six couples. Interviews were conducted from September to December 2017.

The interviews were guided by a pre-tested semi-structured interview guide. The interview guide aimed at capturing the narratives of the couples including their sexual identity and HIV status; their relationship, which includes questions around dealing with HIV; their sexual roles and expectations; and their relationships with other people outside of their own. The questionnaire included a script to guide the interview process, initiating with a “kamustahan”, an important aspect of the interview process to gain rapport with the couple.

The couples provided me with consent through written form prior to the interviews. Upon getting an initial verbal conversation over the phone or online conversation via chat about the overview of the purpose of the study, an invitation with an attached consent form was sent to the couples via email prior to the interview. I asked the couples to sign the form, with each of the partners signing individually, through a reply slip at the end of the letter and bringing the form at the most convenient time for the couple to conduct the interview.

Interviews lasted between 90 to 120 minutes to complete. All interviews were audio recorded to capture the information in detail with minimal note-taking to complement the

interview process. Note-taking was done while the interview was ongoing to capture non-verbal information and identify possible key themes that would surface during the interview.

For data analysis, interview recordings were transcribed verbatim, taking note of the non-verbal cues that were recorded (such as whispers and laughs). Once transcriptions were available, I read through the transcriptions several times and analyzed using thematic analysis based on the operational framework. I started with a primary set of codes but kept them flexible and expounded these codes as they emerged throughout the analysis. I laid out phrases and responses using alphanumeric and numerical coding, and laid out the codes and the quotations through a mind map.

LIMITATIONS

Being qualitative, the limited number of interviews conducted for this purpose will not serve as a generalization towards all gay couples and couples who are in a serodiscordant relationship. Rather, the findings presented in this paper aims to provide a deeper understanding on the complexity of dynamics of these relationships, aiming to provide recommendations to better HIV prevention programming.

Couples were also treated as a single unit in the entire research process. This is perceived as a limitation of the methodology. Individual trajectories of the couples were not captured through the instrumentation employed; hence, results of this study only captures responses that were shared together by the couple.

In terms of sampling, I limited my samples to HIV-serodiscordant gay couples, where one is known to be living with HIV and the other is known to be HIV-negative at the time of the interview. The limitation of using the terminology “gay” in the title should also be taken cautiously, as I intended to use this as an umbrella term to identify the range of sexual identities of men who engage in sexual and/or intimate relationships with other men. It should be noted that participants may have identified themselves differently as will be presented in this paper.

ETHICS

I observed ethical considerations in the duration of this research. This was observed in seeking free, prior, and informed consent prior to the commencement of the interviews, keeping the anonymity and privacy of information, and only utilizing the information that will not incriminate or establish any link to the person's actual identity in the analysis. Use of pseudonyms instead of real names were requested, and I constantly checked with the couples whether certain presentation of information would endanger their privacy.

Data handling were also observed strictly. Consent forms, audio recordings, and transcripts were kept in an undisclosed location of which I only have access.

I provided compensation in kind for each of the couples interviewed. This compensation was commensurate with the time and energy that they gave through the research process, particularly their consent to do the interview. Compensation came in the form of shouldering the food during the interviews and giving each couple a token of appreciation at the end of the final interview as a sign of gratitude.

Couples were informed that they have the right to be informed of the status of the research from beginning to end, and will be given access to drafts and manuscripts upon request. I kept in contact with the couples throughout the research process.

FINDINGS

EXPERIENCES OF HOMOPHOBIA

Jim, a 28-year old slim guy, stared at the streets outside of a fastfood chain as he recalled his story about disclosing his sexual orientation to his family at the age of 17. It was the first time when he decided to live with his previous boyfriend. His mother was hesitant about it so he decided not to disclose it to his father. His father knew about it eventually.

"Kung bata ka, mararamdaman 'yun ng parents mo [na bakla ka], kailangan mo lang i-disclose or... minsan nga, hindi mo na kailangan sabihin sa kanila kasi kung may taong makakakilala sa 'yo, 'yung family mo 'yun e. Parang more of uhh... confirmation lang na sabihin mo sa kanila. Hanggang sa... supported ako kasi actually, proud pa nga sila sa 'kin e." (If you are a child, your parents will feel [that you are gay], you only need to disclose or... sometimes, you do not even have to say it to them because there are people who really know you, it's your family. It's only more of uhh...confirmation to tell them. Until...I am supported. Actually, hey are even proud of me.)

- Jim, 28

Bob, 20, has been with Jim for a year and three months but had a different story of coming out. Everything did not go well after his mother found out about his sexuality. Being in a traditional Catholic family, he was told to stop schooling because his mother thought that paying for his school would be a waste.

"Sabi nu'ng nanay ko, hindi niya [ako] bubuhayin. Kung gusto ko, mag-stop na lang ako mag-aral tapos ako bumuhay—so nag-stop ako mag-aral ta's nagtrabaho 'ko, ngayon." (My mother told me she would not raise [me]. If I want, I can stop schooling and take care of myself – so I stopped and looked for a job.)

– Bob, 20

It seems imperative for Jim and Bob to prove themselves first to their parents so that they will be fully embraced in their family. This perception of one's worth is somewhat tied to their sexuality; that one has to prove oneself to compensate for them being gay.

"Dapat may ma-prove ka muna kasi ganyan ka na nga tapos wala ka pang mararating, so ano ka pa?" (You have to prove that something first because you're already like that and your life is not getting anywhere, so what will happen to you?)

– Jim, 28

There also seems to have ambiguity in terms of accepting homosexuality. For Marvin, a 30-year old guy who's been in a decade-long relationship with Ricky who is living with HIV, when he disclosed to his family his sexuality, his family accepted him but told him to avoid engaging in intimate relationships with other men. He further admits that his mother had some levels of aversion toward gay men. He shared that when he was a child, every time his mother sees him playing with his gay friends, she would call him in and throw pee at his friends out of disdain. This was also experienced by Louie, a 32-year old medium-built guy who has been living with HIV since 2013, when he disclosed his sexuality to his aunt.

"Tanggap daw niya 'ko kung ganito ako, lagi akong kinukumusta basta 'wag lang daw akong magbo-boyfriend." (I was accepted for who I am but she would ascertain me not to have any boyfriend.)

– Louie, 32

This ambivalence is rooted from Filipinos' devotion towards religion. The concept of accepting one's sexuality but demonizing the act presents dissonance among gay men, and heavily misinforms mainstream thinking about homosexuality.

PERCEPTIONS AND EXPERIENCES OF STIGMA AND DISCRIMINATION DUE TO HIV

Knowledge about HIV transmission and prevention remains low in the Philippines. The 2015 Integrated HIV Behavioral and Serologic Surveillance (IHBSS) shows that only 4 in every 10 men who have sex with men (MSM) know about HIV and how it is transmitted and prevented (Department of Health 2015). This low level of HIV knowledge translates into misconceptions and erroneous information about HIV, as well as in assessing one's risk to the virus. These misconceptions perpetrate stigma and discrimination among people living with HIV and gay men and other MSM. As one of the key populations gravely affected by the HIV epidemic, gay men and other MSM are further exposed to multiple stigmatization. While Filipinos living with HIV experience being rejected, ostracized, or shunned from their homes, the level of stigma is heightened when one is gay, in which the person is misjudged as promiscuous due to his HIV status (Acaba and Marin 2011). Others are simply accused of being HIV positive simply because of their sexual orientation.

One common misconception that I found among the couples is the concept of death due to HIV. Toi, a 33-year old guy who came from the province prior to meeting Edu, shared that he was shocked and devastated when he found out Edu's HIV positive status because he thought Edu was going to die soon. He admitted not to know much about HIV prior to knowing Edu apart from the information he received through the news. He also admitted that he was unfamiliar about the treatment options that are available for people living with HIV to be able to live a long, healthy life despite the virus.

Grace, a 28-year old tall guy who has been in a nine-year relationship with Pinky, 49, admitted that he cried when he found out about Pinky's HIV status. He said he had mixed emotions of what happened for two reasons: he thought Pinky was going to die and he also thought that he got infected too.

"Ang fear ko sa akin. Yung para bang 'what happens now? To myself?' Parang alam ko nand'yan siya... hindi yan, kasi nagpakita na ka'gad siya ng ano e, ng umiyak siya e." (I fear for myself. It's like, 'what happens now? To myself?' Like I know he's there...not that, because he already showed that, he cried.)

– Grace, 28

INTERNALIZED STIGMA

These misconceptions about HIV sometimes lead people living with HIV to experience internalized stigma resulting from the stigma and discrimination that they face. Youth Voices Count (2015:6) defines internalized stigma as a “result when self-issues interact with external causes (such as discrimination or violence in family, school, or social settings) resulting in depression, low self-esteem, anger, and self-harm”.

Self-stigma not only impact one’s sexual orientation but also one’s perception of HIV status. In effect, gay men living with HIV experience disdain, disgust, and a level of difficulty accepting one’s HIV status and sexuality. For Ricky who has been living with HIV for 12 years, and Edu, who has been living with HIV for 18 years, their attraction towards men emerged due to their HIV status. Their thought of the impossibility to get married with women and have children made them prefer men. In a similar vein, we can infer that this shift in sexual attraction towards men is an extension of their disdain about their sexuality, equating being gay with being “dirty”.

Internalized stigma also allows doubt to creep into the romantic relationships that HIV-positive gay men engage in. For Louie, even until now he would sometimes think whether Matt’s feelings for him is more of “awa” (pity) rather than love. Edu also feels the same toward Toi, even if the latter continues to assure him of his feelings.

“Masarap [yung pakiramdam na minamahal] pero iniisip ko, awa lang ba talaga ‘to? Hindi naman mawawala sa isip mo ‘yun e, baka naawa lang [sa akin] di’ba?” (It feels good [to feel loved] but I think it’s pity? It would not leave me thinking, maybe he pities [me], right?)

– Louie, 32

This feeling of pity also extends with how HIV-positive gay men sees their HIV-negative partner in a serodiscordant setup. Louie feels that he is being unfair to his partner, Matt, who has been with him for a year and three months. For Louie, his HIV positive status adds as a burden to their relationship.

“Walang problema sa ‘kin ‘yun kasi nabuhay ako na... ‘di ba, wala nang sasakit pa sa pagkakaroon ng [HIV], ‘di ba? So, kahit masakit, kailangan mo tanggapin. Unfair naman kasi sa side mo kasi nega-negative siya... non-reactive siya, posit (sic) ako, ‘di ba?” (It is not a problem for me because I am alive... right, there is nothing more that can be hurtful than having [HIV], right? So, even if it hurts, I have to accept it. It’s unfair on your side that you are nega-negative... he’s non-reactive, I am posit (sic), right?)

– Louie, 32

Ultimately, internalized stigma muddles one's perception about risk and the reasons why perception about themselves, which fuels the stigmatization and ostracization that they experience being gay men and living with HIV.

"Kahit sabihin mong hindi ka totally aware pero may knowledge ka about HIV, 'pag sinabi mong HIV, ano bang unang pumapasok? Unprotected sex, pero ginagawa mo pa rin. Tapos sasabihin mo, hindi mo ginusto? Ginusto mo 'yan." (When you say that you are not totally aware about your knowledge of HIV, when you say HIV, what first comes to mind? Unprotected sex, but you will do it. Then you will say, that is something that you would not want to do? You wanted to do it.)

— Louie, 32

"PARANG NORMAL LANG": TAKING CARE OF EACH OTHER IN THE CONTEXT OF HIV

Knowledge and awareness about HIV can be insufficient in knowing about HIV. More so, providing information on HIV alone may not change one's perspective towards people affected by and living with HIV. Having a closer relationship with the virus and knowing someone who is living with HIV contribute to one's understanding about the virus and one's risk perception about the virus. For Matt and Marvin who are both HIV-negative and are in a relationship with someone living with HIV, being involved in a work related to HIV helped demystify their perception about HIV and towards people who live with the virus. Consequently, this opens themselves to the possibility of and eventual engagement in a romantic relationship with someone who has HIV.

"Sa 'kin kasi, hindi ko na iniisip 'yung kung ano'ng meron siya, kung may sakit siya. Sabi ko nga lang sa kanya na, 'wag mong isiping meron kang ganyan kasi naman e.' Lagi kong sinasabi sa kanya." (For me, I don't think about what he has, or if he has a disease. What I just tell him is 'not think that you have it'. That is what I always tell him.)

—Matt, 25

This approach to treat their relationship as similar to other gay relationships by avoiding discussions about HIV seems to happen to other relationships of serodiscordance arrangement. In Bob's and Jim's situation, while Bob accepts Jim's HIV-positive status, Bob does not want HIV to interfere in their relationship.

"Ayoko na parang ano ko... ito, ganito, [sabihan ko siya] inom gamot ganyan-ganyan. Very arrogant. Ayoko nang ganu'n, pa-feel sa kanya na may sakit ka, mahina ka. Gusto ko parang normal pa rin tayo... parang normal na magka-relationship lang." (I don't want that...like this, [tell him to] drink medicine, like that. Very arrogant. I don't want that, to make him feel that he is sick, that he is weak. I just want us to be normal...like a normal relationship.)

—Bob, 20

Likewise, Marvin and Ricky do not discuss Ricky's HIV positive status. Marvin wants everything to be "normal;" he does not want to discuss Ricky's HIV status to anyone. He also wants to treat their relationship to be just like everybody else's.

"Yung pag-uusapan mo [ang HIV], parang 'yun 'yung nagiging... dahilan na baka mamaya magkahiwalay o magkaaway dahil sa sakit nga. Kumbaga ang gusto ko, pag-uusapan lang siya kung kinakailangan. Napag-uusapan namin 'yun kapag tungkol sa sitwasyon niya—yearly routine lab mo, gamot mo. Mga ganu'n, mabibihira lang. [Tinatanong ko siya kung] kumusta na 'yung pakiramdam mo? 'Yun lang pero 'yung araw-araw? Ayaw-- ayaw namin. Hindi namin nakagawian pag-usapan for... for ten years." (Talking about [HIV] feels like...the reason that it may become the reason for us to break up or the reason for us to quarrel because of his disease. What I want is to talk about it when needed. We usually talk about his situation - yearly routine lab, medicine. Like those, but rarely. [I ask him how] is he feeling? That's it. But everyday? I don't - we don't want that.)

—Marvin, 30

This avoidance to talk about HIV within the relationship is a tactic not to bring the stigma and the individual preconceptions on HIV of the individuals into the relationship. This perception towards HIV as death sentence (despite the availability of antiretroviral drugs) and talking about HIV which reminds the person living with HIV's status can still be traumatic for the couple, which reminds the couple that their relationship is not "normal".

Being "normal" can also mean normalizing HIV as they take care of each other. It seems inevitable for the couples to express their care towards each other, particularly the HIV-negative's expression of care towards their HIV-positive partner. For Toi, his reason for being with Edu is for him to take care of Edu given the latter's HIV positive status. He said that every time Toi visits Edu at the office, Toi would check on Edu and remind him of his antiretroviral (ARV) medicines. This is also similar to Matt, who reminds Louie daily of ARV. For Ryan, 42, and James, 25, who has been together for seven years, Ryan's disclosure about his HIV positive status to James changed their dynamics in such a way that James becomes his treatment partner, reminding him to take his drugs on time.

For Ricky, he translates Marvin's love for him as a way to care of him, especially in terms of keeping him reminded of his medicine intake.

“Yung... in terms sa pag-inom ng gamot, simula lang 'to pag-inom ng gamot, nire-remind ka palagi, ganu'n. Pagdating sa bahay, 'yung... nagluluto ka, which is ganu'n din ako. Nagme-maintain. Kung sino'ng nakakaluwag, kunyari ako magluluto, kung sino nakakaluwag, siyang gagawa. Parang ganu'n—give and take. Basta 'yung love, para sa 'kin, care. 'Yun 'yung love.” (In terms of taking medicine, from the beginning, he would always remind me. At home, he cooks for me and I do too for him. We maintain that. Whoever has, for example, if I have, I will cook for him. Just like that – give and take. Love for me is to care. That's love.)

—Ricky, 47

Marvin said that Ricky's ARV is the reason why their relationship is still strong, which reflects the kind of love and care that he has for Ricky.

“E para sa akin, never naging issue 'yung [HIV] status niya, as long as responsible, at the same time, nagkakaunawaan kaming dalawa, why not?” (For me, his [HIV] status has never been an issue, as long as responsible, at the same time, we understand each other, why not?) —Marvin, 30

Ricky and Marvin's relationship epitomizes how HIV has normalized into the relationship, which provides benefits into the person living with HIV's treatment adherence. These benefits include receipt of social support, a feeling of relief and improved mood state, lower likelihood of depression, increased self-esteem, improved physical and mental health, ability to openly seek HIV treatment, better engagement and retention in HIV care, and increased treatment adherence (Carballo-Diéguez et al 2014). More than that, talking about HIV openly inside the relationship shows a level of comfortability and open communication between the couple and may contribute into the strengthening the bonds of the couple.

NEGOTIATING SEX AND SAFETY WITHIN SERODISCORDANT RELATIONSHIPS

When it comes to sex, HIV disclosure may affect the couple's sexual practice. Rhodes and Cusick (2000) confirms that sex in the context of HIV is not a risk but an experience of intimacy within the context of relationships. This means that while serodiscordant couples remain vigilant of keeping their HIV-negative partners free of the virus, there are varying understandings and perceptions around sex within these relationships. This vigilance is somehow impacted by varying factors as we will see in this section.

New evidence suggests people living with HIV who have undetectable viral loads and are adherent to their antiretroviral drugs cannot transmit HIV to their partners (Prevention

Access Campaign 2017). New antiretroviral drug regimens developed in recent years are associated with fewer and more tolerable side effects as compared to earlier versions of these drugs in the early 2000s (AIDSInfo 2017). Because of this, HIV has become a “chronic manageable disease” (UNAIDS 2017:92). People living with HIV are now living longer and will have the same lifespan as those who are HIV-negative. New developments in research, such as the PARTNER and PARTNER 2 studies, show zero transmission among couples who engaged in condomless sex with their HIV-positive partners who have an undetectable viral load, regardless of sexual orientation (Cairns 2014). This and the introduction of new technologies, such as pre-exposure prophylaxis (PrEP), is already changing the dynamics of how people who have HIV-negative status treats people living with HIV, as well as provides better options for sexual safety. Still, there is a need to understand the changing landscape of understanding sexual practices and the meanings attached to them in the context of sexuality, relationships, and HIV.

The existence of stigma and discrimination among people living with HIV continues to negatively impact the way they engage in sex. Internalized stigma affects a person living with HIV’s introspection that he is not anymore infectious, which keeps him from engaging in sex with his partner. For example, Ricky and Marvin, who has been together for a decade, has never had anal sex in the duration of their relationship because Ricky believes that he may still infect Marvin even if they use condoms.

“Tina-try ko lang naman [na makipag-sex sa kanya] kung papayag pero ayaw ko. Kasi ayaw ko talaga na magkaroon... mahawaan siya. Kahit... kahit may gamit naman [na condom], nakakatakot pa rin.” (I would try to have sex with him] if he will agree but I don’t want to. Because I don’t want to have...to infect him. Even if we use [condom], I am still afraid.)

—Ricky, 47

Here, we can infer that the concept of “care” extends in the way people in serodiscordant relationship have sex. Usually, this sense of “care” comes from the HIV-positive person, which acknowledges that with anal sex, the burden of transmission lies on the person who has the virus. This is somewhat unfavorable, given that even the person who is HIV-negative shares this responsibility to protect himself from becoming infected.

“Kasi naniniwala ako ‘pag sabihin mong knowledgeable ka at may protection ‘pag nasa climax ka, maaa-- mawawala sa isip mo ‘yung protection. Kung meron, huhugut-hugutin mo pa rin ‘yung protection e.” (Because I believe that if you say you are knowledgeable and use protection when you are on your climax, you will—you will forget about protection. If you do have, you will pull that protection out.)

—Louie, 32

We can see that this fear towards HIV is a manifestation of HIV-related stigma. The fear around HIV and putting the burden of prevention of infection towards the person living with HIV connotes inequality in looking at HIV transmission and not acknowledging that transmission is a relational act. Moreover, this shows that despite the knowledge on HIV prevention and transmission, HIV-related stigma continues to hamper people living with HIV from experiencing pleasurable sex that is free from stigma.

Part of negotiating sex between couples in a serodiscordant arrangement is affected by one’s fear towards HIV and one’s responsibility to protect oneself from infection. That despite the knowledge and awareness about HIV transmission and prevention, that idea that HIV is still present requires both individuals in serodiscordant setup to exercise caution and find ways to enjoy sex without the risk of HIV infection.

EXTRA-RELATIONSHIP AFFAIRS AS PART OF NEGOTIATING SEXUAL SATISFACTION

The lack to enjoy satisfying and pleasurable sex among serodiscordant couples due to fear of infection drives some of the couples to allow their HIV-negative partner to look for someone to have sex with in order to satisfy their sexual desires. For Edu and Toi, since Edu feels that he could not satisfy Toi despite giving oral sex to him, Edu allows Toi to seek sexual partners outside of their relationship as long as he protects himself from sexually transmitted infections. For Louie and Matt, allowing Matt to have sex outside of their relationship is okay as long he uses protection because Louie perceives that allowing Matt to have sex other than him gives Matt the “experience” to have sex with someone who is also HIV-negative.

In some cases, it is the HIV-negative partner who allows his HIV-positive partner to look for sex. More than because of one’s HIV status, this decision is also influenced by one’s

sexual role. For Marvin who is still “virgin” when it comes to anal sex, he understands that Ricky may have specific needs that he cannot provide, such as performing the “bottom” role, so he is open to allowing Ricky to have sex with others.

Sex with multiple partners, such as arranging a three-way sex, is also considered an option in negotiating sex among serodiscordant couples. This is risky, however, given that this, as what Bob and Jim shared, exposes them to vulnerabilities that might endanger their relationship. They did it twice for a few days but decided to stop after Jim observed Bob getting smitten towards the other partner after sex. He also admitted that he could not bear seeing Bob kiss somebody else.

When asked how these couples reconcile what they feel for each other with how they view sex, it was clear that there is a delineation between the love that they feel and their sexual need. In fact, negotiating sex and safety is an extension of one’s love for his partner – that his partner’s sexual satisfaction is also his own’s.

“Siya naman 'yung true love ko talaga pero may mga bagay kasi na iniisip niya hindi niya maibibigay. Alam mo, hindi naman... hindi sa particular na ano na... hindi niya talaga mabibigay, e ang bagay na dapat mo talaga pangalagaan na lang natin para sa relationship natin. Kung kaya namang... kung panandaliang pleasure lang naman siya, palipasin na lang... e di magparaos na lang tayo sa ibang tao.” (He is my true love but there are things that he thinks he cannot provide. You know, not that...not anything particular...he could not give, so that thing that you should have to take care of his your relationship with each other. If we can find quick pleasure, we can deal with it...we can do it with other people.)

—Bob, 20

There also seems to have this perception that gay men are promiscuous. We see here patriarchal gender norms and sexism operating and perpetuating among these couples.

“With gay couples kasi, for me, merong line 'yung lust sa love. Kapagkahalimbawa makipag-sex siya sa ex-boyfriend niya, I can be sure na sex lang ang gusto niya dun, na 'yung love, nasa akin pa rin.” (With gay couples, for me, there is a line between lust and love. If he has sex with his ex-boyfriend, I can be sure that it’s only sex, that he still loves me.)

—Grace, 29

CONFRONTING HOMOPHOBIA

In Western scholarship, coming out begs an important milestone among gay men. Coming out is considered an approach to confront homophobia and to affirm one's sexuality and assert one's rights (Morrow 2000). Coming out in the Philippines, however, seems to be different. Filipinos' non-confrontational attitude suggests that coming out moments, especially within families, cannot be considered a crucial moment because it may only serve confirmation about their sexual orientation as their family may already know it. Instead, to be tolerated because of one's sexual orientation becomes the norm as well as the expectation to contribute to the family as a way to gain respect. For Marvin, being gay is unacceptable to his family so he has to prove his worth in order to be accepted.

“Parang hindi ko siya... hindi ko siya ano... hindi ko siya naging kaugalian na, 'uy dapat tanggapin niyo 'yung ganito.' Siguro parang nakikita lang din naman nila na karapat-dapat... siguro inisip... karapat-dapat tanggapin, karapat-dapat respetuhin, kasi kami, tao talaga kami makitungo sa kanila. Pinapakita namin na dapat tanggapin niyo kami dahil karapat-dapat kaming tanggapin.” (It's like I did not...I did not...I did not see it in my values to tell people that I am like this. Maybe they see that I am worth... maybe they think...I am worth respecting and worth accepting, because we regard them as people. We show them that they need to embrace us because we deserve it.)

-Marvin, 30

Acceptance of one's sexual orientation in the family seems to be dependent with how much one can prove or provide to the family. In the case of Bob, his family looks to him as someone who has a potential for a good future and someone who can support them in their daily needs. He thinks that a gay man should prove that he can contribute to his family's needs to compensate for his gay identity. Tarroja (2010) describes this as “functional” in nature—that because parents provided for their children's basic needs in the beginning, children need to take care of their parents later in life. This functional nature of families also makes families keep their silence if they found out that their son is gay as long as they provide sufficiently to the family, regardless of their acceptance to their gay child. For Pinky and Grace, being high-achievers themselves who are able to provide for their respective families, prevented their families from commenting neither

about their sexuality nor about their relationship.

CONFRONTING HIV-RELATED STIGMA AND DISCRIMINATION

Similar to the constraints around disclosing one's sexual orientation, the decision to disclose one's HIV status to the couples' families is influenced mainly by how their families accept their HIV-positive status. To some of these families, HIV is considered a burden and the couples do not want to share this burden to their families.

"Ayoko nang ma-- mahirapan... ma... ano 'yun... 'yung parang 'yung 'pag sinabi mo, baka maawa sila sa 'kin..." (I don't want to trouble... because when you tell them, they will pity me.)

—Ricky, 47

Despite HIV being a manageable chronic disease, stigma and the perceived burden about HIV continue to linger among Filipino families. McGarth et al. (2014) believes that while HIV is normalized as a chronic disease similar to other diseases, being under treatment and the uncertainty of living longer with HIV, coupled with effects of structural forms of stigma, impacts disclosure of people living with HIV even to their closest families and friends.

Should disclosure within the family happen, couples shared that the first person to whom they disclose is to a female sibling or a close female family member. Based on the interviews, there is a perception that women, particular female siblings, tend to be open-minded. This holds true with Ryan and Ricky, the reason being their level of trust toward their female sibling.

On the other hand, the decision to disclose to the broader society also depends on the perceived burden this disclosure will do to their families and to their HIV-negative partner. For Edu and Ryan, their decision to when and who to disclose their HIV-positive status takes into consideration their family and their partner.

"May pino-protect-- 'yung family kasi niya din e, nag-protect-- pino-protect... pino-protect ko atsaka sa 'kin, sa... tinanong ko 'yung family ko nu'n e. Tinanong ko 'yung kapatid ko. 'Okay lang ba 'yun maraming makakaalam?' Tapos ang sabi niya, wala akong pakialam sa sasabihin nila, basta tayo nagkakaintindihan. So nu'ng nagsabi 'yung kapatid ko na parang... okay

lang sa 'kin.” (I protect—my family...so one time I asked my family. I asked my sister. ‘Will it be okay if many people will know?’ Then she told me, she does not care what others will say, as long as we understand. As long as my sister is okay with it, that’s fine with me.)

—Ryan, 42

Ricky and Marvin are also silent about their HIV status to anyone, even when Marvin’s friends would ask them since they know about his work as an HIV service provider. I asked them what they would do in case their friends found out about Ricky’s HIV status and that Marvin is in a relationship with someone who is living with HIV. Marvin said that they are both ready to educate them.

“Gaya minsan, news. Sabay-sabay kaming nanunuod. O Marvs, ang taas na pala ng [HIV]. Sabi ko, oo ang taas pero minsan mali ‘yung sa news; hindi lahat ng nasa news, totoo. Kasi ‘yun ang tama. Para ‘pag dumating man sa point na malaman nila, matatanggap nila [ang HIV-positive status ni Ricky]. S’yempre, malaman nila pati sa ‘kin, mag-iiba tingin nila. S’yempre, alam niya mag-partner kami, may nangyayari sa ‘min, baka isipin meron na rin akong [HIV].” (Like sometimes, news. We will watch it together. O Marvs, [HIV] is increasing. I said, yes, but sometimes that news is wrong; not everything in the news is true. Because that’s what is right. So when the point comes that they will know, they can accept [Ricky’s HIV-positive status]. Of course, they will know about me, they will change the way they regard me. Of course, they will know that we are together, that something is happening between the two of us, they might think that I also have [HIV].)

—Marvin, 30

CONCLUSION

A number of researches have discussed positive prevention (the shared responsibility towards HIV prevention that is not solely the burden of people who know their HIV status) and negotiated safety strategies by dispensing condoms among intimate heterosexual and homosexual relationships to lessen HIV transmission (Global Network of People Living with HIV/AIDS 2009). While HIV prevention programs continue to harbor HIV prevention messaging on mutual and exclusive monogamy, understanding the nature of relationships and the interconnecting dynamics and social contexts is crucial in designing HIV programs that better target people who are affected by and living with HIV.

In this paper, we saw that individuals in serodiscordant relationships find ways to negotiate sex and take care of each other to avoid further transmission within their relationships. These tactics are impacted by what they know about HIV, and their experiences of homophobia and HIV-related stigma and discrimination. These findings suggest that current HIV programs that focus on HIV information and education alone are reductive and limiting and these messages tend to limit the understanding of sex and sexuality as either labels and categorizations (Boyce et al. 2007). These programs are detached from the realities of the couples and do not consider how these messages on prevention are being adapted to address issues around decisions with regards to sex and intimacy, and love and relationships.

Instead, HIV programs must include an understanding of sex and sexuality from behavioral, motivational, and cultural complexities that inform sexual risks. We also need to look at various social and cultural contexts that influence decision-making as part of safer sex strategies.

The findings in this paper also show the interplay of collective agency manifested as the decides on which approach to take in engaging in sex, taking care of each other, and confronting stigma and discrimination as a couple, in spite of the domineering homophobia and HIV-related stigma and discrimination. These actions, many of which are not currently framed in current HIV prevention approaches, are what Kippax et al. (2013:1370) explains as “actions...as unpredictable outcome of collective experimentation, experimentation that may work in unintended ways”. The tension being presented due to the presence of internalized stigma, however, impacts how people living with HIV handles their relationship. This is evident not only in how one regard their sexuality but also their HIV-positive status as they confront their feelings of fatalism, despair, and resignation. On the other hand, we see different forms of resilience taking place in these relationships: of proving their worth despite their perception towards their sexuality, of taking care of each other despite the virus, of taking the risk to compensate feelings of dissatisfaction with regards to sex, by considering their family’s and partner’s sake in terms of disclosure, and in deciding to sustain their relationship by experimenting

with non-conventional practices such as allowing their partners to look for sex outside of their relationship.

Programmatically and policy-wise, this proves a greater need to adopt approaches and strategies outside of the usual HIV prevention messages. Education discourses need to be framed to include complex realities of individuals and couples, and should provide possible ways to adapt HIV prevention messages throughout the lives of the couples. The concept of “sex-positive” programming must also be adopted. By this I mean HIV programming around sex and sexuality education must break the moralistic purviews towards sex, and should bring sexuality back into the HIV discourse as a fundamental aspect of human lives (Boyce et al 2007). Sex must be seen as an integral exercise of one’s decision to achieve pleasure, experience love, and as a form of social interaction towards other people, including in establishing and maintaining romantic relationships.

This paper also recommends reviewing social and clinical practices to provide targeted support to couples where one is HIV-positive. As findings in this paper suggests, we need to provide spaces wherein couples can safely seek advise and talk about issues around HIV, sex, relationships, and the pressures that they face in their daily lives. This will help promote supportive facilities where couples will feel safe to talk about their lives and relationships.

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