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Exploring Understandings of Sexuality Among "Gay" Migrant Filipinos Living in New Zealand

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Abstract

Ethnicity, sexuality, and health are inextricably linked. This study reports on individual interviews carried out with 21 "gay" migrant Filipinos living in New Zealand to understand sexual identity and identify how they manage the disclosure of their identity. The participants provided both simple and complex accounts of sexuality. For many, these aligned with Western notions of how gay and bisexual are understood as categories; but for others, their understandings and use of such terms was influenced by Filipino cultural and contextual meanings. This included the use of "gay" as a catch-all category, including for those who identify as transgender. Active and careful management of their diverse identities was reported by participants. While disclosure to family was reasonably common, this was couched in terms of sexuality being tolerated rather than fully accepted. Disclosing identity was comparatively easier in New Zealand, but nonetheless there was active control over disclosure in some work and medical situations. Such findings add a degree of complexity within health promotion and public health, as identity cannot be regarded as static and common understandings do not exist. However, the strong community orientation and relative openness of "gay" Filipinos in relation to sexuality and gender afford opportunities for targeted interventions among this group.

Keywords

sexuality, gender, identity, coming out, gay, Filipino

Introduction

Ethnicity and health are inextricably linked. A substantial body of research worldwide has identified inequities in health between and across ethnic groups, establishing that minority ethnic groups typically have poorer health and wellbeing outcomes than majority ethnic groups (Nazroo & Williams, 2006; Segall & Fries, 2011). In New Zealand, research about ethnicity has largely been directed at the persistent and ongoing health and wellbeing inequities experienced by Māori [indigenous New Zealanders] compared with Tauiwi [non-Māori] (Carlson et al., 2019). Such disparities are typically understood as arising from monocultural approaches to health and wellbeing that fail to engage with Māori values and perspectives, and which constitute an ongoing breach of the partnership between Māori and British settlers enshrined in Te Tiriti o Waitangi/Treaty of Waitangi (Came et al., 2017).

Layered on top of this cornerstone concern in New Zealand is the arrival of migrant groups from outside the traditional "European" (primarily British) nexus. One feature of these new migrants to New Zealand has been a rapid growth in people categorized as Asian (Collins et al., 2020). While this Asian grouping substantially originates from Mainland China and India, people from the Philippines now comprise the third largest, and fastest growing, Asian ethnic group in New Zealand (Stats NZ, 2019). The 2018 census recorded 72,612 people who identify as Filipino living in New Zealand; this represents 1.55% of the total population (Stats NZ, n.d.). Only 14.4% of this Filipino population were born in New Zealand.

Research exploring the intersection of migration and health among Filipino populations in New Zealand is however sparse. One group of relevant studies reports on the experiences of older Filipino migrants—the challenges they

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experienced on migration and the difficulties they encountered engaging with health care providers (Montayre et al., 2017). Other studies have focused on the social determinants of health for Filipino migrants, including establishing themselves and planning for future living arrangements (Montayre et al., 2019) and the shifts in filial support available (Montayre et al., 2020). The specific experiences of Filipinos employed in nursing and healthcare roles have also been reported (Jenkins & Huntington, 2015; Lovelock & Martin, 2016).

Sexuality and health are also inextricably linked. A strong theme is the link between sexual minority status and poor health, with numerous studies identifying health disparities for gay, lesbian, bisexual, and transgender people in comparison with the general population (Blondeel et al., 2016; Zeeman et al., 2018). For gay, bisexual, and other men who have sex with men, there is strong evidence of health disparity across a range of health issues, including mental health distress and depression (Gonzales & Henning-Smith, 2017; Potter & Patterson, 2019) and sexually transmitted infections (Saxton et al., 2021), with gay and bisexual men also more likely to be cigarette smokers than heterosexual men (Gonzales & Henning-Smith, 2017; Potter & Patterson, 2019) and to use illicit drugs (Bourne & Weatherburn, 2017). However, one specific health concern—HIV/AIDS—has been given prominence in the literature and health policy since its identification (Adams et al., 2007). In New Zealand, the burden of HIV/AIDS is experienced disproportionately by gay, bisexual, and other men who have sex with men, with these men more likely to be infected than other population groups (AIDS Epidemiology Group, 2020). While the rate of new HIV diagnoses among these men remains low by international standards (Saxton et al., 2014), it nevertheless remains an important and significant public health issue.

In relation to the health of gay, bisexual, and other men who have sex with men, one area of focus is understanding self-disclosure of sexual identity to others. For these groups, disclosure (often referred to as coming out) involves making their sexual and emotional relationships with other men visible to others (Roseneil, 2000). While many people may have an initial coming event and remember this as significant, coming out is also an ongoing process of disclosure in new situations and relationships (Ryan et al., 2015; Toft, 2020). Understanding disclosure and identity management practices is particularly relevant in the provision of health care as disclosure of identity (and sexual practices) is vital to the provision of high quality and appropriate care (de Lind van Wijngaarden & Ojanen, 2016; Griffin et al., 2020). While the process of coming out varies between individuals, disclosure within Asian families and communities is seen as generally difficult because sexuality is often not talked about openly (Docena, 2013; Peiris-John et al., 2016), and also due to cultural norms and discourses of homophobia and heterosexism fueled by the impacts of colonialism (Ghabrial, 2017; C. C. L. Wong & Tolkach, 2017). In the Philippines for example, it has been noted that sexually and gender diverse people live in a contradictory reality where they "experience the paradoxical context of simultaneous tolerance and hostility" (Gamboa et al., 2021, p. 194). Thus while it is possible for sexually and gender diverse people to express their identities publicly, "they must still navigate through the country's heterosexist patriarchal culture, which subjects them to prejudice, discrimination, religions condemnation, and moral exclusion" (Gamboa et al., 2021, p. 194). Such considerations impact on identity management practices.

Research exploring the intersections between ethnicity, sexuality, and health is not well-developed in New Zealand. Indeed, many reviews of Asian health issues lack any explicit consideration of sexual and gender minority populations (A. Chiang et al., 2021; Liao, 2019). Additionally, much of the research on sexually diverse populations in New Zealand (and other Western countries) has not attended to ethnocultural considerations. The main focus is the white or European population, with the experiences of persons of color largely excluded (Labador & Zhang, 2021; Nadal & Cabangun, 2017; Treharne & Adams, 2017). As such, migration research in settler countries has not yet embraced the possibilities of centering on queerness ". . . [to] consider how diasporic forms of sexuality unsettle multiculturalism's logic for policing inclusion and delineating difference" (Diaz, 2016, p. 327). Despite such reservations there have been some useful local studies that specifically include Asian sexual minority populations. Early insights into how Asian sexual minority people understand and experience their sexuality were provided by a 2004 quantitative cross-sectional survey of lesbian, gay, and bisexual New Zealanders, with the findings published in two reports. A key insight was that most respondents "had some experience of themselves as different or same-sex identified by the time they immigrated to New Zealand" (Henrickson, 2007, p. 43). Asian born migrants were also less happy with their sexual identity than other migrants and unlikely to make their identity known to others outside of trusted friends (Henrickson, 2006). Moreover, gay and bisexual male Asian migrants reported less support from immediate family of origin than men from other migrant groups and New Zealand-born Asian men.

A few more recent studies also provide insights into health and wellbeing for Asian sexual minority people. Among young Asian people, sexual, gender, or ethnic minority status is associated with increased risk of compromised mental health (S.-Y. Chiang et al., 2017). In particular, for Chinese young people, "mental health challenges [are] linked to racism, sexism, cis-heteronormativity and challenges in relation to intersecting identities" (S.-Y. Chiang et al., 2019, p. 807).

In relation to sexual minority adult men, one qualitative study explored understandings of sexuality and experiences of social lives among 45 Chinese and South Asian gay and bisexual men (Adams & Neville, 2020). Among the men who had recently migrated to New Zealand, while many were comfortable acknowledging a gay or bisexual identity, they closely

managed who they revealed this to. Studies have also explored views about HIV/STI and health promotion among gay and bisexual Chinese and South Asian men (Neville & Adams, 2016), Asian gay and bisexual men (primarily Chinese, but including others; Adams et al., 2019), and Filipino gay and bisexual men (Adams et al., 2021). These studies indicate that HIV knowledge among these men is high, but there is inconsistent use of condoms for anal sex, proactively seeking HIV testing is rare, and there is low engagement with sexual health services. Among respondents in the latter two studies, knowledge about the new technology of pre-exposure prophylaxis (PrEP) to avoid acquiring HIV was limited.

National surveillance reports of HIV infection also provide relevant data in relation to links between sexuality and health. Among Asian gay and bisexual men in New Zealand, HIV incidence has been growing steadily in recent years. In the 5-year period 2014 to 2018, 18% ($n=120$) of all HIV diagnoses recorded were among Asian gay and bisexual men. Further, in 2019, 28% of recorded infections among gay and bisexual men were among Asian men (AIDS Epidemiology Group, 2020). This is more than might be expected given the proportion of Asian people in New Zealand over this period has been estimated at 12% to 15% of the country's population (Stats NZ, 2019). In parallel with this surveillance reporting, an analysis of community-based survey results from 2006 to 2014 shows that lifetime and recent (past year) HIV testing increased significantly for Asian men who have sex for men during this period (Lachowsky et al., 2020).

Because of the established linkages between migration and health (Thomas et al., 2019) and the paucity of knowledge about Asian gay and bisexual men, this research focuses on Filipino gay and bisexual men as members of the rapidly growing Filipino new settler group. This focus is also appropriate due to the Philippines experiencing a fast-growing HIV epidemic, particularly among men who are having sex with other men (Adia et al., 2020; Eustaquio et al., 2021; Gangcuangco, 2019; Restar et al., 2018).

The aim of this article is to explore some of the ways "gay"[1] Filipinos living in New Zealand talk about and understand issues related to sexual identity, and how they manage the disclosure of their identity. Local studies like this are vital to producing relevant, nuanced, contextual knowledge about this group, to inform the development of health policy and practice appropriate to addressing their specific health, and broader wellbeing issues.

Methods

Design

This qualitative interview study is situated within the field of lesbian, gay, bisexual, trans, and queer (LGBTQ) health psychology, which seeks to promote the concerns of LGBTQ people as a legitimate foci for research in an affirmative way (Ellis et al., 2019). The critical approach adopted in the study looks beyond the dominant individualistic focus in psychology to consider the political, social, and structural issues that impact on health and wellbeing of LGBTQ people (Murray, 2004). The research is informed by a critical realist position, through which the researcher understands that people's accounts are constructed, but at the same time accepts these accounts as descriptions of events and personal experiences that have some basis/meaning in reality (Willig, 2008).

Procedures

Participants were interviewed individually to collect rich in-depth narratives. A semi-structured guide was developed by the research team to ensure consistent coverage of topics across the interviews. Topics explored in the interviews included sexuality, identity, and identity disclosure. Views about HIV and sexual health knowledge were also obtained in the interviews and have been reported elsewhere (Adams et al., 2021).

Advertising and promotion of the study was primarily undertaken via social media, including through a dedicated Facebook page set up for that purpose. In addition, Filipino research team members promoted the study among their personal and professional networks. Inclusion criteria for participation included self-identification as Filipino and as a gay, bisexual, or a man who has sex with men. Participants were required to be aged 16 years or over and born in the Philippines.

Potential participants contacted a member of the research team to express their interest in the study. After their eligibility for the study had been confirmed, participants were able to select the interviewer of their choice. Because of the multilingual context of the Philippines (Martin, 2018), interviews were offered in English, Filipino, and Cebuano by two Filipino members of the research team: one a research assistant (identifies as gay and lived in New Zealand for 3 years) employed to coordinate the recruitment of participants and conduct interviews, and the other a nursing academic (heterosexual, lived in New Zealand for 7 years). Interviews took place in a public place (such as a café), at the participant's home, or at an office at the university. All interviews were conducted face-to-face and recorded with the consent of the participants. Refreshments were provided for participants during the interviews.

Ethical approval for the research was obtained from the Massey University Human Participants Ethics Committee Northern. All participants were provided with an information sheet about the study, and could ask any questions they may have had before signing the consent form. Telephone numbers for free information and counseling services were provided to participants in case they wished to discuss any issues raised during their interview, or they felt distressed.

Participants

A total of 21 participants were interviewed, 17 of whom identified as gay (including 2 who also identified as transgender—for further elaboration see results section) and 4 as bisexual. Eight were single and 13 were partnered. The participants had lived in New Zealand for 3.5 years on average (range: 5 months to 8 years), and all but two had moved to New Zealand directly from the Philippines. The group was well educated (all but 1 had a university qualification), with 20 employed in a variety of work roles (professional $n=10$, technical and trade $n=2$, community and personal $n=4$, and clerical and administration $n=4$), and 1 a full-time tertiary student.

Data Analysis

Data analysis commenced after the interviews were completed. The transcription of interviews (and translation into English when required) was carried out by Filipino speaking members of the research team, one of whom also speaks Cebuano. The dataset consisted of transcripts (and digital recordings) of the interviews.

Thematic analysis was used to identify repeated patterns of meaning across the interviews (Braun & Clarke, 2006). The analysis was inductive and data-driven, focusing initially on the semantic content, but also the latent constructs informing and articulated through participants' talk. Two authors repeatedly read the transcripts and coded the entire dataset. Provisional themes were reviewed and discussed by these authors, and further refinement of the coding and analysis undertaken until the salient patterns repeated across and within transcripts were identified and agreed on. All authors reviewed and approved the final analysis. To maintain confidentiality, real names have not been used and minor details have been changed if potentially identifying. The quotes presented have been edited slightly to facilitate reading.

Results

The results presented in this article focus on patterns across the participants' accounts in relation to sexuality (and gender). Patterns across the participants' talk about two dimensions are reported: (a) understandings of gay and bisexual identities and (b) managing identity and disclosure.

Understandings of Gay and Bisexual Identities

Participants were recruited to the study by advertising that included the recruitment criteria—gay, bisexual, and other men who have sex with men. However, when asked about their sexuality in the interviews, more complexity around use of the terms gay and bisexual was articulated by participants than expected based on the recruitment criteria. Two distinct framings of gay and bisexual identities were discussed by participants—with both simple and complex accounts provided.

Gay and bisexual—Simple constructs. The dominant framing identified from the participants' accounts was the use of gay in a specific way that mapped easily to common "Western" understandings of sexuality. Most participants described the meaning of gay in a relatively uncomplicated way that linked identity, attraction, and behavior. For example, Alan identified being gay as related to having an attraction to the same gender, as well to sexual behavior.

> **Interviewer (I):** How would you describe your sexuality?
> **Participant (P):** I'm gay.
> **I:** And when you say gay what does that mean to you?
> **P:** I'm sexually attracted to men . . . I have sex with guys. (Alan)

For many of the participants, gender (male–female) and sexual identity (heterosexual–non-heterosexual) were discussed in binary terms. Diether, for example, explained how there are two gender identities, and similarly there are two sexual identities.

> There are just two sexual identities in this world. Like male and female. So where do we belong? We have a different identity. We fall in love with the same sex. That's us. (Diether)

Similarly, participants who identified as bisexual articulated an uncomplicated view of this identity. Bisexuality was typically described as an attraction to both men and women.

> **I:** What is your sexual identity now?
> **P:** I think bisexual.
> **I:** Bisexual, please define that for me?
> **P:** Bisexual for me is basically you like girls and at the same time you like boys, that's the thing for me. (Dio)

Although employing labels such as gay and bisexual appeared to be relatively unproblematic for most participants, there was some pushback about the need to employ them. Alex expressed some reluctance about the term gay. When prompted by the interviewer, they noted labels such as gay can be limiting, especially in relation to the possibility that people's attractions may change over time. Accounts such as this signal that labels do not always provide a way of accommodating sexual fluidity. Further they suggest that complexity is hidden within even simple conceptualizations of gay and bisexual identity.

> **P:** I can identify myself as gay.
> **I:** Is this right? You don't feel comfortable about the label?
> **P:** Yeah.
> **I:** Why do you think that?
> **P:** Because it's very limiting. Maybe because I'm open, who knows, maybe in the future I might fall in love with the opposite sex or whoever or get attracted in a sexual way. (Alex)

Gay—It's complex. In contrast to those who employed simple descriptions of sexuality/gender,[2] many of the participants'

accounts presented a more nuanced conceptualization that highlighted varying degrees of complexity. Overall, much of this discussion reflected some of the ways sexuality and gender are understood within Filipino contexts. Despite this, terms that are in relatively common use in the Philippines, such as "bakla" (gay man, but particularly effeminate males; Lasco, 2018; McSherry et al., 2015), and newer terms such as transpinay (Filipino term for trans women that was created to be apart from gay and bakla, David, 2021; Reyes et al., 2020), were not volunteered by participants when questioned. This suggests relative comfort during the interviews with using non-Filipino/non-indigenous terms to describe sexual/gender diversity.

Gay was employed in various ways by participants, requiring some exploration of the context around its use. Some participants used gay in a broad way—firstly to include a wide grouping of those who have a non-heterosexual identity, but also to include those with a diverse gender identity.

Two extracts from Hillary demonstrate this complexity. When first asked about their sexual identity, Hillary used the descriptor gay, but was then unsure when asked what the term gay meant and how they understood it.

> **I:** How would you describe your sexual identity?
> **P:** I'm really gay . . .
> **I:** When you say gay, what does that mean to you?
> **P:** I'm not really sure though. We have all these things, transsexuals, gay. I'm really confused . . . I'm not really sure about the real definition of transsexual or a tranny or transgender, but since childhood I really felt that I'm a woman. (Hillary)

When questioned further, Hillary was able to agree that transgender was an identity they could accept. A medico-surgical view (Plemons & Straayer, 2018) of being transgendered was articulated by Hillary. They suggested gender-affirmation surgery is required in order to be seen as a woman by others, and maybe themselves, rather than "simply" adopting an identity and expressing themselves as a woman.

> **I:** Could you consider yourself transgender?
> **P:** Yeah, I really feel I'm a woman but I'm afraid of surgeries.
> **I:** And apart from feeling you're a woman are you also attracted to men?
> **P:** Yeah of course exclusively attracted to men never to women. (Hillary)

Tonette also introduced further complexity around the use of gay as a term and highlighted that a full expression of identity, in both the language used and physical presentation through clothing, only seemed possible after they had migrated to New Zealand. When living in the Philippines, Tonette employed the notion of being a "traditional type of gay"—someone who is attracted to straight men—implying that through doing so, this type of gay displayed feminine qualities. There is also a strong implication that gay men are not real men. Tonette further noted that the term gay now includes a modification—millennial gay—to reflect gay male to gay male attraction. Tonette raised the notion that two gay individuals (most likely transgender) cannot be in a relationship, indicating heteronormative thinking about the desirability of relationships between a man and a woman (in this case a transgender woman). Tonette's mention of "taking poison" in relation to two transgender women being in a relationship may also signal anti-lesbian sentiment.

> **I:** So what did you consider your sexual identity when you were in the Philippines?
> **P:** Gay.
> **I:** What did gay mean to you?
> **P:** I was the traditional type of gay that I only prefer straight guys because now we have what we call millennial gays where it's okay to have a gay-to-gay relationship, but that's not for me, I want straight guys.
> **I:** What's your view on those gay people who would like to have a relationship with another gay person?
> **P:** Eewee! Hahaha, I'm sorry, oh my God, it's like taking poison . . . Because I want a real guy, I want a real man and when you hook up with a gay man it's like having relationship with your kind. (Tonette)

When asked about how they would describe their sexuality now they were living in New Zealand, Tonette's description conflated sexuality and gender. When asked about their sexual identity, they provided a description of a gender identity.

> **I:** How do you describe your sexual identity?
> **P:** Now? Trans.
> **I:** What's your definition of that?
> **P:** Trans is you feel like a girl, you consider yourself as a girl. (Tonette)

Another to introduce the notion of femininity in respect to gay identity was Teddy, who used to the term "straight gay" to describe their sexual identity in a way that incorporated aspects of being like a woman.

> **I:** How do you describe your sexual identity?
> **P:** I'm a straight gay hahaha.
> **I:** So gay, what does that mean to you?
> **P:** Gay for me is, well I don't want to be a woman, but I think, oh wait it's hard to explain. I don't want to be a woman, but I'm drawn to the womanness, haha, it's difficult to explain what gay is . . . my actions were like of a woman's ever since I was little. Effeminate and then I loved flowers, but my friends were boys. (Teddy)

A few participants also identified the notion of parlor gays ["parlorista" in Filipino], describing them as men who present as a girl, or act effeminately, and who may pay men for sex. This was always presented as a negative framing of what it means to be gay. The automatic linking of gay with parlor

gay was seen as problematic by participants as it was not a descriptor that reflected how they viewed themselves.

> In the Philippines, they have a very low regard for gays or people who belong to the so-called third sex. Most of the gays there work in salons and they pay men to have sex with them or whatever. That is the norm in the Philippines which I am not comfortable about. When my relatives talk about people that we know who are gay, they say something bad about them. (Diether)

While some men employed the descriptor bisexual (Ceperiano et al., 2016), consistent with the term not existing in the Filipino language (McSherry et al., 2015), it was often used along with qualifiers or explanations. Ely for example used bisexual accompanied by the Filipino colloquial notion of being discreet to describe a man who acts manly and does not show outward signs of being attracted to other men.

> **I:** Is your view regarding bisexuality the same in the Philippines and in New Zealand?
> **P:** Yes, it's the same. I'm discreet in the Philippines. I'm also discreet here.
> **I:** What do you mean when you say 'discreet'?
> **P:** Discreet for me is 'manly acting' there's no hint of being, the term is 'hindi basa' [literally 'can't be read']
> **I:** 'Basa'?
> **P:** For me 'hindi basa' having a clear voice [perhaps non-feminine], discreet for me is very secretive there are only few people who know that he's like that. (Ely)

Managing Identity and Disclosure

The participants reported active and careful management of their diverse sexual/gender (see note no. 2) identities. The two areas this was most apparent was in relation to disclosure to family and disclosure to others outside the family subsequent to their move to New Zealand. The influence of cultural norms and parental expectations for personal and family life is evident across these accounts.

Family tolerance. Just over half the participants had made their sexual/gender status known to, or confirmed this with their parents and other family members. For some, this was the result of direct disclosure. In many instances participants reported their parents were not surprised and had already made assumptions about their sexual/gender identity. Nonato, for example, told their mother directly, albeit after providing plenty of indirect clues.

> When I say that she knows about me, she basically knows about my orientation from way, way back. I mean there's no point denying it. Because like for example, if we go out together like in the malls or we hang out, like I always verbalise to her when I see someone that I like. I always tell that I think mom, this person is really cute and handsome, this boy is really nice. But having an open topic like an open forum, like really telling her, by the way mom, I just want to clarify that I'm gay, I think it only happened like three years ago . . . I don't think she was surprised . . . her expression was more of I know but it has been going on for quite some time now which I already know. Yeah, I guess she's just so cool with it. (Nonato)

While some reported telling their family directly, others did not discuss their sexual/gender identity but rather demonstrated it to their family through their actions, leaving it open for the family themselves to come to the realization. A similar strategy has been reported among Filipino youth (Docena, 2013). In the current study, Poy, for example, reported they provided opportunities for family members to "discover" their sexual/gender identity, but would not explicitly make this known to family unless asked directly. This direct avoidance of discussion is consistent with "pakikiramdam" (Gumira et al., 2021; Ong & Yacat, 2018)—in this case an intuitive sense among family members of the feelings, thoughts, and intentions of the participant, which did not require direct verbalization or confrontation. While this lifts the burden of disclosure from the individual, it also works to somewhat limit the narrative and timelines of disclosure to match the capacity and comfort of others.

> **I:** How could you tell that your siblings know [your sexual/gender identity]?
> **P:** I brought my boyfriend to the apartment I was sharing with my brother. My boyfriend and I did our school projects there. Or when we go out at night he sleeps over.
> **I:** So you assume that your brother assumes you're together?
> **P:** No. I know that they know even if you don't tell them. Because they are family you need not tell them because they already know.
> **I:** But would you offer that information?
> **P:** No. I wouldn't tell them. But if they ask I would. (Poy)

A common response to the disclosure of sexual/gender identity to family was the minimization of further discussion following disclosure. Such avoidance of discussion has also been reported among other Asian families (Jaspal, 2021). For some participants in this study, this situation improved over time as parents and family had more time to consider the news, come to terms with it, and become more accepting.

> **P:** I just told them a year ago that I'm gay and I'm in a relationship with a same-sex . . .
> **I:** Was it a surprise for them?
> **P:** It's not a big surprise . . . not to my mom, not to my dad. Coz it's like you know, well it's obvious that I am gay. I just haven't told them that I'm gay.
> **I:** So they knew already before you told them.
> **P:** But I think my Mum is in the denial stage. She wants me to be straight and to marry a girl. (Enrico)

Coming out is not always a moment of "moral collision" between family members and children (Ocampo, 2014). For participants who had disclosed or made known their

diverse sexual/gender identity, there was often a degree of acceptance or tolerance expressed by family. Carl reported that while their mother was not totally accepting, her joking advice to make sure any potential partner was rich most likely alluded to the possibilities of economic advancement for Carl from such a relationship, and the opportunity to move out of the Philippines (Meszaros, 2017).

> I'm really gay. Ever since I was a child, when I was a kid, I try to play as if I was a contestant in a beauty pageant and my family has accepted me. (Hillary)

> She's tolerant, that's the word, but there's a difference between being tolerant and being totally accepting. When I say tolerant, she's like ok with it, but probably not embracing it completely . . . but I'm pretty sure she's pretty ok with it . . . I remember I was dating a German guy back in the Philippines and she said "oh very good . . .but make sure that when you're going to date someone make sure that he's rich". Hahaha, yeah she's a funny mom. (Carl)

Making a diverse sexual/gender identity known to family (or coming out) was seen as a way to be authentic and stop hiding. It was also seen as a way to demonstrate respect to family by not having to lie.

> Just the feeling that I can't, you know how it is in reunions, uncles and aunties like they would "where's your girlfriend?" It's just that it was getting tiring . . . I don't have to live with that. I just felt that if I just come out with it, it's probably going to be a lot easier for me. (Alan)

> I always have this need to be honest, especially with my family. I'm very attached to my family, I always felt the need for full disclosure when it comes to them. (Alex)

Families were discussed by several participants as a barrier to coming out. Along with valuing family ties, there was often an element of fear involved, in part because estrangement from family might mean being cut off from financial support for some. This type of fear and concern is known to be detrimental to wellbeing (Gacusan et al., 2021).

> They would always ask me "are you gay?" Then I would reply back "no", then they would say "good, because if you are gay, I would throw you out in the streets, I would disown you, I would force you to change your family name." Those were the threats. Growing up I was really afraid to open up to my family. (Nick)

> I was confident that in case they would throw me out I could take care of myself [had obtained a call centre job]. It didn't happen after that talk with my mother. They accepted me after a few weeks. (Migs)

For many participants, reticence about coming out related to concerns that being gay would not be accepted by parents because of their strong religious (Roman Catholic) beliefs and the negative judgments that can flow from that. While participants reported their families' views were a barrier, none of the participants, including those who still attended church, indicated that Church dogma was an insurmountable barrier to coming to accept their identity. Enrico noted the Roman Catholic Church is a source of criticism and judgment that potentially impacts on an individual's acceptance of a diverse sexuality/gender identity. Catholicism was noted as source of adversity by some participants. Further, religious involvement and religious community association was not discussed as a way of strengthening individual resilience and helping overcome adversity, as has been reported elsewhere (Chiongbian et al., 2021).

> **I:** Did it [being gay] clash with their [parents] Catholic beliefs?
> **P:** My mom would say "I always pray that what you're doing is right". She never told me that I would burn in hell, yeah but just say "I pray that what you're doing is good". (Alan)

> Being gay in the Philippines . . . don't think that it's widely accepted coz we are a Catholic country. That's why, you know, people think if you're gay, you're sinful. You are disobedient to this, what they call as proper and correct as a human being. That's where the criticism and judgment is coming from of being gay in the Philippines. (Enrico)

In a couple of instances participants used the distance created by migration as a buffer that enabled them to tell family. Others, however, had decided not to tell family due to the feeling their family still needed to be protected and their reputation as a family upheld.

> **I:** Were you open to your family about being gay?
> **P:** When I finally arrived here, yes. (Seth)

> My family, my parents, I think they are not yet open about me being gay. (Diether)

Several of the participants planned to tell family in the future, and in some instances having a partner in New Zealand had encouraged this intention.

> **I:** Would you tell your family about your sexual identity?
> **P:** My family, well yeah, eventually, probably, in the future. (Ely)

Disclosure outside the family—No-one cares. Nearly all participants were confident and assured in their sexual/gender identities. For many this appeared to have been bolstered in the local context because of perceptions that New Zealand is a much more tolerant and accepting environment than they had experienced in the Philippines.

> I would more open that I am a gay here in New Zealand. That I'm more comfortable with my skin. I can say whatever I want. (Bernardo)

> The LGBT community in the Philippines is not very well accepted . . . if you are gay, people will judge you . . . when I came here in New Zealand, it was nice that I am accepted in the community . . . the locals don't care. (Diether)

For some participants, migration from the Philippines and the resulting distance from family offered greater opportunity to engage more authentically with their sexual/gender identity. In such cases relocation offers an opportunity to circumvent disclosure of identity to family (Lewis, 2012)—although this was not identified as a significant motive for migration among participants in the current study.

> I feel that in here people don't give a care on what you do. You can do whatever you want to do. Back home people talk about you . . . a small thing that you would do could get you into trouble with your parents . . . So my parents would scold me, they'd tell me I'm giving them embarrassment. But here nobody minds your business. They let you be. I have freedom here. Freedom to express myself. Freedom to do what I want. So that's the advantage when you're coming from a very conservative country and going to a place where it's liberal and open. (Migs)

Due to this positive identification of tolerance and acceptance in New Zealand, some participants felt very comfortable with disclosing their identity to others.

> **I:** Who would you disclose your sexual identity to?
> **P:** To everyone. I'm now very open. I would tell to anyone who would ask. (Migs)

> Here I would tell it to anybody, even to the policeman, or even to the shop owner, even to the doctor, even to the teacher. Why? Because there is a law that protects me. (Raffy)

Even among those who were confident in their sexual/gender identities, there was a view this did not need to be displayed or talked about in overt ways. This is very consistent with a normalization discourse where there is acknowledgement of a diverse sexual/gender identity, but a social or political identity as a sexually or gender diverse person is not claimed (Adams et al., 2014).

> I'm not the type of person who would walk down the street and you would say "oh he is gay'. But if a person would ask me frankly about it, then I would just say I am. (Nonato)

> If somebody will ask me, "are you gay?" I will tell then right away that I am. But I won't initiate it . . . I will just wait for them to ask. (Enrico)

Participants also widely reported support and acceptance of their sexuality/gender by fellow Filipino community members they socialized with. This environment provided support for participants to be open about their sexuality and gender identities. One participant, for example, commented that it appeared Filipinos had (largely) adapted to New Zealand culture, but also noted that some potentially negative practices such as gossiping or talking about people remained.

> So the Filipino's I've met were all kind. I never felt any discrimination within the Filipino community. (Migs)

> **I:** How about the Filipino community in general here in New Zealand, do you think they're open minded?
> **P:** They are open minded the Filipinos here, somehow they have adapted to the culture of New Zealand. But you cannot totally get away with people who talk behind your back. (Nick)

Despite recognition of the positive environment in New Zealand by many participants, careful and deliberate management of identity was discussed. The reasons for this varied, and included protecting themselves from bullying and potential discrimination.

> I don't disclose it to everyone because even when you say that the general people here have awareness about LGBT, there will come a point that you could be discriminated or bullied. So, I stay away from situation that I could be bullied. (Lino)

Several participants were also careful about not disclosing their identity at work. Lino, for example, employed a passing strategy (Moore, 2019) that involved not disclosing to anyone and providing false information about being in a heterosexual relationship so they would not have to tell people about their sexuality/gender. Another respondent also reported not disclosing for fear this might impact on relationships with their patients.

> **I:** Your students ask you directly?
> **P:** No, not really, or not directly. . . usually at the beginning classes there's the self-introduction. They talk about their family and sometimes they would ask me about that, some students would try to get close to a lecturer.
> **I:** Are they Filipino?
> **P:** Locals. They would say 'what about you?' I would flatly reply 'I have a girlfriend'. (Lino)

> I don't want my sexuality to be a barrier (between me and my patients) in my service and in the delivery of healthcare. There could be instances when a patient, a straight guy, knows that you're gay, there could be hesitation on their part. It's only my opinion. It could be unprofessional, to involve sexual identity. (Nick).

Disclosure of sexual gender identity to doctors also varied and was discussed in several ways. Some participants were extremely comfortable and expressed that this would be easy to do. For others, disclosure was only likely to happen if they deemed it necessary for the type of consultation they were having.

> Actually, my doctor is also a Filipino. I think they're fine when I open things up to them. I mean, I am comfortable opening up to my doctor. Primarily, I mean I will tell him/her whatever my

activities are so he/she would know if something's happening to me. (Diether)

I: Would you tell your doctor about your sexual identity? Would you be comfortable saying that yeah I'm having intercourse with male?
P: Yeah. Of course it depends on the body system, like which body system the doctor is assessing. If my reproductive system is relevant to the test for him to come up with the correct diagnosis I would. (Alex)

Discussion

This study set out to explore understandings of sexuality/gender among a sample of "gay" and bisexual Filipinos living in New Zealand. However, this initial focus was widened to incorporate sexual/gender diversity due to participants' broad definitions and use of the term gay. Understanding these concepts is critical to inform the development of public health and other responses to HIV/AIDS, as well as other health and wellbeing issues. Such an approach recognizes the importance of the social determinants of health, and especially how sexuality/gender and ethnicity impact on health. The key findings of the research both reinforce previous research findings and provide relevant new insights.

Gay as a concept was used in various ways. Locally this heterogeneity has been reported elsewhere in relation to Chinese and South Asian men (Adams & Neville, 2020). Sexuality (gay and bisexual) was conceptualized by many participants in clear ways that used discrete categories in line with Western constructs of sexuality, and perhaps reflecting the global interconnectedness of countries that makes Western identity values more visible and more accepted (Reygan, 2016) . This may also reflect the long-standing cultural influence of the United States in the Philippines, where, unlike other Asian countries, the "imposition" of such values has not been rejected outright (Horne et al., 2019). It may also be an example of a "colonial mentality" (Tuazon et al., 2019), with internalized oppression meaning local ways of understanding sexuality/gender are regarded as inferior. The adoption of Western understandings is also congruent with a long-standing claim that there are no sharp divides between Western and non-Western experiences of sexuality (Altman, 1996). However, the study was conducted in a Western setting among a well-educated sample, which may have influenced the descriptors participants provided in interviews. It would appear that at least for some men, dual understandings and framing of gender/sexuality co-exist, while for others, Filipino framings are mostly used. We are not suggesting Western views were considered the "source" view of sexuality/gender among participants, with the Filipino view regarded as the "other." Rather, the findings suggest that while some participants may have drawn on one particular framework, others were adept at applying different frameworks at different times.

Conversely, parallel conceptualizations of sexuality imbued with Filipino cultural understandings and contextual meanings were articulated by some respondents. Understanding how people use various sexual/gender terms in any particular instance requires the contexts underlying their use to be clarified—assumptions without such knowledge may be unreliable. These accounts illustrate the diversity within the broad category of gay, which was used as a "catch-all" to include those with diverse sexual and gender identities. This finding is consistent with understandings in the Philippines that the categories of sex, gender, and sexuality are porous (David, 2021). It sits in contrast to the current use of the term gay in many research studies. Although often undefined, the term is typically much more prescribed and taken to mean cis-gendered men whose sole or primary sexual relationships are with other cis-gendered men (Ellis et al., 2019). Their broad categorization of gay resulted in participants who identified as transgender volunteering to take part in our study. Cultural Filipino terms in relation to gay and bisexual identities used in the study included parlor gays, straight gays, and discreet men. The ongoing use and understanding of these terms within New Zealand reflects an issue that is largely overlooked when there is a focus on static and well-defined identity categories (gay, lesbian, etc.), as this approach does not account for the fluidity and diversity enabled by the use of broader concepts such as queer (Henrickson et al., 2020). This finding is also consistent with local research that shows tremendous diversity in the terms used within the sexual/gender diverse community (Greaves et al., 2017).

Making one's sexual/gender identity known to others is often a key milestone in the lives of many sexual and gender diverse people. In Western contexts this "coming out" is described as a way to match a person's inner and outer selves (C. K. K. Tan, 2011). While coming out is often noted as a freeing experience, it can also be a constraining experience depending on the reactions of others (Castañeda, 2020). For some bakla, coming out is considered unnecessary as their identity has never been concealed (Rances & Hechanova, 2014). Nonetheless, many of the participants discussed the subtle and direct ways they had made their families aware of their sexuality/gender identities. However, others had not been able to do this yet, which is consistent with claims that sexuality is often not discussed openly in many Asian families (Peiris-John et al., 2016). Evident among the participants' accounts was a recognition and concern for familial wellbeing and the negative impacts that coming out might have for their families and themselves. However, this was largely offset for most participants by the personal benefits of acknowledging and making their authentic self-identity known. For some, being distant from their families had helped this process.

For most participants, managing their sexuality and disclosure in New Zealand was reported to be easier than in the Philippines. Although the Philippines is regularly identified

as one of the most friendly and tolerant countries toward sexual/gender minority people (de Guzman et al., 2017; Manalastas et al., 2017; A. C. C. Tan et al., 2019), some participant accounts illustrated the need to carefully navigate sexuality/gender disclosure within the context of what was perceived as a heterosexist patriarchal culture. An overall view was that in New Zealand the prevailing norm is that nobody cares much about a person's sexuality/gender, and this made management and sharing of identity easier. The relative ease of disclosure of sexual/gender identities among participants contrasts with earlier research among Chinese and South Asian men, who reported much greater reluctance to disclose their identities (Adams & Neville, 2020). Nonetheless, there were still instances when disclosure was tightly controlled, for example in workplaces or when seeking medical treatment, as has also been found in a range of other local studies (Adams et al., 2008; Adams, McCreanor, et al., 2013; Ludlam et al., 2015).

These insights into the ways sexuality/gender are discussed have implications for health and social policy and practice and contribute toward building effective responses to the needs of Filipino people. A number of local studies make it clear that access to health services for Asian people generally (A. Chiang et al., 2021; Montayre & Ho, 2021; Scragg, 2016; A. Wong, 2015), and Filipino people in particular (Adams et al., 2021; Montayre et al., 2017), is hampered by lack of knowledge about the local services and poor provider engagement with them. For Filipino people, this neglect by health services may be because of the high levels of acculturation assumed by health providers based on the comparatively good English language skills among Filipino migrants (Maneze et al., 2018). These assumptions are contradicted by the experience of this study, where nearly all the interviews were conducted in Filipino or Cebuano, demonstrating the importance of using people's first language when dealing with sensitive and health related topics.

Given this study's framing around concern for HIV and sexual health among this population, a number of implications are apparent. Firstly, the broad conceptualization of gay as an identity category must be recognized by health promoters. For example, in current official documents, the New Zealand AIDS Foundation (2020) has identified men who have sex with men [largely comprising gay and bisexual men] as the key group at risk of HIV infection. While in general terms this description of the key at-risk group appears to be an appropriate framing inclusive of many participants in this current study, for some, such as the transgender-identifying participants, it is not. Care must be taken to ensure HIV and health promotion interventions are inclusive of this group, just as they also need to account for others with diverse gender identities, including wakawāhine (Māori transgender women) and fa'afafine (Samoan biological men who embody the spirit of a woman; Human Rights Commission, 2010).

The potential effectiveness of health promotion directed toward this group is likely to be facilitated by the relative openness about sexuality/gender exemplified by study participants, and also their relatively open relationships with others in their social and work lives, as well as with other Filipino community members. Given the important role that strong networks and communities play in supporting HIV-health promotion, these existing networks offer opportunities to leverage and deliver appropriate interventions. This finding is in contrast to earlier work among Chinese and South Asian men, which identified that participants had limited social connections with others, leaving them largely without support (Adams & Neville, 2020). Conversely, although there is evidence that internet- and social media-based HIV-health promotion can be effective and offer new ways of engaging with hard to research groups such as sexually/gender diverse groups (Adams et al., 2017; Adams, Neville, et al., 2013; Hollingshead et al., 2020), local studies show the Internet is not favored by gay and bisexual Filipino men as a way of finding health information (Adams et al., 2021). This is despite social media and the Internet being very heavily used in the social worlds of Filipinos (Habito et al., 2021; Reyes et al., 2018). This result may indicate a preference among Filipinos for seeking information about health issues in person and from friends, family, and lay networks (de Guzman et al., 2021; Martinez et al., 2020). One implication is that health interventions based upon existing social networks should be supplemented by formal help-seeking options. Those planning interventions should also ensure the health resources and social capital that Filipinos bring to New Zealand are recognized, and that deficits among this group are not assumed (H. T. H. Wong et al., 2021).

Better access to health care has been a reoccurring theme across many studies within sexual/gender populations in New Zealand (Neville & Henrickson, 2006; New Zealand Human Rights Commission, 2020; K. K. H. Tan et al., 2020). Some participants in this study displayed an open relationship with healthcare providers, with this disclosure leaving open the possibility of more holistic care (Higgins et al., 2006). However, a substantive number used an illness-specific disclosure practice as a mechanism to control and restrict their identity disclosure. This practice leaves open the possibility of negative impacts on their clinical experiences. Given that this phenomenon has been discussed for over 20 years (Adams et al., 2008), it is imperative that structural attempts to improve the quality and cultural competence of health practitioners be undertaken.

Limitations

There are some limitations to this study. To be involved participants were required to contact the research team to express their interest. This probably meant they already had a degree of comfort about their sexual/gender identity. To encourage participation from as wider a group as possible,

we promoted the study widely and had interviewers who could speak Filipino and Cebuano. In addition, we had non-Filipino interviewers available should a participant prefer to speak to someone outside of their community—this opportunity was not taken up. Despite these approaches, because the advertising was in English this may have contributed to a sample that was well educated. The well-educated sample is likely to have impacted on the results of the study, particularly as we note that within the Philippines, professional sexually and gender diverse people are treated more favorably than those from the lower classes (Lai, 2021). Nonetheless while this article reflects the views of the participants, it does claim to account for the views of all sexual/gender diverse Filipinos living in New Zealand.

Conclusion

This research is the first to explore issues of identity among sexual/gender diverse Filipinos living in New Zealand. Research looking at specific migrant groups is important to understanding the diversity that occurs within broader population groupings, such as Asian, which are currently often treated as largely homogeneous in research studies and health promotion initiatives. This research also responds to the finding that studies of migrant populations are dominated by studies undertaken with women (Kanengoni et al., 2018).

Specifically, this research has identified that diversity exists in terms of how sexuality and gender are understood and how these categories overlap for some. While many participants were comfortable and secure with their sexual/gender identity, others were not. Similarly, there were mixed practices around disclosing sexuality to others and active and careful management of diverse identities was employed. Nonetheless, the strong community orientation and relative openness in relation to discussing and being open about sexuality and gender offer opportunities for targeted interventions among this group.

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Notes

1. We use the term "gay" to signal when this is used as catch-all category for gay and bisexual men, and also by participants who identify as transgender.
2. Given that sexuality and gender have been identified in this research as concepts that are not always discrete or easy to untangle (van Anders, 2015), we have used the term sexual/gender in the article to recognize this. Similarly, as we did not ask for the preferred pronouns of participants, we use the singular "they" when necessary.

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