



Disgusting for being HIV infected: Case study on HIV knowledge, sexual risk behaviors, and attitudes among MSM overseas Filipino workers in UAE

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ABSTRACT

HIV has been prevailing in many societies as a health threat and numerous men are affected of this global health crisis. This study aimed to explore the knowledge, attitude, and sexual risk behaviors of overseas Filipino workers (OFW) men having sex with men (MSM) about HIV. Through a qualitative using case study research design, in-depth key informant interviews (KIIs) were done to secure primary data collection and better understand the informants' experiences and perceptions about HIV. The informants of the study involved 10 OFWs who worked in Dubai, UAE. Based on thematic data analysis, findings highlighted that the informants were knowledgeable of HIV transmission, symptoms, and prevention and treatment. They avoid drug use and practice safe sex especially through condom use to avoid HIV infection. However, they admitted to sexual risk behaviors. Consequently, the MSM pointed out the stigma, insecurity, and hopelessness of people dealing and living with HIV disease and enjoin people to give them fair treatment and acceptance in society. This study recommends expanding HIV awareness campaign programs to lessen the HIV disease and discrimination against people with HIV through promoting in social media and other relevant platforms and health support services.

Keywords: HIV knowledge, HIV attitudes, HIV behaviors, sexual risk behaviors, MSM, OFW

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INTRODUCTION

According to the WHO (2017), HIV continues to be a major global public health issue, having claimed more than 34 million lives so far. In Middle East and North Africa (MENA) context, risks and vulnerability are high as the epidemic is on the rise with evidence indicating significantly increasing HIV prevalence, new HIV infections and AIDS-related deaths (Haroun et al., 2016; Shakiba et al., 2017). The United Nations AIDS Program (UNAIDS) reported in 2018 around 220,000 people in MENA infected with HIV and living with AIDS.

HIV outbreaks have had a significant impact on men who have sex with men (MSM) across the world. MSM epidemics are resurfacing in many high-income nations and gaining traction in numerous low and middle-income ones. Improved HIV preventive measures are desperately required. However, due to homophobia and prejudice (Chemaitelly et al., 2019; Hamarsheh, 2020; Mumtaz et al., 2018), limited access to HIV testing and care, and budgetary restrictions, scaling up HIV prevention initiatives for MSM poses great difficulty (Sullivan et al., 2012). Moreover, numerous years of labor migration of Filipinos specifically in Dubai have created employment opportunities

but have also exposed the Filipino workers to health risks such as unsafety sex. Some factors that contributed to risky sex were drug abuse, loneliness, distance from families, peer influence, excessive working hours, and poor housing circumstances (Awasthi et al., 2015; Chowdhury et al., 2018). The workers' low-income increased HIV risks since they tend to switch jobs, pay for labor with sex, and relocate to different places with strangers (Chowdhury et al., 2018; Hirsch, 2014). Migrants have long been regarded as one of the populations most vulnerable to HIV infection and its repercussions. The contribution of migrants to national epidemics varies throughout the world, with Europe and Asia having the greatest rates (Amo, 2016).

In relation to the situation of the Filipinos in the Philippines, a systematic review (Restar et al., 2018) revealed overall results of previous studies show that the majority of the HIV studies done in the Philippines were cross-sectional studies that described HIV and STI prevalence and risk variables in Filipino populations. Likewise, female sex workers were the predominant research group, with just a few studies reporting data from MSM, persons who inject drugs (PWIDs), and youth. Moreover, MSM and overseas workers are some of the known critical demographics for HIV risk in the Philippines (Restar et al., 2018; Ross et al., 2013; WHO, 2015).

Likewise, there is a scarcity of research that analyzes HIV experiences and risk behaviors among overseas Filipino workers (Ofreneo & Canoy, 2017.) who came from a developing nation environment. Considering the scientific gaps, this is a qualitative case study that desires to shed light on the experiences and perceptions about HIV of MSM Filipinos who are working abroad. To further quantify and alleviate this population's HIV load, data collecting, research, and HIV prevention and care especially geared to males who have sex with men and women are required (Friedman et al., 2014).

The present HIV crisis requires immediate attention. Controlling an HIV pandemic requires the integration of services for critical groups and sexual health education. There is a need to address misinformation regarding HIV, how it spreads, and who is at risk. HIV awareness includes understanding its cause, mode of transmission, preventative methods, and outcomes.

As such, an investigation of the HIV awareness and perception among overseas Filipino workers (OFW) in Dubai, United Arab Emirates, is essential. This is an attempt to determine whether increased awareness may aid in HIV/AIDS prevention and eventual eradication. Hence, the goal of this study was to examine men's HIV knowledge, risk behaviors, and attitudes of men having sex with men OFW.

METHODOLOGY

The information in this research was gathered through personal interviews among OFW MSM particularly in Dubai, UAE. Prior to the interview, the researchers formulated a standard interview questionnaire regarding HIV risks behavior and awareness.

Research Design

This study applied a qualitative approach using case study research design. Case study is a research approach that generates data through an in-depth and multi-faceted understanding of a complicated issue in real-life context (Crowe et al., 2011). In-depth interviews were done to secure in primary data gathering to understand the informants' experiences and perceptions.

Case of the Informants

MSM is a category of men at increased risk of HIV, which allows sexual health workers and epidemiologists to address the high-risk activity itself, in particular, peno-anal intercourse, without qualifying the man's sexual orientation (e.g., homosexual or bisexual) or reasons for engaging in same-sex activity (Segen's Medical Dictionary, 2011).

The informants of the study were composed of 10 OFW MSM who are working in Dubai, UAE. They were chosen through snowball sampling. The criteria to be an informant in the in-depth interviews included self-identification as a member of the MSM population, the age of at least 21 years old and above. All of them met the participation criteria and were handed with informed consent prior to the interview.

The MSM informants are between 25 to 35 years old who are all affiliated as Christians. There are high school graduates, college level, college degree holders and a master's degree holder. They are employed in Dubai for a contractual basis. They work fulltime in a white-collar or blue-collar nature of employment. They live with their partner, family, friends, and workmates. Two MSM are homosexuals and eight MSM have a bisexual gender orientation.

A greater number of the MSM interviewees articulated that they have positive and fruitful working environments because they have no challenges encountered with their employers. They do not have problems in dealing with their workmates because they deal with them professionally. Some MSM deal with financial problems because they send majority of their hard-earned incomes in the Philippines. Three were forced to have sex with the same gender orientation.

Research Instruments

Socio-demographic and behavioral data were collected using a questionnaire. Audio-recording, transcribing, and analyzing qualitative and questionnaire data was encoded in the computer but had been analyzed by the researcher without the use of a computer software.

The categories relating to risk behavior were, as follows:

1. the use of social network for seeking sexual partners and the marketing promotions of MSM entertainment venues,
2. social influence by peer and older MSM,
3. easy access to high parties and group sex,
4. easy access to club,
5. conceptions related to HIV risk, and
6. sexual preferences of MSM.

Significant sociodemographic information such as age, religious background, level of education and employment were gathered about these informants to gain an understanding of their background and provide a descriptive context for their experiences.

The questionnaire labeled with general, specific, and probing questions served as a guide instrument which was used for data gathering during the in-depth interviews. This was presented to the adviser for thorough validations, corrections, and further suggestions. After the aforementioned processes, the researcher made revisions until the questionnaire was valid and reliable enough for assessment.

Ethics and Data Collection

Some of the contacted persons did not participate in the study due to privacy and confidentiality concerns since the nature of the study was sensitive, so they declined to participate. The researchers understood their concerns and respected their decision. Hence, only 10 snowball sampled informants consented to participate in the study. The informants voluntarily participated in the interview process so long as their identity is not revealed to which the researcher assured them of the highest ethical standard of confidentiality. Interviews were held to place wherein it is convenient and conducive to the informants. A consent form was handed to each informant prior to the conduct of the study. One of the researcher who is based in Dubai at the time of writing conducted the interviews face-to-face and met the informants in places convenient to them.

The researcher gave assurance to them during the interviews that all the data collected would be treated confidential and assured them to protect their identity. The researcher requested for a video recording to which the informants gave consent, but the researcher asked them to cover their faces with towels or shawls during the interview proper. Each interview lasted for approximately 45 minutes to an hour and half. The interview was done in mixed languages such as English, Filipino, and native language to allow the informants to feel at ease in answering the questions according to the language of their hearts. During the

interview, the researcher established rapport to them to make them feel comfortable all throughout the interview protocol.

The approved questionnaire was used as a tool during interviews to generate the needed data in the study. The second researcher who is based in the Philippines has no access to the personal identity of the informants and no communication exists in whatsoever form that would link the second researcher to the informants. The second researcher only had access to the transcripts and processed video which were already in code names.

Data Analysis

The results were collected and kept for the data analysis using document analysis and thematic analysis. Audio and video recorded interviews were used in Filipino dialect. All the video and audio recorded files were transcribed to documents for the qualitative analysis. All the transcripts were processed thoroughly to develop a reliable written output to relevant detailed issues.

Thematic analysis was utilized for the analysis and interpretation of the qualitative data. The analysis was anchored in the work of Braun and Clarke (2006). The researchers read many times the transcripts, encoded, and jotted initial notes to determine the meanings of transcripts from the answers of the informants. The researchers translated the transcripts to the English language and then generated the initial codes in an organized way and collated the pertinent data to each code.

Afterwards, the researchers created codes while reviewing the transcripts and the instrument simultaneously. Then, the researchers reviewed the categories to create initial themes in relation to the whole data to find out for additional categories, identify sub-themes and create a map from the analysis. The last phase involves refining the categories to be included in evident labels under the themes and sub-themes. Finally, the researchers had a final analysis of the excerpts to align to the objectives of the study and the literature that had been reviewed.

CASE RESULTS

The purpose of this study was to investigate the perception, knowledge, and risk behaviors about HIV of MSM OFW. Prior to the core interview questions, the first researcher gathered significant demographic information such as age, religious background, level of education and employment about the informants to gain an understanding of their background and provide a descriptive context for their experiences. Thereafter, the results shown below focused on the purpose of the study.

HIV Knowledge of the Informants

HIV knowledge is a major strategy used in the prevention and control of HIV/AIDS around the world (Alhasawi et al., 2019). Inadequate understanding and risky health behaviors are key roadblocks to HIV prevention. This knowledge is vital to MSM informants when dealing with health issues.

Table 1 presents the HIV knowledge in terms of mode of transmission with identified categories: HIV transmission and HIV symptoms. Nine MSM stated that HIV can be transmitted through unprotected sexual intercourse. They also confirmed that pregnant women infected with HIV can have babies born with HIV. Likewise,

Table 1. HIV knowledge in mode of transmission

Categories	Number of informants	
HIV transmission	Unprotected sex intercourse	9
	Blood contact	4
	Oral sex	2
	Breastfeeding/pregnancy	9
	Syringe	1
	Saliva	1
HIV symptoms	No indications	2
	Weak immune system	7
	Fever, cough, & colds	3
	Weight loss	1
	Skin diseases	5

four MSM remarked that HIV can also be transmitted through the bloodstream or blood transfusion.

Archer: They said if you have sex with a person with HIV. You will be infected ... contact. Example if you are not using anything in safe sex, such. Condoms, like that ... They said because it is within the genes so therefore infection can be transmitted to the child.

Jun-Jun: Because you have gotten him into the womb. So, it is possible that the child will be HIV-infected.

Harry: Yes. because of bloodstream, through bloodstream ... especially in the mother's womb. So, the bigger the chances to transfer.

Jay: As per my understanding, HIV can be transmitted through body liquids ... like blood, semen.

Two MSM Harry and Jun-Jun mentioned that HIV can be transmitted through oral sex when there are open wounds in the mouth. Harry also confirmed that the use of syringe can also transmit HIV however Zed stated that HIV can be transmitted through saliva. He mentioned that

"I think according to the study, it can be transmitted through saliva but there is like a specific amount before you can get the virus or maybe blood and what else any fluids which is infected with the virus, it can be transmitted as it is."

The MSM informants also attested to the signs and symptoms of HIV. Seven informants stated that one of the most underlying signs of HIV proliferation in the body is a weak immune system. (James: "maybe your body will become weak or something, fever like that"). Five MSM asserted that skin diseases are the other signs of an HIV attack which can be in a form of rashes. (Derio: "Maybe you will become weak or lethargic and there will be something in the body, what's it? rashes like that").

Three informants, Zed, Jay, and Jun-Jun also mentioned that a person with HIV can experience symptoms of fever, coughs, and colds. However, Arthur and Archer said that there are no indications whether a person already has the HIV or not.

(Arthur: The thing is, as far as I know, you cannot detect. There is no signs and symptoms when you have HIV because it slowly eating and killing your immune system ... you can not see any,

Table 2. HIV knowledge in prevention and treatment

Categories	Number of informants	
Stay HIV negative	Loyalty to partner	2
	Withdrawal	1
	Safety sex using condom	10
	Abstinence	3
	Supplements	2
	Celibacy	1
	Checkup	1
	Healthy living	1
	Buy anywhere	1
	Schools	1
Condom availability	Government agencies	1
	Drug stores	4
	Market/stores	3
	Health center	2
Drug avoidance	Avoid drugs	10
	Finding right people	3
	No idea	2
	Change lifestyle	1
HIV testing	Self-assurance	5
	HIV awareness	7
HIV treatment	No treatment	7
	No idea	2
	There is treatment	1
HIV vaccine	No vaccine	4
	No idea	6

like signs and symptoms unless you come to the point that you already have AIDS.)

Table 2 presents the knowledge of the informants in terms of the prevention and treatment of HIV. All informants explicated that to maintain an HIV negative result, one should use condoms for safety sexual intercourse.

Harry: Always be protected like using condoms and as much as possible that it does not release inside because even with condom it still released.

Jun-Jun: We should always use protection ... like condom.

Three informants Zed, James, and Orlando strongly asserted that there is a need for abstinence on having sexual relations to avoid HIV infection. Arthur and Jun-Jun both stressed that loyalty to one's partner is essential for preventing HIV. There are also two informants who mentioned to take supplements in order to have a strong immune system. The rest of the informants mentioned celibacy, healthy living, withdrawal during sex, and check-up can help persons to fight against the HIV disease.

Harry: Protected sex. Like use of condoms, you have to take your immune boost to kill the virus immediately. Like in Australia, they have been injecting like amm supplements or vaccines then boosting your immune level like 99%, 98 to 99% amm even if you are still having sex, you're protected. Just keep that medicine.

All the interviewees strongly advised to avoid using drugs to refrain from being infected of HIV. To avoid being influence in using drugs,

three MSM mentioned to find the right people who are of good influence.

Harry: Do not take drugs. If you used drugs, You will be unaware of what are being injected to you. It might be, one of the reasons, like in the bar, when you are already high, you do not know what has been injected to you. If the syringe used to you was also used by infected person or have infections.

Zed: To avoid—then do not use drugs. To avoid then do not use it. Why are you going to use these drugs.

Arthur: It is all about finding the right people. With whom you make friends, right? Perhaps... you have to know also if who are deserving because if your circle of friends is addict, most probably the pressure is there so you cannot avoid. Finding the right people or group of people that will help you also or will not put you in that position.

However, two MSM have no idea of how drugs can be a source of an HIV infection. But Jun-Jun advised to have a change lifestyle through a healthy living such as exercising to avoid drugs as he mentioned that: "Should ... change the lifestyle like exercising, as in everything in the lifestyle in order to avoid drugs."

When asked on the importance of HIV testing, seven informants stated that HIV testing is necessary to be aware if whether one has an HIV infection or not. Five MSM claimed that the purpose of HIV testing is for self-assurance that one can have peace of mind of being free from HIV disease.

Orlando: So that you will be able to prevent—so that you will be able to know the result if you are sick or if you are infected, if you are infected you will be able to avoid infecting someone else.

Archer: First of all, you need to know for yourself whether you are sick or not, if you have HIV or not, then, the confusion that has been kept by yourself will be answered.

Harry: So that you will know if you are safe, and others will also be safe with you.

Six informants confirmed that there is no treatment for HIV. Zed explicated that "Well, as far as I know, there is no cure yet, but I think they are trying to discover something which is working for those and I'm not sure if it's working for the general." and Jay also stressed that "... as far as I know there is no medicine. But there are medicines that will prevent to worsen the sickness." One informant said that there is no treatment for HIV, but it can be prevented.

Derio: As far as I know, there is. There is treatment for HIV. They are still discovering cures. There is no treatment but there is prevention like that medicine.

Meanwhile, one informant said that there is a treatment for HIV disease. Another two MSM, Archer and James have no knowledge whether there is a treatment or not. When asked whether there is a vaccine shot to cure HIV, four informants confirmed that there is no vaccine while the remaining six have no knowledge whether an HIV

Table 3. HIV knowledge in health services

Categories	Number of informants	
Health facilities	City Health Center/Hospital	5
	No idea	5
HIV awareness program	Free HIV testing	1
	HIV awareness campaign	3
	Free vaccines	4
	Free condom	2
	No idea	3
Support services	Government	8
	Private agency	1
	No idea	1

vaccine exists. Zed stressed that “I do not think so that there’s a vaccine.” and Jay supported that “As far as I know there is no vaccine for HIV.”

Table 3 presents the HIV knowledge of the informants in health services. Five informants pointed that testing of HIV can be conducted in different city health centers or medical clinics. On the other hand, there are five informants who honestly said that they have no knowledge on the health services in terms of the facilities.

Jay: In medical clinics. I forgot the establishment, but I just had test recently.)

Jun-Jun: Here. There are so many medical centers in the country that are free and there are also private medical centers that are not for free... In the Philippines... there might have so many health centers also. However, I am not 100% sure if they will immediately identify you are HIV-positive.

Derio: to ask if where it is currently existing - you must research on it. I have no idea.

Arthur, Tonyo, Orlando, and Derio mentioned that the government agencies provide free medicines for those who have been tested positive with HIV as part of the HIV health support services. Three informants, Arthur, Harry, and Zed remarked that there are HIV awareness campaigns with the ultimate goal of giving free orientation to people in the surrounding areas. Harry explained “I think they are groups of individuals who are raising awareness and then they are asking for small donations like five hundred. That’s all—then you can have your test summary.” Also, free condoms are given as part of the HIV awareness program as Zed and Derio attested. (Derio: “Maybe vitamins. It is just that and a condom. That is probably what they are giving.”)

Arthur: As for my partner, the moment you step in, you get tested, and either you’re positive or negative, there are trainings and seminars, so if you are negative, you’re lucky because seminars are just what you need to get but then for those people who are positive, they will immediately provide immediate assistance like I think ... like free amn vitamins.

Zed also mentioned that there is a free HIV testing for people to fight the disease as he remarked that “Free HIV testing, they’re giving away condoms, and they are orienting people to be fully aware about the disease.” However, three informants, Jay, Archer, and Jun-Jun have no knowledge of the HIV awareness program for people.

Table 4. Sexual risk behaviors of MSM informants

Categories	Number of informants	
STD diagnosis	Yes	3
	No	7
Sexual acts with HIV negative	Yes	5
	Not sure	5
Specific sexual behaviors	Oral	1
	Anal	1
	Oral-anal	4
Protection/condom use	Did not disclose	3
	Vaginal	3
	Yes	7
Preferred gender	No	1
	Do not want to disclose	2
Multiple partners (past five years)	Bisexual	4
	Homosexual (straight)	3
	Heterosexual	3
	0	1
	1 to 5	2
Commercial sex	6 to 10	2
	11 to 15	1
	16 to 20	2
	21+	2
Sex toys	Yes	6
	No	4
	Yes	2
	No	8

Jay: I do not know anymore in the Philippines because I have not been tested there yet. But I have to say something about what do we call that, what the government is—what it is, at the mall is what it takes to call it.

In terms of support services, eight informants are aware that the government agencies such as the DOH provides health support services for the Filipinos. Arthur explicated that “there are some government agencies that helps—I mean I’m only speaking sa Philippines; we have government agencies that supports those people or victims.” However, Jay frankly said that he has no knowledge of the agencies who provide for the health support services. Harry answered that the private entities are the ones who give health support services for those persons who are dealing with HIV.

Sexual Risk Behaviors of MSM

Table 4 shows the sexual risk behaviors of MSM. The categories that resulted from the responses of the interviewees includes STD diagnoses, sexual acts with partners whom they guess are HIV negative, specific sexual behaviors, use of condoms and protection, gender orientation that they prefer having relationships with, number of partners that they had have in the past five years, commercial sex, and whether they use toys during sexual relations. Three of the interviewees confided that they experienced the symptoms and diagnosed with sexually transmitted diseases such as gonorrhoea, HIV, and the like.

Harry: I just do not know what really it was, way back college. One time, it is called—at the bar, drunk, there is a young man in Malate and then arrives like 2 am, switching all the people there, and then, you know, sex all the way. to random people. There I got it.

Jun-Jun admitted that he was diagnosed with gonorrhea:

"I have undergone checkup to my doctor because there are changes in my discharge. I'm so surprised it stinks. So, I also knew who infected me."

The other one was informant 8, James who had gonorrhea. On the other hand, seven informants did not experience having officially diagnosed with sexually transmitted diseases. (Jay: "Not officially diagnosed but I had STD's symptoms... I bought antibiotics drug. For one-week symptoms has been gone.")

On performing sexual acts with HIV-negative, five MSM have been positive on saying that their partners do not have sexually transmitted diseases. (Arthur: "for me if someone is suspicious, especially if the person is really active ... I do not go with them." However, the other informants are not sure if their partners have HIV since they are not aware of their partners' health. Derio said that he was not aware whether his partner has a sexually transmitted disease but admitted of HIV symptoms observed in his partner. (Derio: "I am not sure if it is HIV, but I feel that it is still related to HIV, symptoms of gonorrhea, that's it." Jun-Jun also recalled that he once had an Egyptian partner whom he was unsure of with the disease. He said that

"It happens in Dubai, he is also my chatmate, when I saw it has so many warts, wounds, and rashes. So, I want to confirm, but he refused, so I forced him. Until I reached the point that I would summon to police, so he was threatened to me then he back off."

The informants shared the specific sexual behaviors that they practice such as performing or receiving oral-anal sex and anal penetrative sex and the like. Four MSM engaged in oral and anal penetrative or receptive sex. While others prefer both oral and anal sexual behavior. A few did not disclose their sexual acts behavior because they were either not comfortable or shy to share their experience. Among those who admitted as bisexuals, James, Orlando, and Derio engaged in vaginal intercourse as one of their sexual behaviors.

The MSM also do specific sexual practices using condoms. Seven informants admitted that they use condoms. They use condoms for anal sex and some of the bisexuals also use condoms for sexual acts with women. Archer though did not use condoms since he only had sexual intercourse when he was a youth:

"No no. It's been a while condom is not widely used at that moment and had not been engaged in sexual relations with other people then I tried it once however it's been a while. I'm still young. Maybe confusion, there it happened but now it's gone."

Zed and Derio did not disclose that they use condoms during sexual intercourse.

The MSM frankly shared the gender orientations of those they prefer to have relations with. Four of the interviewees, Jay, Archer, Orlando and Derio prefer having relations with bisexuals. Derio has sexual relations with both men and women, but he prefers women: "(Maybe, woman. I have experience but I prefer the woman ...)."

However, due to financial burdens he encounters in Dubai, he also engaged having sexual relations with men but with payments, he added:

Table 5. Attitudes towards practicing safe sex

Category	Number of informants	
Highly favorable attitude	Sense of responsibility	2
	Discipline	1
	Health conscious	2
	Safety precautions	5
	Condom use	10

("Of course because of having not enough money, financial, even if you do not like, just go.")

Three informants, Zed, Tonyo, and Jun-Jun, said they prefer a "straight guy". While three informants, Arthur, Harry, and James are into heterosexuals as partners. (Arthur: "Bisexual, gay or whatever they define themselves as long as they love men too."); (Harry: "any type of guy as long as he is a guy. Except for what, those are cross dresser."); (James: "Boys, girls, no problems.")

For the past five years, the informants have engaged in a couple of sexual relationships. Archer honestly said that he never had sexual partners since he does "self sex" for the past five years but had sexual relations when he was in his teens. Harry confirmed that he had "many to mention...more than 20. I think more than 20, 30."

Due to dire sexual or financial needs, more than half of the numbers of the MSM informants are engaged in commercial sex either to be paid or to give payment for the sexual acts to satisfy them and provide for their needs.

Arthur: Yes. I cannot deny the fact ... I am being paid.

Harry: Yes. I paid for or being paid to me? The maximum payment I paid was maybe a thousand, one thousand pesos ... Being paid to me—five hundred. No, seven hundred pesos.

Jun-Jun: I tried to pay, I also tried being paid. Approximately 200 dirhams.

James, Orlando, and Derio also confirmed that they had been paid for sexual service since they do not earn a lot, but they have to send money to provide for the needs of their families in the Philippines. On the contrary, four MSM did not engage in commercial sex such as Zed, Tonyo, Jay and Archer. Arthur and Harry used sex toys in sexual acts with partners either with a condom or without a condom. The rest of the MSM informants do not use sex toys, as Zed explained, he finds using sex toys as "weird."

Attitude of Informants: Practice Safe Sex

Table 5 presents the attitudes of the MSM towards practicing safe sex. All informants are favorable on practicing safe sex for safety precautions against HIV. They stressed on being health conscious. They are favorable in safe sex because they said that the person should be responsible and disciplined.

Arthur stated, "If they practice safe sex, then they are responsible, they're disciplined." Arthur said that condom use is "mandatory", and Jay and all the informants reasoned positively to keep protected and stay healthy and HIV-free. However, Arthur also explained that using condoms could not fully protect. Zed and all remaining MSM also have the same attitude towards the use of condom that it does not guarantee a 100% protection. There is also a tendency for the condom to break during sexual acts as others added.

Table 6. Dealing with people living with HIV

Categories	Number of informants	
Dealing fairly with HIV persons	Acceptance	1
	Fair treatment	5
	Encouragement for treatment	3
	No comment	1
Difficulty of living with HIV	Regrets	1
	Feeling weak	1
	Losing hope	3
	Insecurity	3
	Stigma	2

Arthur: 95 to 99% because there are different types of viruses like for example, you'll meet a guy who is using condom however having warts around his pubic area. Yes. I'm serious. There are warts you've seen somewhere. It is something contagious. So, it is not—I mean if HIV, I do not know but I mean many sexual transmitted diseases you can acquire.)

Zed: Because well the condom fabrication I think they—the condom itself, they do have something like small dots there so that your penis can breathe. So, there are still small dots that could be the pathway of any fluid and then if the person is infected, I think it's still possible. So, I do not think it's 100% sure.

Jun-Jun: Actually, I really do not like it, but it's needed to avoid diseases. So, condom is a must.

Attitude of Informants: Deal Fairly with People Living with HIV

Table 6 shows the attitude of the MSM informants in dealing with people living with HIV. Two categories came out of the analysis, which include dealing fairly with those people who have HIV and difficulty of persons living with HIV.

The informants emphasized that those persons with HIV should be dealt fairly and not shunned or judged by society for having the disease. Likewise, everyone should be treated humanely.

Harry: Like normal. Cause basically, it's just normal if we have the HIV. Maybe it's just normal, all you just have to do is to take care of yourself because you have to maintain your immune system, you must always boost it because the moment it will become wick, there are tendency you will get sick faster. and then sometimes it will lead to complication so the ammm when you are diagnosed with HIV, you must have a normal sleep habit, you are no longer in the populated area, then you have to set up—just healthy living really. As in complete healthy living.

Jay: We should treat them right. Because the disease is not that contagious except if something really happened with them. They should not be threat.

Archer: You treat them well as a human being because they really do not want to have HIV. Even if they have HIV, they are still human being, so they need more care, support.

Three of the MSM gave some advice to encourage those with HIV to undergo treatment. James, Orlando and Derio said positively on the

treatment of those persons with HIV. Jun-Jun remained silent when asked on his perspective. But acceptance of the person in dealing with persons who have HIV is valuable for him.

Arthur: Acceptance is much more important I think, showing that you care for that person is really important. I mean, they came to the point that they were infected, and they still need to see or receive love. Cause if no one loves them, then they're wretched, right?

Living with an HIV disease is a major challenge to the lives of those persons and of their family when they have to deal with such dire health circumstances. Harry mentioned how HIV-infected persons felt so he believes that one should love himself even more:

“Regrets that I should have done to, I did not, I would have protected myself, and I used protection, I would not have done it. Well, then if you do not have the right people that will guide you, like those groups of individuals who help for tests, to people that are being diagnosed, if you do not have that partner's, or your family's support, it's hard. You feel like it's over, but it's not really over. They'll love themselves more ... and then their life and then your family will be closer. I believe.”

Stigma is also one that two MSM informants believe can give the persons with HIV more difficulty in their lives. Tonyo, Jay, and James also felt and said that those with HIV felt hopeless and have a minimal chance of living. Likewise, some mentioned that insecurity creep an HIV persons' feelings.

Orlando: Of course, because it seems like you are losing your—maybe you do not have thrust to yourself, maybe you will be intimidated. Of course, you have sickness.

Derio: Of course, insecured, hiding, and so on. And their life is no longer enjoyable about sex life, of course they are sick.

Tonyo: Because you think that things can happen to you, of course, there are possibilities that you will die. So, every day you feel ashamed.

Jay: Just having HIV. It's very hard if someone has HIV, because it seems that you just have a little bit of hope.

Zed: difficult thing about living with the disease is like the stereotype that people used to think about you that you got the disease because of you just being flirt to anyone. That is just a challenge there. The acceptance of community and acceptance on yourself that it did happen to you.

Archer: That's what, most of the people will treat you, like you are so disgusting for being HIV infected, just like this. they will avoid you because you might infect them. That will be the treatment of the people to you.

James articulated that most of those with HIV have no more chances of curing the sickness (“treat that anytime your life will be ended because you are HIV positive”). However, Archer feels optimistic for those people with HIV since it depends on the support system of the person.

Archer: Depending on the person's support. There are HIV positive that really do not have anything to do with themselves, there are also do not. So, it depends on their family's treatment as well as of the people.

The informants emphasized that life is so short, that there are so many things to do, that they still have a future and a chance to be treated, and that they still wish to live longer.

DISCUSSION

This study examined the HIV knowledge, risk behaviour, and attitudes of men having sex with men OFW. When asked about their HIV knowledge, the informants explicated that HIV transmission happens when an infected person transmits it to an uninfected person through sexual contact, blood transfusion, sharing intravenous needles, and pregnancy. They are knowledgeable since they are aware that HIV can be transmitted through unprotected sexual intercourse, through the bloodstream or blood transfusion, oral sex and syringe and symptoms include weak immune system, skin diseases, fever, cough, and colds; In terms of the prevention and treatment of HIV, all informants explicated to use condoms for safety sexual intercourse.

Likewise, six informants asserted that there is no treatment for HIV. On prevention and treatment of HIV, all informants explicated to stay HIV negative through condom use, which is accessible in drugstores and anywhere, to avoid drugs, to find the right people to trust, and to have HIV testing for awareness of health conditions. MSM informants said there is no treatment, but more than half stated that no vaccine shots are available for HIV infection. On knowledge of the health services, the informants are knowledgeable since they pointed that testing of HIV can be conducted in different city health centers or medical clinics.

Parallel to the results, a study by Arellano et al. (2019) reported that the majority of MSM respondents in Manila, Philippines had a high level of understanding regarding HIV transmission, with at least 70% of respondents answering yes to the questions. At least 78% of responders also correctly answered the questions about HIV prevention, diagnosis, and treatment. CDC (2015) also confirmed that there is presently no viable HIV cure but may be managed with good medical treatment. Antiretroviral therapy, or ART, is a type of HIV treatment. If correctly taken every day, ART can significantly extend the lives of many HIV-positive people and reduce their risk of infecting others. Increasing HIV treatment will function as a preventive strategy (Fettig et al., 2014). The awareness of available treatment was a positive determinant of HIV testing (Alkaiyat et al., 2014).

Another study by Vu et al. (2012) stated that drug users asserted that men selling sex were particularly at danger because of using drugs as a tool for sex work and trading sex for drugs. Majority of the informants are aware that the government agencies such as the Department of Health provides health support services for the Filipinos. Interventions are needed to assist males limit the number of sexual partners they have, the frequency of unprotected anal intercourse, the use of alcohol or drugs before to sex, and other mental health difficulties (Koblin et al., 2006). HIV program designers should ensure that PLHIV have simple access to HIV testing and treatment. To meet the UNAIDS 90-90-90 objective in the Asia-Pacific region, many

socio-economic and health-system hurdles must be addressed along the HIV care continuum (Koirala et al., 2017).

The sexual risk behaviors of MSM OFW include being diagnosed with sexually transmitted diseases; do sexual acts with partners whom they guess are HIV negative; engage in specific sexual behaviors such as oral and anal sex; use condoms for anal sex; prefer relationships with bisexual, homosexual and heterosexual gender orientations; have multiple number of partners in the past five years; engage in commercial sex; and some MSM use sex toys during sexual relations. A study (Inungu et al., 2019) confirmed in a cohort that HIV risk behaviors were common. 83.3 percent of MSM reported receptive anal sex (RAS) in the six months before the study, with an average of seven sexual partners. During the past RAS, as many as 37.7% of MSM did not use condoms. About 65.9% (n=249) of respondents admitted to drinking alcohol before intercourse.

Few of the informants of this study reported not using condoms for safe sex. Similarly, despite having high knowledge on the transmission and prevention of HIV, only 45% of the respondents had regularly used condoms and among those who did not use condoms regularly, 15.4% did not think it was necessary (Arellano et al., 2019). Nevertheless, the informants have favorable attitude towards practicing safe sex for safety precautions, health reasons, sense of responsibility and discipline. MSM are highly favorable on the use of condoms for protection although most of them also agree that there is no full guarantee that condoms can protect against HIV infection.

Moreover, the informants emphasized that those persons with HIV should be treated fairly and offered encouragements to seek for medical treatment and not shunned or discriminated. Acceptance of the person in dealing with persons who have HIV is valuable. HIV prevalence and incidence are projected to be quite low in various MENA nations, and it is thought to be undervalued owing to a heavy social stigma. The HIV risk groups are frequently subjected to homophobia, harassment, discrimination, and criminalization (Beyrer et al., 2012; Chemaitelly et al., 2019; Hamarsheh, 2020; Mumtaz et al., 2018). In parts of Sub-Saharan Africa, same-sex behaviors are scorned. Fay et al. (2011) looked at cross-sectional associations between prejudice, access to and use of health care services, and HIV awareness among MSM. There were strong links found between prejudice and the fear of obtaining health care services.

Improving public awareness of HIV and its transmission and promoting HIV testing as a sensible, responsible, and brave act, might help counterbalance the moral barriers to HIV testing (de Lind van Wijngaarden et al., 2018). While tackling the multiple sources of stigmatizing messages and misinformation will take a large amount of time and effort, it might be a key strategy for expanding HIV testing (de Lind van Wijngaarden et al., 2018).

Finally, MSM also believed that those who have HIV think of losing hope and insecurity so they should have strong support system around them such as their families. Similarly, Africa (2002) noted that Filipino men having HIV provides opportunities for personal and spiritual growth and improve connections with family and friends. Participants utilized their HIV/AIDS diagnosis as a chance to enhance their quality of life. All of the males believed that culture, religion, and family values have a substantial influence on their HIV/AIDS experiences. These individuals' interpretations were influenced by the cultural and family values to which they adhered. Hence, policymakers should consequently be urged to implement harm reduction programs for

persons living with HIV and invest worldwide in lowering HIV prevalence rates in commercial sex workers, people who inject drugs, and men who have sex with men in the region (Shakiba et al., 2017).

CASE CONCLUSION

Men who have sex with men overseas Filipino workers have reasonable knowledge of HIV transmission, treatment and prevention, and health support services. They are aware of the symptoms of HIV, but more than half believed that no medical treatment exists for HIV. More than half also have no knowledge whether HIV vaccine exists. They explicated to stay HIV negative through condom use, HIV testing, and drug avoidance. The informants are knowledgeable about health services since they pointed out that testing of HIV can be conducted in different city health centers or medical clinics. They informants engage in sexual risk behaviors which suggests that government should expand its HIV awareness campaign program to lessen the HIV disease through promoting in social media. The campaign can reach broader audience especially high-target groups who are more prone to HIV. The informants advocate for a human-based approach in dealing with people who have HIV. Eradicating HIV through HIV education should be a concerted effort or a multi-sectoral approach to alleviate stereotypes and discrimination among HIV victims. The Department of Health should also develop HIV awareness initiatives and campaigns and reduction strategies focused on MSM OFWs. Future studies can be done by using mixed method type of research related to HIV issues to provide rigorous results on effective means of preventing HIV disease. The limitation of this study includes the small sample size MSM OFW that cannot be generalized to other populations. Likewise, the narratives are based on self-reports which can be factual or opinionated as no medical diagnoses or other confidential records were asked for verification purposes. Nonetheless, the results offer scientific implications as this is the first qualitative case study that focused on knowledge, sexual risk behaviors, and attitudes among MSM OFW conducted in Dubai, UAE.

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