Studies (see Fagan, 1993; Vigil & Long, 1990; Hunt & Laidler, 1993) have shown that, in addition to their illegal activities (e.g., drug use), youth gangs (tropa as they are commonly called in some parts of the Philippines) do engage in regular casual unsafe sex. Male members of gangs go sex tripping or cruising for casual or anonymous sex. Sex also becomes part of their initiation rites. Female neophytes would undergo a pleasure-or-pain ritual (sarap o hirap) prior to their acceptance into the gang.

In a November 2007 survey conducted among 96 male youth gang members in three cities in the Philippines (i.e., Manila, Pasay and Quezon) (Philippine Rural Reconstruction Movement, 2007), almost 90% were found to have such a sexual ritual as an integral part of their initiation rites. Almost half were involved in their gang's group sex activities. Paid sex is also usual among gang members. In times of great financial need, in particular, gang members would provide sexual services to male and female clients alike in exchange for money. Gang members lack information on and/or hold misconceptions about sexually transmitted infections (STIs), including HIV/AIDS. The same survey also shows that only a third of gang members believed that STIs are diseases and that HIV is a virus. In addition, despite the accessibility and availability of condoms, only a fifth of them reported wearing a condom.

It is unclear from prior studies if male gang members had STIs as a result of their unprotected sexual relationships; and if those with infections had visited the health facilities for treatment. A closer look at 2008 data reveals that around 17,000 STI cases have been recorded in the Philippines (the number continues to increase); and that the majority of cases have involved young people aged 15-24. Insofar as HIV cases are concerned, the latest report of the HIV/AIDS Registry of the Department of Health indicates that 31% of the reported cases are young people aged 15-24 years, most of whom are males (National Epidemiology Center, 2011). It can be surmised from the foregoing that gang members form part of those Filipinos with STIs and HIV. Moreover, it can be hypothesized, based on prior findings on the general health seeking behavior among Filipino men (Dulay, 2004), that gang members are self-medicating rather than accessing facility-based health services for their infections.

It is in the context of the reported risky sexual behavior, non-use of facility-based health services, and the use of self-medication among male gang members that I carried out a qualitative study among this group. Using anthropological frames, namely structural functionalism, post-structuralism and cognitive anthropology, I explored three questions:

1) What constrains male youth gang members from seeking treatment in social hygiene clinics?
2) Why do male youth gang members self-medicate?
3) To whom do male youth gang members disclose their sexual health status and seek medical attention, and why?

I conducted three focus group discussions (FGD) among male youth gang members aged 15-24 in the cities of Manila, Pasay and Quezon in 2010. The FGD were followed by three individual interviews in 2011. Prior to data collection, I prepared and finalized a pre-tested FGD guide and an interview guide. I analyzed the data collected using NVivo 8.0. Transcripts were read, re-read and coded using free association and data were later categorized according to emerging themes.

All participants aged 18 and above were provided with a consent form that ensured their anonymity and privacy and the confidentiality of their reported data; the form likewise explained the purpose of the study. For respondents aged 17 or younger, I asked their respective guardian to sign an assent form.

There is an emerging view that gangs are bastions of masculinity where bias on gender is generally accepted. If there is any “contribution” of youth gangs to society, it is the pervasiveness of gender bias favoring the machismo culture. Although gangs have female members, most behaviors, activities and group dynamics showing strength, sexual aggression, physique and independence do strongly manifest the machismo culture.

This machismo characteristic of youth gangs displays how men view themselves within the group and how they show that they have
the power. The idea of ‘talik akó’ (I am a man) that is present within gangs conveys an interpretation of the high status of males within the group. This high regard provides an array of mental scripts among members, which defines how men must think and act and must be respected. Male youth gang members perceive themselves as talik and as such, it is alright for them to have many sexual partners. They view themselves as relentless and tough; female must depend on them. Men are thus obliged to dominate women. A showcase of this machismo power is exhibited among female neophytes who are made to choose between sexual pleasure and pain in order to pass initiation.

You need to show that you are a man. Show that you can defend the gang at all times. If not, you’re out. (18, Pasay, FGD)

Male youth gang members describe masculinity in terms of being invulnerable. Young males see their body as the seat of domination and domination. They generally see the body as a political force: able to carry out tasks and perform whatever and whenever they want to. According to Foucault (1991), the body is directly involved in a political field where power is incurred by investing in the body through torture and abuse; in effect, the body becomes a powerful force towards others. The type of power that men incur reinforces the idea that the body is invincible and has no room for vulnerability.

This may opt male youth gang members to forego visiting the social hygiene clinics to consult about their sexual health problems. According to these young male members, going to clinics for diagnosis and treatment will be an opposition to their notion that going to social hygiene clinics is like submitting to the power of the doctor. (21, Quezon City, Interview)

Hence, these mental scripts force men to look for alternative solutions to their sexual health problems, which lead them to self-medicate. Self-medication means that patients do not only look for alternative solutions, but they also after known prescriptions in order to alleviate their health problems. In this sense, professional medical attention is not necessary. Reasons to self-medicate become cultural because perceptions and beliefs to health and illness determine why and how people self-medicate.

We can see here that there is some sort of trust (‘tiwala’), or the lack thereof, that is influencing the relationship between the service provider and the client.

I ask my gang mates what [drug] to take. That’s it. I trust my gang mates more. (20, Quezon City, Interview)

The post-structuralism framework regards self-medication as a response to the institutionalization of health. Because of stigma and discrimination emanating from clinics, the male youth gang members choose to self-medicate and to seek help from their peers rather than access professional health services. A male youth gang member reveals that since all he has to know from a clinic is the kind of medication he needs, he feels that going to the clinic, where providers stigmatize and discriminate against clients, is not imperative. In addition, seeing that their body is the seat of domination and domination, the male youth gang members perceive that only they have the right to control what to do with their bodies, including the medication they should take.

I am too shy to consult [a doctor]. Besides, this is my body. It doesn’t matter to them. (14, Quezon City, Interview)

Male youth gang members perceive that treatments to their health conditions, as long as these are not fatal based on their own knowledge, can be cured by themselves alone. They also perceive that going to social hygiene clinics is like submitting to the power of providers.

I don’t want to consult [a doctor]. If one of my gang mates sees me, they will think I’m gay. (20, Pasay City, Interview)

In seeking help, male youth gang members primarily approach their families and peers. However, they indicate that they do not easily disclose their sex-related conditions to their families and friends. This is because sex-related topics are still taboo in the Philippines. Majority still holds conservative views on sex and premarital sex. Social structures, with their traditional and oppressive views, continue to discourage an open discussion of sexual health throughout the country.

What the findings cannot discount is that the gang or trova serves as the family for the gang members. Trova satisfies the members’ immediate need for social and emotional support. This is aligned with what Sapir writes about family: “the idea of kinship relations [and family image], real or supposed, supports social participation and solidarity” (Moore & Sanders, 2006: 70). This validates the effectiveness of putting “agencies” within the young gang vis-à-vis HIV/AIDS. These agents are personified through peer educators. Trained to provide HIV/AIDS education and referrals to social hygiene clinics to their peers, peer educators—being youth gang members themselves—are likely to direct their fellow gang members to seek appropriate treatment from social hygiene clinics.

The cultural construction of masculinity within the youth gangs influences much of how members, particularly men, seek medical help for their sexual and reproductive health problems. Structural functionalism teaches these men about the formation of the concept of talik akó or masculinity. The concept of masculinity gives them
so much power to dominate and to view themselves as invulnerable within their group and among their members. This concept of invulnerability—physically, mentally and emotionally—is so strong that, by way of post-structuralism, going to the clinic will make them feel weak and vulnerable, thus contradicting their perceptions of themselves and their body.

In the foregoing sections, self-medication has been discussed using the post-structuralism and cognitive anthropological frameworks. These views highlight the institutionalization of the health system and the unwillingness of the male youth gang members to submit to the objectified method of the health service delivery at the social hygiene clinics. The views’ take on the body as a powerful entity justifies the decision and action, therefore, of the male youth gang members to self-medicate. In seeking help, male youth gang members approach their primary groups (i.e., families and friends). The idea of *tropa* satisfies the immediate need of the male youth gang members for social and emotional support. As well, youth gangs provide social participation and solidarity among young men.

These data can be useful for targeted information dissemination activities against HIV/AIDS, such as HIV 101 and peer support. For example, these efforts can be used to address and clarify the masculinity-related power issues among the male youth gang members. To lessen the gang members’ fears and misconceptions of the social hygiene clinics, a peer-to-peer partnership can be established within youth gangs. In this context, a peer educator can work in tandem with a non-peer educator to discuss issues without hesitation. Social hygiene clinic staff must also be sensitized to the needs of their clients and must devise strategies to enable their clients, including the male young gang members, to seek appropriate treatment for their health problems.

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