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AGENDA

BEHAVIOR CHANGE AND THE PHILIPPINES: AN UPDATE
Tuesday, May 16, 1989

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|-------------|------------------------------------|
| 9:30-9:45 | Coffee |
| 9:45-10:00 | Introduction - Gary MacDonald |
| 10:00-11:30 | Research Strategy - Mary Debus |
| 11:30-12:30 | Preliminary Findings - Mark Pinney |
| 12:30-2:00 | Lunch - Questions and Answers |

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 - b. Preliminary Findings - Mark Pinney

RESEARCH BRIEF

AIDS PREVENTION AND CONTROL PROGRAM

PHILIPPINES

Prepared by: Mary Debus
AIDSCOM
Porter/Novelli
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BACKGROUND

AIDS is a global health challenge of unprecedented proportions. As of July, 1988, over 100,000 cases have been reported worldwide, with millions more believed already infected with human immunodeficiency virus (HIV). At present, there is no vaccine, no cure and no effective treatment for AIDS. The only hope is to prevent transmission of HIV from one person to another.

There are three basic modes of transmission of HIV:

- 1) Sexual: Vaginal, oral or anal sex with an infected individual.
- 2) Blood: Transfusions with infected blood or the use of contaminated needles and other skin piercing instruments.
- 3) Perinatal: Transmission from an infected mother to her child during pregnancy.

At the present time, the Philippines is at a very early stage of infection with HIV. Testing for HIV was begun in May 1985 and has focused on individuals in key "sentinal" or high risk groups, particularly the "hospitality" profession. To date, it is estimated that over 37,000 HIV tests have been completed in the Philippines with a total of 76 individuals reported as HIV positive. It is generally assumed that the current doubling time of the epidemic is about one year, but may in fact be shorter. Using the 10% formula of confirmed to estimated infections, there could be over 600 infected persons in the Philippines at the present time.

The Government of the Republic of the Philippines is very much aware that the global AIDS epidemic presents a serious threat to the health of the people of the Philippines and to the economic and social development of the country. A national AIDS Prevention and Control Committee has been established within the DOH. Over the next year, this Committee will begin developing and implementing communication/education programs for key target populations. These programs must be based upon and guided by systematic, in-depth and highly innovative research among these target audiences

SENTINAL GROUPS

At present it is felt that the primary mode of HIV transmission in the Philippines is sexual transmission. It is not known what proportion of the general Philippine population is engaging in risky sexual behavior, however, some sentinal groups within the population have been identified as those whose behavior is likely to put them at the highest risk of HIV

infection. It is these sentinel groups, along with a cross section of the general population, which will be the focus of the initial research efforts:

- a) sex workers (male and female)
- b) homosexual/bisexual men
- c) students (highschool and college)
- d) overseas workers
- e) general population

Sex-Workers: The "hospitality" industry is a significant variable for HIV infection in the Philippines with estimates of the total number of "hospitality girls" ranging as high as 65,000. At present, research is already underway among this group and no additional research is anticipated for at least one year.

Homosexual/Bisexual Men. There is a considerable amount of male homosexuality in the Philippines, particularly in the urban and tourist areas. Approximately 1000 individuals within this sentinel group have been tested to date, resulting in a significant prevalence rate of 4 per thousand. There is currently no accurate estimate of the total size of this group in the Philippines.

Students/Adolescents: Young people constitute a major source of concern worldwide. At a time in their lives when sexual experimentation is often the highest and long term health concerns are generally quite low, this group requires special communication/education efforts to assist them in making appropriate choices that will minimize their risk of HIV infection. Although no estimates as to the size of the sexually active student population are readily available, it is believed that several studies on teenage sexuality in the Philippines currently exist which could be of assistance in the design of research approaches for this group.

Overseas Workers: This group represents a "captive" and highly vulnerable sentinel group. Because document processing is required for workers both prior to and upon return from overseas trips, two possible "forced exposure" points exist for appropriate communication/education efforts regarding HIV infection. These points also represent opportunities for gathering research information on knowledge, attitudes and relevant behaviors among this group, possibly via self-administered questionnaires.

General Population: Any AIOS communication/education effort among sentinel groups must be supported by information regarding the general public as well. Although it is not anticipated that research among the general population of the Philippines will lead to solid information of epidemiological significance (i.e. prevalence and details of risky behaviours), it is critical that an overview of awareness, knowledge, attitudes and practices be obtained.

THE RESEARCH APPROACH:

All communication/education efforts developed by the DOH for the prevention and control of HIV infection will be guided by systematic research among the target audiences. This research program will consist of four basic steps.

- I. Exploratory Qualitative Research: As a first step, focus group discussions (FGDs) or individual in-depth interviews will be conducted to generate ideas and guide the development of quantitative questionnaires for each target audience.
- II. Background Quantitative Research: A "quantified" understanding of each target group will be obtained via a series of small scale Knowledge Attitude and Practice Studies (mini-KAPs).
- III. Message Testing: Initial concepts and/or message approaches will be evaluated via qualitative research among the appropriate target audience.
- IV. Tracking and Feedback: Changes in knowledge, attitudes and practices will be assessed over time via tracking research conducted among separate cross sections of each target audience on a periodic basis.

Special Note: It is only steps I and II -- Exploratory Qualitative Research and Mini-KAP Studies that are to be addressed by the research proposals.

RESEARCH OBJECTIVES:

The overall purpose of the research is to guide the development and refinement of appropriate communication/education efforts among each target sentinel group.

Broad objectives of each proposed phase of the research are as follows:

I. Exploratory Qualitative Research

The purpose of the exploratory phase of research is to develop appropriate, socially and culturally sensitive questionnaires for the mini-KAP studies.

Specific research objectives include:

- Gain an initial "feel" for the target audience; their lifestyle, motives and values, particularly as regards sexual behavior and health issues.

- Generate hypotheses and ideas to explore in the quantitative research.
- Obtain appropriate target audience language, signs and symbols as related to the subject matter.
- Develop appropriate value, attitude and lifestyle batteries to include in the final quantitative questionnaire.

II. Background Quantitative Research (Mini-KAPs)

The overall purpose of each mini-KAP survey is to provide information that will guide the development of appropriate communication/education strategies and tactics and will serve as a baseline against which to assess the progress of the program.

As such, the KAP studies will be conceived and designed to assist program management in the following:

- a. Develop target audience profiles.
- b. Identify key channels for reaching the target audience.
- c. Identify knowledge gaps or prevalent myths regarding AIDS/HIV infection.
- d. Understand barriers to adopting "safer sex" practices.
- e. Identify key motivational appeals to adopting "safer sex" practices.
- f. Develop "key indicators" for behavior change.

In order to accomplish the above, specific areas of investigation will include but not be limited to the following measurement areas:

Awareness of AIDS:

- Awareness that AIDS is a disease
- Awareness that AIDS/HIV infection is communicable
- Awareness that AIDS kills

Knowledge of AIDS/HIV infection:

- Transmission routes
- Risky behaviors
- Risk reduction behaviors

- Diagnosis and symptoms
- Existence of vaccine, existence of cure
- Sources of treatment
- Myths
- Other relevant knowledge

Perceptions regarding AIDS:

- Risk groups
- Seriousness as a health concern
- Priority as a health issue
- Other relevant perceptions

Attitudes regarding AIDS:

- Personal risk of infection
- Seriousness of infection
- Benefits/barriers regarding alternative sexual behaviors
- Other attitudinal dimensions

Behavior:

- Current sexual practices
- Sexual history
- Other risky behaviors (i.e. drugs)
- Prophylactic measures
- Profile of sexual partners
- Other relevant behaviors

Other measurement areas:

In addition to the general measurement areas mentioned above, other relevant topics such as media habits, interest in additional information, social groups and activities, personality and lifestyle batteries will be included.

SAMPLING

With the exception of the general audience and student samples, the estimated size of the target group universe is at present unknown. The following grid presents "ballpark" sample size estimates which are flexible. The research supplier will provide recommendations for each sample size and composition (including subsamples), recognizing that samples are not expected to be projectable but rather only "indicative" of that target group.

Sentinal Group	Metro Manila	Cebu	Olongapo	Angeles	Total
General Population	300	100	100	100	600
Students/ Teenagers	300				300
Homosexual/ Bisexual Males	200				200
Overseas Workers	200				200

In addition (with the exception of the general population) - samples are expected to be "purposively" drawn rather than selected on a probability basis. For example, students can be selected from High School and College campuses. Homosexual and bisexual men can be selected from appropriate bars, discos, clubs, unions, professions and other networks. For each sample, the research supplier is expected to offer some plan for random selection of individuals within these broad sampling parameters.

QUESTIONNAIRE DEVELOPMENT:

Because the subject matter under investigation is both new as a field of study and highly sensitive in nature, special attention must be given to the development of research instruments and approaches.

For example, the sealed envelope technique has been employed in some studies of sensitive sexual behaviors. Respondents are given a sealed envelope containing a sheet with both the questions and the answers written on it. The interviewer is unaware of the question or the answers and is briefed to merely write down a number read back by the respondent which represents the respondent's answers. These numbers are also jumbled to add to the sense of confidentiality. At the end of the interview, the respondent is given the option of either keeping or tearing up their question and answer sheet.

All potential research suppliers will suggest possible ways of handling sensitive questions that are appropriate for the cultural and social context as well as for the level of literacy of the target groups.

REACHING RESPONDENTS:

Given the sensitive nature of the sentinel groups involved -- particularly homosexual and bisexual men -- special attention must be given to reaching these individuals through appropriate networks and with appropriate "peer" interviewers and/or FGD moderators.

Research suppliers are expected to provide evidence of their ability to develop appropriate staff for each of the research assignments and a suggested plan or approach for doing so.

METHODOLOGY:

Research suppliers will provide a basic methodological plan to include staff development (recruiting and training), pilot testing, validation, coding, EDP and other relevant aspects of project implementation. Full analysis and presentation of findings is expected from the research supplier.

DATA PROCESSING AND ANALYSIS

It is anticipated that the KAP studies will be quite extensive in both scope and depth of questioning. Both open-ended and closed-ended questions will be included and data turnaround will be required fairly rapidly for marginals and first run cross tabulations. A topline may be requested for key measurement areas.

In addition, full analysis of the KAP results is expected to involve the application of more sophisticated statistical procedures such as regression analysis or factor analysis.

Research Suppliers are expected to provide a full description of data processing capabilities and procedures, including prior experience with and application of more sophisticated statistical analyses; particularly those that apply to the use of "psychographics" or "sociographics".

PROJECT MANAGEMENT:

Given the sensitivity and uniqueness of the subject matter, it is essential that the selected research supplier work in close coordination with the DCH and with technical consultants from abroad in implementing the research.

In addition, it is important that the research supplier make a commitment to assigning or building appropriate professional 'oversight' of the project internally. The research is to be handled by a senior professional with expertise and experience in questionnaire development, data analysis and interpretation of results. Additionally, the consultation of a psychologist or sociologist with experience in related subject matter (i.e. sexual behavior, health, etc.) is felt to be a useful and possibly essential aspect of the project. This individual can be identified from among existing professional staff of the research supplier, if possible, or can be recruited by the supplier as an independent, outside consultant to the project.

COST AND TIMING: Each potential supplier will provide a detailed cost breakdown (in pesos) and a broad timeline. These will be provided separately for each research task as follows:

Sample	Exploratory Phase	KAP Phase
General Population	xx	xx
Students Population	xx	xx
Homosexual/ Bisexual Men	xx	xx
Overseas Workers	xx	xx

UNIT COST COMPARISONS:

In order to standardize cost comparisons, potential research suppliers are also asked to submit hypothetical costs for each of the following research activities:

- a) One focus group discussion conducted among 8-10 females 15-49 years of age residing in Metro Manila. A range of ages is to be provided within the 15-49 age category. There are no other respondent qualifications.

The research firm will be responsible for working with client to develop a topic guide and for providing translated typed transcripts of the session as well as an analysis and presentation of the results. Client wishes to attend groups. Five copies of all reports are to be supplied.

Cost estimate must include a breakdown of costs including: recruiting, respondent fees or incentives, refreshments, moderation, hostess, facilities, equipment/tapes analysis and presentation of results as well as any other costs to be incurred.

- b) A door-to-door survey conducted among a sample of 600 females 15-49 years of age. The interview will be 30 minutes in length, will consist of 90% closed-ended questions and 10% open-ended questions. The sample will be drawn using a stratified random sample covering the greater Manila Area (GMA).

The research firm will be responsible for working with the client to develop the questionnaire, for all field work and supervision, editing, coding, validation, as well as for data tabulation and analysis and presentation of results to the client.

Cost estimates must include a detailed breakdown of all costs including: Questionnaire design, briefing and pretesting, field work, supervision, editing, coding, printing, travel costs, tabulation, analysis and report, presentation and any other costs incurred. Five copies of all reports are to be supplied.

NOTE: It is not anticipated that these costs will in any way apply to the research studies under question in this Brief. The above cost estimates are for standardized comparison purposes only.

FINAL NOTE

Research suppliers may respond to all or any number of the four studies discussed in this Research Brief, keeping in mind that the OCH and 1103 program management is willing to utilize more than one research supplier for the project(s) but does not wish to fragment the work excessively.

The supplier selection process will be based upon a) personal interviews and b) a review of proposals submitted; the degree to which the proposal reflects a grasp of the issue and of the research objectives, an understanding of the sentinel groups involved and a thoughtful and thorough overall approach to conducting the research.

Thank you for your interest in this important issue. All proposals must be submitted by August 26. Interviews will be conducted the week of August 29. Questions regarding this brief are to be directed to:

Proposals will be received at the following address:

PHILIPPINE RESEARCH SUPPLIER
(to be included with proposal)

Firm: _____

Address: _____

_____ Phone: _____

Years in Business: _____ Size of Firm: _____

A) QUALITATIVE RESEARCH CAPABILITIES:

Moderators Available: _____ Facilities: _____

Breadth of Experience: _____ Other: _____

B) QUANTITATIVE RESEARCH CAPABILITIES:

Data Processing Capabilities/Equipment/Staff/Experience: _____

C) SYNDICATED RESEARCH SERVICES:

D) RESEARCH EXPERIENCE:

Major Accounts: _____ Social/Health Experience: _____

E) ADDITIONAL COMMENTS:

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ATTACHMENTS

BEHAVIOR CHANGE TO PREVENT HIV INFECTION THROUGH SEXUAL TRANSMISSION

Any sexual encounter which results in the exchange of blood, semen, or vaginal secretions from an HIV-infected individual to a non-infected individual can result in the infection of the non-infected person with HIV and the development of AIDS. There is no vaccine and no treatment for HIV infection. People must, therefore, protect themselves by adopting and maintaining safe sexual behavior.

To fully protect themselves from sexually transmitted HIV infection, uninfected individuals can:

- Avoid all sexual contact,
- Maintain exclusive sexual contact with an uninfected partner, or they can
- Engage in sexual practices which do not result in the transfer of blood, semen, or vaginal secretions.

For individuals not willing or able to adopt fully safe behaviors, the only protective option is to practice lower risk, but not entirely safe, sexual practices such as:

- Reducing the number of sexual partners while always using a condom properly, or
- Using a condom properly whenever the HIV status of a partner is unknown, or known to be positive.

Choosing to adopt and sustain any of these behaviors requires a complex set of decisions, which individuals at risk have been shown to respond to in a variety of patterns, including:

Ignorance:	"What?, I never knew that."
Denial:	"I am not at risk. This is not my problem, I don't need to change my behavior."
Fear:	"I don't want to hear about it. I've got enough problems as it is."
Resignation:	"Hey, I can't use a condom everytime, so why bother at all!" or "One partner?..... who are you kidding! I must already be infected,..... so why change now?"
Frustration:	I want to protect myself, but sex is the only way I can make a living..... or "I can't find a condom when I need one"..... or "I'm looking for that one special person, but where do I find him?"

At AIDSCOM we believe that there are three conditions which singly, or in combination, explain why most people decide not to adopt and maintain a safer sexual behavior.

1. Knowledge and/or skills needed to practice the safe sexual behavior effectively are absent.

1. Personally satisfying consequences. People must experience the benefits promised. Emphasis should be given to programs which identify and then demonstrate practical benefits to the adopter. This may mean creating rewards or incentives not intrinsically part of the new behavior. For example, demonstrating ways that monogamy can be as satisfying as multiple partners, or that stable relationships can be as rewarding as casual encounters in polygamous societies.
2. Personal risk. People must accept that they are at risk. They cannot believe that AIDS is fiction or that AIDS is limited to a small subgroup of "other" people. This has been shown to require more than information alone. Personal contact with infected people, testimonials, or dramatizations can be helpful.
3. Alternative behaviors from which to choose. Many people respond best to behavior change if they "buy into" the process by choosing a behavior that best fits their lifestyle - abstinence, non-penetrative sex, monogamy, condoms, etc. Single dogmatic prescriptions have proven less effective than offering individuals the opportunity for informed choice.
4. The efficacy of the new behavior. Efficacy in AIDS prevention means the absence of disease or infection. The absence of something is less tangible, less easy to demonstrate or experience, than other consequences. Some approaches to this problem show promise. Treating STD's at the same time as delivering AIDS prevention education can provide both a surrogate reward and help reduce an important co-factor for infection. Intermediate outcomes such as "carrying a condom at all times" can be given value in-and-of themselves. Other people's experience can be used to demonstrate efficacy through such devices as testimonials from prostitutes who have practiced safer sex and remained free of infection.
5. Opportunity to experiment successfully with the new behavior. If the first encounter with a new behavior produces embarrassment or failure, the likelihood of repetition is reduced. Creating environments where people can practice the new behavior successfully without stress or anxiety can be important.
6. Support from others. Some people will adopt new behavior if the people they admire and care for also practice these behaviors, or are clearly shown to believe in and support them. Particular interest has been drawn to the family, workplace, peers, friends and partners as a source of positive consequences.
7. Societal support. Contradictory messages such as condemnation, harassment or widespread belief in AIDS myths from authority figures, institutions, and society in general, can undermine an individual's willingness and ability to adopt new behaviors. Conversely "testimonials" from role models such as sports figures, artists, or politicians, can help people feel supported in their new behavior.

The fundamental issues we would like to address during the first Technical Advisory group meeting are:

How can we demonstrate to high-risk individuals that the benefits of safer sex truly outweigh what they feel they are giving up? How can we organize the delivery of effective strategies to high-risk individuals in ways which are politically, socially, economically and ethnically acceptable to the broader society.



A. BASIC FACTS REGARDING HIV INFECTION

The term AIDS refers primarily to the final, full-blown stage of HIV infection. Scientists now know that infection with this virus manifests itself through a wide spectrum of symptoms, minor illnesses, and major diseases. To emphasize this wide range of effects, many scientists now speak of "HIV-related diseases." Although researchers do not know how many people who are infected will develop HIV-related illnesses, estimates range from 20 percent to 75 percent. Some scientists believe that those who are infected will eventually show some sign of damage to their immune systems.

Infection by HIV, as with other disease-causing microorganisms, causes a response from the body's immune system. Part of this response is the production of antibodies that recognize and attach to specific proteins on the virus. These foreign proteins are called "antigens." With other viruses, once antibodies "recognize" specific antigens, and thus the virus, the antibodies usually neutralize the virus. Antibodies and the cells that produce them also function as the body's memory of past infections with viruses and other foreign agents. This memory allows the body to mount a strong defense against future infections with these same agents. With AIDS, however, the antibodies are either not numerous enough or strong enough to destroy HIV. As a result, while the HIV-infected person often develops antibodies, they cannot prevent the virus from replicating, infecting other cells, and damaging more and more of the body's immune system.

The specific cell that HIV primarily infects is the T-helper cell, a crucial agent in the body's immune system. HIV selectively infects these cells, thereby disrupting the basic functioning of the immune system. HIV also infects other immune system cells, primarily macrophages and B-cells. In addition, HIV infects nerve cells in the brain. This infection leads to major and minor neurological disorders, often the first symptoms of HIV infection.

Although antibodies to HIV cannot inactivate the virus, the presence of the antibodies does indicate that an individual has been exposed to HIV. These antibodies can be detected when blood samples of the infected individual are tested. Someone who tests "positive" for the HIV antibodies has been infected with the virus; they are often referred to as being "seropositive." Researchers believe that anyone who is seropositive is capable of infecting others with HIV. New tests that indicate the presence of the virus itself, and not just antibodies to it, may also become widely available.

Patients, health-care providers, public officials, and the general public need to understand that being seropositive does not mean that someone either has AIDS or will get AIDS. In addition, after six years of studies, there have been no cases of AIDS that resulted from casual contact with anyone who is seropositive or who has AIDS. People do need to know, however, that those who are seropositive can spread the virus, even if they appear healthy.

B. THE GLOBAL EPIDEMIC

AIDS is a global epidemic. Cases have been reported from every region of the world. The true extent of the epidemic is unknown, however, because reported cases represent only a fraction of all people infected with HIV. According to World Health Organization estimates, more than 100,000 people have died of AIDS during the last decade. Worldwide, 5 million to 10 million are infected.

As of March 26, 1987, 130 countries reported a total of 45,597 AIDS cases to the World Health Organization. Of this total, 29 countries reported no cases of AIDS and 43 cited fewer than 10. The burden of AIDS is not shared equally among countries or among populations and geographic regions within these countries. Prevalence of infection and disease varies. Prevention programs need to be targeted to those areas and populations at greatest risk.

North America reports the highest number of AIDS cases, with 32,825 in the United States and 926 in Canada. In the United States, more than 65 percent of cases have occurred among gay and bisexual men and approximately 20 percent among IV drug users. Reported cases among heterosexuals are increasing slightly, but overall men are far more likely to have AIDS than women. In the United States, the rates of male to female cases is 4:1.

South America has reported 3,031 cases. The countries hardest hit are Brazil, with more than 1,000 cases, and the Caribbean countries of Haiti, the Dominican Republic, Trinidad, and Tobago. Characteristics of cases vary in this region. In Haiti, AIDS is common among heterosexuals and is linked with prostitution, especially in urban areas and tourist resorts. Maternal transmission is becoming a major threat to child survival in Haiti, where close to 10 percent of the women attending prenatal clinics in urban areas are infected with HIV. In other countries, particularly Brazil and Peru, the pattern is similar to that of the United States, with most cases occurring among gay and bisexual men.

In Europe, AIDS is less common than in the United States. A total of 4,732 cases have been reported by 27 countries. Both France and Germany have reported more than 950 cases. Other countries with a high prevalence of disease are Italy, Belgium, and Switzerland. As with the United States and Canada, the majority of European cases are among gay and bisexual men. Reported cases among drug users also are increasing rapidly.

Only 3,529 cases have been reported from 33 countries in Africa. This number falls far short of the total of 50,000 cases estimated by WHO, however. Lack of disease surveillance and political constraints have interfered with reporting. Central and East Africa have the most reported cases -- 700 in Uganda and Rwanda, 280 in Kenya, and 250 in Zambia. Tanzania and Zaire, which are also believed to have high caseloads, have not reported to WHO.

In Africa, AIDS is a disease as common to women as it is to men. Heterosexual transmission, blood transfusions, and possibly infected needles and other skin-piercing instruments pose the greatest risks. Few cases report either homosexual or bisexual activity. Because the infection is spread heterosexually, female prostitutes and their clients are at high risk for disease. Health interventions aimed at preventing maternal transmission of AIDS are also a high priority.

The extent of the epidemic in Asia is unknown. Only ten countries have reported a total of 112 cases, which have occurred primarily among homosexuals in Japan and

Thailand and among recipients of contaminated blood transfusions. A small number of prostitutes in India, Thailand, and the Philippines have tested positive for HIV antibodies. How important "sexual tourism" and drug use are in the spread of infection is unclear; at present, only cases in urban areas are likely to be reported.

Oceania, that is, Australia and New Zealand, has reported that the majority of AIDS cases occur among homosexual men.

1. A Psychological Crisis

Although AIDS is everyone's problem, not everyone is at risk for contracting AIDS. Few people, however, appear immune to fear of the disease or to the uneasiness that accompanies coping with issues of death and dying. Given the anxiety, the depression, and the grieving brought on by the presence of AIDS in any country, it becomes increasingly clear that AIDS is a psychological crisis as well as a medical crisis. These emotional and psychological factors may require special services and they may also have an impact on the effectiveness of HIV prevention campaigns.

The psychological impact of AIDS will vary in different cultures and in areas where the epidemiological status of AIDS is different. In both the United States and Latin America, for example, where the majority of persons with AIDS are either homosexual or IV drug users, the greatest impact will be among those groups. People see their peers and friends becoming ill. They may be torn between resentment over the lack of broader public support and recognition that building such support could jeopardize their own independence. In Africa, in contrast, where AIDS is largely a heterosexually transmitted disease, anxiety centers on the family. AIDS among husbands, wives, mothers, and newborn children can destroy family structure and jeopardize education, progress, and even survival for this and succeeding generations. Everywhere parents will be increasingly fearful for their children, if not for themselves, and will certainly look for stronger educational, moral, and social approaches to protect their children from this new peril. To channel these fears into constructive preventive programs rather than xenophobia, panic, and wasted resources will be a challenge to the social sciences at least as great as the biomedical challenge to find an effective treatment or vaccine.

AIDS researchers have found that people who know someone diagnosed with AIDS, or who has died from the disease, feel more motivated to adopt behaviors that will reduce the risk of HIV infection. This response is similar to that found with other life-threatening illnesses. Nevertheless, people distressed about AIDS may also indulge in high-risk behaviors to reduce stress or to escape the emotional burden of living with AIDS. These psychological reactions may be important variables among populations that register a high degree of fear about AIDS or among people who feel helpless and unable to control the risks they face. Recognizing the enormous anxiety, and in many cases hostility that AIDS evokes, governments need to develop strategies that acknowledge this stress and provide the means for coping with it.

2. The Spectrum of HIV Infection

HIV gradually disables the body's immune system. After a certain amount of damage occurs, and depending on a person's overall health status and exposure to other infections, the individual becomes increasingly vulnerable to (1) infections from other viruses and microorganisms, especially fungi, and parasites; (2) certain types of tumors; and (3) neurological disorders. These "opportunistic" infections and tumors can occur on the skin, in the lungs, in the digestive system, in the brain, and the nerves.

Researchers do not know why some HIV-infected individuals develop symptoms and others do not; nor do they understand why some individuals appear to develop illnesses more quickly than others. Recent evidence suggests, however, that genetic factors may play a role. There also appears to be an important role for "co-factors" -- for example, other infections, repeated exposures to HIV, malnutrition, alcohol and drug abuse, pregnancy -- that may accelerate the HIV infection from one stage to another, possibly by stimulating the virus to replicate and infect more cells. Other researchers, however, believe the only significant co-factor is time. The longer a person is infected with HIV, the greater the chances of developing HIV-related illnesses.

The six general stages in the development of HIV disease are as follows:

- Initial HIV infection
- Asymptomatic carrier
- Persistently enlarged lymph glands
- AIDS-related complex (ARC)
- Full-blown AIDS
- AIDS-related dementia.

Not everyone follows this pattern, however. Some patients, for example, show no signs of illness before developing full-blown AIDS. Others have had ARC symptoms for years without progressing any further. Typical symptoms that accompany each of these stages are summarized below:

Initial HIV Infections Shortly after the virus enters the body, some people develop a temporary illness that resembles either influenza or glandular fever. A period without any symptoms usually follows.

Asymptomatic Carrier States Infected people have antibodies but no overt signs of disease.

PGL (persistent generalized lymphadenopathy) At some point following initial infection, an individual's lymph glands swell to more than one centimeter in diameter and remain swollen. This swelling can occur in several parts of the body (the neck, armpit, and groin). Fevers, night sweats, loss of weight, and thrush (a fungal infection of the mouth) may also occur at this time.

ARC (AIDS-related complex) More serious symptoms now occur because the virus has severely damaged the immune system. These symptoms include fatigue, unexplained diarrhea lasting longer than one month, loss of more than 10 percent of body weight, fevers, and night sweats. Oral thrush, PGL, and an enlarged spleen also may be present.

Full-blown AIDS Major life-threatening infections and cancers develop as the body appears near collapse. These infections vary among different patients, population groups, and geographic regions. A pneumonia caused by the parasite pneumocystis carinii is common in the United States, as is a cancer of the blood vessels called Kaposi's sarcoma. In Africa, a wasting condition called "slim disease" is common among people with AIDS.

The AIDS patient is often quite thin, significantly fatigued, and with multiple infections, such as shingles, thrush, herpes, and tuberculosis. The majority of people with full-blown AIDS do not live longer than three

years. In developing countries, where access to health care is limited, the interval between onset of the disease and death is probably much shorter.

AIDS Dementia: In addition to infecting T-helper cells, HIV can also pass the blood-brain barrier and infect brain cells. This infection can cause a range of symptoms from mild confusion, memory loss, deteriorating thought processes, and inappropriate behavior to personality change, premature senility, and incontinence. Some people may develop a brain infection without any damage from HIV to their immune systems or any other symptoms of infection.

An increasing number of reports from the United States and Africa indicate that HIV infection can trigger the development of other diseases that are prevalent in a community. For example, for the first time since the 1970s the rate of tuberculosis (TB) has not declined in the United States. Many people with AIDS have been found to have TB. HIV weakens the immune system of an asymptomatic TB carrier and thus allows the previously latent TB to flourish.

In Africa, HIV can also increase the damage done by malaria. Studies have shown that HIV can cause brain damage among people who are infected with malaria for the first time. This role of worsening already serious health problems intensifies the potential threat of HIV and makes prevention of its transmission even more imperative.

Pregnancy also is affected by an existing HIV infection. Seropositive asymptomatic women who become pregnant are likely to develop ARC or AIDS symptoms during pregnancy. The immunological burden of pregnancy may increase their vulnerability. Moreover, up to 60 percent of the children born to seropositive women are themselves infected. The risk to mother and child appears to increase with the length of time the woman has been seropositive and with the appearance of symptoms. Thus, as more women are infected with HIV over a longer period, pregnancy will become more dangerous, and the children born will be more likely to test positive in the long run.

3. Hopes for Treatment

No cure for AIDS exists. Treatments are available, however, to alleviate the symptoms of specific opportunistic infections. Such treatments are seldom available in developing countries, however, and most patients die without receiving needed medical care.

HIV is particularly difficult to eradicate from the body because it can lie dormant in an infected cell, undetected by antibodies. A treatment would have to kill these cells in order to rid the body of HIV. Such treatment, however, would damage the immune system even further. HIV can also infect brain cells. It can elude most drugs that are unable to pass the blood-brain barrier to attack the AIDS virus.

Current research focuses on drugs that stop the virus from replicating (antivirals). One antiviral that shows promise as an effective treatment is AZT (azidothymidine), also known as zidovudine and zalcitabine. Both pass the blood-brain barrier and can be taken orally. AZT causes severe side effects in some patients, such as severe anemia requiring blood transfusions. Other antivirals, with fewer and less severe side effects, are currently being tested. Other studies look for drugs to boost the immune system and thus mount an effective response against HIV infection. A few patients have shown some improvement, but no one treatment has emerged as definitively effective.

4. Prospects for a Vaccine

Everyone looks for a light at the end of the tunnel; an AIDS vaccine could be such a hopeful sign, but it is too soon to expect it. Other diseases have been brought under control with mass vaccination programs to protect the uninfected from the dangerous microbe. Scientists hope that a vaccine against HIV will be possible; most do not believe a vaccine will become widely available, however, for at least another decade.

Several approaches are under way to develop a vaccine against AIDS; some involve applying biotechnology to use a portion of the virus itself to develop a vaccine. Another approach would be to remove the portion of HIV that contains the genetic information that directs it to multiply. This approach would leave the rest of HIV intact but without an ability to reproduce. Other scientists believe that a similar but nonlethal strain of HIV may be discovered and may be useful in giving people protection against the more deadly form of the virus. All these approaches require much more study.

In addition to the basic research, the process of testing a potential vaccine could be quite time-consuming. Usually vaccines are first tested on animals. These would be followed by trials of the vaccine among humans, a prospect that raises several ethical questions. Who would be the first to be tested? What might be the risk of serious side effects? How could the effectiveness be determined in a period of time shorter than the usual long HIV incubation period? Would effective AIDS education programs keep vaccine volunteers from being exposed to HIV anyway, thereby obscuring the role of the vaccine?

Even with all of these unanswered questions, there are reports of field tests of a potential vaccine in Africa among human subjects. Results from the tests have not been disclosed. Progress on the development of a vaccine allows for some optimism, but the advances are too slow to permit simply waiting for the eventual vaccine.

5. Transmission of HIV

For all of the harm that HIV infection can cause, ironically the virus itself is very fragile outside the human body. It cannot be transmitted easily from one person to another. HIV can only infect an individual in a few specific ways, most of which can be prevented.

AIDS is most often transmitted sexually, although HIV can also be transmitted in a few other ways. Each of these is considered below:

Sexual Transmission

Unprotected sexual intercourse (without the use of a condom and/or spermicide) that results in sharing body fluids, such as semen, blood, and feces, can transmit disease. During unprotected sexual intercourse, men can transmit HIV to their male and female partners. Women also can transmit the virus to their male and possibly female sexual partners during both unprotected vaginal and oral intercourse. Although in some countries AIDS transmission takes place chiefly during unprotected sexual intercourse between men, on a global scale HIV is transmitted more frequently between men and women.

Receptive anal intercourse (RAI), which can tear the rectal lining, is considered one of the most risky practices for transmitting the AIDS virus because germ-carrying fluids can easily enter the bloodstream through the injured lining.

Genital sores or ulcers also may enhance susceptibility to HIV infection. These conditions should be treated promptly, therefore, and abstinence is advisable until they are completely healed.

The proper use of condoms will prevent most transmission of HIV during sexual intercourse. Experience with family planning, however, clearly shows that condoms are not always used properly and that they sometimes break during intercourse. Condom use, therefore, can be encouraged as an important, but not absolutely foolproof, means of risk reduction.

Finally, numerous ways exist for men and women to express themselves sexually with their partners; several of these pose little, if any, risk for transmission of HIV. The public should not be led to believe that condom use is the only way to continue being sexual; it is simply protection to use if engaging in one of the practices that can easily transmit HIV.

Transmission Via Blood Transfusions

HIV can be transmitted in whole blood and some blood products. In developed countries voluntary self-exclusion of high-risk donors and extensive testing have virtually eliminated HIV contamination from blood supplies. In developing countries, however, there has not been widespread education, and where these tests are generally not available or affordable, transfusion of contaminated blood is a major means of transmitting HIV to children and adults. From 6 percent to 15 percent of blood donors are seropositive in Uganda, Zambia, and Zaire.

No risk of contracting AIDS or of being exposed to HIV exists as a result of donating blood as long as a sterile needle is used. This point cannot be emphasized too much because the general public in many countries continues to harbor this myth about AIDS.

Transmission Via Skin-Piercing Instruments

Sharing an intravenous (IV) needle with someone who is infected with HIV can directly transmit the virus by transferring small amounts of contaminated blood directly into the bloodstream. Needle use is not limited to drug addicts; occasional or "recreational" use of IV drugs is quite common in some cultures, especially in the United States and western Europe. Several intervention strategies are being tested to prevent transmission by IV needles, such as educating drug users not to share needles, supplying bleach and other materials to sterilize needles, and providing a free supply of clean needles.

HIV also may be transmitted by contaminated syringes used for intramuscular injections although how frequently this occurs is uncertain. Such transmission occurs most likely in areas of developing countries where health-care workers have a limited supply of needles and of facilities and staff to sterilize instruments properly and where many people get injections from untrained "injectionists." Clearly, health-care workers and others who provide injections are an important audience for education programs. Traditional healing or ritual practices, such as sacrifice and circumcision, may also play a role in HIV transmission.

Transmission by way of immunization has not been documented. Nevertheless, immunization programs need to give great emphasis to sterile equipment. They may also need to make particular efforts to counteract any rumors about the risks of immunization, which can easily develop.

Perinatal Transmission

Infected mothers can transmit HIV to their children in utero (early and late in pregnancy) and during childbirth. Researchers estimate that 20 percent to 60 percent of the children of infected mothers will also be infected. Women who have symptoms of HIV infection, whose immune systems are suppressed, or who have already had an infected child, are more likely to transmit the virus to their offspring than other women. These findings have important implications for communication programs. Sexually active women, if they are infected, should know that:

- They can transmit a deadly virus to their children.
- Even if they have given birth to a healthy child, the risk of transmitting the virus to subsequent children does not decline.
- The longer a woman is infected, the more likely she is to transmit HIV to her infant.
- If a woman shows symptoms of HIV infection, she is very likely to transmit the virus.
- Pregnancy may adversely affect her own health and accelerate the course of HIV infection.

At present, several case studies suggest that HIV can be transmitted in breast milk. The transmission risks of breast-feeding are unknown and may be much lower than the risks of transmission during pregnancy. The benefits of breast-feeding, particularly among low-income families, far outweigh the the danger of HIV transmission. Bottle-feeding may be preferable for the infants of infected women but only if they have resources to buy formula and to clean bottles and supplies. Milk banks may be a more viable alternative. In most developing countries, there are no reasonable alternatives to breast-feeding; therefore, additional research is needed before accurate advice can be given on breast-feeding and AIDS.

6. Prevention of HIV Transmission

Although the means of transmitting HIV involves basic and important human interactions, each requires some type of deliberate action. Therefore, each action can be either altered or avoided so that HIV is not spread. This is the goal of HIV prevention campaigns: to convince and empower individuals to make the changes necessary to protect themselves and others from AIDS. It is important to emphasize that by blocking the virus they can protect themselves and others. In developing prevention education programs, several issues unique to AIDS education have emerged. These issues are discussed in the paragraphs that follow.

7. Stereotyping

Human beings have always used stereotypes to simplify complex and frightening realities. HIV and AIDS are a notable example. HIV-related stereotypes allow people to deny any personal risk or involvement. Thus, depending on who is denying what at any given moment, HIV infection is reputed to be as follows:

- an American disease
- an African disease
- a European disease
- a white disease
- a black disease
- a gay disease

which is alleged to affect only those who

- are foreign
- are male
- are perverted
- are promiscuous
- have sexual intercourse
- abuse drugs
- go to prostitutes
- have anal intercourse
- live in cities
- are middle class
- are poor.

The list could go on and on. The truth, of course, is somewhat more elusive.

HIV transmission occurs during specific sexual behaviors; so does its prevention. Neither transmission nor prevention can be discussed effectively without discussing sexual practices, often explicitly. Herein lies the public's first and often most formidable source of resistance to HIV prevention programs.

HIV infection and the spectrum of illness it causes are most often associated in people's minds with sex. Whatever individuals may do, say, or think in the privacy of their own bedrooms, the reality of sexual behavior is another matter when subjected to the harsh glare of public scrutiny. In that light, sex and sexual behavior of any type make people uncomfortable. HIV prevention programs must, therefore, acknowledge not only people's reticence to talk about sex but also their ignorance about sex and sexual behaviors in general.

8. The Issue of Multiple Partners

Physicians in the United States first reported in 1981 that a number of their patients had unusual infections and cancers. When epidemiologists tried to determine what these men had in common that might indicate a susceptibility to these diseases, they found that most of the early patients were gay men. Many of these people with AIDS answered lengthy questionnaires and revealed their previous medical and sexual histories, which often included relatively high numbers of sexual partners during the last several years. These early self-reports became one of the first indicators that "multiple partners" might be an important risk factor for contracting AIDS. Health officials quickly advised the public not to have sex with multiple partners.

The notion of "multiple partners" follows basic reasoning. If an infectious agent is being spread slowly throughout a population group, individuals can reduce their chance of being infected by reducing the number of contacts with potentially infected individuals. This is an effective way to control the spread of disease. It does not, however, guarantee that an individual will always be protected, because sexually active adults place themselves at risk for HIV infection if they have sex with only one infected person. If infection results from that one contact, then the message not to have multiple partners provides little protection. Only if individuals (1) have mutually faithful partners known to be uninfected or (2) always practice safe sex can they be completely sure of avoiding infection. The message about multiple partners should be accompanied by a clear explanation of safer sex practices.

9. Risk Behavior Versus Risk Groups

Controversies have dogged AIDS research from the very beginning; some of the fundamental approaches to how we think about AIDS have changed, however, and have been accepted by the majority. One debate that remains unresolved concerns the importance of labeling certain populations as "risk groups" for HIV infection. Initially, epidemiologists, looking for clues to the cause and means of transmission of AIDS, identified homosexuals as a risk group in North America and Europe, while sexually active heterosexuals are a risk group in Africa. The mass media have made much use of these group labels. Many educators and other researchers counter that what these two supposed risk groups have in common, namely sexual activity that allows for the spread of HIV, is the most important factor. They advocate the use of "risk behavior" rather than "risk groups" in all education and prevention messages.

The main problem with use of the term "risk group" is that many individuals do not identify with the labeled group, even though they do engage in the risk behavior of that group. For example, in many cultures men may choose to have sex occasionally with other men; they do not consider themselves to be homosexual or gay or even bisexual. Education that targets gay men as a risk group would not reach these other men at risk. Other people with AIDS, such as hemophiliacs, object to being associated with members of other risk groups. Many fear, for example, that people may accuse them of abusing IV drugs.

The continued use of the term "risk group" fails to acknowledge the achievement of many people who no longer practice high-risk activities. For example, prostitutes and gay men who practice only safe sex, or IV drug users who no longer share needles or have unprotected sex, do not continue to be at high risk for HIV infection. They have, in effect, stepped out of the supposed risk groups. Educators may, in fact, want to use their success as an example to others still at risk.

Finally, use of "risk group" can hide the true epidemiology of HIV infection in a population. The first several reported individuals with AIDS were gay white men. In the eyes of the general public, AIDS soon became a "white man's disease." Many cases of HIV-related illnesses probably were unreported when they occurred among nonwhites. In other circumstances, AIDS was most likely misdiagnosed because the patient did not fit into a suspected risk group. "Risk behavior" is an all inclusive term that identifies everyone at potential risk. The term enhances education and improves epidemiologic research.

10. Risk Reductions What is Safer Sex?

With better data on the transmission of AIDS, health educators are emphasizing the notion of "risk reduction" to people whose activities increase their chances of being exposed to the AIDS virus. Because AIDS is transmitted primarily during some, but not all, sexual activities, the strategy for risk reduction focuses on encouraging people to adopt safer sexual practices. This approach has gained widespread popularity; often these activities are referred to simply as "safer sex."

Risk reduction also involves being careful about the use of alcohol and drugs. Although neither are a direct cause of AIDS, use of these substances can weaken individuals' overall health and can impair judgment. Use of amphetamines ("speed"), amyl nitrite ("poppers"), alcohol, and marijuana is considered risky, especially because under the influence of these drugs, people are less likely to use condoms correctly or practice other safer sex behaviors. Use of intravenous drugs and sharing a needle are definitely dangerous.

Different sexual practices present different degrees of risk for HIV infection. The chart on the following page reflects a continuum of increasing risk based on current scientific understanding of HIV transmission. Current research indicates that one high-risk ("very unsafe") sexual contact is sufficient for transmission of HIV from an infected to an uninfected partner. Engaging in sex with more than one partner increases an individual's risk for coming into contact with an HIV-infected person. Safe sexual practices with one or more partners reduces or eliminates the risk for HIV infection.

Individuals, subpopulations, and culture give different degrees of importance and meaning to different sexual practices and the concept of sexuality. For some individuals and cultures, certain sexual practices, as well as the number of different sexual partners, may represent an important aspect of their identities. AIDS prevention messages must be sensitive and relevant to the cultural and life-style values of the specific targeted audience.

The following chart of relative risk for HIV transmission may not be pertinent to different individuals and populations. For example, some sexual practices common to one subpopulation (for example, anal intercourse) may not be practiced by other groups. AIDS prevention messages that are developed with representatives of the intended audience will likely be more effective.

AIDS BEHAVIOR CHANGE CONTINUUM
A FRAMEWORK FOR MEASUREMENT

Introduction

Behavior change is a process. The nature, length and complexity of that process varies with regard to the behavior in question and it is generally acknowledged that deeply rooted and abiding behaviors such as sexual practices are the most complex and difficult to change. For these behaviors the change process involves a complex continuum of knowledge, attitudes, beliefs, values, lifestyles, skills, and practices as well as numerous outside "environmental" supports. The effect is cumulative and takes place over time.

It is not yet known what the exact components of the behavior change continuum for AIDS prevention are. But enough knowledge currently exists to provide a hypothetical framework for this continuum. This framework can serve as a point of departure and as a focus for active discussion and refinement.

With this in mind, the broad objectives of the AIDSCOM behavior change framework are twofold:

1. To anchor and systematize thinking. The hypothetical continuum presented provides a framework to assist us in harnessing our work and our thinking. It identifies areas where measures need to be developed and, in certain instances, where AIDSCOM's discrete operational research projects and/or interventions fit. It enables the project to put pieces of work in perspective regarding the larger behavior change picture.

2. To, in time, develop an AIDS behavior change model. With systematic research, strategically focused interventions and critical "shepherding", it is quite possible to develop a genuine model of behavior change over the life of the project. Using modeling techniques, the relative importance (and the specific interactive effects) of various factors in influencing AIDS related behavior change may be determined. The derived model is empirical, not theoretical in nature.

First, there are several observations to be made about the hypothetical framework presented:

1. The framework is, in its graphic form, quite simple. This is intentional. Graphic representations such as this are meant to enhance comprehension and memory, not to fully describe. It does not in any way reflect a simplistic point of view regarding behavior change.
2. The framework does not include "background" data. Rather, it presupposes the existence of such information. AIDS prevention/education programs must be informed by an understanding of the culture, a clear picture of existing sexual practices (to identify risky behavior and potential behavior alternatives), as well as a knowledge of biomedical facts, and local epidemiological patterns regarding HIV transmission.

This information is necessary for several reasons; to determine what behavior or behaviors to change or promote and among what target population, to understand behavior in context. However, it is not a part or stage of the behavior change continuum itself. The framework assumes that a goal behavior(s) has been identified and presents only the possible stages an individual or group goes through in adopting that goal behavior(s).

3. The framework is dynamic not static. As a hypothetical framework, it will undoubtedly change as thinking begins to gel and as new information from program work is obtained and analyzed regarding its implications for behavior change. The mandate here is to continuously apply the growing AIDSCOM expertise to the framework; stretch it, shrink it, reconfigure it, argue about it. If this doesn't happen, the framework has not served its purpose.
4. The framework can be applied on an individual as well as a group basis. We all know that no two individuals move to behavior change in the same manner. And that there are movements backwards and forwards along the adoption continuum. And that individuals may exist in all stages of the continuum to some degree at any point in time. The same is true of group behaviors as well.

The behavior change framework is meant to cut across types of interventions from interpersonal to mass media. Prevention counseling, for example, may take an individual through most of the continuum in a single session. Mass media, on the other hand, tends to work in stages built upon more slowly over time. The important thing is to recognize that although the framework cuts across these factors, its value lies in applying it separately to each target population. (i.e., Prostitutes in Mexico may be at a very different place on the continuum than the general population of that country.)

The Stages in the Continuum

The following paragraphs present a brief description of the framework's stages. For convenience, the discussion will assume application to a target population (not an individual) and will focus on measurement areas for each stage.

Unaware:

This can be defined as not having "heard of" AIDS or as recognizing the word only without the ability to identify what AIDS is, or to incorrectly identify it. It is unlikely that AIDSCOM will encounter many target populations which are still virtually unaware of the existence of AIDS, although undoubtedly this will be the case among some small subsamples within each population.

Aware:

(Webster: knowing, cognizant, informed, conscious of.)

This is a relatively easy stage to reach. Generally the press and other more informal networks have already generated awareness of AIDS itself, hence the references to these effects on the graphic. From a measurement standpoint, awareness could be defined as "heard of" and include only the basic identifying characteristics of AIDS: 1) it is a disease, 2) it kills, 3) it is communicable.

Concerned Vs. Knowledgeable:

It is not known whether heightened concern leads to information seeking/increased attending and, therefore, to increased knowledge; or whether knowledge gains increase the concern level. The framework assumes that this goes either or both ways and that increases as well as decreases occur in both direction. The circular dotted lines exemplify this phenomenon. As an arbitrary decision, "concerned" is placed first on the continuum.

Concerned:

(Webster: to be of interest or importance, to involve, to feel uneasy or anxious ... to busy or occupy one's thoughts; that which pertains or affects one's interest, welfare or happiness; a matter of importance.)

It is assumed that some sort of concern regarding AIDS will generally register among the target population in order to prompt movement along the behavior change continuum. The level and nature of concern could be appropriate or inappropriate. (i.e., Too high among the "worried well", too low among high risk groups.) The concern may be for oneself or for others. Concern could escalate into fear or panic, it could derail into denial, and so forth.

From a measurement standpoint, a battery of "concern measures" could be developed including; measures of perceived personal susceptibility, perceived susceptibility of others in one's reference group, stated concern regarding the spread of AIDS, perceptions regarding AIDS as becoming epidemic in one's country, perceptions of AIDS as an important national agenda, the level and nature of dialoguing about AIDS, expressed fear of getting AIDS for oneself, for others and so forth.

Knowledgeable:

(Webster: to perceive with certainty, to understand clearly, to be sure or well informed about.)

Because of the complexity of AIDS, this stage of the continuum involves substantial depth of understanding on the part of the target population. Clearly, the target group can possess correct, incorrect, or partial knowledge. Our experience has shown that these generally overlap. It is assumed that no one single piece of knowledge will turn the tide

regarding behavior change. Rather, that knowledge builds and reaches a threshold level of some sort. Some aspects of knowledge may be simple prerequisites, others may be motivating factors, others may be enabling factors. It is possible, therefore, that certain key pieces of knowledge are more pivotal than others in facilitating behavior change.

From a measurement perspective, knowledge can be grouped in several categories; knowledge of the signs and symptoms of AIDS, knowledge of transmission routes, knowledge of risky behaviors, knowledge of preventative/risk reduction behaviors, and so forth. Key knowledge indices can be developed, and knowledge levels as well as specific aspects of knowledge can be correlated with other measures such as concern, intentions to change or actual behavior changes (self reported or verified). This will enable us to determine if there is a threshold level of knowledge depth that is necessary to prompt further movement along the continuum. It will also provide a gauge of the relative importance of specific knowledge areas and items and prompting change.

Motivated:

(Webster: to have a motive or motives to act, to give impetus to, to incite, to impel.)

This is one of the most controversial stages in the behavior change continuum; partly because detecting the presence or absence of motivation is difficult and partly because determining the reasons for its presence or absence is both difficult and extremely complex. This entire stage is related to the tenuous field of attitude and attitude change and what communicators often call persuasion. It is the first of the framework's "threshold" stages -- the stages of preparation for action. It is affected by earlier stages in the continuum such as knowledge and concern.

From a measurement standpoint, detecting motivation to change behavior can come in the form of stated likelihood, intention or importance measures as well as self-reported early changes in some "approximate"

behaviors. On the other hand, identifying and quantifying the reasons for the presence or absence of motivation involves a complex battery of measures. Some of those shown to be critical in influencing health behavior change include: 1) perceived personal susceptibility to AIDS, 2) perceived seriousness of AIDS (nature and degree), 3) feelings of acceptability, possibility or efficacy regarding the new "goal" behaviors, 4) feelings regarding the exchange required -- benefits of adopting the goal behavior vs. the cost (barriers) of doing so. If AIDSCOM is to eventually develop a behavior prediction battery (which is quite possible to do) it will be necessary to do some serious work in developing and refining measures in these areas.

The area of motivation is so complex that a whole discipline has emerged around it; the discipline called motivational research (Webster: the systematic and scientific analysis of the forces influencing people so as to control the making of their decisions). Often initial ideas regarding motivation are generated through more qualitative research techniques such as focus groups or ethnographics.

Ready to change:

(Webster: in a stage of preparation so as to need no delay.)

It is well known that motivation alone does not necessarily lead to actual behavior change. A desire to stop smoking, lose weight or adopt "safer" sex may be thwarted by many barriers. This is particularly true when the goal behavior is punishing in some way and/or requires that one give up something pleasurable, habituated, or otherwise attached to. As such, there is often a lag between what can be called "sold in the mind" and the actual goal behavior itself. Marketers say the length of this lag has to do with four factors:

1. The individual's disposition: Leader/follower, doer/procrastinator, fatalistic/deterministic, etc.

2. The individual's rank order of priorities at the time.
3. Affordability of the "product"/goal behavior (emotional as well as financial).
4. Accessibility of the "product"/goal behavior.

As can be seen, some of these are internal factors while others are external factors. Such factors could be expanded for AIDS related behavior change. For example, there are numerous internal factors related to readiness:

- Counseling may give the teen-age girl the self-permission and practice required to enable her to request a condom with her partner.
- Learning negotiation skills may prepare the prostitute to successfully convince her client to accept condom use. Enhanced skill in using a condom may remove yet another of her barriers.
- A raise in self esteem may give the gay male the impetus needed to adopt a safer lifestyle in general, including safer sex practices.

External factors are also important in establishing readiness:

- A new partner insists on a condom or NPS.
- The owner of a "hospitality" house establishes a policy of "all clientele use condoms".
- Condoms are now readily available or reduced in price.
- A breakthrough new protection product is discovered.

Preparedness can also be brought about as a result of combined internal and external factors.

- A friend gets AIDS which triggers concern, a sense of personal susceptibility and the resolve to change.
- Alternative "safe" behaviors are presented which seem appealing and induce trial behavior.

And, of course, over the long term many political, social and cultural changes may come about to facilitate and reinforce active behavior change. As a group, these external and internal factors are often called trigger mechanisms or enabling factors; factors which can help put the target population in a state of preparedness to change behavior.

From a measurement perspective, this stage presents special challenges. Understanding the personal disposition issues (leader, doer etc.) requires constructing psychographic measurement batteries and possibly segmenting target populations along these. Often, the only way to gauge the importance of these internal and external factors is through observation techniques or through an experimental design where the factor (counselling, lower prices, condom skills, management policy, etc.) is manipulated and a pre-post with control group study conducted.

Try New Behavior:

(Webster: to make an effort, attempt or endeavor to experience; to test or find out the quality, result or value of; to test the operation or effect of.)

At any point in time some members of the target population will try new behaviors. These may be "approximate" behaviors or the actual goal behavior itself. The trial effort will either be unsuccessful,

successful or ambiguous. It may be partly successful and partly unsuccessful. The new behaviors may be performed correctly or incorrectly.

From a measurement perspective, behavior trial must often rely on self-report data. Therefore, estimates of over and under reporting must be established. Critical information regarding exactly what was done during trial requires sensitivity in measurement. A very important analytic step is to compare tryers vs. non-tryers in order to detect where they differ regarding factors related to awareness, concern, knowledge, motivation and readiness. This is an extremely powerful analytic tool but requires a minimum number of tryers to be feasible. Experience, outcome, satisfaction and repeat intentions are key measurement areas at this stage.

Assess:

(Webster: to evaluate, appraise, determine the value of.)

This is a critical interior function which influences whether the new behavior tried will be accepted or rejected, whether movement will continue towards sustained behavior change, revert back to an earlier stage, or spinoff into depression, overwhelm, complacency or some other state. Undoubtedly, as with all of the stages, this is not an "all or none" phenomenon. Key to the assessment process is the target population's evaluation of the trial behavior as rewarding, unrewarding or punishing, as meeting or falling short of expectations, as satisfactorily meeting needs or not meeting them, either partly or completely.

From a measurement perspective, innovative techniques may be necessary to accurately understand the likes and dislikes of the target population as well as other assessments/results of the trial experience and, importantly, the reasons (personal, cultural, experiential, environmental, or other) for these feelings/results.

Sustained behavior change:

(Webster: to maintain, keep in existence, keep going, prolong.)

Maintaining a behavior change, particularly over a long period of time, is clearly complex and involves the continuation of, as well as changes in, a variety of factors -- both internal and external, micro and macro. Undoubtedly a whole series of stages exist within this one stage and alter continuously depending upon changing environmental, health, social, medical and personal influences.

From a measurement perspective, all of these need to be monitored over time in order to provide feedback and direction regarding emerging trends and needs. Close examinations of a subset of those individuals within any target population who have reached the sustaining phase may be key to provide important guidance in achieving this behavior change goal.

Applying the Framework

From a broad perspective, the behavior change continuum can assist in identifying the most appropriate interventions for particular target population.

For example, if initial research indicates that a high risk target population is aware of AIDS but complacent or unconcerned that AIDS will affect them personally, a concern arousal strategy might be warranted (with appropriate back-up information and counseling in place). This could take the form of "little media".

On the other hand, this approach would be entirely off the mark among a highly sensitized and fearful (concerned) target

population. Panic management might be the appropriate intervention strategy in this case. And this may take the form of community level support groups.

As another example, a highly concerned general population with substantial incorrect knowledge may warrant a mass media myth reduction strategy, whereas gay men who are appropriately concerned and motivated to change but who find condoms repulsive may require condom desensitization counseling.

A mass media campaign glamorizing the condom may help overcome social barriers among teen-agers whose motivation is daunted by fear of disapproval or stigma. However, this glamorization approach would be inappropriate for highly motivated rural prostitutes who are "sold" on condoms but simply find them unaffordable. Promoting the wide availability of free condoms may be the intervention approach.

As can be seen, locating the target population on the continuum provides some basic direction as to the strategy (concern arousal, myth reduction, etc.). Whereas, understanding the reasons (poor skills, incorrect knowledge etc.) helps determine the nature of the intervention.

While all of this sounds quite obvious, it is not unusual for health education units to repeatedly focus on building awareness or knowledge (i.e., "educating") when the target audience has long since reached saturation in this area and a new strategy or focus which requires looking at a different stage at the continuum is in order.

**AIDS BEHAVIOR CHANGE CONTINUUM
A FRAMEWORK FOR MEASUREMENT**

UNAWARE

- NOT HEARD OF AIDS
- HEARD OF AIDS BUT...
 - DON'T KNOW WHAT IT IS
 - THINK IT'S SOMETHING ELSE

AWARE

- HEARD OF AIDS
- CAN IDENTIFY AIDS
 - AIDS IS A DISEASE
 - AIDS KILLS
 - AIDS IS COMMUNICABLE

CONCERNED

- APPROPRIATE/INAPPROPRIATE
- FOR ONESELF/FOR OTHERS
- RESPONSE STATES: PANIC, DEPRESSION, BLAMING, DENIAL, CAUTIOUS, EMPOWERED
- AIDS IS ON AGENDA
- AIDS IS A PRIORITY
- AIDS IS SERIOUS, IMPORTANT
- THINKING/TALKING ABOUT AIDS
- SEEKING INFORMATION ABOUT AIDS
- AIDS IS A THREAT TO COMMUNITY
- AIDS IS A THREAT TO SELF
- AIDS IS A THREAT TO OTHERS IN GROUP

KNOWLEDGEABLE

- CORRECT/INCORRECT
- COMPLETE/PARTIAL
- KNOW HOW AIDS SPREADS
- KNOW HOW TO REDUCE RISK OF AIDS
- KNOW SIGNS/SYMPTOMS OF AIDS
- KNOW WHO IS "AT RISK" OF AIDS
- KNOW OTHER KEY BIOMEDICAL FACTS

MOTIVATED

- PRESENT/ABSENT
- WEAK/STRONG
- CORRECT GOAL ACTION/
INCORRECT GOAL ACTION

DETECTION

- IMPORTANCE OF CHANGING BEHAVIOR
- INTEREST IN CHANGING BEHAVIOR
- LIKELIHOOD OF CHANGING BEHAVIOR
- EARLY CHANGES, APPROXIMATE CHANGES

REASONS

- FEEL AT "RISK"
- PERCEIVE SERIOUS CONSEQUENCES
- ACCEPTABLE "COST" OF NEW BEHAVIOR
- PERCEIVE BENEFITS IN GOAL BEHAVIOR
- PERCEIVE EFFICACY OF GOAL BEHAVIOR
- HIGH PRIORITY
- "PSYCHOGRAPHIC" VARIABLES

READY TO CHANGE BEHAVIOR

REACH THRESHOLD LEVEL OF...

**AIDS BEHAVIOR CHANGE CONTINUUM
A FRAMEWORK FOR MEASUREMENT**

UNAWARE

- NOT HEARD OF AIDS
- HEARD OF AIDS BUT...
 - DON'T KNOW WHAT IT IS
 - THINK IT'S SOMETHING ELSE

AWARE

- HEARD OF AIDS
- CAN IDENTIFY AIDS
 - AIDS IS A DISEASE
 - AIDS KILLS
 - AIDS IS COMMUNICABLE

CONCERNED

- APPROPRIATE/INAPPROPRIATE
- FOR ONESELF/FOR OTHERS
- RESPONSE STATES: PANIC, DEPRESSION, BLAMING, DENIAL, CAUTIOUS, EMPOWERED
- AIDS IS ON AGENDA
- AIDS IS A PRIORITY
- AIDS IS SERIOUS, IMPORTANT
- THINKING/TALKING ABOUT AIDS
- SEEKING INFORMATION ABOUT AIDS
- AIDS IS A THREAT TO COMMUNITY
- AIDS IS A THREAT TO SELF
- AIDS IS A THREAT TO OTHERS IN GROUP

KNOWLEDGEABLE

- CORRECT/INCORRECT
- COMPLETE/PARTIAL
- KNOW HOW AIDS SPREADS
- KNOW HOW TO REDUCE RISK OF AIDS
- KNOW SIGNS/SYMPTOMS OF AIDS
- KNOW WHO IS "AT RISK" OF AIDS
- KNOW OTHER KEY BIOMEDICAL FACTS

MOTIVATED

- PRESENT/ABSENT
- WEAK/STRONG
- CORRECT GOAL ACTION/ INCORRECT GOAL ACTION

DETECTION

- IMPORTANCE OF CHANGING BEHAVIOR
- INTEREST IN CHANGING BEHAVIOR
- LIKELIHOOD OF CHANGING BEHAVIOR
- EARLY CHANGES, APPROXIMATE CHANGES

REASONS

- FEEL AT "RISK"
- PERCEIVE SERIOUS CONSEQUENCES
- ACCEPTABLE "COST" OF NEW BEHAVIOR
- PERCEIVE BENEFITS IN GOAL BEHAVIOR
- PERCEIVE EFFICACY OF GOAL BEHAVIOR
- HIGH PRIORITY
- "PSYCHOGRAPHIC" VARIABLES

READY TO CHANGE BEHAVIOR

REACH THRESHOLD LEVEL OF...

- CONCERN
- KNOWLEDGE
- MOTIVATION

CRITICAL SHIFT IS...

- INTERNAL FACTORS
- EXTERNAL FACTORS
- "ENVIRONMENTAL" FACTORS

TRY

- GOAL/APPROXIMATE BEHAVIOR
- SUCCESSFUL/UNSUCCESSFUL
- CORRECT/INCORRECT

- CIRCUMSTANCES
- SPECIFIC ACTIONS
- SPECIFIC REACTIONS
- SINGLE/MULTIPLE TRIAL

ASSESS

- DECIDED/UNDECIDED
- CONSCIOUS/UNCONSCIOUS
- POSITIVE/NEGATIVE/NEUTRAL

OUTCOME

- MET EXPECTATIONS
- SATISFYING
- REWARDING
- ACCEPTABLE
- REPEAT INTENTIONS
- DO-ABLE

REASONS

- PERSONAL
- EXPERIENTIAL
- SOCIAL
- CULTURAL
- ENVIRONMENTAL

SUSTAINED BEHAVIOR CHANGE

- MAINTAIN POSITIVE ASSESSMENT
- PREVENT "WEAR OUT"
- COMPETE WITH OTHER OPTIONS
- SUSTAIN PRIORITY
- SOCIAL, CULTURAL, ENVIRONMENTAL SUPPORT

DRAFT ONLY

ECO CLASS	SEX	AGE
AB 1	MALE 1	_____
C 2	FEMALE 2	
D 3		

I. MAIN INTERVIEW

Good morning/afternoon/evening. I am from TRENDS, INC., a private market research company and we are currently conducting a survey about health concerns in your area today. May I please interview you?

Magandang umaga/hapon/gabi. Ako po ay taga TRENDS, INC., isang independiyenteng kumpanya ng market research at kami ay gumagawa ng isang survey tungkol sa mga health issues sa inyong lugar ngayon. Maaari po bang ma-interview kayo?

A. AWARENESS OF AIDS

1. What health issues or diseases confront the young people of the Philippines today?

Anu-anong mga health issues o mga karam-daman ang hinaharap ng mga kabataang Pilipino dito sa bansa ngayon? Ano pa po? Mayroon pa bang iba?

	UNAIDED		AIDED
	FM	OM	
Leukemia	01	01	01
AIDS	02	02	02
Hepatitis-B	03	03	03
Syphilis	04	04	04
Cancer	05	05	05
Herpes	06	06	06
Tuberculosis	07	07	07
Gonorrhea	08	08	08
Diarrhea	09	09	
Common colds	10	10	
Flu/Influenza	11	11	
Others:			
_____	()	()	
_____	()	()	
_____	()	()	
None	99		

(ASK IF DISEASE NOT MENTIONED)

2. Which of these diseases have you ever heard of? (SHOWCARD A)

Alin sa mga sakit/karamdamang ito ang narinig na ninyo kahit na kailan?

DRAFT ONLY

A. AWARENESS OF AIDS3. ASK FOR DISEASES AWARE OF:

With the help of this rating board, please tell me how serious or not each of these diseases are by placing each card on the appropriate description on this rating board. Let us start with (disease). Would you say that (disease) is very serious/somewhat serious/somewhat not serious/definitely not serious? ... (BOARD)

Sa tulong ng rating board na ito, pakisabi ninyo sa akin kung gaano kalubha o hindi kalubha ang bawat sakit/karamdaman na ito sa pamamagitan ng paglalagay ng kard sa naaangkop na lugar dito sa rating board na ito. Umpisahan natin sa (disease). Masasabi ba ninyo na ang (disease) ay talagang malubha/medyo malubha/medyo hindi malubha o talagang hindi malubha?

	Q3						Q4
	VERY SERIOUS	SOMEWHAT SERIOUS	SOMEWHAT NOT SERIOUS	DEFINITELY NOT SERIOUS	NOT KNOW	NOT AWARE	MOST SERIOUS
Leukemia	1	2	3	4	5	6	1
AIDS	1	2	3	4	5	6	2
Hepatitis-B	1	2	3	4	5	6	3
Syphillis	1	2	3	4	5	6	4
Cancer	1	2	3	4	5	6	5
Herpes	1	2	3	4	5	6	6
Tuberculosis	1	2	3	4	5	6	7
Gonorrhoea	1	2	3	4	5	6	8

4. Which of these diseases do you feel is the most serious to you?

Alin sa mga sakit/karamdamang ito sa palagay ninyo ang pinakamalubha para sa iyo?

5. ASK FOR DISEASES AWARE OF:

I would also like to know the likelihood of catching these diseases. Again, with the help of this rating board and cards, please tell me how likely or not a person like yourself will catch these diseases.

Gusto ko ring malaman ang posibilidad ng pagkakaroon ng ganitong mga sakit/karamdaman. Sa tulong uli ng rating board at mga kards, pakisabi sa akin kung gaano ka-posible o hindi ka-posible na ang isang tao na kagaya mo ay maaaring magkaroon ng ganitong sakit/karamdaman.

	VERY LIKELY	SOMEWHAT LIKELY	SOMEWHAT NOT LIKELY	NOT AT ALL LIKELY	NOT KNOW	NOT AWARE
Leukemia	1	2	3	4	5	6
AIDS	1	2	3	4	5	6
Hepatitis-B	1	2	3	4	5	6
Syphillis	1	2	3	4	5	6
Cancer	1	2	3	4	5	6
Herpes	1	2	3	4	5	6
Tuberculosis	1	2	3	4	5	6
Gonorrhoea	1	2	3	4	5	6

B. KNOWLEDGE AND PERCEPTIONS

[YOU MENTIONED THAT YOU ARE AWARE OF AIDS. LET US NOW DISCUSS THE THINGS YOU
 [ARE AWARE OF ABOUT AIDS.
 [NABANGGIT NINYO NA ALAM NINYO ANG TUNGKOL SA AIDS. PAG-USAPAN PO NATIN NGAYON]
 [ANG MGA BAGAY NA NALALAMAN NINYO TUNGKOL SA AIDS.]

<p>6. What is AIDS? What sort of disease is AIDS? How else can you describe the disease?</p> <p>Ano ang AIDS? Anong klase o uri ng sakit ang AIDS? Paano pa ninyo mailalarawan ang karamdamang ito?</p> <p>FIRST MENTION: _____ _____ _____</p> <p>OTHERS: _____ _____ _____</p>	<table border="0"> <tr> <td>Acquired Immune Deficiency Syndrome</td> <td style="text-align: right;">FM</td> <td style="text-align: right;">Q</td> </tr> <tr> <td>Sexually transmitted</td> <td style="text-align: right;">01</td> <td style="text-align: right;">01</td> </tr> <tr> <td>Easily/certain to be transmitted</td> <td style="text-align: right;">02</td> <td style="text-align: right;">02</td> </tr> <tr> <td>Reduces ability of body to defend against diseases</td> <td style="text-align: right;">03</td> <td style="text-align: right;">03</td> </tr> <tr> <td>A virus</td> <td style="text-align: right;">04</td> <td style="text-align: right;">04</td> </tr> <tr> <td>Fatal</td> <td style="text-align: right;">05</td> <td style="text-align: right;">05</td> </tr> <tr> <td>Incurable</td> <td style="text-align: right;">06</td> <td style="text-align: right;">06</td> </tr> <tr> <td>A disease from homosexuals</td> <td style="text-align: right;">07</td> <td style="text-align: right;">07</td> </tr> <tr> <td>A disease from Americans/white men</td> <td style="text-align: right;">08</td> <td style="text-align: right;">08</td> </tr> <tr> <td>Genital deterioration/dis-integration</td> <td style="text-align: right;">09</td> <td style="text-align: right;">09</td> </tr> <tr> <td>Others _____</td> <td style="text-align: right;">10</td> <td style="text-align: right;">10</td> </tr> </table>	Acquired Immune Deficiency Syndrome	FM	Q	Sexually transmitted	01	01	Easily/certain to be transmitted	02	02	Reduces ability of body to defend against diseases	03	03	A virus	04	04	Fatal	05	05	Incurable	06	06	A disease from homosexuals	07	07	A disease from Americans/white men	08	08	Genital deterioration/dis-integration	09	09	Others _____	10	10
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(PROBE VAGUE COMMENTS)

NONE 99

<p>7. From where have you heard of or come to know of AIDS? Where else?</p> <p>Saan ninyo narinig o nalaman ang tungkol sa AIDS? Saan pa?</p>	<table border="0"> <tr> <td>MEDIA - Undup</td> <td style="text-align: right;">01</td> </tr> <tr> <td>TV</td> <td style="text-align: right;">02</td> </tr> <tr> <td>Radio</td> <td style="text-align: right;">03</td> </tr> <tr> <td>Newspapers</td> <td style="text-align: right;">04</td> </tr> <tr> <td>Magazines</td> <td style="text-align: right;">05</td> </tr> <tr> <td>Public posters/hand-outs/brochures/leaflets</td> <td style="text-align: right;">06</td> </tr> <tr> <td>Books</td> <td style="text-align: right;">07</td> </tr> <tr> <td>Family Members/relatives</td> <td style="text-align: right;">08</td> </tr> <tr> <td>Schools/Teachers</td> <td style="text-align: right;">09</td> </tr> <tr> <td>Government agencies/officials</td> <td style="text-align: right;">10</td> </tr> <tr> <td>Clinic/Hospital/doctor/nurse/medical aides</td> <td style="text-align: right;">11</td> </tr> <tr> <td>Friends/colleagues</td> <td style="text-align: right;">12</td> </tr> <tr> <td>Seminars/lectures</td> <td style="text-align: right;">13</td> </tr> <tr> <td>Personalities</td> <td style="text-align: right;">14</td> </tr> <tr> <td>Rock Hudson</td> <td style="text-align: right;">15</td> </tr> <tr> <td>Liberace</td> <td style="text-align: right;">16</td> </tr> <tr> <td>Others _____</td> <td></td> </tr> </table>	MEDIA - Undup	01	TV	02	Radio	03	Newspapers	04	Magazines	05	Public posters/hand-outs/brochures/leaflets	06	Books	07	Family Members/relatives	08	Schools/Teachers	09	Government agencies/officials	10	Clinic/Hospital/doctor/nurse/medical aides	11	Friends/colleagues	12	Seminars/lectures	13	Personalities	14	Rock Hudson	15	Liberace	16	Others _____	
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OTHERS

<p>8. When was the last time you saw/heard/read anything about AIDS?</p> <p>Kailan ninyo huling nakita/narinig/nabasa ang kahit na ano tungkol sa AIDS?</p>	<table border="0"> <tr> <td>Past 7 days</td> <td style="text-align: right;">01</td> </tr> <tr> <td>Over 1-2 wks.</td> <td style="text-align: right;">02</td> </tr> <tr> <td>Over 2-4 wks.</td> <td style="text-align: right;">03</td> </tr> <tr> <td>Over 1-2 mos.</td> <td style="text-align: right;">04</td> </tr> <tr> <td>Over 2-4 mos.</td> <td style="text-align: right;">05</td> </tr> <tr> <td>Over 4-6 mos.</td> <td style="text-align: right;">06</td> </tr> <tr> <td>Over 6 mos. _____</td> <td style="text-align: right;">07</td> </tr> <tr> <td>Can't recall</td> <td style="text-align: right;">08</td> </tr> </table>	Past 7 days	01	Over 1-2 wks.	02	Over 2-4 wks.	03	Over 1-2 mos.	04	Over 2-4 mos.	05	Over 4-6 mos.	06	Over 6 mos. _____	07	Can't recall	08
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Over 2-4 mos.	05																
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Can't recall	08																

46

B. KNOWLEDGE AND PERCEPTIONS

9. With the use of this card, please tell me how much you think you know about AIDS. (SHOWCARD B)

Sa tulong ng kard na ito, pakisabi kung gaano karami ang inyong alam tungkol sa AIDS.

- I know a great deal about AIDS (Maraming-marami ang kaalaman ko tungkol sa AIDS) 1
- I know a fair amount about AIDS (Medyo marami ang kaalaman ko tungkol sa AIDS) 2
- I know a little about AIDS (Kainti ang kaalaman ko tungkol sa AIDS) 3
- I don't know anything about AIDS (Wala akong alam tungkol sa AIDS) 4

10a. Do you ever talk about AIDS with friends, family members or others?

Pinag-uusapan ba ninyo ng inyong mga kaibigan, miyembro ng pamilya o iba pang tao ang AIDS?

- b. How often do you talk about AIDS with friends, family members or others? (SHOWCARD C)
 - Very often (Madalas na madalas) 1
 - Often (Madalas) 2
 - Sometimes (Paminsan-minsan) 3
 - Rarely (Bihira) 4
 - (GO TO Q12) — Not at all (Hindi) 5

Gaano kadalas ninyo pinag-uusapan ng inyong mga kaibigan, miyembro ng pamilya o ng iba pang tao ang AIDS?

- 11. With the help of these cards, please tell me which of these describes conversations you have had about AIDS. Would you say that a conversation about AIDS is (card)? (GIVE CARDS TO RESPONDENT)
 - Embarrassing/shameful (Nakakahiya) 01
 - Interesting (Kawili-wili) 02
 - Useful (Nakakatulong) 03
 - Important (Importante) 04
 - Frightening (Nakakatakot) 05
 - Depressing (Nakakalungkot) 06
 - Only natural (Natural lamang) 07
 - Offensive (Nakakadiri) 08
 - Boring (Nakakabagot) 09
 - Enlightening (Nakakaliwanag ng isipan) 10

[LET US NOW THINK OF THE THINGS THAT WILL HAPPEN TO A PERSON INFECTED WITH AIDS] [PAG-ISIPAN PO NATIN NGAYON ANG MANGYAYARI SA ISANG TAONG MAY AIDS.]

- 12. What are the signs/symptoms of AIDS?
 - Rapid weight loss 01
 - No appetite 02
 - Lower resistance to disease 03
 - General weakening/malaise 04
 - Swollen glands 05
 - Paleness 06
 - Drying up/dehydrated 07
 - Thin/frail body 08
 - Presence of body sores/boils 09
 - Incurable wounds/sores/sicknesses 10
 - Presence of bruises 11
 - Skin diseases 12
 - Persistent diarrhea 13
 - Persistent coughing 14
 - Night sweats 15
 - Hair loss/baldness 16
 - Vaginal discharge 17
 - Others _____
- Anu-ano ang mga signs o sintomas ng AIDS?
- _____
- _____
- _____
- _____
- _____

4/1

B. KNOWLEDGE AND PERCEPTIONS (cont'd)

13a. Once a person becomes infected with AIDS, do the signs/symptoms of AIDS show up right away or only after sometime?

Kaagad bang lumilitaw ang mga signs o sintomas ng AIDS o lilitaw ba ito pagkaraan ng mas matagal na panahon?

13b. IF ANSWERED ONLY AFTER SOMETIME, ASK: How long does it take for the signs/symptoms to show up after someone contracts AIDS?	<u>ONLY AFTER SOMETIME:</u>	
	Within a month	01
	Within 6 months	02
	Within 1 yr.	03
	Within 2-3 yrs.	04
	Within 4-5 yrs.	05
	Within 6-10 yrs.	06
	Within 11-15 yrs.	07
	Longer than 15 yrs.	08
	Not know	85
(GO TO Q14) -----	.- SHOW UP RIGHT AWAY	90
	.- NOT KNOW	99

Gaano katagal bago lumitaw ang mga palatandaan ng AIDS matapos makuha ito ng isang tao?

13c. Before symptoms appear/show up, can a person infected with AIDS still look and feel healthy or will there be signs?	Some signs	1
	(GO TO) --- Look healthy	2
	(Q13) --- Not know	3

Bago lumabas/lumitaw ang mga sintomas, puwede ba na isang taong may AIDS ay magmukhang malusog at pakiramdam malusog o magkakaroon ng palatandaan?

13d. What signs?

Anu-anong mga palatandaan/signs?

 (GO TO Q14)

13e. Can an infected person who looks and feels healthy infect others with AIDS?	YES	1
	NO	2
Maari rin bang makahawa ang isang taong may AIDS kahit mukha pa rin siyang malusog at nakakaramdam ng kalusugan ng katawan?	NK	3

[LET US NOW DISCUSS AIDS PREVENTION AND CURE.]
 [PAG-USAPAN RIN NATIN ANG PAG-IIWAS SA AIDS AT ANG GAMOT DITO.]

14a. Is there a test to detect if somebody has AIDS?	YES	01
	Blood test	02
	Urine test	03
	X-rays	04
	Pap smear	05
	Others -----	
Mayroon bang pagsusuri o test para malaman kung ang isang tao ay may AIDS?		
b. What kinds of testing to detect if somebody has AIDS are you aware of?		
Anu-anong klase ng pagsusuri o test para malaman kung ang isang tao ay may AIDS ang alam ninyo?	(GO TO Q15) ---NO	20

15. As far as you know, is there a vaccine for AIDS?	YES	1
	NO	2
Sa iyong pagkakaalam, mayroon bang bakuna laban sa AIDS?	NK	3

B. KNOWLEDGE AND PERCEPTIONS (cont'd)

16a. Can anyone do something to make herself/himself resistant to AIDS?	YES		01
	Antibiotics/medicines		02
	Prayers		03
	Exercise		04
	Right/good diet		05
	Others _____		
b. What can be done to make herself/himself resistant to AIDS?			
	(GO TO	Don't know	90
	(Q17) ---NO		20
17. Can anyone with AIDS be cured?	(ASK Q19) -- YES		1
	NO		2
	NOT KNOW		3
18. How soon do you think can a cure for AIDS be found?	Less than 1 year from now		01
	Within 1-2 years		02
	Within 2-4 years		03
	Within 4-6 years		04
	Within 6-10 years		05
	More than 10 years _____		
	Never		09
	Don't know		99
19. Here are some means/ways that some people say transmit AIDS from those infected. With the help of this rating board, I would like you to indicate how likely or not AIDS can be transmitted by each method. Let us start with (mean/way ticked off). Would you say that (mean/way) would Very Likely/Somewhat Likely/Somewhat Not Likely/Not at all Likely transmit AIDS? As you did before, please place each card on the appropriate description on this board.			

Ngayon, mayroon ditong mga ilang paraan na inisip ng ibang tao na makakapasa ng AIDS galing sa mga may AIDS na. Sa tulong ng rating board na ito, pakisagot kung gaano ka-possible o di-possible na ang AIDS ay mapapasa sa mga ganitong pamaraan. Simulan natin sa (mean/way ticked-off). Masasabi ba ninyo na ang (mean/way) ay Talagang posible/Medyo posible/ Medyo hindi posible/Talagang hindi posible na magpapasa ng AIDS? Kagaya ng ginawa ninyo kanina, pakilagay lang ang bawat kard sa naaangkop na lugar sa rating board na ito.

(SHUFFLE CARDS AND HAND OVER TO RESPONDENT TOGETHER WITH RATING BOARD.)

	VERY LIKELY	SOMEWHAT LIKELY	SOMEWHAT NOT LIKELY	NOT AT ALL LIKELY	NK
a. Social kissing (Halikang pambati o pangkaibigan)	1	2	3	4	5
b. Hugging/shaking hands (Yakapan/pakikipagkamay)	1	2	3	4	5
c. Sitting beside person w/ AIDS (Pag-upo sa tabi ng taong may AIDS)	1	2	3	4	5
d. Living in same house with person who has AIDS (Pagtira sa isang bahay na kasama ang isang taong may AIDS)	1	2	3	4	5
e. Sneezing/coughing (Pagbahin/pag-ubo)	1	2	3	4	5

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B. KNOWLEDGE AND PERCEPTIONS (cont'd)

	<u>VERY</u> <u>LIKELY</u>	<u>SOMEWHAT</u> <u>LIKELY</u>	<u>SOMEWHAT</u> <u>NOT LIKELY</u>	<u>NOT AT ALL</u> <u>LIKELY</u>	<u>NK</u>
f. Breathing infected air/airborne (Paglanghap ng hangin may halong mikrobyo/dala ng hangin)	1	2	3	4	5
g. Using/sharing eating utensils and glass (Paggamit/pakikigamit sa mga kagamitan sa pagkain at baso)	1	2	3	4	5
h. Sharing razor (Pakikigamit ng razor)	1	2	3	4	5
i. Sharing toothbrush (Pakikigamit ng sepilyo)	1	2	3	4	5
j. Sharing dental equipment (Pakikigamit sa kagamitang pang-dentista)	1	2	3	4	5
k. Sharing manicure equipment (Pakikigamit sa kagamitang pang-manicure)	1	2	3	4	5
l. Deep kissing /lips-to-lips (Matinding pakikipaghalikan o lips-to-lips)	1	2	3	4	5
m. Having ears pierced (Pagpapabutas ng tainga)	1	2	3	4	5
n. Swimming pools	1	2	3	4	5
o. Using public toilets (Paggamit ng mga pampublikong kubeta)	1	2	3	4	5
p. Being bitten by a mosquito (Pagkagat ng lamok)	1	2	3	4	5
q. Donating blood (Pagbibigay ng dugo)	1	2	3	4	5
r. Having blood transfusion (Pagsasalin ng dugo)	1	2	3	4	5
s. Using/sharing injection needles (Paggamit/pakikigamit ng karayom na pang-iniksyon)	1	2	3	4	5
t. Receiving any bodily fluid like blood/semen/saliva into wound (Pagtanggap ng kahit anong likido katulad ng dugo/tamod/laway sa sugat)	1	2	3	4	5

B. KNOWLEDGE AND PERCEPTION ABOUT AIDS (cont'd)

	<u>VERY LIKELY</u>	<u>SOMEWHAT LIKELY</u>	<u>SOMEWHAT NOT LIKELY</u>	<u>NOT AT ALL LIKELY</u>	<u>NK</u>
u. Sexual intercourse with prostitute (Pakikipagtalik sa isang babae o lalaking binabayaran)	1	2	3	4	5
v. Sexual intercourse w/ homosexual (Pakikipagtalik sa isang bakla)	1	2	3	4	5
w. Sexual intercourse with a woman who has AIDS (Pakikipagtalik sa isang babaeng may AIDS)	1	2	3	4	5
x. Sexual intercourse with a man who has AIDS (Pakikipagtalik sa isang lalaking may AIDS)	1	2	3	4	5
y. Any sexual activity (Alin mang gawaing pang-sexual)	1	2	3	4	5
z. Likelihood of a pregnant woman with AIDS passing it on to her unborn child (Posibilidad na maipasa ang AIDS ng isang babaeng nagdadalang-tao sa kanyang iluluwal na sanggol)	1	2	3	4	5

20. With the help of this card, please tell me how easy it is to catch AIDS. (SHOWCARD D)

Sa tulong ng kard na ito, pakisabi sa akin kung gaano kadali o hindi kadali mahawahan ng AIDS.

AIDS is very easy to catch	(Napakadaling mahawahan ng AIDS)	1
AIDS is somewhat easy to catch	(Medyo madaling mahawahan ng AIDS)	2
AIDS is somewhat not easy to catch	(Medyo hindi madaling mahawahan ng AIDS)	3
AIDS is not at all easy to catch	(Talagang hindi madaling mahawahan ng AIDS)	4

21. With the help of this card, please tell me how likely is it that someone you personally know will catch AIDS. (SHOWCARD E)

Sa tulong ng kard na ito, pakisabi sa akin kung ano ang posibilidad na ang isang taong personal mong nakikilala ay mahawahan ng AIDS.

	<u>Q21</u>	<u>Q22</u>
Very likely	(Talagang malaki ang posibilidad)	1
Somewhat likely	(Medyo malaki ang posibilidad)	2
Not very likely	(Medyo maliit ang posibilidad)	3
Not at all likely	(Walang posibilidad)	4
Not know	(Hindi alam)	9

22. On the other hand, how likely is it that you yourself will catch AIDS? (SHOWCARD E)

Sa kabilang dako, ano po ang posibilidad na kayo mismo ay makakakuha ng AIDS?

B. KNOWLEDGE AND PERCEPTIONS (cont'd)

23. Which of the statements best describes how you feel about getting AIDS?
(SHOWCARD F)

Alin sa mga pangungusap na ito ang pinakanaglalarawan sa nararamdaman ninyo tungkol sa pagkuha ng AIDS?

- I worry about getting AIDS because it is a very real threat for someone like me
(Nag-aalala ako baka makuha ko ang AIDS dahil tunay na peligro ito sa akin) 1
- I can't help worrying about AIDS, but the possibility of my getting it is not very great.
(Hindi ko maiwasang hindi mag-alala tungkol sa AIDS, nguni't medyo hindi malaki ang posibilidad na makuha ko ito) 2
- I don't really worry about AIDS, it just isn't a threat to me personally.
(Hindi ko pinagkakaabalahan ang AIDS. Hindi naman ito peligro sa akin) 3
- I could never get AIDS.
(Talagang hindi ako mahahawahan ng AIDS) 4

[LET US ASSUME THAT YOU GET INFECTED WITH AIDS...]
[IPAGHALIMBAWA PO NATIN NA NAHAWAHAN KAYO NG AIDS....]

24. If you yourself get AIDS, what would you do? What else?

Kung kayo mismo ay makakuha ng AIDS, ano ang inyong gagawin? Ano pa?

Q24

- Run away/go some place far from home 01
- Go to province 02
- Isolate myself 03
- Hide it from others/keep it to myself 04
- Ignore it 05
- Avoid sex 06
- Have sex but use condom 07
- Pray 08
- Commit suicide 09
- Seek help (PROBE: Where/with whom) 10
 - medical assistance/doctor/hospital 11
 - have a check-up 12
 - priest/religious person/church 13
 - parents 14
 - other family members 15
 - guidance counselor 16
 - friends 17
 - others _____
- Others _____

B. KNOWLEDGE AND PERCEPTIONS (cont'd)

25. On the other hand, what would you do if a friend/family member gets AIDS?
What else?

Sa kabilang dako naman, ano ang inyong gagawin kung ang isang kaibigan, kamag-anak o miyembro ng pamilya ay magkaroon ng AIDS? Ano pa?

	<u>Q25</u>
- Leave them	01
- Avoid them altogether/ignore them	02
- Pretend you don't know	03
- Be careful around them	04
<hr/>	
- Blame them for getting AIDS	05
- Support/care for them	06
- Put them in a hospital	07
<hr/>	
- Remain as friends	08
<hr/>	
- Seek help (PROBE: Where/with whom)	10
medical assistance/doctor/hospital	11
have a check-up	12
priest/religious person/church	13
parents	14
other family members	15
guidance counselor	16
friends	17
others _____	
<hr/>	
- Others _____	

26. Now, I would like to know your opinion on the possibility of AIDS being contracted by some groups of people. Again, with the help of this rating board and statement cards, please tell me how likely or not these groups of people will get AIDS.

Ngayon, gusto kong malaman ang inyong opinyon tungkol sa posibilidad na ang AIDS ay makuha ng ilang grupo ng mga tao. Sa tulong uli ng rating board at mga kard, pakisabi ninyo kung gaano ka-possible o hindi ka-possible na makuha ng mga iba't-ibang grupo ng tao ang AIDS.

(SHUFFLE CARDS AND HAND OVER TO RESPONDENT TOGETHER WITH RATING BOARD.)

	<u>Q26</u>					<u>Q27</u>
	VERY LIKELY	SOME- WHAT LIKELY	SOME- WHAT NOT LIKELY	NOT AT ALL LIKELY	NK	MOST LIKELY
a. Male prostitutes (Mga lalakeng binabayaran)	1	2	3	4	5	1
b. Female prostitutes (Mga babaeng binabayaran)	1	2	3	4	5	2
c. Homosexuals (Mga bakla)	1	2	3	4	5	4
d. Lesbians (Mga tomboy o lesbian)	1	2	3	4	5	5
<hr/>						
e. Bisexuals (Mga taong puwedeng makipagtalik sa lalaki o babae)	1	2	3	4	5	7
f. Persons requiring blood transfusion (Mga taong nangangailangang salinan ng dugo)		2	3	4	5	7

B. KNOWLEDGE AND PERCEPTION ABOUT AIDS (cont'd)

	Q26					Q27
	VERY LIKELY	SOME- WHAT LIKELY	SOME- WHAT NOT LIKELY	NOT AT ALL LIKELY	NK	MOST LIKELY
g. Filipino male and female overseas workers (Mga lalaki at babaeng Pilipino na nagtatrabaho sa ibang bansa)	1	2	3	4	5	8
h. Entertainers (Mga entertainers)	1	2	3	4	5	9
i. Filipinas with foreign husbands (Mga Pilipinang may asawang dayuhan)	1	2	3	4	5	10
j. Americans (Mga Amerikano)	1	2	3	4	5	11
k. Japanese (Mga Hapon)	1	2	3	4	5	12
l. Europeans (Mga taga-Europa)	1	2	3	4	5	13
m. Young adults aged 18-24 years (Mga lalaki't babaeng 18-24 na taong gulang)	1	2	3	4	5	14
n. Promiscuous males/has many partners (Mga lalakeng pakawala/maraming kinakasama)	1	2	3	4	5	15
o. Promiscuous females/has many partners (Mga babaeng pakawala/maraming kinakasama)	1	2	3	4	5	16
p. Intravenous/needle drug takers (Mga nagtuturok ng ipinagbabawal na gamot)	1	2	3	4	5	17
q. Health workers/doctors/nurses/dentists (Mga health workers/duktor/nars/dentista)	1	2	3	4	5	18
r. Anybody (Kahit sinong tao)	1	2	3	4	5	19
s. Religious people (Mga relihiyosong tao)	1	2	3	4	5	20
t. Poor people (Mga mahihirap)	1	2	3	4	5	21
u. Stay-home types (Mga namamalagi sa bahay)	1	2	3	4	5	22
v. Students aged 12-17 years (Mga mag-aaral na 12-17 taong gulang)	1	2	3	4	5	23
w. People over 24 years old (Mga taong higit sa 24 na taong gulang)	1	2	3	4	5	24
x. School children (Mga batang mag-aaral)	1	2	3	4	5	25

B. KNOWLEDGE AND PERCEPTIONS (cont'd)

27. What one group do you feel is most likely to get AIDS?

Aling isang grupo ang sa palagay ninyo ang pinaka-nalamang na makakakuha ng AIDS?

28. In your opinion, what happens to people who get AIDS? (SHOWCARD G)

Sa inyong opinyon, ano ang nangyayari sa mga taong nakakakuha ng AIDS?

- All people who get AIDS die
(Lahat ng taong nakakakuha ng AIDS ay namamatay) 1
 - Most people who get AIDS die, but some don't
(Karamihan ng mga taong nakakakuha ng AIDS ay namamatay, ngunit ang ilan ay hindi namamatay) 2
 - About half die, half don't
(Mga kalahati ay namamatay, kalahati ay hindi) 3
 - Only a few die, most don't die
(Namamatay ang ilan, ngunit ang karamihan ay hindi) 4
 - Nobody dies of AIDS
(Walang namamatay sa AIDS) 5
 - Don't know 6
29. Have you ever heard of any young Filipino about your age getting AIDS? YES 1
- Kahit na kailan, may nabalitaan ka na bang kahit sinong batang Pilipino na halos kaedad mo na mayroong AIDS? NO 2
30. Do you personally know any Filipino who is sick or has died of AIDS? YES 1
- Mayroon ka bang personal na kilalang Pilipino na may sakit na AIDS o namatay na nang dahil sa AIDS? NO 2

[WE WILL NOW DISCUSS SOME WAYS BY WHICH AIDS CAN BE PREVENTED.
PAG-UUSAPAN NAMAN PO NATIN ANG ILANG MGA PAKAAN UPANG MAIWASAN ANG AIDS.]

31. With the use of these statements and rating board, I would like to get your opinion on how effective each is in reducing your chances of contracting AIDS. Would you say that it is Very Effective/Somewhat Effective/Not Very Effective/Not AT All Effective? (SHOWCARD)

Sa tulong ng mga pangungusap at rating board na ito, gusto kong malaman ang inyong opinyon kung gaano ka-epektibo o hindi ang bawat isa nito sa pagbabawas ng iyong posibilidad na mahawahan ng AIDS. Masasabi ba ninyo na ito ty Talagang Epektibo/Medyo Epektibo/Medyo Hindi Epektibo/Talagang Walang Epekto)

	<u>VE</u>	<u>SE</u>	<u>NVE</u>	<u>NAE</u>
a. Avoiding sex with a homosexual (Pag-iiwas sa pakikipagtalik sa bakla)	1	2	3	4
b. Reduced frequency of casual sex (Pagbawas sa kadalasan ng pakikipagtalik sa kahit kanino)	1	2	3	4
c. Avoiding anal sex (Pag-iwas sa anal sex o pakikipagtalik sa puwit)	1	2	3	4
d. Practice withdrawal/not completely empty the semen (Mag-withdrawal/hindi paglalabas ng lahat ng tamod sa loob)	1	2	3	4
e. Only have sex with people well known to me (Nakikipagtalik lamang sa mga taong nakikilala ko)	1	2	3	4

B. KNOWLEDGE AND PERCEPTIONS (cont'd)

	<u>VE</u>	<u>SE</u>	<u>NVE</u>	<u>NAE</u>
f. Have fewer sex partners (Bawas-bawasan ang dami ng mga partner)	1	2	3	4
g. Avoid having sex with prostitutes (Pag-iwas sa pakikipagtalik sa mga taong binabayaran)	1	2	3	4
h. Avoid pre-marital sex. (Pag-iwas sa pakikipagtalik bago ikasal)	1	2	3	4
i. Abstain from sex altogether (Tuluyang tumigil sa pakikipagtalik)	1	2	3	4
j. Using condoms with every sexual encounter (Paggamit ng mga condom sa lahat ng pakikipagtalik)	1	2	3	4
k. Washing of sexual genitals before and after sex (Paghuhugas ng ari bago at pagkatapos ng pagtatalik)	1	2	3	4
l. Not donating/selling blood (Hindi pag-donate/pagbigay o pagbenta ng dugo)	1	2	3	4
m. Sticking with one sexual partner (Pagiging tapat sa isa lamang partner sa pagtatalik)	1	2	3	4
n. Avoiding sex with strangers (Pag-iwas sa pakikipagtalik sa mga taong di-kilala)	1	2	3	4
o. Being more selective with friends of the opposite sex. (Pagiging mas mapili sa mga kaibigan na ibang kasarian)	1	2	3	4
p. Using medicines/anti-biotics (Paggamit ng mga medisina/anti-biotics)	1	2	3	4
q. Taking vitamins (Pag-inom ng mga bitamina)	1	2	3	4
r. Prayers (Mga dasal)	1	2	3	4

32. Using the same statements and rating board, please indicate how willingly would you take each of these precautionary measures? Would you say that you will be Very Willing/Somewhat Willing/Not very Willing/Not at all Willing to take these precautionary measures? (SHOWCARD & RATING BOARD)

Gaano ninyo pagsisikapang gawin ang bawa't isa sa mga precautionary measures o mga gawaings pag-iingat upang makaiwas sa AIDS? Masasabi ba ninyo na kayo ay Talagang Nagsisikap/Medyo Nagsisikap/Medyo Hindi Nagsisikap/Talagang Hindi Nagsisikap na gawin ang bawa't isa?

	<u>VW</u>	<u>SW</u>	<u>NV</u>	<u>NA</u>
a. Avoiding sex with a homosexual (Pag-iwas sa pakikipagtalik sa bakla)	1	2	3	4
b. Reduced frequency of casual sex (Pagbawas sa kadalusan ng pakikipagtalik sa kahit kanino)	1	2	3	4
c. Avoiding anal sex (Pag-iwas sa anal sex o pakikipagtalik sa puwit)	1	2	3	4
d. Practice withdrawal/not completely empty the semen (Mag-withdrawal/hindi paglalabas ng lahat ng tamod sa loob)	1	2	3	4
e. Only have sex with people well known to me (Nakikipagtalik lamang sa mga taong nakikilala ko)	1	2	3	4

B. KNOWLEDGE AND PERCEPTIONS (cont'd)

	<u>VW</u>	<u>SW</u>	<u>NV</u>	<u>NA</u>
f. Have fewer sex partners (Rawas-bawasan ang dami ng mga partner)	1	2	3	4
g. Avoid having sex with prostitutes (Pag-iwas sa pakikipagtalik sa mga taong binabayaran)	1	2	3	4
h. Avoid pre-marital sex. (Pag-iwas sa pakikipagtalik bago ikasal)	1	2	3	4
i. Abstain from sex altogether (Tuluyang tumigil sa pakikipagtalik)	1	2	3	4
j. Using condoms with every sexual encounter (Paggamit ng mga condom sa lahat ng pakikipagtalik)	1	2	3	4
<hr/>				
k. Washing of sexual genitals before and after sex (Paghuhugas ng ari bago at pagkatapos ng pagtatalik)	1	2	3	4
l. Not donating/selling blood (Hindi pag-donate/pagbigay o pagbenta ng dugo)	1	2	3	4
m. Sticking with one sexual partner (Pagiging tapat sa isa lamang partner sa pagtatalik)	1	2	3	4
n. Avoiding sex with strangers (Pag-iwas sa pakikipagtalik sa mga taong di-kilala)	1	2	3	4
o. Being more selective with friends of the opposite sex. (Pagiging mas mapili sa mga kaibigan na ibang kasarian)	1	2	3	4
<hr/>				
p. Using medicines/anti-biotics (Paggamit ng mga medisina/anti-biotics)	1	2	3	4
q. Taking vitamins (Pag-inom ng mga bitamina)	1	2	3	4
r. Prayers (Mga dasal)	1	2	3	4

33a. Now that you have heard of AIDS, how has this in any way, changed your behavior or lifestyle to reduce your risk of getting AIDS? (GO TO) (SHOWCARD H)

.-Changed a lot (Malaking pagbabago) 2

.-Changed a little (Kaunting pagbabago) 3

Not change at all (Walang pagbabago) 4

No need to change at all (Hindi kailangang magbago) 5

Ngayong narinig na ninyo ang tungkol sa AIDS, paano ninyo binago ang inyong pagkilos o pamumuhay sa kahit na anong paraan para mabawasan ang peligro na kayo ay mahawahan ng AIDS?

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B. KNOWLEDGE AND PERCEPTIONS (cont'd)

33b. Up to now, why is it you have not changed your behavior/lifestyle in order to reduce your chances of getting AIDS? Why else?

OR: Why do you think you do not need to change your behavior/lifestyle at all in order to reduce your chances of getting AIDS? Why else?

Hanggang sa ngayon, bakit hindi pa ninyo binabago ang inyong pagkilos/pamumuhay para mabawasan ang posibilidad na kayo ay mahawahan ng AIDS? Bakit pa?

OR: Sa inyong palagay, bakit hindi ninyo kailangang baguhan ang inyong pagkilos/pamumuhay para mabawasan ang posibilidad na kayo ay mahawahan ng AIDS?

(GO TO Q35b)

34. Which of the following precautions have you yourself taken to reduce the chances of contracting AIDS? (SHOWCARD)

Alin sa mga sumusunod na pamamaraan sa pag-iingat ang inyo mismong naisagawa upang mabawasan ang posibilidad na mahawaan kayo ng AIDS?

	YES	NO	NA
a. Avoiding sex with a homosexual (Pag-iwas sa pakikipagtalik sa bakla)	1	2	3
b. Reduced frequency of casual sex (Pagbawas sa kadalasan ng pakikipagtalik sa kahit kanino)	1	2	3
c. Avoiding anal sex (Pag-iwas sa anal sex o pakikipagtalik sa puwit)	1	2	3
d. Practice withdrawal/not completely empty the semen (Mag-withdrawal/hindi paglalabas ng lahat ng tamod sa loob)	1	2	3
e. Only have sex with people well known to me (Nakikipagtalik lamang sa mga taong nakikilala ko)	1	2	3
f. Have fewer sex partners (Bawas-bawasan ang dami ng mga partner)	1	2	3
g. Avoid having sex with prostitutes (Pag-iwas sa pakikipagtalik sa mga taong binabayaran)	1	2	3
h. Avoid pre-marital sex. (Pag-iwas sa pakikipagtalik bago ikasal)	1	2	3
i. Abstain from sex altogether (Tuluyang tumigil sa pakikipagtalik)	1	2	3
j. Using condoms with every sexual encounter (Paggamit ng mga condom sa lahat ng pakikipagtalik)	1	2	3
k. Washing of sexual genitals before and after sex (Paghuhugas ng ari bago at pagkatapos ng pagtatalik)	1	2	3
l. Not donating/selling blood (Hindi pag-donate/pagbigay o pagbenta ng dugo)	1	2	3
m. Sticking with one sexual partner (Pagiging tapat sa isa lamang partner sa pagtatalik)	1	2	3
n. Avoiding sex with strangers (Pag-iwas sa pakikipagtalik sa mga taong di-kilala)	1	2	3
o. Being more selective with friends of the opposite sex. (Pagiging mas mapili sa mga kaibigan na ibang kasarian)	1	2	3
p. Using medicines/anti-biotics (Paggamit ng mga medisina/anti-biotics)	1	2	3
q. Taking vitamins (Pag-inom ng mga bitamina)	1	2	3
r. Prayers (Mga dasal)	1	2	3

NONE

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C. ATTITUDES REGARDING AIDS (cont'd)

35a. How likely will you be to continue to change your behavior/lifestyle?
(SHOWCARD I)

Gaano ka-possible na itutuloy ninyo ang pagbabago ng inyong pagkilos o pamumuhay?

b. How likely will you be to change your behavior/lifestyle in the future?

Ano ang posibilidad na baguhin ninyo ang inyong pagkilos/pamumuhay sa mga darating na araw?

		<u>Q35a</u>	<u>Q35b</u>
Very Likely	(Talagang posible)	1	1
Somewhat Likely	(Medyo posible)	2	2
Somewhat Not Likely	(Medyo hindi posible)	3	3
Not at all Likely	(Talagang hindi posible)	4	4
Don't Know/Can't say	(Hindi alam/hindi masabi)	5	5

36. With the help of these cards, please tell me how much you agree or not to each of these statements by placing each card on the appropriate description on this rating board. Let us start with (statement). Would you say that you Strongly agree/Somewhat agree/Somewhat disagree/Strongly disagree ?

Sa tulong ng mga kard na ito, pakisabi sa akin kung gano kayo sumasang-ayon o disumasang-ayon sa bawat pangungusap na ito sa pamamagitan ng paglalagay ng bawat isang kard sa naaangkop na paglalarawan sa rating board. Umpisahan natin sa (statement). Masasabi ba ninyo na kayo ay Talagang sumasang-ayon/Medyo sumasang-ayon/Medyo hindi sumasang-ayon/Talagang hindi sumasang-ayon ?

	<u>STRONGLY</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>DISAGREE</u>	<u>STRONGLY</u> <u>DISAGREE</u>
a. AIDS is a punishment from God. (Ang AIDS ay isang parusa mula sa Diyos)	1	2	3	4
b. AIDS causes great suffering to its victims. (Nagdudulot ng malaking paghihirap ang AIDS sa mga biktima nito)	1	2	3	4
c. Here in the Philippines, there are a lot more of pressing concerns to worry (Dito sa Pilipinas, mas maraming mas importanteng pagkakaabalahan kaysa AIDS)	1	2	3	4
d. AIDS is a Western or foreign disease. Filipinos need not worry. (Ang AIDS ay isang Western o dayuhang sakit kaya walang dapat alalahanin ang mga Pilipino)	1	2	3	4
e. AIDS is serious in the US, not really a problem in the Philippines (Ang AIDS ay malubha sa US, ngunit hindi problema sa Pilipinas)	1	2	3	4

C. ATTITUDES REGARDING AIDS (cont'd)

	<u>STRONGLY</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>DISAGREE</u>	<u>STRONGLY</u> <u>DISAGREE</u>
f. We will all die anyway so why worry about AIDS. (Lahat naman tayo ay mamamatay kaya bakit pa tayo mag-aalala tungkol sa AIDS)	1	2	3	4
g. Little is known about how AIDS spreads (Kaunti lang ang kaalaman kung paano kumakalat ang AIDS)	1	2	3	4
h. As long as I have a regular check-up, I will not contract AIDS. (Basta't ako ay regular na nagpa-check-up, hindi ako mahahawahan ng AIDS)	1	2	3	4
i. Sex should be limited to married partners. (Ang pakikipagtalik ay dapat limitahin sa mga kasal na kabiyak lamang)	1	2	3	4
j. Sex should be limited to one partner. (Ang pakikipagtalik ay dapat limitahin sa isang partner)	1	2	3	4
<hr/>				
k. Partners should tell each other about their previous sexual partners before having sex. (Dapat magtapatan ang magka-partner tungkol sa kanilang mga naging kasiping bago sila mismo magtalik)	1	2	3	4
l. It is natural for a man to pursue sex at every opportunity (Natural lamang sa isang lalaki ang makipagtalik sa bawat pagkakataon)	1	2	3	4
m. The presence of US bases increases the possibility of spreading AIDS in the Philippines. (Lalong lumalaki ang posibilidad ng pagkalat ng AIDS sa Pilipina dahil sa pagkakaroon ng mga base-militar ng Estados Unidos dito)	1	2	3	4
n. Most men I know have sex with more than one partner (Halos lahat ng kakilala kong mga lalaki ay mayroong higit sa isang kabiyak sa pagtatalik)	1	2	3	4
o. Anyone who engages in behaviour/life-style that may put them at risk of getting AIDS should be tested (Dapat magpa-test ang sinumang may kilos o pamumuhay na nagpapalaki ng posibilidad na makakuha sila ng AIDS)	1	2	3	4

C. ATTITUDES REGARDING AIDS (cont'd)

	<u>STRONGLY</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>DISAGREE</u>	<u>STRONGLY</u> <u>DISAGREE</u>
p. It is embarrassing to talk about sexual experience with one's boyfriend or girlfriend. (Nakakahiyang sabihin sa boyfriend o girlfriend ang tungkol sa naging karanasan sa pagtatalik)	1	2	3	4
q. Homosexuality is wrong. (Ang kabaklaan ay hindi tama)	1	2	3	4
r. When I get sexually excited, I forget about AIDS. (Kapag ako ay nagiging sexually excited, nakakalimutan ko na ang tungkol sa AIDS)	1	2	3	4
s. People can generally sense if their sexual partner is an AIDS carrier. (Sa karaniwan, madadama ng isang tao kung ang kanyang partner sa pagtatalik ay nagdadala ng AIDS)	1	2	3	4

37. Overall, what do you fear most about AIDS? Sa kabuuan, ano ang inyong higit na kinatatakutan tungkol sa AIDS?	Death	01
	Long-standing suffering/agonny	02
	Personal embarrassment/humiliation	03
	Rejection/Being abandoned/alienation	04
	Not able to indulge in sex	05
	That somebody I love/care for will get AIDS	06
	Shame/humiliation to family	07
	That I will pass on AIDS to somebody I love	08
Others _____		

38. What do you think will happen in the Philippines as regards AIDS? (SHOWCARD J)

Sa inyong palagay, ano ang mangyayari dito sa Pilipinas tungkol sa AIDS?

AIDS will become widespread in the Philippines. (Ang AIDS ay magiging kalat na kalat sa Pilipinas)	1
AIDS will somewhat spread in the Philippines. (Ang AIDS ay magiging medyo kalat sa Pilipinas)	2
AIDS will spread but will be controlled/limited in the Phil. (Ang pagkalat ng AIDS sa Pilipinas ay magiging kontrolado/limitado)	3
AIDS will definitely not spread in the Philippines. (Ang AIDS ay talagang hindi kakalat sa Pilipinas)	4
Don't know	5

39. Do you think increased sex education for children will help contain the spread of AIDS? YES 1

NO 2

Sa inyong palagay, ang pagdaragdag ba ng kaalaman tungkol sa sex education para sa mga kabataan ay makakatulong sa pagpipigil ng AIDS?

II. SEXUAL HABITS AND PRACTICES

40. Would you have any objection to including AIDS prevention education in the curriculum at school? (GO TO Q42) -Yes 1
 No 2
 Tutol ba kayo sa pagsasali ng AIDS prevention education sa mga paksa ng tinuturo sa paaralan?
41. At what age should children be taught about AIDS? Under 10 01
 11 - 12 02
 Ano ang nararapat na edad ng mga bata para sila ay 13 - 15 03
 turuan ng tungkol sa AIDS? 16 - 18 04
 Over 18 05

D. INFORMATION ON AIDS

42. Up to now, have you ever made an effort to get more information about AIDS? YES 1
 NO 2
 Sa ngayon, nagsumikap ba kayong makakuha ng karagdagang impormasyon tungkol sa AIDS?
43. If you wanted more information about AIDS, where will you get it? Where else?
 Kung nais niyo pang magkaroon ng karagdagang impormasyon tungkol sa AIDS, saan ninyo ito kukunin? Saan pa?

	<u>Q43</u>	<u>Q44</u>
<u>MEDIA</u> - undup	01	01
TV	02	02
Radio	03	03
Newspapers	04	04
Magazines	05	05
Public posters/handouts/ brochures/leaflets	06	06
Books	10	10
Family members	11	11
Schools/teachers	12	12
Government agencies/officials	13	13
Clinic/hospital	14	14
Doctor/nurse/medical aide	15	15
Friends/colleagues	16	16
Seminars/lectures	17	17
Personalities	18	18
Others		

44. What sources would you most trust to give you accurate information? What else?
 Alin sa mga pinagkukuhanan ng impormasyon tungkol sa AIDS ang inyong lubos na pagkakatiwalaang magbibigay ng totoong impormasyon? Saan pa?
45. Right now, what specifically would you like to know about AIDS? What else? Is there anything else?
 Sa ngayon, ano ang gusto ninyong malaman tungkol sa AIDS? Ano pa? Mayroon pa ba?
- | | |
|-----------------------|-----|
| Transmission routes | 01 |
| Prevention | 02 |
| Symptom detection | 03 |
| Treatment | 04 |
| Other facts/knowledge | () |
| _____ | () |
| _____ | () |

SEXUAL HABITS AND PRACTICES

PLEASE HAND SEALED ENVELOPE TO RESPONDENT AND RECORD NUMBERS CALLED OUT BELOW.

I would now like to give you a section of the questionnaire for which I don't have either the questions or the answers. Please just call out the right numbers to me and I will write them on my questionnaire. As you will notice, even the numbers have been jumbled.

I do not have a copy of the questions and answers. All I have is a list of numbers on the questionnaire as you can see. (SHOW)

Because we must have information to help us with our educational and communication program for AIDS to control its spread in the country, please answer the following questions honestly. Just call out the numbers to me. I repeat, I do not know what either the questions or the answers are. To guarantee this, you will note that the numbers have also been jumbled. Your cooperation in this research is greatly appreciated.

When you have finished, you may tear up or keep your question sheet. Could you please check and see if there are any questions that you have not answered?

Gusto ko naman kayong bigyan ng isang bahagi ng questionnaire o listahan ng mga katanungan na wala sa akin ang mga tanong o ang mga sagot. Pakisabi lamang sa akin ng malakas ang mga tugmang numero at isusulat ko ang mga ito bilang sagot mo. Kung mapapansin ninyo, kahit na ang mga numero ay pinaghalo-halo.

Walang ako ng mga katanungan at ng mga sagot kaya hindi kailanman ko malalaman kung ano ang sinasagot mo. Ang hawak ko lang ay isang listahan ng mga numero. (SHOW)

Sapagkat nais naming magkaroon ng mga impormasyon na kinakailangan para sa isang educational at communication program sa AIDS upang mapigil ang pagkalat nito sa ating bansa, pakisagot lamang ang mga sumusunod na katanungan ng buong katapatan. Sabihin lang ninyo ang mga numero sa akin. Uulitin po namin, hindi ko po alam kung ano ang mga tanong o ang mga sagot. Upang patunayan ito, mapapansin ninyo na ang mga numero ay pinaghalo-halo. Ang pagsali ninyo sa research na ito ay lubusang ikinakasiya namin.

Kung tapos na kayo, maaari ninyong punitin ang listahan ninyo ng mga katanungan. Pakitignan at pakisiguro lang ninyo kung meron pang mga tanong na hindi ninyo nasagot.

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II. SEXUAL HABITS AND PRACTICES (cont'd)

<u>(MALES)</u>	<u>(PLEASE JUST CALL OUT THE NUMBER WHICH MATCHES YOUR ANSWER)</u> <u>(PAKIBIGKAS LAMANG ANG NUMERO NA KATAPAT NG INYONG SAGUT)</u>	
46. Have you ever injected yourself with illegal drugs?	YES	74
Kahit na kailan, ininiksiyonan na ba ninyo ang inyong sarili ng gamot ng bawal?	NO	44
47. Have you ever shared a needle?	YES	94
Nakigamit ba kayo ng karayom kahit na kailan?	NO	115
	Never injected myself with illegal drugs (Hindi pa ako nakapag-iniksiyon sa aking sarili ng bawal na gamot kahit kailan)	17
48. When did you <u>last</u> inject yourself with illegal drugs?	In past 6 months (Sa nakaraang 6 na buwan)	09
Kailan kayo <u>huling</u> nag-iniksiyon sa inyong sarili ng mga gamot na bawal?	Over 6-12 months (Lagpas sa 6-12 buwan)	85
	Over 12 months (Lagpas sa 12 buwan)	11
	Cannot recall (Hindi maalala)	66
	Never injected myself with illegal drugs (Hindi pa ako nakapag-iniksiyon sa aking sarili ng bawal na gamot kahit na kailan)	93
49. Have you ever smoked marijuana?	YES	128
Nakahitit na ba kayo ng damo o marijuana kahit na kailan?	NO	136
50. When did you <u>last</u> smoke marijuana?	In past 6 months (Sa nakaraang 6 na buwan)	05
Kailan kayo <u>huling</u> humitit ng damo o marijuana?	Over 6-12 months (Lagpas sa 6-12 buwan)	60
	Over 12 months (Lagpas sa 12 buwan)	96
	Cannot recall (Hindi maalala)	69
	Never smoked marijuana (Hindi pa ako nakakahitit ng damo o marijuana kahit na kailan)	23
51. How often did you smoke marijuana in the past 6 months?	Frequently (Madalas)	56
Gaano kadalas kayong humitit ng damo o marijuana nitong nakaraang 6 na buwan?	Occasionally (Paminsan-minsan)	81
	Seldom (Bihira)	03
	Not smoked marijuana in past 6 months (Hindi humitit ng damo o marijuana nitong nakaraang 6 na buwan)	52
	Never smoked marijuana (Hindi pa nakakahitit ng damo o marijuana kahit na kailan)	86

II. SEXUAL HABITS (MALES) (cont'd)

52. Have you ever drunk any alcoholic drink?	YES	119
Nakainom na ba kayo ng inuming may alcohol kahit na kailan?	NO	138
53. When did you <u>last</u> drink an alcoholic drink?	In past 6 months (Sa nakaraang 6 na buwan)	40
	Over 6-12 months (Lagpas sa 6-12 buwan)	07
Kailan kayo <u>huling</u> uminom ng inuming may alcohol?	Over 12 months (Lagpas sa 12 buwan)	90
	Cannot recall (Hindi maalala)	27
	Never drank alcoholic drink (Hindi pa ako nakainom ng inuming may alcohol kahit na kailan)	41
54. How often did you drink any alcoholic drink in past 6 months?	Frequently (Madalas)	73
	Occasionally (Paminsan-minsan)	58
Gaano kadalas kayong uminom ng inuming may alcohol nitong nakaraang 6 na buwan?	Seldom (Bihira)	34
	Not drank any alcoholic drink in past 6 months (Hindi uminom ng inuming nakakalasing nitong nakaraang 6 na buwan)	13
	Never drank alcoholic drink (Hindi pa nakainom ng inuming may alcohol kahit na kailan)	19
55. Have you ever had sex with a female?	YES	120
Kahit kailan, nakipagtalik ka na ba sa babae?	NO	135
56. At what age did you <u>first</u> have sex with a female?	14 or younger	06
	15-16 years	51
Ilang taong gulang kayo ng una kayong nakipagtalik sa babae?	17-18	46
	19-20	28
	21-22	50
	23-24	25
	Can't Recall (Hindi maalala)	16
	Never had sex with a female (Hindi pa nakipagtalik sa babae)	30
57. With whom did you have sex with the first time?	Steady/girlfriend	112
	Female prostitute (Babaeng binabayaran)	107
Alin sa mga ito ang nakatalik ninyo noong una kang nakipagtalik?	Live-in (Ka-live-in)	131

II. SEXUAL HABITS (MALES) (cont'd)

58. When was the <u>last</u> time you had sex with a female?	Past 6 months (Nakaraang 6 na buwan)	75
Kailan kayo huling nakipagtalik sa babae?	Over 6-12 months (Nakaraang 6-12 buwan)	02
	Over 12 months (Nakaraang 12 buwan)	61
	Cannot Recall (Hindi Maalala)	39
	Never had sex with a female (Hindi pa nakipagtalik sa babae)	84
59. In the past 6 months, how many times did you have sex with a female?	1-3 times	14
	4-6 times	97
	7-9 times	22
Nitong nakaraang 6 na buwan, ilang beses kayo nakipagtalik sa babae?	10-12 times	53
	13 or more	71
	Can't Recall (Hindi maalala)	57
	Last had sex with a female over 6 months ago (Huling nakipagtalik sa babae ng lagpas sa nakaraang 6 na buwan)	10
	Not have sex with a female in the past 6 months (Hindi nakipagtalik sa babae sa nakaraang 6 na buwan)	49
	Never had sex with a female (Hindi pa nakipagtalik sa babae)	170
60. How many female sex partners did you have in the past 6 months?	One person (Isang tao lamang)	24
	More than 1 person (Higit sa 1 tao)	15
Ilang babae ang naka-partner ninyo sa pagtatalik nitong nakaraang 6 na buwan?	Last had sex with a female over 6 months ago (Huling nakipagtalik sa babae ng lagpas sa nakaraang 6 na buwan)	63
	Never had sex with a female (Hindi pa nakipagtalik sa babae)	44
61. Have you ever had sex with a female prostitute?	YES	103
	NO	125
Kahit kailan, nakipagtalik na ba kayo sa prostitute o babaeng binabayaran?	Never had sex with a female prostitute (Hindi pa nakikipagtalik sa babaeng binabayaran)	122

II. SEXUAL HABITS (MALES) (cont'd)

62. At what age did you <u>first</u> have sex with a female prostitute?	14 or younger	36
	15-16 yrs	72
	17-18	95
Ilang taon kayo nang una kayong makipagtalik sa babaeng binabayaran?	19-20	38
	21-22	76
	23-24	32
	Can't Recall (Hindi maalala)	12
	Never had sex with a female prostitute (Hindi pa nakikipagtalik sa babaeng binabayaran)	65
63. When did you <u>last</u> have sex with a female prostitute?	Past 6 months (Nakaraang 6 na buwan)	35
Kailan kayo huling nakikipagtalik sa babaeng binabayaran?	Over 6-12 months (Nakaraang 6-12 buwan)	82
	Over 12 months (Nakaraang 12 buwan)	21
	Cannot Recall (Hindi Maalala)	74
	Never had sex with a female prostitute (Hindi pa nakikipagtalik sa babaeng binabayaran)	62
64. In the past 6 months, how many times did you have sex with a female prostitute?	1-3 times	116
	4-6 times	134
	7-9 times	118
Nitong nakaraang 6 na buwan, ilang beses kayo nakikipagtalik sa babaeng binabayaran?	10-12 times	127
	13 or more	140
	Can't Recall (Hindi maalala)	108
	Last had sex with a female prostitute over 6 months ago (Huling nakikipagtalik sa babaeng binabayaran ng lagpas sa 6 na buwan)	139
	Never had sex with a female prostitute (Hindi pa nakikipagtalik sa babaeng binabayaran)	106
65. How many female prostitutes did you have as sex partners in the past 6 months?	One person (Isang tao lamang)	150
Ilang babaeng binabayaran ang naka-partner ninyo sa pagtatalik nitong nakaraang 6 na buwan?	More than 1 person (Higit sa isang tao)	110
	Last had sex with a female prostitute over 6 months ago (Huling nakikipagtalik sa babaeng binabayaran ng lagpas sa 6 na buwan)	101
	Never had sex with a female prostitute (Hindi pa nakikipagtalik sa babaeng binabayaran)	126

II. SEXUAL HABITS (MALES) (cont'd)

66. Have you ever had sex with a male?	YES	130
Kahit kailan, nakipagtalik ba kayo sa lalaki?	NO	117
67. At what age did you first have sex with a male?	14 or younger	70
	15-16 yrs	89
	17-18	01
	19-20	26
	21-22	78
	23-24	37
	Can't Recall	83
	Never had sex with a male	55
	(Hindi pa nakikipag- talik sa isang lalaki)	
68. Which of these males did you have sex with the first time?	Bisexual male friend (Lalaking kaibigan)	141
	Male prostitute (Lalaking binabayaran)	147
	Male homosexual friend (Baklang kaibigan)	142
69a. Have you ever had sex with a homosexual?	YES	151
Kahit na kailan, nakipagtalik ka na ba sa bakla?	NO	160
b. Have you ever had sex with a bisexual?	YES	045
Kahit na kailan, nakipagtalik ka na ba sa silahis?	NO	149
70. Have you ever had sex with a male prostitute?	YES	144
Kahit na kailan, nakipagtalik ka na ba sa lalaking binabayaran?	NO	152
71. When did you <u>last</u> have sex with any male or homosexual?	Past 6 months (Nakaraang 6 na buwan)	08
	Over 6-12 months (Lagpas sa 6-12 buwan)	91
	Over 12 months (Lagpas sa 12 buwan)	67
	Cannot Recall (Hindi Maalala)	29
	Never had sex with a male or a homosexual (Hindi pa nakikipagtalik sa lalaki o bakla)	33

II. SEXUAL HABITS (MALES) (cont'd)

72.	In the past 6 months, how many times did you have sex with a male or a homosexual?	1-3 times	98
		4-6 times	59
		7-9 times	04
		10-12 times	18
		13 or more	77
		Can't Recall	92
	Nitong nakaraang 6 na buwan ilang beses kayo nakipagtalik sa lalaki o bakla?	Last had sex with a male or homosexual over 6 mos. ago	31
		(Huling nakipagtalik sa isang lalaki o bakla ng lagpas sa nakaraang 6 na buwan)	
		Never had sex with a male or homosexual	20
		(Hindi pa nakipagtalik sa lalaki o bakla)	
73.	All in all, how many male or homosexual partners did you have in the past 6 months?	One person	87
		(Isang tao lamang)	
		More than 1 person	64
		(Higit sa 1 tao)	
	Sa pangkalahatan nitong nakaraang 6 na buwan, ilang lalaki o bakla ang inyong nakapartner sa pagtatalik?	Last had sex with a male or homosexual over 6 mos. ago	43
		(Huling nakipagtalik sa lalaki o bakla ng lagpas sa nakaraang 6 na buwan)	
		Never had sex with a male or homosexual	68
		(Hindi pa nakipagtalik sa lalaki o bakla)	
74.	Have you ever had anal sex ?	YES	143
	Kahit kailan, nakipag-anal sex o nakipagtalik sa puwit na ba kayo?	NO	129
75.	When was the <u>last</u> time you had anal sex?	Past 6 months	156
		(Nakaraang 6 na buwan)	
		Over 6-12 months	113
		(Lagpas sa 6-12 buwan)	
		Over 12 months	145
		(Lagpas sa 12 buwan)	
		Can't Recall	137
		(Hindi Maalala)	
		Never had anal sex	104
		(Hindi nakikipag-anal sex o nakikipagtalik sa puwit)	
76.	Would you say that you have changed your sexual behavior in any way since AIDS has become a concern?	YES	42
		NO	88
		Never had sex	99
		(Hindi pa nakikipagtalik)	
	Maasabi ba ninyo na binago na ninyo ng kahit papaano ang inyong mga gawaing sexual mula ng maging concern ang AIDS?		
77.	Have you ever tested for AIDS?	YES	154
		NO	111
	Kahit kailan, kayo ba ay na-test o nasuri na sa pagkakaroon ng AIDS?		

II. SEXUAL HABITS (MALES) (cont'd)

78. Was your test	Positive	100
	Negative	109
Ang resulta ba ng test ay	Don't know	114
	Never tested for AIDS (Hindi pa nagpapasuri para sa AIDS)	133
79. How comfortable do you feel discussing this topic?	Very comfortable (Talagang komportable)	155
Gasano kayo ka-komportable sa pagtatalakay nitong paksa?	Somewhat comfortable (Medyo komportable)	146
	Not very comfortable (Medyo hindi komportable)	102
	Not at all comfortable (Talagang hindi komportable)	121
80. Would you feel more comfortable with a male interviewer or a female interviewer?	Male (Lalaki)	47
	Female (Babae)	54
Mas magiging komportable ba kayo kung ang interviewer ay lalaki o babae?	Doesn't matter (Kahit sino)	80
81. Would you prefer to have sex with :		
Mas nanaisin niyo bang makikipagtalik sa:	Someone of the same sex as yourself (Isang lalaki)	153
	Someone of the opposite sex (Isang babae)	158
	Both same and opposite sex (Babae o lalaki)	123
	Neither (Walang ninanais)	132
82. Do you use condoms during sex?	Always (Palagi)	148
Gumagamit ba kayo ng condoms tuwing nakikipagtalik?	Sometimes (Paminsan-minsan)	159
	Never use condom during sex (Talagang hindi ako guma- gamit ng condoms sa pakikipagtalik)	124
	Never had sex (Hindi pa nakikipagtalik)	105

YOU MAY NOW TEAR UP THESE SHEETS OF PAPER AFTER THE INTERVIEWER HAS CHECKED THAT ALL THE QUESTIONS HAVE BEEN ANSWERED. THANK YOU!

MAAARI NA NINYONG PUNITIN ANG MGA PAPEL NA ITO PAGKATAPOS I-CHECK NG IINTERVIEWER NA NASAGOT KINYO ANG LAHAT NG MGA KATANUNGAN. SALAMAT PO!

II. SEXUAL HABITS AND PRACTICES

(FEMALES) (PLEASE JUST CALL OUT THE NUMBER WHICH MATCHES YOUR ANSWER)
 (PAKIRISKAS LAMANG ANG NUMERO NA KATAPAT NG INYONG SAGOT)

46.	Have you ever injected yourself with illegal drugs?	YES	79
	Kahit na kailan, ininiksyonan na ba ninyo ang inyong sarili ng gamot ng bawal?	NO	48
47.	Have you ever shared a needle?	YES	94
	Nakigamit ba kayo ng karayom kanit na kailan?	NO	115
		Never injected myself with illegal drugs	17
		(Hindi pa ako nakapag-iniksyon sa aking sarili ng bawal na gamot kahit kailan)	
48.	When did you <u>last</u> inject yourself with illegal drugs?	In past 6 months (Sa nakaraang 6 na buwan)	09
	Kailan kayo <u>huling</u> nag-iniksyon sa inyong sarili ng mga gamot na bawal?	Over 6-12 months (Lagpas sa 6-12 buwan)	85
		Over 12 months (Lagpas sa 12 buwan)	11
		Cannot recall (Hindi maalala)	66
		Never injected myself with illegal drugs (Hindi pa ako nakapag-iniksyon sa aking sarili ng bawal na gamot kahit na kailan)	93
49.	Have you ever smoked marijuana?	YES	128
	Nakahitit na ba kayo ng damo o marijuana kahit na kailan?	NO	136
50.	When did you <u>last</u> smoke marijuana?	In past 6 months (Sa nakaraang 6 na buwan)	05
	Kailan kayo <u>huling</u> humitit ng damo o marijuana?	Over 6-12 months (Lagpas sa 6-12 buwan)	60
		Over 12 months (Lagpas sa 12 buwan)	96
		Cannot recall (Hindi maalala)	69
		Never smoked marijuana (Hindi pa ako nakakahitit ng damo o marijuana kahit na kailan)	23
51.	How often did you smoke marijuana in the past 6 months?	Frequently (Madalas)	56
	Gaano kadalas kayong humitit ng damo o marijuana nitong nakaraang 6 na buwan?	Occasionally (Paminsan-minsan)	81
		Seldom (Bihira)	03
		Not smoked marijuana in past 6 months (Hindi humitit ng damo o marijuana nitong nakaraang 6 na buwan)	52
		Never smoked marijuana (Hindi pa nakakahitit ng damo o marijuana kahit na kailan)	05

II. SEXUAL HABITS (FEMALES) (cont'd)

52. Have you ever drunk any alcoholic drink?	YES	114
Nakainom na ba kayo ng inuming may alcohol kahit na kailan?	NO	138
53. When did you <u>last</u> drink an alcoholic drink?	In past 6 months (Sa nakaraang 6 na buwan)	40
Kailan kayo <u>huling</u> uminom ng inuming may alcohol?	Over 6-12 months (Lagpas sa 6-12 buwan)	07
	Over 12 months (Lagpas sa 12 buwan)	90
	Cannot recall (Hindi maalala)	27
	Never drank alcoholic drink (Hindi pa ako nakainom ng inuming may alcohol kahit na kailan)	41
54. How often did you drink any alcoholic drink in past 6 months	Frequently (Madalas)	73
Gaano kadalas kayong uminom ng inuming may alcohol nitong nakaraang 6 na buwan?	Occasionally (Paminsan-minsan)	58
	Seldom (Bihira)	34
	Not drank any alcoholic drink in past 6 months (Hindi uminom ng inuming may alcohol nitong nakaraang 6 na buwan)	13
	Never drank alcoholic drink (Hindi pa nakainom ng inuming may alcohol kahit na kailan)	19
55. Have you ever had sex with a male?	YES	130
Kahit kailan, nakipagtalik ba kayo sa lalaki?	NO	117
56. At what age did you first have sex with a male?	14 or younger	70
Ilang taong gulang kayo noong kayo ay unang nakipagtalik sa lalaki?	15-16 yrs	89
	17-18	01
	19-20	26
	21-22	78
	23-24	37
	Can't Recall	83
	Never had sex with a male (Hindi pa nakipagtalik sa lalaki)	55
57. When did you <u>last</u> have sex with a male?	Past 6 months (Nakaraang 6 na buwan)	08
Kailan kayo huling nakipagtalik sa lalaki?	Over 6-12 months (Lagpas sa 6-12 buwan)	91
	Over 12 months (Lagpas sa 12 buwan)	67
	Cannot Recall (Hindi Maalala)	29
	Never had sex with a male (Hindi pa nakipagtalik sa lalaki)	33

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II. SEXUAL HABITS (FEMALES) (cont'd)

58.	In the past 6 months, how many times did you have sex with a male?	1-3 times	98
		4-6 times	59
		7-9 times	04
	Nitong nakaraang 6 na buwan ilang beses kayo nakipagtalik sa lalaki?	10-12 times	18
		13 or more	77
		Can't Recall	92
		Last had sex with a male over 6 months ago	31
		(Huling nakipagtalik sa lalaki ng lagpas sa nakaraang 6 na buwan)	
		Never had sex with a male	20
		(Hindi pa nakipagtalik sa lalaki)	
59.	How many male sex partners did you have in the past 6 months?	One person	87
		(Isang tao lamang)	
	Nitong nakaraang 6 na buwan, ilang lalaki ang inyong naka-partner sa pagtatalik?	More than 1 person	64
		(Higit sa 1 tao)	
		Last had sex with a male over 6 months ago	43
		(Huling nakipagtalik sa lalaki ng lagpas sa nakaraang 6 na buwan)	
		Never had sex with a male	68
		(Hindi pa nakipagtalik sa lalaki)	
60.	Have you ever had sex with a female?	YES	120
	Kahit kailan, nakipagtalik ka na ba sa babae?	NO	135
61.	At what age did you <u>first</u> have sex with a female?	14 or younger	06
		15-16 years	51
	Ilang taong gulang kayo ng una kayong makipagtalik sa babae?	17-18	46
		19-20	28
		21-22	50
		23-24	25
		Can't Recall	16
		(Hindi maalala)	
		Never had sex with a female	30
		(Hindi pa nakipagtalik sa babae)	
62.	When was the <u>last</u> time you had sex with a female?	Past 6 months	75
		(Nakaraang 6 na buwan)	
	Kailan kayo huling nakipagtalik sa babae?	Over 6-12 months	02
		(Nakaraang 6-12 buwan)	
		Over 12 months	61
		(Nakaraang 12 buwan)	
		Cannot Recall	39
		(Hindi Maalala)	
		Never had sex with a female	84
		(Hindi pa nakipagtalik sa babae)	

II. <u>SEXUAL HABITS (FEMALES)</u> (cont'd)		
63.	In the past 6 months, how many times did you have sex with a female?	
		1-3 times 14
		4-6 times 97
		7-9 times 22
	Nitong nakaraang 6 na buwan, ilang beses kayo nakipagtalik sa babae?	10-12 times 53
		13 or more 71
		Can't Recall 57
		(Hindi maalala)
	Last had sex with a female over 6 months ago	10
	(Huling nakipagtalik sa babae ng lagpas sa nakaraang 6 na buwan)	
	Not have sex with a female in the past 6 months	49
	(Hindi nakipagtalik sa babae sa nakaraang 6 na buwan)	
	Never had sex with a female	157
	(Hindi pa nakipagtalik sa babae)	
64.	How many female sex partners did you have in the past 6 months?	
		One person 24
	(Isang tao lamang)	
	More than 1 person	15
	(Higit sa 1 tao)	
	Last had sex with a female over 6 months ago	63
	(Huling nakipagtalik sa babae ng lagpas sa nakaraang 6 na buwan)	
	Never had sex with a female	44
	(Hindi pa nakipagtalik sa babae)	
65.	Have you ever had sex with a male prostitute?	
		YES 103
		NO 125
	Kahit kailan, nakipagtalik na ba kayo sa lalaking binabayaran?	Never had sex with a male prostitute 122
		(Hindi pa nakikipagtalik sa lalaking binabayaran)
66.	At what age did you <u>first</u> have sex with a male prostitute?	
		14 or younger 36
		15-16 yrs 72
		17-18 95
		19-20 78
		21-22 76
		23-24 32
		Can't Recall 12
		(Hindi maalala)
	Never had sex with a male prostitute	65
	(Hindi pa nakipagtalik sa lalaking binabayaran)	

II. SEXUAL HABITS (FEMALES) (cont'd)

67.	When did you <u>last</u> have sex with a male prostitute?	Past 6 mos (Nakaraang 6 na buwan)	35
	Kailan kayo huling nakikipagtalik sa lalaking binabayaran?	Over 6-12 months (Nakaraang 6-12 buwan)	82
		Over 12 months (Nakaraang 12 buwan)	21
		Cannot Recall (Hindi Maalala)	74
		Never had sex with a male prostitute (Hindi pa nakikipagtalik sa lalaking binabayaran)	52
68.	In the past 6 months, how many times did you have sex with a male prostitute?	1-3 times	116
		4-6 times	134
		7-9 times	118
	Nitong nakaraang 6 na buwan, ilang beses kayo nakikipagtalik sa lalaking binabayaran?	10-12 times	127
		13 or more	140
		Can't Recall (Hindi maalala)	108
		Last had sex with a male prostitute over 6 months ago (Huling nakikipagtalik sa lalaking binabayaran ng lagpas sa 6 na buwan)	139
		Never had sex with a male prostitute (Hindi pa nakikipagtalik sa lalaking binabayaran)	106
69.	How many male prostitutes did you have as sex partners the past 6 months?	One person (Isang tao lamang)	150
		More than 1 person (Higit sa isang tao)	110
	Ilang lalaking binabayaran ang naka-partner ninyo sa pagtatalik nitong nakaraang 6 na buwan?	Last had sex with a male prostitute over 6 months ago (Huling nakikipagtalik sa lalaking binabayaran ng lagpas sa 6 na buwan)	101
		Never had sex with a male prostitute (Hindi pa nakikipagtalik sa lalaking binabayaran)	126
70.	Have you ever had anal sex ?	YES	143
	Kahit kailan, nakipag-anal sex o nakikipagtalik sa puwit na ba kayo?	NO	129
71.	When was the <u>last</u> time you had anal sex?	Past 6 months (Nakaraang 6 na buwan)	156
		Over 6-12 months (Lagpas sa 6-12 buwan)	113
	Kailan kayo huling nakipag-anal sex o nakikipagtalik sa puwit?	Over 12 months (Lagpas sa 12 buwan)	145
		Can't Recall (Hindi Maalala)	137
		Never had anal sex (Hindi nakikipag-anal sex)	104

75

II. SEXUAL HABITS (FEMALES) (cont'd)

72.	Would you say that you have changed your sexual behavior in any way since AIDS has become a concern?	YES	42
		NO	48
	Masasabi ba ninyo na binago na ninyo ng kahit papaano ang inyong mga gawaing sexual mula ng maging concern ang AIDS?	Never had sex (Hindi pa nakiki-pagtalik)	99
73.	Have you ever tested for AIDS?	YES	154
		NO	111
	Kahit kailan, kayo ba ay na-test o nasuri na sa pagkakaroon ng AIDS?		
74.	Was your test	Positive	100
		Negative	109
		Don't know	114
	Ang resulta ba ng test ay	Never tested for AIDS (Hindi pa nagpapasuri para sa AIDS)	133
75.	How comfortable do you feel discussing this topic?	Very comfortable (Talagang komportable)	155
		Somewhat comfortable (Medyo komportable)	146
	Gaano kayo ka-komportable sa pagtatalakay nitong paksa?	Not very comfortable (Medyo hindi komportable)	102
		Not at all comfortable (Talagang hindi komportable)	121
76.	Would you feel more comfortable with a male interviewer or a female interviewer?	Male (Lalaki)	47
		Female (Babae)	54
	Mas magiging komportable ba kayo kung ang interviewer ay lalaki o babae?	Doesn't matter (Kahit sino)	80
77.	Would you prefer to have sex with :		
	Mas nanaisin niyo bang makipagtalik sa:	Someone of the same sex as yourself (Isang babae)	153
		Someone of the opposite sex (Isang lalaki)	158
		Both same and opposite sex (Babae o lalaki)	123
		Neither (Walang ninanais)	132
78.	Do you ever ask your partner to wear a condom when having sex or not?	YES	148
		NO	159
	Sinasabihan ba ninyo ang inyong partner o kabiyak sa pakikipagtalik na gumamit ng condom o hindi?	Never had sex (Hindi pa nakiki-pagtalik)	105

YOU MAY NOW TEAR UP THESE SHEETS OF PAPER AFTER THE INTERVIEWER HAS CHECKED THAT ALL THE QUESTIONS HAVE BEEN ANSWERED. THANK YOU!

MAAARI NA NINYONG PUNITIN ANG MGA PAPEL NA ITO PAGKATAPOS I-CHECK NG IINTERVIEWER NA NASAGOT NINYO ANG LAHAT NG MGA KATANUNGAN. SALAMAT PO!

III. CONDOMS (MALES ONLY - BACK TO ONE-ON-ONE INTERVIEW)

83.	Have you ever used a condom during sexual relations?	YES	1
	Kahit kailan, nakagamit ka ba ba o ang iyong ka-partner ng condom sa pagtatalik?	NO	2 -- (SKIP TO) (Q89)
<u>(ASK AMONG THOSE WHO HAVE EVER USED A CONDOM)</u>			
84.	(IF YES, ASK:) How old were you when you first used a condom?	14 yrs old or younger	01
		15 years	02
		16 years	03
	Ilang taon ka noong una kang gumamit ng condom?	17 years	04
		18 years	05
		19 years	06
		20 years	07
		21 years	08
		22 years	09
		23 years	10
		24 years	11

85.	After the first time, did you use a condom again?	YES	1
	Pagkatapos ng una mong paggamit ng condom, gumamit ka ba nito uli?	NO	2 (SKIP TO) (Q89)
86.	Did you use a condom the last time you had sex?	YES	1
		NO	2
	Gumamit ka ba ng condom noong huli kang nakipagtalik?	Can't recall	3
		Never had sex	4
87.	These days, do you <u>carry</u> a condom with you... (SHOWCARD K)	Always (Palagi)	1
	Sa ngayon, nagdadala ka ba ng condom ...	Most of the time (Kadalasan)	2
		About half the time (Kalahati ng panahon)	3
		Occasionally (Paminsan-minsan)	4
		Never (Talagang hindi)	5
88.	Would you say that these days you <u>use</u> condoms during sexual relations? (SHOWCARD K)	Always (Palagi)	1
	Sa ngayon, gumagamit ka ba ng condom sa tuwing pagtatalik ng ...	Most of the time (Kadalasan)	2
		About half the time (Kalahati ng panahon)	3
		Occasionally (Paminsan-minsan)	4
		Never (Talagang hindi)	5

TA

III. CONDOMS (ASK FOR ALL)

89. Have you ever wanted to use a condom and not been able to? YES 1
 Kahit kailan, mayroon bang pagkakataon na ninais mong gumamit ng condom pero hindi mo naisagawa? NO 2 ---
 (SKIP TO Q91)

90. (IF YES, ASK:) What was the reason for your not being able to use the condom?
 Ano ang dahilan kung bakit hindi mo naggamit ang condom sa pagkakataong iyon?

91. Where would you buy a condom if you wanted to use one? Drugstore 01
 Clinic 02
 Saan ka bibili ng condom kung gusto mong gumamit ng isa nito? Family planning center 03
 Others _____

92. Where would you keep a condom if you wanted to have it handy? Pants' pocket 01
 Wallet 02
 Saan mo itatago ang condom kung gusto mo itong makuha ng madalian? Others _____

93. If your partner asked you to use a condom, would you agree? YES 1
 Kung hiniling ng iyong ka-partner na gumamit ka ng condom, papayag ka ba? NO 2

94. How likely do you feel you are to use condoms in the future? (SHOWCARD L) Very likely 1
 (Malaki ang posibilidad)
 Somewhat likely 2
 (Medyo may posibilidad)
 Sa iyong paliramdam, ano ang posibilidad na gagamit ka ng condom sa mga darating na araw? Somewhat not likely 3
 (Medyo walang posibilidad)
 Not at all likely 4
 (Talagang walang posibilidad)

ATTITUDES TOWARD CONDOMS

95. Whether or not you have used condoms, please tell me how much you agree or not to each of these statements by placing each card on the appropriate description on this rating board. Let us start with (statement). Would you say that you Strongly Agree/Somewhat Agree/Somewhat Disagree/Strongly Disagree ?

Kahit nakagamit o hindi ka pa nakagamit ng condom o supot, pakisabi lang sa akin kung ikaw ay sumasang-ayon o hindi sa mga pangungusap na ito sa pamamagitan ng paglalagay ng mga kard na ito sa naaangkop na paglalarawan sa rating board. Umpisahan natin sa (statement). Masasabi mo ba na ikaw ay Talagang Sumasang-ayon/Medyo Sumasang-ayon/Medyo Hindi Sumasang-ayon/Talagang Hindi Sumasang-ayon?

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III. CONDOMS (cont'd)

	<u>STRONGLY AGREE</u>	<u>SOME- WHAT AGREE</u>	<u>SOME- WHAT DISAGREE</u>	<u>STRONGLY DISAGREE</u>
a. During sexual intercourse, condoms are an interference. (Ang condom ay sagabal sa pagtatalik)	1	2	3	4
b. Condoms are offensive to the regular sexual partner. (Ang condom ay hindi kanais-nais sa regular na partner sa pagtatalik)	1	2	3	4
c. Condoms reduce sexual sensitivity and pleasure. (Nakakabawas sa "sexual sensitivity" at kasarapan ng pagtatalik ang paggamit ng condom)	1	2	3	4
d. My partners usually don't like me to use a condom. (Sa kadalasan, ayaw ng aking mga partner na gumamit ako ng condom)	1	2	3	4
e. Using a condom can be an insult to my partner (Ang paggamit ng condom ay maaaring maka-insulto sa aking partner sa pagtatalik)	1	2	3	4
<hr/>				
f. Condoms are embarrassing to use. (Nakakahiyang gumamit ng condom)	1	2	3	4
g. Asking my partner is if I could use a condom might give her the impression that I'm unclean. (Ang paggamit ko ng condom ay maaaring magbigay ng impresyon sa aking partner na ako ay hindi malinis)	1	2	3	4
h. Asking my partner if I could use a condom might suggest I don't trust her. (Ang paggamit ko ng condom ay maaaring mangahulugan na wala akong tiwala sa kanya)	1	2	3	4
i. Wearing a condom shows that I am concerned for my partner. (Ang pagpapagamit ng condom ay nangangahulugang isinasaisip ko ang kapakanan ng aking partner.)	1	2	3	4
j. I would wear a condom if my partner asked me (Gagamit ako ng condom kung ako ay sabihin ng aking ka-partner)	1	2	3	4
<hr/>				
k. Condoms are useful for particular people like me. (Ang condom ay may silbi sa mga taong katulad ko)	1	2	3	4
m. Condom use can prevent venereal disease (Ang paggamit ng condom ay maaaring makapagpigil ng pagkahawa sa venereal disease)	1	2	3	4
n. With condoms, one is surely safe from contracting AIDS during sex. (Ang condom ay nakakasigurong hindi mahahawaan ng AIDS ang isang tao kapag ito ay nakikipagtalik)	1	2	3	4
o. I'm not sure I exactly know how to put on a condom. (Hindi ako sigurado kung paano isuot ang condom)	1	2	3	4
p. When I'm sexually excited, I forget all about using a condom. (Kapag ako ay "sexually excited", nakakalimutan ko na ang paggamit ng condom)	1	2	3	4

III. ONDOMS (cont'd)

	<u>STRONGLY</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>DISAGREE</u>	<u>STRONGLY</u> <u>DISAGREE</u>
p. Condoms are not safe to use as they can break (Hindi nakakasiguro ang paggamit ng condom dahil ito ay maaaring masira)	1	2	3	4
q. Condoms can be washed and re-used. (Ang mga condom ay maaaring hugasan at gamiting muli)	1	2	3	4
r. I wish condoms will become fashionable. (Sana mauso ang paggamit ng condom)	1	2	3	4
s. Condoms are embarrassing to buy. (Nakakahiyang bumili ng condom)	1	2	3	4
t. Condoms are too expensive. (Masyadong mahal ang mga condom)	1	2	3	4
<hr/>				
u. Condoms are easy to get. (Madaling makakuha ng condom)	1	2	3	4
v. It is a sin to use condoms. (Ang paggamit ng condom ay isang kasalanan)	1	2	3	4
w. My partner would feel grateful if I use a condom (Magpapasalamat ang aking ka-partner kung ako ay gagamit ng condom sa pagtatalik)	1	2	3	4
x. Condoms are not as bad as everybody says. (Ang condom ay hindi kasing walang kuwenta gaya nang sinasabi ng iba)	1	2	3	4
y. Condoms are difficult to remove. (Mahirap alisin ang condom)	1	2	3	4

Q46	79	Q47	94	Q48	09	Q49	128	Q50	05	Q51	56
	48		115		85		136		60		81
			17		11				96		03
					66				64		52
					94				23		86
Q52	119	Q53	40	Q54	73	Q55	120	Q56		Q57	112
	138		07		58		135	06	50		107
			90		34			51	25		131
			27		13			46	16		
			41		19			28	30		
Q58	75	Q59		Q60		Q61		Q62		Q63	35
	02	14	57		24		103	36	76		02
		97	10								
	61	22	49		15		125	72	32		21
		53	170								
	39	71			63		122	95	12		74
	84				44			38	65		62
Q64		Q65		Q66		Q67		Q68		Q69a	
116	140		150		130	70	78		141		151
134	108		110		117	89	37		147		160
118	139		101			01	83		142		
127	106		126			26	55				
Q69b		Q70		Q71	08	Q72		Q73		Q74	
	045		144		91	98	77		87		143
	149		152		67	59	92		64		129
					29	04	31		43		
					33	18	20		68		
Q75		Q76		Q77		Q78		Q79		Q80	
	156		42				100		155		47
	113				154		109		146		54
	145		88				114		102		80
	137				111		133		121		
	194		99								
Q81		Q82									
	153		148								
	158		159								
	123		124								
	132		105								

TRNI 88-227		(FEMALE) ANSWER GRID						INTERVIEW NO.			
Q46	79	Q47	94	Q48	09	Q49	128	Q50	05	Q51	55
	48		115		85		136		60		81
			17		11				96		03
					66				64		52
					93				23		86
Q52	119	Q53	40	Q54	73	Q55	120	Q56		Q57	08
	138		07		58		135	70	78		91
			90		34			89	37		67
			27		13			01	83		29
			41		19			26	55		33
Q58		Q59		Q60		Q61		Q62	75	Q63	
98	77		87		120	06	50		02	14	57
										97	10
59	92		64		135	51	25		61	22	49
										53	157
04	31		43			46	16		39	71	
18	20		68			28	30		84		
Q64		Q65		Q66		Q67		Q68		Q69	
	24		103	36	76		35				
	15		125	72	32		82	116	140		150
	63		122	95	12		21	134	108		110
	44			38	65		74	118	139		101
							62	127	106		126
Q70		Q71		Q72		Q73		Q74		Q75	
			156		72		154		100		155
	143		113		42				109		146
	123		145		88		111		114		102
			137		99				133		121
			104								
Q76		Q77		Q77							
	47		153		148						
			158		159						
	54		123		105						
	80		132								
Q81		Q82									
	153		148								
	158		159								
	123		124								
	132		105								

tw

IV. PSYCHOGRAPHICSA. PERSONALITY/LIFESTYLE/BELIEFS

1. With the help of these cards, please tell me how much you agree or not to each of these statements by placing each card on the appropriate description on this rating board. Let us start with (statement). Would you say that you Strongly agree/Somewhat agree/Somewhat disagree/Strongly disagree ?

Sa tulong ng mga kard na ito, pakisabi kung gaano kayo sumasang-ayon o hindi sumasang-ayon sa bawat pangungusap. Pakilagay ang kard na may pangungusap sa naaangkop na lugar sa rating board na ito. Simulan natin sa (statement). Masasabi ba ninyo na kayo ay Talagang Sumasang-ayon/Medyo Sumasang-ayon/Medyo Hindi Sumasang-ayon/Talagang Hindi Sumasang-ayon ?

(HAND OVER RATING BOARD AND CARDS)
(_____ TO RESPONDENT. _____)

	<u>STRONGLY AGREE</u>	<u>SOME- WHAT AGREE</u>	<u>SOME- WHAT DISAGREE</u>	<u>STRONGLY DISAGREE</u>
a. Many of the unhappy things in people's lives are partly due to bad luck. (Marami sa mga malulungkot na bagay sa buhay ng tao ang maaaring dulot ng kamalasan.)	1	2	3	4
b. Usually, what is going to happen will happen. (Sa kadalasan, ang inaasahang mangyayari ay nangyayari.)	1	2	3	4
c. When I make plans, I am almost certain that I can make them work. (Kapag ako ay gumawa ng mga plano, sigurado akong mapapatakbo ko ito.)	1	2	3	4
d. Luck has little or nothing to do with me getting what I want. (Ang suerte ay halos walang kinalaman sa pagtamo ko ng bagay na gusto ko.)	1	2	3	4
e. Accidents play a larger part in what happens in life than most people think. (Mas malaki ang papel na ginagampanan ng mga aksidenteng pangyayari sa buhay kaysa sa akala ng karamihan.)	1	2	3	4
f. I do not think I have much influence over the things that happen to me. (Sa aking palagay, wala akong masyadong impluwensiya sa mga bagay-bagay na nangyayari sa akin.)	1	2	3	4
g. What happens to me is my own doing. (Ang nangyayari sa akin ay bunga ng aking pagkikilos)	1	2	3	4
h. In the long run, people get the respect they deserve in this world. (Sa katagalan, nakakamit ng tao ang galang na ayon sa kanya dito sa mundo)	1	2	3	4
i. People's misfortunes result from the mistakes they make. (Ang kamalasan ng mga tao ay resulta ng ginawa nilang kamalian.)	1	2	3	4
j. Leaving things to fate does not work out well generally; it is better to decide what to do yourself. (Sa kadalasan, ang pagwawalang-bahala sa mga bagay-bagay ay hindi nakakabuti; mas angkop pa kung ikaw mismo ay gumawa ng desisyon.)	1	2	3	4

IV. PSYCHOGRAPHICSA. PERSONALITY/LIFESTYLE/BELIEFS (cont'd)

	<u>STRONGLY AGREE</u>	<u>SOME- WHAT AGREE</u>	<u>SOME- WHAT DISAGREE</u>	<u>STRONGLY DISAGREE</u>
k. Planning for the future is a waste of time. (Aksayado sa oras ang pagpapalano ng kinabukasan)	1	2	3	4
l. You might as well decide what to do by tossing a coin. (Mabuti nang magdesisyon sa pamamagitan ng kara y cruz o toss coin.)	1	2	3	4
m. There is really no such thing as "luck". (Ang suerte ay walang kabuluhan.)	1	2	3	4
n. I do not believe chance or luck plays much part in my life. (Hindi ako naniniwala na malaki ang ginagampanan ng suerte sa aking buhay)	1	2	3	4
o. Sometimes, I feel I do not have enough control over the direction my life is taking. (Minsan, nararamdaman ko na wala akong sapat na kontrol sa tinutunguhang direksiyon ng aking buhay.)	1	2	3	4
p. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries. (Sa kasamaang palad, ang kahalagahan ng ginawang bagay ng isang tao ay hindi napapansin kahit gaano siya magpumilit.)	1	2	3	4
q. The idea of dying frightens me. (Natatakot akong isipin ang tungkol sa kamatayan.)	1	2	3	4
r. I prefer doing things on my own than rely on the help of others. (Mas gusto kong gawin ang mga bagay nang nag-iisa kaysa umasa sa tulong ng iba.)	1	2	3	4
s. I think I am stricter than most people about right or wrong. (Sa aking palagay, mas mahigpit ako kaysa sa nakararami tungkol sa tama at mali.)	1	2	3	4
t. It usually takes me a long time to make a decision for fear of making a mistake (Kadalasan, matagal akong magpasiya dahil sa takot akong magkamali.)	1	2	3	4
u. We live in a more permissive society than our parents did in their time. (Ninumuhay tayo sa isang mas liberal na lipunan kaysa sa lipunang ginalawan ng ating mga magulang.)	1	2	3	4
v. The young generation of today have lower moral standards than the older generation. (Ang kabataan sa ngayon ay may mas mababang moralidad kaysa sa nakatatandang henerasyon.)	1	2	3	4

IV. PSYCHOGRAPHICSA. PERSONALITY/LIFESTYLE/BELIEFS

	<u>STRONGLY</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>DISAGREE</u>	<u>STRONGLY</u> <u>DISAGREE</u>
w. When faced with a problem, I usually study it carefully before I make a decision on what action to take. (Kung may problema ako, kadalasang pinag-aaralan ko itong mabuti bago ako magpasya kung anong aksiyon ang gagawin ko.)	1	2	3	4
x. I don't much wish to change my present situation. (Hindi ko gaanong gustong magbago ang katayuan ko sa ngayon.)	1	2	3	4
y. I am interested only in myself. (Interesado lang ako sa sarili ko.)	1	2	3	4
z. I am good at associating with other people. (Magaling ako sa pakikisama sa ibang tao.)	1	2	3	4
aa. If I believe I am right, I take no notice of what others might say. (Kung sa palagay ko ay tama ako, hindi ko pinapansin kung anuman ang sasabihin ng iba.)	1	2	3	4
bb. I tend to react to things emotionally rather than rationally. (Ako ay nagpapadala sa udyok ng damdamin sa halip na mag-isip muna bago kumilos.)	1	2	3	4
cc. I tend to be secretive, not interested in sharing my thoughts/feelings. (Ako ay malihim at hindi interesadong makipag-share o makibahagi sa iba ng aking mga iniisip/damdamin.)	1	2	3	4
dd. I consider myself a leader. (Tinuturing ko ang sarili ko na isang lider.)	1	2	3	4
ee. I am aggressive. (Ako ay agresibo.)	1	2	3	4
ff. I get things done. (Nagagawa ko ang kailangang gawin.)	1	2	3	4
gg. A person should adapt his ideas and behaviour to the group that happens to be with him at the time. (Ang isang tao ay dapat ibagay ang isipan at ugali sa grupo na kasalukuyang kinabibilangan niya.)	1	2	3	4
hh. I like to plan and organize things carefully before starting a job. (Gusto kong planuhin at isaayos ng mabuti ang mga bagay-bagay bago ako magsimula sa isang gawain.)	1	2	3	4
ii. I normally give allowances for other people's mistakes. (Karaniwang mapagbigay ako sa pagkaka-mali ng ibang tao.)	1	2	3	4

IV. PSYCOGRPHICSA. PERSONALITY/LIFESTYLE/BELIEFS

	<u>STRONGLY AGREE</u>	<u>SOME- WHAT AGREE</u>	<u>SOME- WHAT DISAGREE</u>	<u>STRONGLY DISAGREE</u>
jj. I easily get influenced by other people 1 (Madali akong ma-impluwensiya ng ibang tao.)		2	3	4
kk. I often take an active role in group activities. (Kadalasang aktibo ako sa pagganap sa mga gawain/proyektong pang-grupo.)	1	2	3	4
ll. I have no qualms about going over others in order to get ahead of life. (Hindi ako nababahala na malagpasan ang iba upang umunlad ang buhay ko.)	1	2	3	4
mm. I have a very strong desire to be a success in this world. (Matindi ang hangad kong maging matagumpay .)	1	2	3	4
nn. I often think about how I look and what impression I am making upon others. (Madalas kong maisip kung ano ang hitsura ko at kung ano ang impresyon na ibinibigay ko sa ibang tao.)	1	2	3	4
oo. When I know I am right, I stand pat on my decision regardless of my group's disapproval. (Kung alam kong tama ako, pinaninindigan ko ang aking desisyon kahit na ang aking mga kagrupo ay hindi sumasangayon.)	1	2	3	4
pp. I prefer to pass the time in the company of others rather than being alone. (Mas gusto kong magpalipas ng oras nang may kasama kaysa nag-iisa.)	1	2	3	4
qq. I would rather listen to what others have to say than voice out my own opinions. (Mas gusto ko pang marinig ang sasabihin ng iba kaysa magbigay ng sarili kong opinyon.)	1	2	3	4
rr. I would rather stay home than go to parties. (Mas gusto kong manatili sa bahay kaysa pumunta sa mga pagtitipon.)	1	2	3	4
ss. Men and women should be paid the same amount for the same job. (Ang mga babae at mga lalaki ay kailangang bayaran ng magkasing halaga para sa parehong trabaho.)	1	2	3	4
tt. In the Philippines, men and women have equal opportunities. (Sa Pilipinas, ang mga lalaki at babae ay may magkapantay na mga oportunidad)	1	2	3	4
uu. If a woman feels attracted to a man, it is alright for her to make the first advances or initiatives. (Kung ang isang babae ay may gusto sa isang lalaki, okay lang na siya ang gumawa ng unang hakbang tungkol dito.)	1	2	3	4

IV. PSYCHOGRAPHICS

B. FAVORITES

2. Please tell your favorite in each category: (SHOWCARD)

Pakisabi lang sa akin ang paborito ninyo sa bawat kategorya na ito:

- a. Local Movie actor
(Local na lalaking artista sa pelikula) _____
- b. Local movie actress
(Local na babaeng artista sa pelikula) _____
- c. Local TV male personality
(local na lalaking TV personality) _____
- d. Local TV female personality
(Local na babaeng TV personality) _____
- e. Local band/singing group
(Local na Band/grupo ng manganganta) _____
- f. Local male soloist
(Local na lalaking soloista) _____
- g. Local female soloist
(Local na babaeng soloista) _____

C. LEISURE

3. Which of these activities do you usually do in your free time/leisure time (SHOWCARD)?

Alin sa mga gawain/activities na nakalista dito ang karaniwang ginagawa mo kung ikaw ay may libreng oras/oras sa paglilibang?

- | | | | |
|--|----|--|----|
| a. Watch TV
(Nanunuod ng TV) | 01 | k. Tambay/just stand by a favorite place/mess about friends | 11 |
| b. Watch betamax
(Nanunuod ng betamax) | 02 | (Tumatambay sa isang paboritong lugar kasama ng mga kaibigan) | |
| c. Go to movies/cinema
(Nanunuod ng sine) | 03 | l. Read
(Nagbabasa) | 12 |
| d. Listen to radio
(Nakikinig ng radyo) | 04 | m. Jog/run | 13 |
| e. Go to discos/dancing
(Pumupunta sa mga disco/sayawan) | 05 | n. Swim | 14 |
| f. Going to concerts
(Pumupunta sa mga konsiyerto) | 06 | o. Attend sports event
(Pumupunta sa mga sports events/palakasan) | 15 |
| g. Go to church
(Pumupunta sa simbahan) | 07 | p. Play musical instrument
(Tumutugtog ng musical instrument) | 16 |
| h. Attend prayer meetings and other such activities
(Pumupunta sa mga prayer meeting at iba pang katulad na mga gawain) | 08 | q. Spend time with family
(Nagpapalipas ng oras kasama ang pamilya) | 17 |
| i. Chat/talk
(Nakikipagdaldalan) | 09 | r. Helping in household chores
(Cleaning, washing, tending children) | 18 |
| j. Visit friends/invite friends to house
(Bumibisita sa mga kaibigan/iniimbita ang mga kaibigan sa bahay) | 10 | [Tumutulong sa mga gawaing-bahay (naglilinis, naglalaba, nagbabantay ng mga bata)] | |

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IV. PSYCHOGRAPHICS

C. LEISURE (cont'd)

s. Drinking with friends/barkada (Nakikipag-inuman sa mga kaibigan/barkada)	19	w. Playing indoor/parlor games (mahjong, cards, bingo, scrabble, etc.) [Naglalaro ng mga larong pambahay/parlor games (mahjong, cards, bingo, scrabble, etc.)]
t. Go to beer gardens/bars/pubs (Pumupunta sa mga beer garden/bar/pub)	20	
u. Eat out (Kumakain sa labas)	21	
v. Gamble/bet on horse races, jai-alai, sabong, etc. (Nagsusugal/tumataya sa karera, jai-alai, sabong, etc.)	22	

D. AFFILIATION WITH SOCIAL GROUPS

Now, let us talk about the social activities that you indulge in.

4. Are you a member of any sports club in the office, school, or neighborhood or not?	Yes	1
Miyembro ka ba ng kahit na anong sports club sa inyong opisina, eskuwelahan o kapit-bahayan/neighborhood o hindi?	No	2
5. Are you a member of any cultural club in the office, school or neighborhood or not?	Yes	1
Miyembro ka ba ng kahit na anong cultural club sa inyong opisina, eskuwelahan o kapit-bahayan/neighborhood o hindi?	No	2
6. Are you a member of any civic or social organization or not?	Yes	1
Miyembro ka ba ng anumang civic o social organization o hindi?	No	2
7. Are you a member of any religious organization or movement in the office, school or neighborhood or not?	Yes	1
Miyembro ka ba ng kahit na anong organisasyon na pang-relihiyon sa inyong opisina, eskuwelahan o kapit-bahayan/neighborhood o hindi?	No	2
8a. Do you believe in any religion? What religion is it?	Roman Catholic	01
	Iglesia ni Kristo	02
	Protestant	03
May pinaniniwalaan ka bang relihiyon? Anong relihiyon ito?	(GO TO Q9) -None	() 10
b. Do you attend services/go to church regularly or not?	Yes	1
Nagsisimba ba kayong palagi o hindi?	No	2

IV. PSYCHOGRAPHICS

E. MEDIA EXPOSURE

We will now discuss your viewing, listening and reading habits.

9. When was the last time you watched television? Past week 1
 Kailan ka huling nanood ng telebisyon? (GO TO Q12) -- Over 1 week 2
-- Never 3
-
10. How often do you watch TV? Everyday 1
 Gaano kadalas kang manood ng TV? 5-6 times a week 2
3-4 times a week 3
1-2 times a week 4
Rarely 5
-
11. At what times of the day do you usually watch TV? Morning : Afternoon : Evening
- | | | | | | | |
|---|-------|----|------|----|-------|----|
| | 7-8 | 01 | 12-1 | 06 | 6-7 | 12 |
| Sa mga anong oras sa isang araw kayo kadalasang nanonood ng TV? | 8-9 | 02 | 1-2 | 07 | 7-8 | 13 |
| | 9-10 | 03 | 2-3 | 08 | 8-9 | 14 |
| | 10-11 | 04 | 3-4 | 09 | 9-10 | 15 |
| | 11-12 | 05 | 4-5 | 10 | 10-11 | 16 |
| | | | 5-6 | 11 | 11-12 | 17 |
12. When was the last time you listened to the radio? Past week 1
 Kailan ka huling nakinig ng radyo? (GO TO Q16) -- Over 1 week 2
-- Never 3
-
13. How often do you listen to the radio? Everyday 1
 Gaano kadalas kang makinig ng radyo? 5-6 times a week 2
3-4 times a week 3
1-2 times a week 4
Rarely 5
-
14. At what times of the day do you usually listen to radio Morning : Afternoon : Evening
- | | | | | | | |
|---|-------|----|------|----|-------|----|
| | 12-1 | 01 | 12-1 | 13 | 6-7 | 19 |
| | 1-2 | 02 | 1-2 | 14 | 7-8 | 20 |
| Sa anong oras sa isang araw kayo kadalasang nakikinig ng radyo? | 2-3 | 03 | 2-3 | 15 | 8-9 | 21 |
| | 3-4 | 04 | 3-4 | 16 | 9-10 | 22 |
| | 4-5 | 05 | 4-5 | 17 | 10-11 | 23 |
| | 5-6 | 06 | 5-6 | 18 | 11-12 | 24 |
| | 6-7 | 07 | | | | |
| | 7-8 | 08 | | | | |
| | 8-9 | 09 | | | | |
| | 9-10 | 10 | | | | |
| | 10-11 | 11 | | | | |
| | 11-12 | 12 | | | | |
- 15a. Do you listen to AM stations, FM stations or both Q15a Q15b
- | | | | |
|--|------------|---|---|
| Nakikinig ka ba sa AM na estasyon lang, FM na estasyon lang, o pareho? | AM station | 1 | 1 |
| | FM station | 2 | 2 |
| b. To which type of stations do you listen more often -- AM or FM? | Both/same | 3 | 3 |
- Sa anong klase ng estasyon kayo kadalasang nakikinig -- AM o FM?

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IV. PSYCHOGRAPHICSE. MEDIA EXPOSURE (cont'd)

16. When was the last time you read a newspaper? Past week 1
 Kailan ka huling nagbasa ng diyaryo? ----- Over 1 week 2
(GO TO Q19) -! -- Never 3
17. What newspaper/s do you read at least 2 times a week or more often? Ang Filipino Ngayon 01
 Anong diyaryo/mga diyaryo ang binabasa mo ng mga dalawang beses man lang o higit pa sa loob ng isang linggo? Balita 02
Business World 03
Business Star 04
Evening Star 05
Manila Standard 06
Malaya 07
Manila Bulletin 08
Manila Chronicle 09
Manila Times 10
News Herald 11
People's Journal 12
People's Tonight 13
Philippine Daily Globe 14
Philippine Daily Inquirer 15
Philippine Star 16
Taliba 17
Tempo 18
The Journal 19
Others: ----- ()
----- ()
None 88
18. When was the last time you read a magazine? Past week 1
 Kailan ka huling nagbasa ng magasin? ----- Over 1 week 2
(GO TO Q20) -! -- Never 3
19. What magazine/s do you read at least every other issue or more often? Extra Hot 01
 Anong magasin/mga magasin ang binabasa mo ng kada ikalawang isyu man lang o mas madalas? Movie Star 02
Jingle Sensation 03
Kislap 04
Liwayway 05
Modern Romances 06
Orig 07
Sosyal 08
Mod Filipina 09
Mr. & Ms. 10
Woman's Home Companion 11
Women's Journal 12
Woman Today 13
Panorama 14
Sunday Inquirer 15
Sunday Malaya 16
Sunday Times Magazine 17
Asiaweek 18
World's Executive Digest 19
Newsweek 20
Reader's Digest 21
Time 22
Others: ----- ()
None 88

IV. PSYCHOGRAPHICSE. MEDIA EXPOSURE (cont'd)

20. When was the last time you read comics? Past week 1
Over 1 week 2
 Kailan ka huling nagbasa ng komiks? (GO TO Q23) Never 3
21. What kinds of comics do you usually read? Tagalog 1
(SHOWCARD) (GO TO Q23) -English 2
Both 3
 Anong mga klaseng komiks ang karaniwan ninyong binabasa?
22. IF ANSWER TAGALOG OR BOTH TAGALOG AND ENGLISH:
 What Tagalog comics do you read at least every other issue or more often?
 Anong komiks/mga komiks na Tagalog ang binabasa mo ng kada ikalawang isyu man lang o mas madalas?
- | | | |
|--|-----------------|-----|
| | Aliwan | 01 |
| | Darna | 02 |
| | Especyal | 03 |
| | Funny | 04 |
| | Hiwaga | 05 |
| | Loveline | 06 |
| | Love Story | 07 |
| | Pilipino | 08 |
| | Pinoy Komiks | 09 |
| | Superstar | 10 |
| | Tagalog Komiks | 11 |
| | Wakasan | 12 |
| | Astro | 13 |
| | Gem | 14 |
| | Lagim | 15 |
| | L'Amor | 16 |
| | Pinoy Klasiks | 17 |
| | Sweetheart | 18 |
| | Tagalog Klasiks | 19 |
| | Topstar | 20 |
| | TSS Komiks | 21 |
| | Others _____ | () |
| | None _____ | () |
| | None | 88 |
23. When was the last time you went to the movies? Past month 1
Over 1 month 2
 Kailan ka huling nanood ng sine? (GO TO SOCIO-DEMO) Never 3
24. How often do you see a movie? More often than once a week _____ 01
Once a week 02
 Gaano kadalas kang manood ng sine? 2 - 3 times a month 03
Once a month 04
Less than once a month _____ 05
25. What movies do you prefer to see: English, Tagalog or both? English 1
Tagalog 2
 Anong mga pelikula ang mas gusto mong panoorin: English, Tagalog o pareho? Both 3

THANK YOU!

MARAMING SALAMAT PO!

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**KNOWLEDGE, ATTITUDE AND PRACTICE STUDY
AIDS COMMUNICATION/EDUCATION PROGRAM
PHILIPPINES**

Conceptual Framework for Analysis of Questionnaires

The KAP studies developed for the AIDS Communication/Education program in the Philippines represent the first step in a multi-stage formative research program. These KAPs will provide guidance for strategic and creative development and will serve as a baseline against which to track program performance over time. Before discussing the analytic framework itself, the following observations can be noted regarding the research instruments.

1. The survey instruments are quite comprehensive. As little is currently known about the topic of AIDS-related knowledge, attitudes and practices among the target subsamples in the Philippines, it was felt necessary to explore many topic areas in considerable depth.
2. The KAP surveys are to be conducted among a relatively small sample size. Given the nature of the individual samples involved, the decision was made to select fairly small "representative" samples of each potential AIDS communication/education target audience rather than to undergo large projectable samples. It was also decided to limit the geographic sampling area to Manila. This was done because:
 - a) A nationally representative sample (Gallup) has already been conducted to provide general population trends, and;
 - b) The program will begin with a pilot project located in the Manila area.
3. Questions have incorporated many of the beliefs, perceptions and terminology which emerged from exploratory focus groups. For example, misperceptions surfaced among many young Filipinos that AIDS could somehow be "protected against" by taking certain medicines such as antibiotics. These medicines, it was felt, would prevent AIDS from "taking hold". An attempt was made to quantify this in order to determine if it is a widely prevalent myth. This is true for many other aspects of knowledge, attitudes, beliefs and practices as well.

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4. For certain key measurement areas, several questions have been developed which pertain to the same variable. This was done in order to determine which question approach provides the best measure of the intended variable. For example, perceived personal risk of getting AIDS is asked in at least three ways:
 - a. Question 5; Relative likelihood of getting AIDS versus other diseases.
 - b. Question 22; Perceived personal susceptibility or likelihood of getting AIDS.
 - c. Question 23; Stated level of "worry" about getting AIDS.

These various measures can be cross-tabulated with others to help determine the correlates with high versus low perceived personal risk. They can also be cross-tabbed against each other to further enhance understanding regarding their validity as measurement constructs. The same is true of many other variables in the questionnaire.

5. Questions have been asked in such a way as to provide as much sensitivity as possible in order to enhance discrimination in subsequent tracking waves. Scaler questions or multi-stage questions were often used rather than yes/no formats so that incremental movement over time could be observed even if major shifts were not visible.
6. The questionnaire format lends itself to summary measurements. For example, by indexing certain classes of information such as "myth index" or "concern index", a whole series of questions can be looked at as a single number. This facilitates comparison between subsamples as well as over time and makes major trends more visible.
7. Not all questions need be asked on subsequent tracking waves. Thorough analysis of the initial baseline KAP will provide guidance for key measures to be tracked over time following the communication/education intervention.

The basic conceptual framework for analysis and presentation of the data will be threefold:

1. Target Audience: A profile of each target audience in terms of demographics, psychographics and behavioral variables will

be developed. This may entail some segmentation of each target audience as well. A battery of personality variables (such as inner vs. outer directed, fatalism vs. pessimism) was developed and may provide key segmentation variables. The creative/strategy development team will require a very rich profile of each target audience in order to develop sensitive materials.

2. **Media:** A profile of the media habits and preferences of each target audience will be developed. This includes media exposure patterns, most used/trusted sources of AIDS information, favorite celebrities, as well as possible locations for AIDS-related "little media" such as posters, safe sex kits and so forth.
3. **Behavior Change Continuum:** The ultimate goal of any AIDS communication/education program is to bring about key new behaviors among the target population--behaviors that will limit HIV transmission (i.e.: safer sex, monogamy, abstinence etc.). Because this process is felt operate on a continuum which takes place over a long period of time, it is critical to determine where on this continuum the majority of the target audience is located.

For AIDS, a hypothetical continuum is as follows:

- a. Unaware
- b. Aware
- c. Concerned
- d. Knowledgeable
- e. Motivated
- f. Ready to Change
- g. Try New Behavior
- h. Assess
- i. Sustained Behavior Change

Of course this is never an "all or none" phenomenon and movement most likely goes forward as well as backward on the continuum with some target members falling off the continuum altogether into such states as denial.

The above three distinctions of 1) Target Audience, 2) Media, and 3) Location on the Adoption Continuum will serve as a basic framework for analysing the KAP findings. The following guide presents each question of the Young Adult survey instrument and its intended purpose in this analytic framework.

AWARENESS

QUESTION #	STAGE OF THE CONTINUUM	QUESTION ITEM/CONTENT AREA
1	Awareness	FM: Top of mind awareness of AIDS as a health issue among the young adult reference group. OM: Other unaided mentions of AIDS as a health issue.
2	Awareness	Aided awareness of AIDS.
6	Awareness/Knowledge	Unaided identification of what AIDS is (this question will yield saliency of perceptions regarding AIDS).
7	Awareness	Source of awareness of AIDS.
8	Awareness/Concern	Information attending. Last time seen/heard anything about AIDS.
10 a,b	Awareness/Concern	Dialoguing about AIDS.
11	Awareness/Concern	Affective response to dialoguing about AIDS.

As a whole, these questions should help to determine if AIDS is on the young adult agenda, its saliency and priority, its top of mind "definition" and the degree of information seeking/dialoguing taking place about it. These are all areas where changes may be sought in response to the communication/education effort.

CONCERN

QUESTION #	STAGE OF THE CONTINUUM	QUESTION ITEM/CONTENT AREA
3	Concern	Level of perceived seriousness of AIDS relative to other diseases.
4	Concern	Rank order of AIDS versus other diseases in terms of perceived seriousness.
5	Concern	Perceived personal risk--likelihood of getting AIDS.
18	Concern	Perceptions regarding finding a cure for AIDS.
20	Concern	Perceptions regarding ease of catching AIDS.
21	Concern	Perceived susceptibility of others in reference group to getting AIDS.
22	Concern	Perceived <u>personal</u> susceptibility to AIDS.
23	Concern	Stated "worry" about getting AIDS.
24,25	Concern	Anticipated response state to getting AIDS (i.e., panic, denial, etc.)
26,27	Concern	Concern regarding susceptibility of reference group to AIDS.
28	Concern/Knowledge	Fatality of AIDS.
29	Concern (External triggering mechanism)	Proximity to self--heard of AIDS among reference group.

CONCERN cont.

QUESTION #	STAGE OF THE CONTINUUM	QUESTION ITEM/CONTENT AREA
30	Concern (External triggering mechanism)	Proximity to self--know someone with AIDS.
37	Concern	Stated fears about the consequences of AIDS.
38	Concern	Perceived spread of AIDS within the Philippines
42	Concern	Information seeking regarding AIDS.

The above questions all pertain to the stated level of concern, factors related to arousing concern or to responses which may signal the existence of concern. Because concern itself is an element of motivation, many of these questions could fit under this stage as well. Just where these questions fit when preparing the data analysis will be a matter of judgment and will depend upon the results obtained. It is hoped that key items can be isolated that correlate with behavior change.

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KNOWLEDGE

QUESTION #	STAGE OF THE CONTINUUM	QUESTION ITEM/CONTENT AREA
9	Knowledge	Self perception regarding the level of knowledge of AIDS.
12	Knowledge	Knowledge of signs/symptoms of AIDS.
13 a-e	Knowledge	Knowledge of the incubation period regarding AIDS.
14 a,b	Knowledge	Knowledge of a test for AIDS.
15	Knowledge	Knowledge of a vaccine for AIDS.
16 a,b	Knowledge/Myths	Forms of protection from AIDS.
17a,b	Knowledge	Knowledge of a cure for AIDS.
19	Knowledge/Myths	Knowledgeable regarding transmission routes of AIDS.
27	Knowledge/Myths	Knowledge regarding risk groups susceptible to AIDS.
31	Knowledge/Myths	Knowledge regarding risk reduction behaviors.

It may be useful to develop a knowledge index or indexes for critical components of knowledge as well as a myth index. Examining the correlates to knowledge may provide further insight.

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MOTIVATION

QUESTION #	STAGE OF THE CONTINUUM	QUESTION ITEM/CONTENT AREA
32	Motivation	Perceived acceptance of risk reduction behaviors.
89,90	Motivation/Trial	Barriers to condom use (internal, external).
91	Motivation	Barriers to condom use (external).
92	Motivation	Barriers to condom use (external).
93	Motivation	Barriers to condom use.
94	Motivation	Stated condom usage intent.
99 a,y	Motivation/Trial	A battery of condom attitude statements.
36	Motivation	Attitude battery which deals with many factors: Seriousness, proximity, fatalism, denial, sexual disclosure, blaming, myths etc.

Motivation is a stage which includes many aspects of all earlier stages such as knowledge or concern. Generally a goal behavior (such as condom use or reduction of sexual partners) must be identified so that motivation to adopt that behavior can be gauged. This stage then involves 1) the cost/benefit perception regarding that behavior, 2) specific barriers (internal/external) to adoption, 3) the image of the goal behavior, 4) the perceived efficacy and acceptability of the goal behavior as well as many personal factors such as one's sense of personal risk and personality type. Clearly this may be the most complex stage to analyze.

TRIAL

QUESTION #	STAGE OF THE CONTINUUM	QUESTION ITEM/CONTENT AREA
33 a,b	Trial	Level of self-reported behavior change (with probe).
34	Trial	Specific risk reduction behaviors tried.
35 a	Trial	Repeat/continued behavior change intentions.
35 b	Trial	Future behavior change intentions.
82	Trial	Frequency of condom use (cross-check with question 88).
83	Trial	Ever tried condoms.
84	Trial	Age first tried condoms.
85	Trial	Repeat trial of condoms.
86	Trial/Sustained	Condom used last time.
87	Trial/Sustained	Frequency of carrying a condom.
88	Trial/Sustained	Frequency of condom use.

This assumes some goal behavior. Both the level of trial and the result of that trial are important. It will be useful to identify a key trial question or group of questions that can be correlated against other factors to help determine what contributes to trial. Thus, a good tryer definition is needed.

TARGET AUDIENCE DATA

QUESTION #	FACTOR	QUESTION ITEM/CONTENT AREA
1 a-uu	Target Audience	Psychographic battery.
?	Target Audience	Demographic battery.
46, 47, 48	Target Audience	Behavior--IV drug use.
49,50,51	Target Audience	Behavior--Impaired thinking from marijuana.
52,53,54	Target Audience	Behavior--Impaired thinking from alcohol.
55-60	Target Audience	Behavior--had sex with a female.
61-65	Target Audience	Behavior--had sex with female prostitute.
66,67,68	Target Audience	Behavior--had sex with male.
69-73	Target Audience	Behavior--sex with a homosexual.
74,75	Target Audience	Behavior--had anal sex.
76	Target Audience	Behavior--reported behavior change (cross check with question ?).
77	Target Audience	Behavior--have had AIDS test.
78	Target Audience	Behavior--result of AIDS test.
79,80	Target Audience	Behavior--stated comfort with topic of AIDS.
81	Target Audience	Behavior--sexual preference.

MEDIA

QUESTION #	FACTOR	QUESTION ITEM/CONTENT AREA
3 a-w	Target Audience/Media	Leisure activities and location of leisure activities.
2 a-g	Media	Celebrity preferences.
9-25	Media	Exposure pattern.
43	Media	Where get AIDS information.
44	Media	Most trusted information source.
45	Media	Information needs/interests.

IV. PSYCHOGRAPHICSA. PERSONALITY/LIFESTYLE/BELIEFS

1. With the help of these cards, please tell me how much you agree or not to each of these statements by placing each card on the appropriate description on this rating board. Let us start with (statement). Would you say that you Strongly agree/Somewhat agree/Somewhat disagree/Strongly disagree?

Sa tulong ng mga kard na ito, pakisabi kung gaano kayo sumasang-ayon o hindi sumasang-ayon sa bawat pangungusap. Pakilagay ang kard na may pangungusap sa naaangkop na lugar sa rating board na ito. Simulan natin sa (statement). Masasabi ba ninyo na kayo ay Talagang Sumasang-ayon/Medyo Sumasang-ayon/Medyo Hindi Sumasang-ayon/Talagang Hindi Sumasang-ayon?

(HAND OVER KATING BOARD AND CARDS)
(_____ TO RESPONDENT.)

	<u>STRONGLY AGREE</u>	<u>SOME- WHAT AGREE</u>	<u>SOME- WHAT DISAGREE</u>	<u>STRONGLY DISAGREE</u>
a. Many of the unhappy things in people's lives are partly due to bad luck. (Marami sa mga malulungkot na bagay sa buhay ng tao ang maaaring dulot ng kamalasan.)	1	2	3	4
b. Usually, what is going to happen will happen. (Sa kadalasan, ang inaasahang mangyayari ay nangyayari.)	1	2	3	4
c. When I make plans, I am almost certain that I can make them work. (Kapag ako ay gumawa ng mga plano, sigurado akong mapapatakbo ko ito.)	1	2	3	4
d. Luck has little or nothing to do with me getting what I want. (Ang suerte ay halos walang kinalaman sa pagtamo ko ng bagay na gusto ko.)	1	2	3	4
e. Accidents play a larger part in what happens in life than most people think. (Mas malaki ang papel na ginagampanan ng mga aksidenteng pangyayari sa buhay kaysa sa akala ng karamihan.)	1	2	3	4
f. I do not think I have much influence over the things that happen to me. (Sa aking palagay, wala akong masyadong impluwensiya sa mga bagay-bagay na nangyayari sa akin.)	1	2	3	4
g. What happens to me is my own doing. (Ang nangyayari sa akin ay bunga ng aking pagkikilos)	1	2	3	4
h. In the long run, people get the respect they deserve in this world. (Sa katagalan, nakakamit ng tao ang galang na ayon sa kanya dito sa mundo)	1	2	3	4
i. People's misfortunes result from the mistakes they make. (Ang kamalasan ng mga tao ay resulta ng ginawa nilang kamalian.)	1	2	3	4
j. Leaving things to fate does not work out well generally; it is better to decide what to do yourself. (Sa kadalasan, ang pagwawalang-bahala sa mga bagay-bagay ay hindi nakakabuti; mas angkop pa kung ikaw mismo ay gumawa ng desisyon.)	1	2	3	4

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IV. PSYCHOGRAPHICSA. PERSONALITY/LIFESTYLE/BELIEFS (cont'd)

	<u>STRONGLY AGREE</u>	<u>SOME- WHAT AGREE</u>	<u>SOME- WHAT DISAGREE</u>	<u>STRONGLY DISAGREE</u>
k. Planning for the future is a waste of time. (Aksayado sa oras ang pagpapalano ng kinabukasan)	1	2	3	4
l. You might as well decide what to do by tossing a coin. (Mabuti nang magdesisyon sa pamamagitan ng kara y cruz o toss coin.)	1	2	3	4
m. There is really no such thing as "luck". (Ang suerte ay walang kabuluhan.)	1	2	3	4
n. I do not believe chance or luck plays much part in my life. (Hindi ako naniniwala na malaki ang ginagampanan ng suerte sa aking buhay)	1	2	3	4
o. Sometimes, I feel I do not have enough control over the direction my life is taking. (Minsan, nararamdaman ko na wala akong sapat na kontrol sa tinutunguhang direksiyon ng aking buhay.)	1	2	3	4
<hr/>				
p. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries. (Sa kasamaang palad, ang kahalagahan ng ginawang bagay ng isang tao ay hindi napapansin kahit gaano siya magpumilit.)	1	2	3	4
q. The idea of dying frightens me. (Natatakot akong isipin ang tungkol sa kamatayan.)	1	2	3	4
r. I prefer doing things on my own than rely on the help of others. (Mas gusto kong gawin ang mga bagay nang nag-iisa kaysa umasa sa tulong ng iba.)	1	2	3	4
s. I think I am stricter than most people about right or wrong. (Sa aking palagay, mas mahigpit ako kaysa sa nakararami tungkol sa tama at mali.)	1	2	3	4
t. It usually takes me a long time to make a decision for fear of making a mistake (Kadalasan, matagal akong magpasiya dahil sa takot akong magkamali.)	1	2	3	4
<hr/>				
u. We live in a more permissive society than our parents did in their time. (Nanumuhay tayo sa isang mas liberal na lipunan kaysa sa lipunang ginalawan ng ating mga magulang.)	1	2	3	4
v. The young generation of today have lower moral standards than the older generation. (Ang kabataan sa ngayon ay may mas mababang moralidad kaysa sa nakatatandang henerasyon.)	1	2	3	4

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IV. PSYCHOGRAPHICSA. PERSONALITY/LIFESTYLE/BELIEFS

	<u>STRONGLY</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>DISAGREE</u>	<u>STRONGLY</u> <u>DISAGREE</u>
w. When faced with a problem, I usually study it carefully before I make a decision on what action to take. (Kung may problema ako, kadalasang pinag-aaralan ko itong mabuti bago ako magpasya kung anong aksiyon ang gagawin ko.)	1	2	3	4
x. I don't much wish to change my present situation. (Hindi ko gaanong gustong magbago ang katayuan ko sa ngayon.)	1	2	3	4
y. I am interested only in myself. (Interesado lang ako sa sarili ko.)	1	2	3	4
z. I am good at associating with other people. (Magaling ako sa pakikisama sa ibang tao.)	1	2	3	4
aa. If I believe I am right, I take no notice of what others might say. (Kung sa palagay ko ay tama ako, hindi ko pinapansin kung anumang sasabihin ng iba.)	1	2	3	4
bb. I tend to react to things emotionally rather than rationally. (Ako ay nagpapadala sa udyok ng damdamin sa halip na mag-isip muna bago kumilos.)	1	2	3	4
cc. I tend to be secretive, not interested in sharing my thoughts/feelings. (Ako ay malihim at hindi interesadong makipag-share o makibahagi sa iba ng aking mga iniisip/damdamin.)	1	2	3	4
dd. I consider myself a leader. (Tinuturing ko ang sarili ko na isang lider.)	1	2	3	4
ee. I am aggressive. (Ako ay agrasibo.)	1	2	3	4
ff. I get things done. (Nagagawa ko ang kailangang gawin.)	1	2	3	4
gg. A person should adapt his ideas and behaviour to the group that happens to be with him at the time. (Ang isang tao ay dapat ibagay ang isipan at ugali sa grupo na kasalukuyang kinabibilangan niya.)	1	2	3	4
hh. I like to plan and organize things carefully before starting a job. (Gusto kong planuhin at isaayos ng mabuti ang mga bagay-bagay bago ako magsimula sa isang gawain.)	1	2	3	4
ii. I normally give allowances for other people's mistakes. (Karaniwang mapagbigay ako sa pagkakamali ng ibang tao.)	1	2	3	4

IV. PSYCOGRAPHICSA. PERSONALITY/LIFESTYLE/BELIEFS

	<u>STRONGLY AGREE</u>	<u>SOME- WHAT AGREE</u>	<u>SOME- WHAT DISAGREE</u>	<u>STRONGLY DISAGREE</u>
jj. I easily get influenced by other people (Madali akong ma-impluwensiya ng ibang tao.)		2	3	4
kk. I often take an active role in group activities. (Kadalasang aktibo ako sa pagganap sa mga gawain/proyektong pang-grupo.)	1	2	3	4
ll. I have no qualms about going over others in order to get ahead of life. (Hindi ako nababaha na malagpasan ang iba upang umunlad ang buhay ko.)	1	2	3	4
mm. I have a very strong desire to be a success in this world. (Matindi ang hangad kong maging matagumpay.)	1	2	3	4
nn. I often think about how I look and what impression I am making upon others. (Madalas kong maisip kung ano ang hitsura ko at kung ano ang impresyon na ibinibigay ko sa ibang tao.)	1	2	3	4
oo. When I know I am right, I stand pat on my decision regardless of my group's disapproval. (Kung alam kong tama ako, pinaninindigan ko ang aking desisyon kahit na ang aking mga kagrupong ay hindi sumasangayon.)	1	2	3	4
pp. I prefer to pass the time in the company of others rather than being alone. (Mas gusto kong magpalipad ng oras nang may kasama kaysa nag-iisa.)	1	2	3	4
qq. I would rather listen to what others have to say than voice out my own opinions. (Mas gusto ko pang marinig ang sasabihin ng iba kaysa magbigay ng sarili kong opinyon.)	1	2	3	4
rr. I would rather stay home than go to parties. (Mas gusto kong manatili sa bahay kaysa pumunta sa mga pagtitipon.)	1	2	3	4
ss. Men and women should be paid the same amount for the same job. (Ang mga babae at mga lalaki ay kailangang bayaran ng magkasing halaga para sa parehong trabaho.)	1	2	3	4
tt. In the Philippines, men and women have equal opportunities. (Sa Pilipinas, ang mga lalaki at babae ay may magkapantay na mga oportunidad.)	1	2	3	4
uu. If a woman feels attracted to a man, it is alright for her to make the first advances or initiatives. (Kung ang isang babae ay may gusto sa isang lalaki, okay lang na siya ang gumawa ng unang hakbang tungkol dito.)	1	2	3	4

IV. PSYCHOGRAPHICS

B. FAVORITES

2. Please tell your favorite in each category: (SHOWCARD)

Pakisabi lang sa akin ang paborito inyo sa bawat kategorya na ito:

- a. Local Movie actor
(Local na lalaking artista sa pelikula) _____
- b. Local movie actress
(Local na babaeng artista sa pelikula) _____
- c. Local TV male personality
(local na lalaking TV personality) _____
- d. Local TV female personality
(Local na babaeng TV personality) _____
- e. Local band/singing group
(Local na Band/grupo ng manganganta) _____
- f. Local male soloist
(Local na lalaking soloista) _____
- g. Local female soloist
(Local na babaeng soloista) _____

C. LEISURE

3. Which of these activities do you usually do in your free time/leisure time (SHOWCARD)?

Alin sa mga gawain/activities na nakalista dito ang karaniwang ginagawa mo kung ikaw ay may libreng oras/oras sa paglilibang?

- | | | | |
|---|----|---|----------|
| a. Watch TV
(Nanunuod ng TV) | 01 | k. Tambay/just stand by a
favorite place/mess about
friends | 11 |
| b. Watch betamax
(Nanunuod ng betamax) | 02 | (Tumatambay sa isang pabori-
tong lugar kasama ng mga
kaibigan) | |
| c. Go to movies/cinema
(Nanunuod ng sine) | 03 | l. Read
(Nagbabasa) | 12 |
| d. Listen to radio
(Nakikinig ng radyo) | 04 | m. Jog/run
n Swim | 13
14 |
| e. Go to discos/dancing
(Pumupunta sa mga disco/
sayawan) | 05 | o. Attend sports event
(Pumupunta sa mga sports
events/palakasan) | 15 |
| f. Going to concerts
(Pumupunta sa mga konsiyerto) | 06 | p. Play musical instrument
(Tumutugtog ng musical
instrument) | 16 |
| g. Go to church
(Pumupunta sa simbahan) | 07 | q. Spend time with family
(Nagpapalipas ng oras
kasama ang pamilya) | 17 |
| h. Attend prayer meetings and
other such activities
(Pumupunta sa mga prayer
meeting at iba pang katulad
na mga gawain) | 08 | r. Helping in household chores
(Cleaning, washing, tending
children)
[Pumutulong sa mga gawaing-
bahay (naglilinis, naglalaba,
nagbabantay ng mga bata)] | 18 |
| i. Chat/talk
(Nakikipagdaldalan) | 09 | | |
| j. Visit friends/invite
friends to house
(Bumibisita sa mga kaibigan/
inimbita ang mga kaibigan
sa bahay) | 10 | | |

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IV. PSYCHOGRAPHICS

C. LEISURE (cont'd)

- | | |
|--|---|
| s. Drinking with friends/barkada 19
(Nakikipag-inuman sa mga kaibigan/barkada) | w. Playing indoor/parlor games (mahjong, cards, bingo, scrabble, etc.)
[Naglalaro ng mga larong pambahay/parlor games (mahjong, cards, bingo, scrabble, etc.)] |
| t. Go to beer gardens/bars/pubs 20
(Pumupunta sa mga beer garden/bar/pub) | |
| u. Eat out 21
(Kumakain sa labas) | |
| v. Gamble/bet on horse races, jai-alai, sabong, etc. 22
(Nagsusugal/tumataya sa karera, jai-alai, sabong, etc.) | |

D. AFFILIATION WITH SOCIAL GROUPS

Now, let us talk about the social activities that you indulge in.

- | | | |
|--|-------------------|--------|
| 4. Are you a member of any sports club in the office, school, or neighborhood or not? | Yes | 1 |
| Miyembro ka ba ng kahit na anong sports club sa inyong opisina, eskuwelahan o kapit-bahayan/neighborhood o hindi? | No | 2 |
| 5. Are you a member of any cultural club in the office, school or neighborhood or not? | Yes | 1 |
| Miyembro ka ba ng kahit na anong cultural club sa inyong opisina, eskuwelahan o kapit-bahayan/neighborhood o hindi? | No | 2 |
| 6. Are you a member of any civic or social organization or not? | Yes | 1 |
| Miyembro ka ba ng anumang civic o social organization o hindi? | No | 2 |
| 7. Are you a member of any religious organization or movement in the office, school or neighborhood or not? | Yes | 1 |
| Miyembro ka ba ng kahit na anong organisasyon na pang-relihiyon sa inyong opisina, eskuwelahan o kapit-bahayan/neighborhood o hindi? | No | 2 |
| 8a. Do you believe in any religion? What religion is it? | Roman Catholic | 01 |
| | Iglesia ni Kristo | 02 |
| | Protestant | 03 |
| May pinaniniwalaan ka bang relihiyon? Anong relihiyon ito? | (GO TO Q9) -None | () 10 |
| b. Do you attend services/go to church regularly or not? | Yes | 1 |
| Nagsisimba ba kayong palagi o hindi? | No | 2 |

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IV. PSYCHOGRAPHICS

E. MEDIA EXPOSURE

We will now discuss your viewing, listening and reading habits.

9. When was the last time you watched television? Past week 1
 Kailan ka huling nanood ng telebisyon? (GO TO Q17) -- Over 1 week 2
-- Never 3
-
10. How often do you watch TV? Everyday 1
 Gaano kadalas kang manood ng TV? 5-6 times a week 2
3-4 times a week 3
1-2 times a week 4
Rarely 5
-
11. At what times of the day do you usually watch TV? Morning : Afternoon : Evening
- | | | | | | | | | |
|---|-------|----|---|------|----|---|-------|----|
| | 7-8 | 01 | : | 12-1 | 06 | : | 6-7 | 12 |
| Sa mga anong oras sa isang araw kayo kadalasang nanonood ng TV? | 8-9 | 02 | : | 1-2 | 07 | : | 7-8 | 13 |
| | 9-10 | 03 | : | 2-3 | 08 | : | 8-9 | 14 |
| | 10-11 | 04 | : | 3-4 | 09 | : | 9-10 | 15 |
| | 11-12 | 05 | : | 4-5 | 10 | : | 10-11 | 16 |
| | | | : | 5-6 | 11 | : | 11-12 | 17 |
12. When was the last time you listened to the radio? Past week 1
 Kailan ka huling nakinig ng radyo? (GO TO Q16) -- Over 1 week 2
-- Never 3
-
13. How often do you listen to the radio? Everyday 1
 Gaano kadalas kang makinig ng radyo? 5-6 times a week 2
3-4 times a week 3
1-2 times a week 4
Rarely 5
-
14. At what times of the day do you usually listen to radio Morning : Afternoon : Evening
- | | | | | | | | | |
|---|-------|----|---|------|----|---|-------|----|
| | 12-1 | 01 | : | 12-1 | 13 | : | 6-7 | 19 |
| Sa anong oras sa isang araw kayo kadalasang nakikinig ng radyo? | 1-2 | 02 | : | 1-2 | 14 | : | 7-8 | 20 |
| | 2-3 | 03 | : | 2-3 | 15 | : | 8-9 | 21 |
| | 3-4 | 04 | : | 3-4 | 16 | : | 9-10 | 22 |
| | 4-5 | 05 | : | 4-5 | 17 | : | 10-11 | 23 |
| | 5-6 | 06 | : | 5-6 | 18 | : | 11-12 | 24 |
| | 6-7 | 07 | : | | | : | | |
| | 7-8 | 08 | : | | | : | | |
| | 8-9 | 09 | : | | | : | | |
| | 9-10 | 10 | : | | | : | | |
| | 10-11 | 11 | : | | | : | | |
| | 11-12 | 12 | : | | | : | | |
- 15a. Do you listen to AM stations, FM stations or both Q15a Q15b
- | | | | |
|--|------------|---|---|
| Nakikinig ka ba sa AM na estasyon lang, FM na estasyon lang, o pareho? | AM station | 1 | 1 |
| | FM station | 2 | 2 |
| | Both/same | 3 | 3 |
- b. To which type of stations do you listen more often -- AM or FM?
- Sa anong klase ng estasyon kayo kadalasang nakikinig -- AM o FM?

IV. PSYCHOGRAPHICSE. MEDIA EXPOSURE (cont'd)

16. When was the last time you read a newspaper? Past week 1
- . -- Over 1 week 2
- Kailan ka huling nagbasa ng diyaryo? (GO TO Q19) -1 3
- . -- Never
17. What newspaper/s do you read at least 2 times a week or more often? 01
- Ang Pilipino Ngayon 02
- Balita 03
- Business World 04
- Business Star 05
- Evening Star 06
- Manila Standard 07
- Malaya 08
- Manila Bulletin 09
- Manila Chronicle 10
- Manila Times 11
- News Herald 12
- People's Journal 13
- People's Tonight 14
- Philippine Daily Globe 15
- Philippine Daily Inquirer 16
- Philippine Star 17
- Taliba 18
- Tempo 19
- The Journal ()
- Others: _____ ()
- None _____ 88
- Anong diyaryo/mga diyaryo ang binabasa mo ng mga dalawang beses man lang o higit pa sa loob ng isang linggo?
18. When was the last time you read a magazine? Past week 1
- . -- Over 1 week 2
- Kailan ka huling nagbasa ng magasin? (GO TO Q20) -1 3
- . -- Never
19. What magazine/s do you read at least every other issue or more often? 01
- Extra Hot 02
- Movie Star 03
- Jingle Sensation 04
- Kislap 05
- Liwayway 06
- Modern Romances 07
- Orig 08
- Sosyal 09
- Mod Filipina 10
- Mr. & Ms. 11
- Woman's Home Companion 12
- Women's Journal 13
- Woman Today 14
- Panorama 15
- Sunday Inquirer 16
- Sunday Malaya 17
- Sunday Times Magazine 18
- Asiaweek 19
- World's Executive Digest 20
- Newsweek 21
- Reader's Digest 22
- Time ()
- Others: _____ ()
- None _____ 88
- Anong magasin/mga magasin ang binabasa mo ng kada ikalawang isyu man lang o mas madalas?

IV. PSYCHOGRAPHICSE. MEDIA EXPOSURE (cont'd)

20. When was the last time you read comics? Past week 1
 Kailan ka huling nagbasa ng komiks? Over 1 week 2
 (GO TO Q23) Never 3
21. What kinds of comics do you usually read? Tagalog 1
 (SHOWCARD) (GO TO Q23) -English 2
 Anong mga klaseng komiks ang karaniwan Both 3
 ninyong binabasa?
22. IF ANSWER TAGALOG OR BOTH TAGALOG AND ENGLISH:
 What Tagalog comics do you read at least every other issue or more often?
 Anong komiks/mga komiks na Tagalog ang binabasa mo ng kada ikalawang isyu man lang o mas madalas?
- | | |
|-----------------|-----|
| Aliwan | 01 |
| Darna | 02 |
| Espesyal | 03 |
| Funny | 04 |
| Hiwaga | 05 |
| Loveline | 06 |
| Love Story | 07 |
| Pilipino | 08 |
| Pinoy Komiks | 09 |
| Superstar | 10 |
| Tagalog Komiks | 11 |
| Wakasan | 12 |
| Astro | 13 |
| Gem | 14 |
| Lagim | 15 |
| L'Amor | 16 |
| Pinoy Klasiks | 17 |
| Sweetheart | 18 |
| Tagalog Klasiks | 19 |
| Topstar | 20 |
| TSS Komiks | 21 |
| Others _____ | () |
| None _____ | () |
| | 88 |
23. When was the last time you went to the movies? Past month 1
 Kailan ka huling nanood ng sine? Over 1 month 2
 (GO TO SOCIO-DEMO) Never 3
24. How often do you see a movie? More often than once a week _____ 01
 Gaano kadalas kang manood ng sine? Once a week 02
2 - 3 times a month 03
Once a month 04
Less than once a month _____ 05
25. What movies do you prefer to see: English 1
 English, Tagalog or both? Tagalog 2
 Anong mga pelikula ang mas gusto mong panoorin: English, Tagalog o pareho? Both 3

THANK YOU!

MARAMING SALAMAT PO!

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SEXUAL HABITS AND PRACTICES

PLEASE HAND SEALED ENVELOPE TO RESPONDENT AND RECORD NUMBERS CALLED OUT BELOW.

I would now like to give you a section of the questionnaire for which I don't have either the questions or the answers. Please just call out the right numbers to me and I will write them on my questionnaire. As you will notice, even the numbers have been jumbled.

I do not have a copy of the questions and answers. All I have is a list of numbers on the questionnaire as you can see. (SHOW)

Because we must have information to help us with our educational and communication program for AIDS to control its spread in the country, please answer the following questions honestly. Just call out the numbers to me. I repeat, I do not know what either the questions or the answers are. To guarantee this, you will note that the numbers have also been jumbled. Your cooperation in this research is greatly appreciated.

When you have finished, you may tear up or keep your question sheet. Could you please check and see if there are any questions that you have not answered?

Gusto ko naman kayong bigyan ng isang bahagi ng questionnaire o listahan ng mga katanungan na wala sa akin ang mga tanong o ang mga sagot. Pakisabi lamang sa akin ng malakas ang mga tugmang numero at isusulat ko ang mga ito bilang sagot mo. Kung mapapansin ninyo, kahit na ang mga numero ay pinaghalo-halo.

Walang ako ng mga katanungan at ng mga sagot kaya hindi kaalaman ko maialaman kung ano ang sinasagot mo. Ang hawak ko lang ay isang listahan ng mga numero. (SHOW)

Sapagkat nais naming magkaroon ng mga impormasyon na kinakailangan para sa isang educational at communication program sa AIDS upang mapigil ang pagkalat nito sa ating bansa, pakisagot lamang ang mga sumusunod na katanungan ng buong katapatan. Sabihin lang ninyo ang mga numero sa akin. Ulitin po namin, hindi ko po alam kung ano ang mga tanong o ang mga sagot. Upang patunayan ito, mapapansin ninyo na ang mga numero ay pinaghalo-halo. Ang pagsali ninyo sa research na ito ay lubusang ikinakasiya namin.

Kung tapos na kayo, maaari ninyong punitin ang listahan ninyo ng mga katanungan. Pakitignan at pakisiguro lang ninyo kung meron pang mga tanong na hindi ninyo nasagot.

II. SEXUAL HABITS AND PRACTICES (cont'd)

(MALES) (PLEASE JUST CALL OUT THE NUMBER WHICH MATCHES YOUR ANSWER)
 (PAKIRIGKAS LAMANG ANG NUMERO NA KATAPAT NG INYONG SAGOT)

46.	Have you ever injected yourself with illegal drugs?	YES	74
	Kahit na kailan, ininiksiyonan na ba ninyo ang inyong sarili ng gamot ng bawal?	NO	48
47.	Have you ever shared a needle?	YES	94
	Nakigamit ba kayo ng karayom kahit na kailan?	NO	115
		Never injected myself with illegal drugs	17
		(Hindi pa ako nakapag-iniksiyon sa aking sarili ng bawal na gamot kahit kailan)	
48.	When did you <u>last</u> inject yourself with illegal drugs?	In past 6 months (Sa nakaraang 6 na buwan)	09
	Kailan kayo <u>huling</u> nag-iniksiyon sa inyong sarili ng mga gamot na bawal?	Over 6-12 months (Lagpas sa 6-12 buwan)	85
		Over 12 months (Lagpas sa 12 buwan)	11
		Cannot recall (Hindi maalala)	66
		Never injected myself with illegal drugs (Hindi pa ako nakapag-iniksiyon sa aking sarili ng bawal na gamot kahit na kailan)	93
49.	Have you ever smoked marijuana?	YES	128
	Nakahitit na ba kayo ng damo o marijuana kahit na kailan?	NO	136
50.	When did you <u>last</u> smoke marijuana?	In past 6 months (Sa nakaraang 6 na buwan)	05
	Kailan kayo <u>huling</u> humitit ng damo o marijuana?	Over 6-12 months (Lagpas sa 6-12 buwan)	60
		Over 12 months (Lagpas sa 12 buwan)	96
		Cannot recall (Hindi maalala)	69
		Never smoked marijuana (Hindi pa ako nakakahitit ng damo o marijuana kahit na kailan)	23
51.	How often did you smoke marijuana in the past 6 months?	Frequently (Madalas)	56
	Gaano kadalas kayong humitit ng damo o marijuana nitong nakaraang 6 na buwan?	Occasionally (Paminsan-minsan)	81
		Seldom (Bihira)	03
		Not smoked marijuana in past 6 months (Hindi humitit ng damo o marijuana nitong nakaraang 6 na buwan)	52
		Never smoked marijuana (Hindi pa nakakahitit ng damo o marijuana kahit na kailan)	30

II. SEXUAL HABITS (MALES) (cont'd)

52. Have you ever drunk any alcoholic drink?	YES	119
Nakainom na ba kayo ng inuming may alcohol kahit na kailan?	NO	138
53. When did you <u>last</u> drink an alcoholic drink?	In past 6 months (Sa nakaraang 6 na buwan)	40
	Over 6-12 months (Lagpas sa 6-12 buwan)	107
Kailan kayo <u>huling</u> uminom ng inuming may alcohol?	Over 12 months (Lagpas sa 12 buwan)	90
	Cannot recall (Hindi maalala)	27
	Never drank alcoholic drink (Hindi pa ako nakainom ng inuming may alcohol kahit na kailan)	41
54. How often did you drink any alcoholic drink in past 6 months?	Frequently (Madalas)	73
	Occasionally (Paminsan-minsan)	58
Gaano kadalas kayong uminom ng inuming may alcohol nitong nakaraang 6 na buwan?	Seldom (Bihira)	34
	Not drank any alcoholic drink in past 6 months (Hindi uminom ng inuming nakakalasing nitong nakaraang 6 na buwan)	13
	Never drank alcoholic drink (Hindi pa nakainom ng inuming may alcohol kahit na kailan)	19
55. Have you ever had sex with a female?	YES	120
Kahit kailan, nakipagtalik ka na ba sa babae?	NO	135
56. At what age did you <u>first</u> have sex with a female?	14 or younger	06
	15-16 years	51
Ilang taong gulang kayo ng una kayong makipagtalik sa babae?	17-18	46
	19-20	28
	21-22	50
	23-24	25
	Can't Recall (Hindi maalala)	16
	Never had sex with a female (Hindi pa nakipagtalik sa babae)	30
57. With whom did you have sex with the first time?	Steady/girlfriend	112
	Female prostitute (Babaeng binabayaran)	107
Alin sa mga ito ang nakatalik ninyo noong una kang nakipagtalik?	Live-in (Ka-live-in)	131

II. SEXUAL HABITS (MALES) (cont'd)

58. When was the <u>last</u> time you had sex with a female?	Past 6 months	75
	(Nakaraang 6 na buwan)	
Kailan kayo huling nakipagtalik sa babae?	Over 6-12 months	02
	(Nakaraang 6-12 buwan)	
	Over 12 months	61
	(Nakaraang 12 buwan)	
	Cannot Recall	39
	(Hindi Maalala)	
	Never had sex with a female	84
	(Hindi pa nakipagtalik sa babae)	
59. In the past 6 months, how many times did you have sex with a female?	1-3 times	14
	4-6 times	97
	7-9 times	22
Nitong nakaraang 6 na buwan, ilang beses kayo nakipagtalik sa babae?	10-12 times	53
	13 or more	71
	Can't Recall	57
	(Hindi maalala)	
	Last had sex with a female over 6 months ago	10
	(Huling nakipagtalik sa babae ng lagpas sa nakaraang 6 na buwan)	
	Not have sex with a female in the past 6 months	49
	(Hindi nakipagtalik sa babae sa nakaraang 6 na buwan)	
	Never had sex with a female	170
	(Hindi pa nakipagtalik sa babae)	
60. How many female sex partners did you have in the past 6 months?	One person	24
	(Isang tao lamang)	
Ilang babae ang naka-partner ninyo sa pagtatalik nitong nakaraang 6 na buwan?	More than 1 person	15
	(Higit sa 1 tao)	
	Last had sex with a female over 6 months ago	63
	(Huling nakipagtalik sa babae ng lagpas sa nakaraang 6 na buwan)	
	Never had sex with a female	44
	(Hindi pa nakipagtalik sa babae)	
61. Have you ever had sex with a female prostitute?	YES	103
	NO	125
Kahit kailan, nakipagtalik na ba kayo sa prostitute o babaeng binabayaran?	Never had sex with a female prostitute	122
	(Hindi pa nakikipagtalik sa babaeng binabayaran)	

II. SEXUAL HABITS (MALES) (cont'd)

62. At what age did you <u>first</u> have sex with a female prostitute?	14 or younger	36
	15-16 yrs	72
	17-18	95
Ilang taon kayo nang una kayong makipagtalik sa babaeng binabayaran?	19-20	38
	21-22	76
	23-24	32
	Can't Recall (Hindi maalala)	12
	Never had sex with a female prostitute (Hindi pa nakikipagtalik sa babaeng binabayaran)	65
63. When did you <u>last</u> have sex with a female prostitute?	Past 6 months (Nakaraang 6 na buwan)	35
Kailan kayo huling nakipagtalik sa babaeng binabayaran?	Over 6-12 months (Nakaraang 6-12 buwan)	82
	Over 12 months (Nakaraang 12 buwan)	21
	Cannot Recall (Hindi Maalala)	74
	Never had sex with a female prostitute (Hindi pa nakikipagtalik sa babaeng binabayaran)	62
64. In the past 6 months, how many times did you have sex with a female prostitute?	1-3 times	116
	4-6 times	134
	7-9 times	118
Nitong nakaraang 6 na buwan, ilang beses kayo nakipagtalik sa babaeng binabayaran?	10-12 times	127
	13 or more	140
	Can't Recall (Hindi maalala)	108
	Last had sex with a female prostitute over 6 months ago (Huling nakipagtalik sa babaeng binabayaran ng lagpas sa 6 na buwan)	139
	Never had sex with a female prostitute (Hindi pa nakikipagtalik sa babaeng binabayaran)	106
65. How many female prostitutes did you have as sex partners in the past 6 months?	One person (Isang tao lamang)	150
Ilang babaeng binabayaran ang naka-partner ninyo sa pagtatalik nitong nakaraang 6 na buwan?	More than 1 person (Higit sa isang tao)	110
	Last had sex with a female prostitute over 6 months ago (Huling nakipagtalik sa babaeng binabayaran ng lagpas sa 6 na buwan)	101
	Never had sex with a female prostitute (Hindi pa nakikipagtalik sa babaeng binabayaran)	126

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II. SEXUAL HABITS (MALES) (cont'd)

66. Have you ever had sex with a male?	YES	130
Kahit kailan, nakipagtalik ba kayo sa lalaki?	NO	117
67. At what age did you first have sex with a male?	14 or younger	70
Ilang taong gulang kayo noong kayo ay unang nakipagtalik sa lalaki?	15-16 yrs	89
	17-18	91
	19-20	26
	21-22	74
	23-24	37
	Can't Recall	83
	Never had sex with a male	55
	(Hindi pa nakikipag-talik sa isang lalaki)	
68. Which of these males did you have sex with the first time?	Bisexual male friend (Lalaking kaibigan)	141
Alin sa mga lalaking ito ang nakatalik ninyo noong una kang nakipagtalik?	Male prostitute (Lalaking binabayaran)	147
	Male homosexual friend (Baklang kaibigan)	142
69a. Have you ever had sex with a homosexual?	YES	151
Kahit na kailan, nakipagtalik ka na ba sa bakla?	NO	160
b. Have you ever had sex with a bisexual?	YES	045
Kahit na kailan, nakipagtalik ka na ba sa silahis?	NO	149
70. Have you ever had sex with a male prostitute?	YES	144
Kahit na kailan, nakipagtalik ka na ba sa lalaking binabayaran?	NO	152
71. When did you <u>last</u> have sex with any male or homosexual?	Past 6 months (Nakaraang 6 na buwan)	08
Kailan kayo huling nakipagtalik sa lalaki o bakla?	Over 6-12 months (Lagpas sa 6-12 buwan)	91
	Over 12 months (Lagpas sa 12 buwan)	67
	Cannot Recall (Hindi Maalala)	29
	Never had sex with a male or a homosexual (Hindi pa nakikipagtalik sa lalaki o bakla)	33

II. SEXUAL HABITS (MALES) (cont'd)

72.	In the past 6 months, how many times did you have sex with a male or a homosexual?	1-3 times	98
		4-6 times	59
		7-9 times	04
		10-12 times	18
		13 or more	77
		Can't Recall	92
	Nitong nakaraang 6 na buwan ilang beses kayo nakipagtalik sa lalaki o bakla?	Last had sex with a male or homosexual over 6 mos. ago (Huling nakipagtalik sa isang lalak. o bakla ng lagpas sa nakaraang 6 na buwan)	31
		Never had sex with a male or homosexual (Hindi pa nakipagtalik sa lalaki o bakla)	20
73.	All in all, how many male or homosexual partners did you have in the past 6 months?	One person (Isang tao lamang)	87
		More than 1 person (Higit sa 1 tao)	64
	Sa pangkalahatan nitong nakaraang 6 na buwan, ilang lalaki o bakla ang inyong naka-partner sa pagtatalik?	Last had sex with a male or homosexual over 6 mos. ago (Huling nakipagtalik sa lalaki o bakla ng lagpas sa nakaraang 6 na buwan)	43
		Never had sex with a male or homosexual (Hindi pa nakipagtalik sa lalaki o bakla)	68
74.	Have you ever had anal sex?	YES	143
	Kahit kailan, nakipag-anal sex o nakipagtalik sa puwit na ba kayo?	NO	129
75.	When was the <u>last</u> time you had anal sex?	Past 6 months (Nakaraang 6 na buwan)	156
		Over 6-12 months (Lagpas sa 6-12 buwan)	113
		Over 12 months (Lagpas sa 12 buwan)	145
		Can't Recall (Hindi Maalala)	137
	Kailan kayo huling nakipag-anal sex o nakipagtalik sa puwit?	Never had anal sex (Hindi nakikipag-anal sex o nakikipagtalik sa puwit)	104
76.	Would you say that you have changed your sexual behavior in any way since AIDS has become a concern?	YES	42
		NO	88
		Never had sex (Hindi pa nakikipagtalik)	99
	Maaasabi ba ninyo na binago na ninyo ng kahit papaano ang inyong mga gawaing sexual mula ng maging concern ang AIDS?		
77.	Have you ever tested for AIDS?	YES	154
		NO	111
	Kahit kailan, kayo ba ay na-test o nasuri na sa pagkakaroon ng AIDS?		

II. SEXUAL HABITS (MALES) (cont'd)

78. Was your test	Positive	100
	Negative	109
Ang resulta ba ng test ay	Don't know	114
	Never tested for AIDS (Hindi pa nagpapasuri para sa AIDS)	133
79. How comfortable do you feel discussing this topic?	Very comfortable (Talagang komportable)	155
Gaano kayo ka-komportable sa pagtatalakay nitong paksa?	Somewhat comfortable (Medyo komportable)	146
	Not very comfortable (Medyo hindi komportable)	102
	Not at all comfortable (Talagang hindi komportable)	121
80. Would you feel more comfortable with a male interviewer or a female interviewer?	Male (lalaki)	47
	Female (Babae)	54
Mas magiging komportable ba kayo kung ang interviewer ay lalaki o babae?	Doesn't matter (Kahit sino)	80
81. Would you prefer to have sex with :	Someone of the same sex as yourself (Isang lalaki)	153
Mas nanaisin niyo bang makikipagtalik sa:	Someone of the opposite sex (Isang babae)	158
	Both same and opposite sex (Babae o lalaki)	123
	Neither (Walang ninanais)	132
82. Do you use condoms during sex?	Always (Palagi)	148
Gumagamit ba kayo ng condoms tuwing nakikipagtalik?	Sometimes (Paminsan-minsan)	159
	Never use condom during sex (Talagang hindi ako gumagamit ng condoms sa pakikipagtalik)	124
	Never had sex (Hindi pa nakikipagtalik)	105

YOU MAY NOW TEAR UP THESE SHEETS OF PAPER AFTER THE INTERVIEWER HAS CHECKED THAT ALL THE QUESTIONS HAVE BEEN ANSWERED. THANK YOU!

MAAAKI NA NINYONG PUNITIN ANG MGA PAPEL NA ITO PAGKATAPOS I-CHECK NG IINTERVIEWER NA NASAGOT NINYO ANG LAHAT NG MGA KATANUNGAN. SALAMAT PO!

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II. SEXUAL HABITS AND PRACTICES

(FEMALES) (PLEASE JUST CALL OUT THE NUMBER WHICH MATCHES YOUR ANSWER)
 (PAKIRIGKAS LAMANG ANG NUMERO NA KATAPAT NG INYONG SAGOT)

46.	Have you ever injected yourself with illegal drugs?	YES	74
	Kahit na kailan, ininiksyonan na ba ninyo ang inyong sarili ng gamot ng bawal?	NO	48
47.	Have you ever shared a needle?	YES	94
	Nakigamit ba kayo ng karayom kahit na kailan?	NO	115
		Never injected myself with illegal drugs (Hindi pa ako nakapag-iniksyon sa aking sarili ng bawal na gamot kahit kailan)	17
48.	When did you <u>last</u> inject yourself with illegal drugs?	In past 6 months (Sa nakaraang 6 na buwan)	09
	Kailan kayo <u>huling</u> nag-iniksyon sa inyong sarili ng mga gamot na bawal?	Over 6-12 months (Lagpas sa 6-12 buwan)	85
		Over 12 months (Lagpas sa 12 buwan)	11
		Cannot recall (Hindi maalala)	66
		Never injected myself with illegal drugs (Hindi pa ako nakapag-iniksyon sa aking sarili ng bawal na gamot kahit na kailan)	93
49.	Have you ever smoked marijuana?	YES	128
	Nakahitit na ba kayo ng damo o marijuana kahit na kailan?	NO	136
50.	When did you <u>last</u> smoke marijuana?	In past 6 months (Sa nakaraang 6 na buwan)	05
	Kailan kayo <u>huling</u> humitit ng damo o marijuana?	Over 6-12 months (Lagpas sa 6-12 buwan)	60
		Over 12 months (Lagpas sa 12 buwan)	96
		Cannot recall (Hindi maalala)	69
		Never smoked marijuana (Hindi pa ako nakakahitit ng damo o marijuana kahit na kailan)	23
51.	How often did you smoke marijuana in the past 6 months?	Frequently (Madalas)	56
	Gaano kadalas kayong humitit ng damo o marijuana nitong nakaraang 6 na buwan?	Occasionally (Paminsan-minsan)	81
		Seldom (Bihira)	03
		Not smoked marijuana in past 6 months (Hindi humitit ng damo o marijuana nitong nakaraang 6 na buwan)	52
		Never smoked marijuana (Hindi pa nakakahitit ng damo o marijuana kahit na kailan)	50

II. SEXUAL HABITS (FEMALES) (cont'd)

52.	Have you ever drunk any alcoholic drink?	YES	119
	Nakainom na ba kayo ng inuming may alcohol kahit na kailan?	NO	138
53.	When did you <u>last</u> drink an alcoholic drink?	In past 6 months (Sa nakaraang 6 na buwan)	40
	Kailan kayo <u>huling</u> uminom ng inuming may alcohol?	Over 6-12 months (Lagpas sa 6-12 buwan)	07
		Over 12 months (Lagpas sa 12 buwan)	90
		Cannot recall (Hindi maalala)	27
		Never drank alcoholic drink (Hindi pa ako nakainom ng inuming may alcohol kahit na kailan)	41
54.	How often did you drink any alcoholic drink in past 6 months	Frequently (Madalas)	73
	Gaano kadalas kayong uminom ng inuming may alcohol nitong nakaraang 6 na buwan?	Occasionally (Paminsan-minsan)	58
		Seldom (Bihira)	34
		Not drank any alcoholic drink in past 6 months (Hindi uminom ng inuming may alcohol nitong nakaraang 6 na buwan)	13
		Never drank alcoholic drink (Hindi pa nakainom ng inuming may alcohol kahit na kailan)	19
55.	Have you ever had sex with a male?	YES	130
	Kahit kailan, nakipagtalik ba kayo sa lalaki?	NO	117
56.	At what age did you first have sex with a male?	14 or younger	70
	Ilang taong gulang kayo noong kayo ay unang nakipagtalik sa lalaki?	15-16 yrs	89
		17-18	01
		19-20	26
		21-22	78
		23-24	37
		Can't Recall	83
		Never had sex with a male (Hindi pa nakipagtalik sa lalaki)	55
57.	When did you <u>last</u> have sex with a male?	Past 6 months (Nakaraang 6 na buwan)	08
	Kailan kayo huling nakipagtalik sa lalaki?	Over 6-12 months (Lagpas sa 6-12 buwan)	91
		Over 12 months (Lagpas sa 12 buwan)	67
		Cannot Recall (Hindi Maalala)	29
		Never had sex with a male (Hindi pa nakipagtalik sa lalaki)	33

II. SEXUAL HABITS (FEMALES) (cont'd)

58.	In the past 6 months, how many times did you have sex with a male?	1-3 times	98
		4-6 times	59
		7-9 times	04
	Nitong nakaraang 6 na buwanm ilang beses kayo nakipagtalik sa lalaki?	10-12 times	18
		13 or more	77
		Can't Recall	92
		Last had sex with a male over 6 months ago	31
		(Huling nakipagtalik sa lalaki ng lagpas sa nakaraang 6 na buwan)	
		Never had sex with a male	20
		(Hindi pa nakipagtalik sa lalaki)	
59.	How many male sex partners did you have in the past 6 months?	One person	87
		(Isang tao lamang)	
	Nitong nakaraang 6 na buwan, ilang lalaki ang inyong naka-partner sa pagtatalik?	More than 1 person	64
		(Higit sa 1 tao)	
		Last had sex with a male over 6 months ago	43
		(Huling nakipagtalik sa lalaki ng lagpas sa nakaraang 6 na buwan)	
		Never had sex with a male	68
		(Hindi pa nakipagtalik sa lalaki)	
60.	Have you ever had sex with a female?	YES	120
	Kahit kailan, nakipagtalik ka na ba sa babae?	NO	135
61.	At what age did you <u>first</u> have sex with a female?	14 or younger	06
		15-16 years	51
	Ilang taong gulang kayo ng una kayong nakipagtalik sa babae?	17-18	46
		19-20	28
		21-22	50
		23-24	25
		Can't Recall	16
		(Hindi maalala)	
		Never had sex with a female	30
		(Hindi pa nakipagtalik sa babae)	
62.	When was the <u>last</u> time you had sex with a female?	Past 6 months	75
		(Nakaraang 6 na buwan)	
	Kailan kayo huling nakipagtalik sa babae?	Over 6-12 months	02
		(Nakaraang 6-12 buwan)	
		Over 12 months	61
		(Nakaraang 12 buwan)	
		Cannot Recall	39
		(Hindi Maalala)	
		Never had sex with a female	64
		(Hindi pa nakipagtalik sa babae)	

II. SEXUAL HABITS (FEMALES) (cont'd)

63. In the past 6 months, how many times did you have sex with a female?	1-3 times	14
	4-6 times	97
	7-9 times	22
	10-12 times	53
	13 or more	71
	Can't Recall	57
	(Hindi maalala)	
	Last had sex with a female over 6 months ago	10
	(Huling nakipagtalik sa babae ng lagpas sa nakaraang 6 na buwan)	
	Not have sex with a female in the past 6 months	49
	(Hindi nakipagtalik sa babae sa nakaraang 6 na buwan)	
	Never had sex with a female	157
	(Hindi pa nakipagtalik sa babae)	
64. How many female sex partners did you have in the past 6 months?	One person	24
	(Isang tao lamang)	
	More than 1 person	15
	(Higit sa 1 tao)	
	Last had sex with a female over 6 months ago	63
	(Huling nakipagtalik sa babae ng lagpas sa nakaraang 6 na buwan)	
	Never had sex with a female	44
	(Hindi pa nakipagtalik sa babae)	
65. Have you ever had sex with a male prostitute?	YES	103
	NO	125
	Never had sex with a male prostitute	122
	(Hindi pa nakikipagtalik sa lalaking binabayaran)	
66. At what age did you <u>first</u> have sex with a male prostitute?	14 or younger	36
	15-16 yrs	72
	17-18	95
	19-20	38
	21-22	76
	23-24	32
	Can't Recall	12
	(Hindi maalala)	
	Never had sex with a male prostitute	65
	(Hindi pa nakipagtalik sa lalaking binabayaran)	

II. SEXUAL HABITS (FEMALES) (cont'd)

67.	When did you <u>last</u> have sex with a male prostitute?	Past 6 mos	35
		(Nakaraang 6 na buwan)	
		Over 6-12 months	82
		(Nakaraang 6-12 buwan)	
	Kailan kayo huling nakikipagtalik sa lalaking binabayaran?	Over 12 months	21
		(Nakaraang 12 buwan)	
		Cannot Recall	74
		(Hindi Maalala)	
		Never had sex with a male prostitute	62
		(Hindi pa nakikipagtalik sa lalaking binabayaran)	
68.	In the past 6 months, how many times did you have sex with a male prostitute?	1-3 times	116
		4-6 times	134
		7-9 times	118
		10-12 times	127
		13 or more	140
		Can't Recall	108
		(Hindi maalala)	
	Nitong nakaraang 6 na buwan, ilang beses kayo nakikipagtalik sa lalaking binabayaran?	Last had sex with a male prostitute over 6 months ago	139
		(Huling nakikipagtalik sa lalaking binabayaran ng lagpas sa 6 na buwan)	
		Never had sex with a male prostitute	106
		(Hindi pa nakikipagtalik sa lalaking binabayaran)	
69.	How many male prostitutes did you have as sex partners the past 6 months?	One person	150
		(Isang tao lamang)	
		More than 1 person	110
		(Higit sa isang tao)	
	Ilang lalaking binabayaran ang naka-partner ninyo sa pagtatalik nitong nakaraang 6 na buwan?	Last had sex with a male prostitute over 6 months ago	101
		(Huling nakikipagtalik sa lalaking binabayaran ng lagpas sa 6 na buwan)	
		Never had sex with a male prostitute	126
		(Hindi pa nakikipagtalik sa lalaking binabayaran)	
70.	Have you ever had anal sex ?	YES	143
		NO	129
	Kahit Kailan, nakipag-anal sex o nakikipagtalik sa puwit na ba kayo?		
71.	When was the <u>last</u> time you had anal sex?	Past 6 months	156
		(Nakaraang 6 na buwan)	
		Over 6-12 months	113
		(Lagpas sa 6-12 buwan)	
	Kailan kayo huling nakipag-anal sex o nakikipagtalik sa puwit?	Over 12 months	145
		(Lagpas sa 12 buwan)	
		Can't Recall	137
		(Hindi Maalala)	
		Never had anal sex	104
		(Hindi nakikipag-anal sex)	

II. SEXUAL HABITS (FEMALES) (cont'd)

72.	Would you say that you have changed your sexual behavior in any way since AIDS has become a concern?	YES	42
		NO	88
	Masasabi ba ninyo na binago na ninyo ng kahit papaano ang inyong mga gawaing sexual mula ng maging concern ang AIDS?	Never had sex (Hindi pa nakiki-pagtalik)	99
73.	Have you ever tested for AIDS?	YES	151
	Kahit kailan, kayo ba ay na-test o nasuri na sa pagkakaroon ng AIDS?	NO	111
74.	Was your test	Positive	100
	Ang resulta ba ng test ay	Negative	109
		Don't know	114
		Never tested for AIDS (Hindi pa nagpapasuri para sa AIDS)	133
75.	How comfortable do you feel discussing this topic?	Very comfortable (Talagang komportable)	155
	Gaano kayo ka-komportable sa pagtatalakay nitong paksa?	Somewhat comfortable (Medyo komportable)	146
		Not very comfortable (Medyo hindi komportable)	102
		Not at all comfortable (Talagang hindi komportable)	121
76.	Would you feel more comfortable with a male interviewer or a female interviewer?	Male (Lalaki)	47
	Mas magiging komportable ba kayo kung ang interviewer ay lalaki o babae?	Female (Babae)	54
		Doesn't matter (Kahit sino)	80
77.	Would you prefer to have sex with :	Someone of the same sex as yourself (Isang babae)	153
	Mas nandisin niyo bang makipagtalik sa:	Someone of the opposite sex (Isang lalaki)	158
		Both same and opposite sex (Babae o lalaki)	123
		Neither (Walang ninanais)	132
78.	Do you ever ask your partner to wear a condom when having sex or not?	YES	148
	Sinasabihan ba ninyo ang inyong partner o kabiyak sa pakikipagtalik na gumamit ng condom o hindi?	NO	159
		Never had sex (Hindi pa nakiki-pagtalik)	105

YOU MAY NOW TEAR UP THESE SHEETS OF PAPER AFTER THE INTERVIEWER HAS CHECKED THAT ALL THE QUESTIONS HAVE BEEN ANSWERED. THANK YOU!

MAAARI NA NINYONG PUNITIN ANG MGA PAPEL NA ITO PAGKATAPOS I-CHECK NG IINTERVIEWER NA NASAGOT NINYO ANG LAHAT NG MGA KATANUNGAN. SALAMAT PO!

SEXUAL HABITS AND PRACTICES

PLEASE HAND SEALED ENVELOPE TO RESPONDENT AND RECORD NUMBERS CALLED OUT BELOW.

I would now like to give you a section of the questionnaire for which I don't have either the questions or the answers. Please just call out the right numbers to me and I will write them on my questionnaire. As you will notice, even the numbers have been jumbled.

I do not have a copy of the questions and answers. All I have is a list of numbers on the questionnaire as you can see. (SHOW)

Because we must have information to help us with our educational and communication program for AIDS to control its spread in the country, please answer the following questions honestly. Just call out the numbers to me. I repeat, I do not know what either the questions or the answers are. To guarantee this, you will note that the numbers have also been jumbled. Your cooperation in this research is greatly appreciated.

When you have finished, you may tear up or keep your question sheet. Could you please check and see if there are any questions that you have not answered?

Gusto ko naman kayong bigyan ng isang bahagi ng questionnaire o listahan ng mga katanungan na wala sa akin ang mga tanong o ang mga sagot. Pakisabi lamang sa akin ng malakas ang mga tugmang numero at isusulat ko ang mga ito bilang sagot mo. Kung mapapansin ninyo, kahit na ang mga numero ay pinaghalo-halo.

Walang akong ng mga katanungan at ng mga sagot kaya hindi kailanman ko malalaman kung ano ang sinasagot mo. Ang hawak ko lang ay isang listahan ng mga numero. (SHOW)

Sapagkat kailangan nating magkaroon ng mga impormasyon na kinakailangan para sa isang educational at communication program sa AIDS upang mapigil ang pagkalat nito sa ating bansa, pakisagot lamang ang mga sumusunod na katanungan ng buong katapatan. Sabihin lang ninyo ang mga numero sa akin. Uulitin po namin, hindi ko po alam kung ano ang mga tanong o ang mga sagot. Upang patunayan ito, mapapansin ninyo na ang mga numero ay pinaghalo-halo. Ang pagsali ninyo sa research na ito ay lubusang ikinakasiya namin.

Kung tapos na kayo, maaari ninyong punitin ang listahan ninyo ng mga katanungan. Pakitignan at pakisiguro lang ninyo kung meron pang mga tanong na hindi ninyo nasagot.

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II. SEXUAL HABITS AND PRACTICES

(PLEASE JUST CALL OUT THE NUMBER WHICH MATCHES YOUR ANSWER)
 (PAKIRIGKAS LAMANG ANG NUMERO NA TUGMA SA INYONG SAGOT)

53. Have you ever injected yourself with illegal drugs?	YES	79
Kahit na kailan, ininiksyonan na ba ninyo ang inyong sarili ng gamot ng bawal?	NO	48
54. Have you ever shared a needle?	YES	94
Nakigamit ba kayo ng karayom kahit na kailan?	NO	115
	Never injected myself with illegal drugs	17
	(Hindi pa ako nakapag-iniksyon sa aking sarili ng bawal na gamot kahit kailan)	
55. When did you <u>last</u> inject yourself with illegal drugs?	In past 6 months (Sa nakaraang 6 na buwan)	09
Kailan kayo <u>huling</u> nag-iniksyon sa inyong sarili ng mga gamot na bawal?	Over 6-12 months (Lagpas sa 6-12 buwan)	85
	Over 12 months (Lagpas sa 12 buwan)	11
	Cannot recall (Hindi maalala)	66
	Never injected myself with illegal drugs (Hindi pa ako nakapag-iniksyon sa aking sarili ng bawal na gamot kahit na kailan)	93
56. Have you ever smoked marijuana?	YES	128
Nakahitit na ba kayo ng damo o marijuana kahit na kailan?	NO	136
57. When did you <u>last</u> smoke marijuana?	In past 6 months (Sa nakaraang 6 na buwan)	05
Kailan kayo <u>huling</u> humitit ng damo o marijuana?	Over 6-12 months (Lagpas sa 6-12 buwan)	60
	Over 12 months (Lagpas sa 12 buwan)	96
	Cannot recall (Hindi maalala)	69
	Never smoked marijuana (Hindi pa ako nakahitit ng damo o marijuana kahit na kailan)	23
58. How often did you smoke marijuana in the past 6 months?	Frequently (Madalas)	55
Gaano kadalas kayong humitit ng damo o marijuana nitong nakaraang 6 na buwan?	Occasionally (Paminsan-minsan)	81
	Seldom (Bihira)	03
	Not smoked marijuana in past 6 months (Hindi humitit ng damo o marijuana nitong nakaraang 6 na buwan)	52
	Never smoked marijuana (Hindi pa nakahitit ng damo o marijuana kahit na kailan)	65

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II. SEXUAL HABITS (MALES) (cont'd)

59.	Have you ever drunk any alcoholic drink?	YES	119
	Nakainom na ba kayo ng inuming may alcohol kahit na kailan?	NO	138
60.	When did you <u>last</u> drink an alcoholic drink?	In past 5 months (Sa nakaraang 6 na buwan)	411
	Kailan kayo <u>huling</u> uminom ng inuming may alcohol?	Over 5-12 months (Lagpas sa 5-12 buwan)	107
		Over 12 months (Lagpas sa 12 buwan)	911
		Cannot recall (Hindi maalala)	27
		Never drank alcoholic drink (Hindi pa ako nakainom ng inuming may alcohol kahit na kailan)	41
61.	How often did you drink any alcoholic drink in past 6 months	Frequently (Madalas)	73
	Gaano kadalas kayong uminom ng inuming may alcohol nitong nakaraang 6 na buwan?	Occasionally (Paminsan-minsan)	58
		Seldom (Bihira)	34
		Not drank any alcoholic drink in past 6 months (Hindi uminom ng inuming may alcohol nitong nakaraang 6 na buwan)	13
		Never drank alcoholic drink (Hindi pa nakainom ng inuming may alcohol kahit na kailan)	13
62.	Have you ever had sex with a male?	YES	130
	Kahit kailan, nakipagtalik ba kayo sa lalaki?	NO	117
63.	At what age did you first have sex with a male?	14 or younger	70
	Ilang taong gulang kayo noong kayo ay unang nakipagtalik sa isang lalaki?	15-16 yrs	89
		17-18	101
		19-20	26
		21-22	73
		23-24	37
		Can't Recall	13
		Never had sex with a male (Hindi pa nakipagtalik sa isang lalaki)	10

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II. SEXUAL HABITS (MALES) (cont'd)

PLEASE DESCRIBE YOUR MALE SEX PARTNERS.
 PAKISABI KUNG SINU-SINO ANG INYONG LALAKING KA-PARTNER SA PAGTATALIK.

64.	How many of your male sex partners are <u>strictly gay</u> ?	Almost all (Halos lahat)	201
	Ilan sa mga lalaking ka-partner ninyo sa pagtatalik ang <u>baklang-bakla</u> ?	More than half (Higit sa kalahati)	156
		About half (Kalahati)	137
		Less than half (Kulang sa kalahati)	47
		None (Wala)	53
65.	How many of your male sex partners are <u>more closeted gay</u> ?	Almost all (Halos lahat)	15
	Ilan sa mga lalaking ka-partner ninyo sa pagtatalik ang <u>baklang hindi halata</u> ?	More than half (Higit sa kalahati)	24
		About half (Kalahati)	164
		Less than half (Kulang sa kalahati)	104
		None (Wala)	113
66.	How many of your male sex partners are <u>bisexual</u> ?	Almost all (Halos lahat)	132
	Ilan sa mga lalaking ka-partner ninyo sa pagtatalik ay <u>gila</u> ?	More than half (Higit sa kalahati)	107
		About half (Kalahati)	131
		Less than half (Kulang sa kalahati)	145
		None (Wala)	54
67.	How many of your male sex partners are <u>straight males</u> ?	Almost all (Halos lahat)	320
	Ilan sa mga lalaking ka-partner ninyo sa pagtatalik ay <u>lalaking bakla</u> ?	More than half (Higit sa kalahati)	124
		About half (Kalahati)	105
		Less than half (Kulang sa kalahati)	123
		None (Wala)	157
68.	How many of your male sex partners are <u>married</u> ?	Almost all (Halos lahat)	315
	Ilan sa mga lalaking ka-partner ninyo sa pagtatalik ay <u>kasal</u> ?	More than half (Higit sa kalahati)	310
		About half (Kalahati)	312
		Less than half (Kulang sa kalahati)	314
		None (Wala)	313

II. SEXUAL HABITS (MALES) (cont'd)

69.	How many of your male sex partners are <u>male prostitutes</u> ?	Almost all (Halos lahat)	112
	Ilan sa mga lalaking ka-partner ninyo sa pagtatalik ang <u>binahayaran</u> ?	More than half (Higit sa kalahati)	142
		About half (Kalahati)	148
		Less than half (Kulang sa kalahati)	165
		None (Wala)	178
70.	How many of your male sex partners are <u>Filipinos</u> ?	Almost all (Halos lahat)	45
	Ilan sa mga ka-partner ninyo sa pagtatalik ang <u>mga Pilipino</u> ?	More than half (Higit sa kalahati)	80
		About half (Kalahati)	141
		Less than half (Kulang sa kalahati)	129
		None (Wala)	147
71.	How old are most of your Filipino male sexual partner?	Below 18 yrs.	152
	Kadalasan, ano ang edad ng mga Pilipinong ka-partner mo sa pagtatalik?	18-24 yrs.	161
		25-39 yrs.	153
		40 yrs. & older	144
72.	When did you <u>last</u> have sex with a male?	Past 6 months (Nakaraang 6 na buwan)	08
	Kailan kayo huling nakipagtalik sa isang lalaki?	Over 6-12 months (Lagpas sa 6-12 buwan)	31
		Over 12 months (Lagpas sa 12 buwan)	67
		Cannot Recall (Hindi Maalala)	29
		Never had sex with a male (Hindi pa nakipagtalik sa isang lalaki)	33
73.	In the past 6 months, how many times did you have sex with a male?	1-3 times	38
	Nitong nakaraang 6 na buwan ilang beses kayo nakipagtalik sa lalaki?	4-6 times	53
		7-9 times	14
		10-12 times	13
		13 or more	27
		Can't Recall	32
		Last had sex with a male over 6 months ago (Huling nakipagtalik sa lalaki ng lagpas sa nakaraang 6 na buwan)	31
		Never had sex with a male (Hindi pa nakipagtalik sa lalaki)	0

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II. SEXUAL HABITS (MALES) (cont'd)

74. How many male sex partners did you have in the past 6 months?	One person 87
Nitong nakaraang 6 na buwan, ilang lalaki ang inyong naka-partner sa pagtatalik?	(Isang tao lamang) 87
	More than 1 person 64
	(Higit sa 1 tao) 64
	Last had sex with a male over 6 months ago 43
	(Huling nakipagtalik sa lalaki ng lagpas sa nakaraang 6 na buwan) 43
	Never had sex with a male 68
	(Hindi pa nakipagtalik sa lalaki) 68
75. Have you ever had sex with a male prostitute?	YES 103
Kahit kailan, nakipagtalik na ba kayo sa lalaking binabayaran?	NO 125
	Never had sex with a male prostitute 122
	(Hindi pa nakipagtalik sa lalaking binabayaran) 122
76. At what age did you <u>first</u> have sex with a male prostitute?	14 or younger 36
Ilang taon kayo nang una kayong nakipagtalik sa lalaking binabayaran?	15-16 yrs 72
	17-18 35
	19-20 38
	21-22 76
	23-24 32
	Can't Recall 12
	(Hindi maalala) 12
	Never had sex with a male prostitute 65
	(Hindi pa nakipagtalik sa lalaking binabayaran) 65
77. When did you <u>last</u> have sex with a male prostitute?	Past 6 mos 35
Kailan kayo <u>huling</u> nakipagtalik sa lalaking binabayaran?	(Nakaraang 6 na buwan) 35
	Over 6-12 months 62
	(Nakaraang 6-12 buwan) 62
	Over 12 months 21
	(Nakaraang 12 buwan) 21
	Cannot Recall 74
	(Hindi Maalala) 74
	Never had sex with a male prostitute 62
	(Hindi pa nakipagtalik sa lalaking binabayaran) 62

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II. SEXUAL HABITS (MALES) (cont'd)

78.	In the past 6 months, how many times did you have sex with a male prostitute?	1-3 times	116
		4-6 times	134
		7-9 times	118
	Nitong nakaraang 6 na buwan, ilang beses kayo nakipagtalik sa lalaking binabayaran?	10-12 times	127
		13 or more	140
		Can't Recall (Hindi maalala)	108
		Last had sex with a male prostitute over 6 months ago	139
		(Huling nakipagtalik sa lalaking binabayaran ng lagpas sa 6 na buwan)	
		Never had sex with a male prostitute (Hindi pa nakipagtalik sa lalaking binayaran)	106
79.	How many different male prostitutes did you have as sex partners in the past 6 months?	One person (Isang tao lamang)	150
		More than 1 person (Higit sa isang tao)	110
	Ilang mga lalaking binabayaran ang naka-partner ninyo sa pagtatalik nitong nakaraang 6 na buwan?	Last had sex with a male prostitute over 6 months ago	101
		(Huling nakipagtalik sa lalaking binabayaran ng lagpas sa 6 na buwan)	
		Never had sex with a male prostitute (Hindi pa nakipagtalik sa lalaking binabayaran)	126
80.	Have you ever had sex with a female?	YES	120
	Kahit kailan, nakipagtalik ka na ba sa babae?	NO	135
81.	At what age did you <u>first</u> have sex with a female?	14 or younger	06
		15-16 years	51
	Ilang taong gulang kayo ng una kayong makipagtalik sa babae?	17-18	46
		19-20	28
		21-22	50
		23-24	25
		Can't Recall (Hindi maalala)	16
		Never had sex with a female) (Hindi pa nakipagtalik sa babae)	30
82.	Who was the first female with whom you had sex with?	Girlfriend/steady	149
		Casual female friend (Kaibigang babae)	153
	Sino ang kauna-unahang babae na inyong nakatalik?	Wife/live-in (Asawa/live-in)	174
		Female prostitute (Babaeng binabayaran)	162
		Never had sex w/ female (Hindi pa nakipagtalik sa babae)	60

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II. SEXUAL HABITS (MALES) (cont'd)

83. With whom have you <u>ever</u> had sex with? <u>(NAME AS MANY AS APPLICABLE)</u>	Girlfriend/steady 141 Casual female friend 151 (Kaibigang babae) Wife/live-in 163 (Asawa/live-in) Female prostitute 172 (Rabaeng binabayaran) Never had sex w/ female 300 (Hindi pa nakipagtalik sa babae)
84. When was the <u>last</u> time you had sex with a female?	Past 5 months 75 (Nakaraang 5 na buwan) Over 6-12 months 92 (Nakaraang 6-12 buwan) Over 12 months 61 (Nakaraang 12 buwan) Cannot Recall 39 (Hindi Maalala) Never had sex with a female 84 (Hindi pa nakipagtalik sa babae)
85. In the past 6 months, how many times did you have sex with a female? Nitong nakaraang 6 na buwan, ilang beses kayo nakipagtalik sa babae?	1-3 times 14 4-6 times 37 7-9 times 22 10-12 times 53 13 or more 71 Can't Recall 57 (Hindi maalala) Last had sex with a female over 6 months ago 10 (Huling nakipagtalik sa babae ng lagpas sa naka- raang 6 na buwan) Not have sex with a female in the past 6 months 49 (Hindi nakipagtalik sa babae sa nakaraang 6 na buwan) Never had sex with a female 301 (Hindi pa nakipagtalik sa babae)
86. How many different female sex partners did you have in the past 6 months? Ilang iba't ibang babae ang naka-partner ninyo sa pagtatalik nitong nakaraang 6 na buwan?	One person 233 (Isang tao lamang) Two persons 295 (Dalawang tao) Three persons 109 (Tatlong tao) More than 3 persons 146 (Higit sa 3 tao) Last had sex with a female over 6 months ago 137 (Huling nakipagtalik sa babae ng lagpas sa naka- raang 6 na buwan) Never had sex with a female 113 (Hindi pa nakipagtalik sa babae)

II. SEXUAL HABITS (MALES) (cont'd)

87. Where do you usually meet your sex partner?	-Streets	173
	-5-star hotel lobby	203
	-Any hotel lobby	175
Sa karaniwan, saan ninyo natatagpuan ang inyong ka-partner sa pagtatalik?	-Motels	176
	-Through contacts/friends	205
	-Movie house/theatre	209
	-Restaurants/eateries	215
	-Public parks/buildings	223
	-Parties	184
	-Bars/discos	167
	-Beer garden/pub	171
	-Anywhere/no particular place	169
	-Schools	302
88. At what places do you usually have sexual relations?	-Own house	216
	-House of partner	159
	-Motel/Drive-through motel	207
Sa kadalasan, saan-saang lugar kayo nakikipag-ugnayan ng sexual/nakikipag-talik?	-Any hotel	160
	-5-star hotel	206
	-Sauna/massage parlor	177
	-Inside a car	182
	-Inside bar/club	232
	-Parks	217
	-Discos	208
	-Streets	192
	-Anywhere/no particular place	191
89. Which of these sexual activities have you ever been engaged in?		
Alin sa mga sexual activities na ito ang inyo nang nasubukan ng kahit na kailan?		
a. Deep French kissing (tongue in throat) (Lips to lips o malalim na paghalik)		202
b. Oral-anal contact (rimming) (Oral/tsupa/brotsa na may kasamang pagtatalik sa puwit)		183
c. Giving anal intercourse with a condom (Ako ang pumapasok sa puwit na ginagamitan ng condom)		188
d. Receiving anal intercourse with a condom (Pinapasukan ako sa puwit na ginagamitan ng condom)		204
e. Giving anal intercourse with transfer of semen (Ako ang pumapasok sa puwit at doon nilalabasan ng tamod)		179
f. Receiving anal intercourse with transfer of semen (Pinapasukan ako sa puwit at doon nilalabasan ng tamod)		200
g. Giving anal intercourse without a condom but no transfer of semen (Ako ang pumapasok sa puwit na walang condom at hindi nilalabasan doon ng tamod)		211
h. Receiving anal intercourse without a condom but no transfer of semen (Pinapasukan ako sa puwit na walang condom at hindi naman nilalabasan doon ng tamod)		218
i. Giving oral sex with transfer of semen (Ako ang nagbro-brotsa o nagtsu-tsupa na nilalabasan ng tamod)		234
j. Receiving oral sex with transfer of semen (Tsinu-tsupa ako hanggang sa labasan ng tamod)		210
k. Giving oral sex but no transfer of semen (Ako ang nagbro-brotsa o nagtsu-tsupa na hindi nilalabasan ng tamod)		212
l. Receiving oral sex but no transfer of semen (Tsinu-tsupa ako na hindi nilalabasan ng tamod)		221
m. Mutual masturbation (233

II. SEXUAL HABITS (MALES) (cont'd)

n.	Water sports (urine entering the body) (Pinapasukan ng ihi)	231
o.	Sadism & masochism with toys (Sadista, nanakit/gumagamit ng mga marahas na paraan bago mag-sex)	242
q.	Fisting (Pinapasok ang kamao)	220
r.	SCAT (feces entering the body) (Pinapasukan ng dumi)	213
	NONE	248
<hr/>		
90.	Which of these sexual activities have you engaged in the past 6 months? Alin sa mga sexual activities na ito ang inyong nagawa nitong nakaraang 6 na buwan?	
a.	Deep French kissing (tongue in throat) (Lips to lips o malalim na paghalik)	197
b.	Oral-anal contact (rimming) (Oral/tsupa/brotsa na may kasamang pagtatalik sa puwit)	194
c.	Giving anal intercourse with a condom (Ako ang pumapasok sa puwit na ginagamitan ng condom)	198
d.	Receiving anal intercourse with a condom (Pinapasukan ako sa puwit na ginagamitan ng condom)	168
e.	Giving anal intercourse with transfer of semen (Ako ang pumapasok sa puwit at doon nilalabasan ng tamod)	170
<hr/>		
f.	Receiving anal intercourse with transfer of semen (Pinapasukan ako sa puwit at doon nilalabasan ng tamod)	180
g.	Giving anal intercourse without a condom but no transfer of semen (Ako ang pumapasok sa puwit na walang condom at hindi nilalabasan doon ng tamod)	247
h.	Receiving anal intercourse without a condom but no transfer of semen (Pinapasukan ako sa puwit na walang condom at hindi naman nilalabasan doon ng tamod)	239
i.	Giving oral sex with transfer of semen (Ako ang nagbro-brotsa o nagtsu-tsupa na nilalabasan ng tamod)	227
j.	Receiving oral sex with transfer of semen (Tsinau-tsupa ako hanggang sa labasan ng tamod)	225
<hr/>		
k.	Giving oral sex but no transfer of semen (Ako ang nagbro-brotsa o nagtsu-tsupa na hindi nilalabasan ng tamod)	238
l.	Receiving oral sex but no transfer of semen (Tsinau-tsupa ako na hindi nilalabasan ng tamod)	230
m.	Mutual masturbation (185
n.	Water sports (urine entering the body) (Pinapasukan ng ihi)	240
o.	Sadism & masochism with toys (Sadista, nanakit/gumagamit ng mga marahas na paraan bago mag-sex)	248
<hr/>		
q.	Fisting (Pinapasok ang kamao)	135
r.	SCAT (feces entering the body) (Pinapasukan ng dumi)	184
	NONE	300
<hr/>		

II. SEXUAL HABITS (MALES) (cont'd)

91. Which of these sexual activities have you engaged in regularly?

Alin sa mga sexual activities na ito ang inyong kadalasang ginagawa?

a. Deep French kissing (tongue in throat) (Lips to lips o malalim na paghalik)	190
b. Oral-anal contact (rimming) (Oral/tsupa/brotsa na may kasamang pagtatalik sa puwit)	245
c. Giving anal intercourse with a condom (Ako ang pumapasok sa puwit na ginagamitan ng condom)	186
d. Receiving anal intercourse with a condom (Pinapasukan ako sa puwit na ginagamitan ng condom)	193
e. Giving anal intercourse with transfer of semen (Ako ang pumapasok sa puwit at doon nilalabasan ng tamod)	196
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f. Receiving anal intercourse with transfer of semen (Pinapasukan ako sa puwit at doon nilalabasan ng tamod)	187
g. Giving anal intercourse without a condom but no transfer of semen (Ako ang pumapasok sa puwit na walang condom at hindi nilalabasan doon ng tamod)	199
h. Receiving anal intercourse without a condom but no transfer of semen (Pinapasukan ako sa puwit na walang condom at hindi naman nilalabasan doon ng tamod)	214
i. Giving oral sex with transfer of semen (Ako ang nagbro-brotsa o nagtsu-tsupa na nilalabasan ng tamod)	222
j. Receiving oral sex with transfer of semen (Tsinu-tsupa ako hanggang sa labasan ng tamod)	235
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k. Giving oral sex but no transfer of semen (Ako ang nagbro-brotsa o nagtsu-tsupa na hindi nilalabasan ng tamod)	243
l. Receiving oral sex but no transfer of semen (Tsinu-tsupa ako na hindi nilalabasan ng tamod)	237
m. Mutual masturbation (246
n. Water sports (urine entering the body) (Pinapasukan ng ihi)	249
o. Sadism & masochism with toys (Sadista, nanakit/gumagamit ng mga marahas na paraan bago mag-sex)	236
<hr/>	
q. Fisting (Pinapasok ang kamao)	241
r. SCAT (feces entering the body) (Pinapasukan ng dumi)	251
NONE	254
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II. SEXUAL HABITS (MALES) (cont'd)

92. Which of these sexual activities do you find yourself doing less of these days?

Alin sa mga sexual activities naito ang ginagawa ninyo ng mas madalang ngayon?

a. Deep French kissing (tongue in throat) (Lips to lips o malalim na paghalik)	226
b. Oral-anal contact (rimming) (Oral/tsupa/brotsa na may kasamang pagtatalik sa piwit)	228
c. Giving anal intercourse with a condom (Ako ang pumapasok sa piwit na ginagamitan ng condom)	219
d. Receiving anal intercourse with a condom (Pinapasukan ako sa piwit na ginagamitan ng condom)	229
e. Giving anal intercourse with transfer of semen (Ako ang pumapasok sa piwit at doon nilalabasan ng tamod)	244

f. Receiving anal intercourse with transfer of semen (Pinapasukan ako sa puwit at doon nilalabasan ng tamod)	250
g. Giving anal intercourse without a condom but no transfer of semen (Ako ang pumapasok sa puwit na walang condom at hindi nilalabasan doon ng tamod)	258
h. Receiving anal intercourse without a condom but no transfer of semen (Pinapasukan ako sa puwit na walang condom at hindi naman nilalabasan doon ng tamod)	252
i. Giving oral sex with transfer of semen (Ako ang nagbro-brotsa o nagtsu-tsupa na nilalabasan ng tamod)	253
j. Receiving oral sex with transfer of semen (Tsinu-tsupa ako hanggang sa labasan ng tamod)	261

k. Giving oral sex but no transfer of semen (Ako ang nagbro-brotsa o nagtsu-tsupa na hindi nilalabasan ng tamod)	255
l. Receiving oral sex but no transfer of semen (Tsinu-tsupa ako na hindi nilalabasan ng tamod)	257
m. Mutual masturbation (256
n. Water sports (urine entering the body) (Pinapasukan ng ihi)	272
o. Sadism & masochism with toys (Sadista, nanakit/gumagamit ng mga marahas na paraan bago mag-sex)	264

q. Fisting (Pinapasok ang kamao)	252
r. SCAT (feces entering the body) (Pinapasukan ng dumi)	266
NONE	269

II. <u>SEXUAL HABITS (MALES)</u> (cont'd)			
93.	Would you say that you have changed your sexual behavior in any way since AIDS has become a concern?	YES	42
		NO	48
	Masasabi ba ninyo na binago na ninyo ng kahit papaano ang inyong mga gawaing sexual mula ng maging concern ang AIDS?	Never had sex (Hindi pa nakiki-pagtalik)	94
94.	Have you ever tested for AIDS?	YES	154
	Kahit kailan, kayo ba ay na-test o nasuri na sa pagkakaroon ng AIDS?	NO	111
95.	Was your test	Positive	100
	Ang resulta ba ng test ay	Negative	109
		Don't know	114
		Never tested for AIDS (Hindi pa nagpapasuri para sa AIDS)	131
96.	Do you use condoms during sex?	Always (Palagi)	260
	Gumagamit ba kayo ng condom tuwing nakikipagtalik?	Sometimes (Paminsan-minsan)	263
		Never use condom during sex (Talagang hindi ako gumagamit ng condom sa pakikipagtalik)	259
		Never had sex (Hindi pa nakikipagtalik)	271
97.	With whom would you prefer to have sex with:	Like my sex (Gaya ko ang sex)	273
	Kanino kayo mas gustong makikipagtalik:	Straight male (Lalaking-lalaki)	265
		Female (Babae)	267
		Both male and female (Puwedeng lalaki o babae)	270
		None (Wala)	276
98.	How comfortable do you feel discussing AIDS and sex?	Very comfortable (Talagang komportable)	155
	Gaano kayo ka-komportable sa pagtatalakay tungkol sa AIDS at sex?	Somewhat comfortable (Medyo komportable)	146
		Not very comfortable (Medyo hindi komportable)	102
		Not at all comfortable (Talagang hindi komportable)	121
99.	Would you feel more comfortable with a male interviewer or a female interviewer?	Male (Lalaki)	263
	Mas magiging komportable ba kayo kung ang interviewer ay lalaki o babae?	Female (Babae)	274
		Bisexual	278
		Another gay	280
		Doesn't matter (kahit sino)	275

100. Which of these statements best describes your current relationship status?

Alin sa mga pangungusap na ito ang pinaka-naglalarawan sa inyong katayuan sa buhay?

In a permanent relationship exclusively with one person (May permanenteng relasyon sa isang tao lamang)	281
In a permanent relationship with one person but I have occasional sex outside this relationship (May permanenteng relasyon sa isang tao pero nakikipagtalik pa sa iba paminsan-minsan)	284
In a permanent relationship but my partner and I both have sex with a few other partners (May permanenteng relasyon ngunit kami ng ka-partner ko ay parehong nakikipagtalik sa ilan pang tao)	285
I'm not in a relationship (Wala akong kahit na anong relasyon)	283

101. How do you consider your relationship?
(Answer as many as pertinent)

Paano mo iku-kunsidera ang inyong relasyon?

Lover/steady	282
Wife	277
Playmates/friends	288

102. Which description fits you best?

Alin sa mga ito ang pinaka-naglalarawan sa iyo?

Homosexual/gay	287
Bisexual	279

103. In relation to most people you know, how would you describe your true nature?

Paano mo ilalarawan ang inyong tunay na katauhan?

Definitely hidden (Talagang tago)	284
More hidden than open (Mas tago kaysa lantad)	294
Half hidden, half open (Kalahating tago, kalahating lantad)	290
More open than hidden (Mas lantad kaysa tago)	292
Definitely open (Talagang lantad)	291

YOU MAY NOW TEAR UP THESE SHEETS OF PAPER AFTER THE INTERVIEWER HAS CHECKED THAT ALL THE QUESTIONS HAVE BEEN ANSWERED. THANK YOU!

MAAARI NA NINYONG PUNITIN ANG MGA PAPEL NA ITO PAGKATAPOS I-CHECK NG IINTERVIEWER NA NASAGOT NINYO ANG LAHAT NG MGA KATANUNGAN. SALAMAT PO!

E. SEXUAL BEHAVIOR AND PRACTICES

LET US NOW DISCUSS YOUR JOB.
PAG-ISAPAN NAMAN PO NATIN ANG INYONG TRABAHO.

		Q48	Q49
48. How old were you when you first had sex?	Below 10 yrs. _____	01	01
	11 yrs.	02	02
Ilang taon kayo nang kayo ay unang nakipagtalik?	12 yrs.	03	03
	13 yrs.	04	04
	14 yrs.	05	05
49. On the other hand, how old were you when you first had <u>sex for money</u> ?	15 yrs.	06	06
	16 yrs.	07	07
	17 yrs.	08	08
Sa kabilang dako, ilang taon kayo nang una kayong <u>nakipagtalik na may kabayaran</u> ?	18 yrs. & above _____		
50. When was the last time you had sex with a customer who is paying you?	In the past week	01	
	Over 1-2 weeks	02	
	Over 3-4 weeks	03	
	(THANK AND TERMINATE) -Over 4 weeks	04	
Kailan kayo huling nakipagtalik sa isang customer na nagbabayad sa inyo?			

(ASK AMONG THOSE WHO HAD SEX IN PAST 4 WEEKS)

		Q51	Q52	Q53
51. Altogether, how many times did you have sex with customers in the <u>past 4 weeks</u> ?	One	01	01	01
	Two	02	02	02
Sa kabuuan, ilang beses kayo nakipagtalik sa mga customer nitong <u>nakaraang 4 na linggo</u> ?	Three	03	03	03
	Four	04	04	04
52. On the average, how many times do you have sex with customers <u>in a week's time</u> ?	Five	05	05	05
	Six	06	06	06
	Seven	07	07	07
Sa kadalasan, ilang beses kayo nakikipagtalik sa mga customer <u>sa loob ng isang linggo</u> ?	Eight	08	08	08
	Nine	09	09	09
	Ten	10	10	10
	----- More than 10	()	()	()
53. All in all, how many <u>different</u> customers did you have sex with in the <u>past 4 weeks</u> ?				
Sa kabuuan, ilang <u>iba't ibang</u> customer ang inyong nakatalik nitong <u>nakaraang 4 na linggo</u> ?				

E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

54. With whom did you have sexual relations in the past 4 weeks?

Kanino kayo nakipagtalik nitong nakaraang 4 na linggo?

55. How often did you have sex with (customer) in the past 4 weeks?

Gaano kayo kadalas nakipagtalik sa (customer) nitong nakaraang apat na linggo?

56. (THOSE NOT INCLUDED IN PAST 4 WEEKS):

Did you ever have sexual relations with (customer) at anytime in the past?

Kahit kailan, nakipagtalik ka na ba sa isang (customer)?

	Q54	Q55					Q56
		MOST OF THE TIME	HALF OF THE TIME	SOME- TIMES	RARE- LY	NEVER	
Homosexual/bakla	1	1	2	3	4	5	1
Bisexual/married men	2	1	2	3	4	5	2
Married woman/matron	3	1	2	3	4	5	3
Unmarried woman/widows	4	1	2	3	4	5	4
Female prostitutes	5	1	2	3	4	5	5

57. Usually, how many hours does a customer avail of your services?

Sa karaniwan, ilang oras ng serbisyo ang iniuukol mo sa isang customer?

- Overnight 1
- All day 2
- Half day 3
- Short time (3 hours) 4
- Others _____

58a. Have you ever had sex with a foreign customer?

Kahit na kailan, nakipagtalik ka na ba sa isang banyagang customer?

b. All in all, how many of your sexual customers are foreigners? (SHOWCARD L)

Ilan sa mga customer na nakatalik mo ang dayuhan?

- All (Lahat) 1 -> (ASK Q59, 60, & GO TO Q63)
- More than half (Higit sa kalahati) 2
- About half (Kalahati) 3
- Less than half (Kulang sa kalahati) 4
- None/never had sex with a foreign customer (Wala) 5 -> GO TO Q61

59. What are the nationalities of the foreign customers you ever had sex with?

Ano ang mga nasyonalidad ng mga dayuhang customer na inyong nakatalik na ng kahit kailan?

	Q59	Q60
American	01	01
Australian	02	02
Japanese	03	03
Chinese	04	04
British	05	05
French	06	06
Arab	07	07
Others _____		

60. What is the nationality of the foreign customers who engage you in sex most often?

Ano ang nasyonalidad ng mga dayuhang customer na pinakamadalas ninyong makatalik?

8. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

61. On the whole, what is the average age of Filipino/local customers with whom you have sex with more often?
- | | |
|--------------|---|
| Less than 18 | 1 |
| 18-24 yrs | 2 |
| 24-39 yrs. | 3 |
| 40 & above | 4 |
- Sa kabuuhan, ano ang karaniwang edad ng mga Pilipino o local na customer na kadalasan ninyong tinatangkilik?
62. On the whole, about how many of your Filipino customers are married... (SHOWCARD M)
- | | |
|-------------------------------------|---|
| Most (Kadamihan) | 1 |
| About half (Mga kalahati) | 2 |
| Less than half (Kulang sa kalahati) | 3 |
| Only a few (Iilan lang) | 4 |
| None (Wala) | 5 |
- Sa kabuuhan, mga ilan sa mga customer ninyo na Pilipino ang may asawa ...
63. Where do you usually meet your customers?
- | | |
|----------------------------------|-----|
| -Place of work | 01 |
| night club | 02 |
| beer garden/pub | 03 |
| massage parlor/sauna bath parlor | 04 |
| singles bar | 05 |
| disco house | 06 |
| Others _____ | () |
| _____ | () |
| -Streets | 10 |
| -5-star hotel lobby | 11 |
| -Any hotel lobby | 12 |
| -Motels | 13 |
| -Through contacts/friends | 14 |
| -Introduced by pimp | 15 |
| -Movie house | 16 |
| -Restaurants/eateries | 17 |
| -Public parks/buildings | 18 |
| OTHERS _____ | |
| _____ | |
| -Anywhere/no particular place | 90 |
- Sa karaniwan, saan ninyo natatagpuan ang inyong mga customer?
64. At what places do you usually have sexual relations with your customers?
- | | |
|----------------------------------|----|
| -Own house | 01 |
| -House of customer | 02 |
| -Motel/Drive-through motel | 03 |
| -Any hotel | 04 |
| -5-star hotel | 05 |
| -Inside a car | 06 |
| -Place of work | 07 |
| Night club | 08 |
| Beer garden/pub | 09 |
| Massage parlor/sauna bath parlor | 10 |
| Singles bar | 11 |
| Disco house | 12 |
| Others _____ | |
| OTHERS _____ | |
| _____ | |
| -Anywhere/no particular place | 90 |
- Sa kadalasan, saan-saang lugar kayo nakikipagtalik sa inyong mga customer?
65. Who usually negotiates with your customers?
- | | |
|-------------------------------|----|
| Myself | 01 |
| Mama-san | 02 |
| Pimp (Bugaw) | 03 |
| House/club manager/proprietor | 04 |
| Other middleman _____ | |
| (specify) | |
- Sa kadalasan, sino ang nakikipag-areglo sa inyong mga customer?

E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

66. Do you have the following: YES NO
- | | | | |
|-----------------------|--------------------|---|---|
| Mayroon ba kayong ... | Police protection | 1 | 2 |
| | Health certificate | 1 | 2 |
- 67a. Have you ever had a regular customer?
- Kanit kailan, nagkaroon na ba kayo ng regular na customer?
- 67b. How many sexual encounters do you have with a customer before you consider her as a regular customer?
- | | | | |
|--|--|----|--|
| | One | 01 | |
| | Two | 02 | |
| | Three | 03 | |
| | Four | 04 | |
| | Five | 05 | |
| | Six or more | 06 | |
| Ilang pakikipagtalik bago mo masabi na ang isang customer ay isa nang regular na customer? | (GO TO Q72) - Never had a regular customer | 09 | |
68. Do you have any steady/regular customer right now? Yes No
- | | | | |
|---|------------------|---|---|
| | | 1 | |
| Mayroon ba kayong steady/regular na customer sa ngayon? | (GO TO Q72) - No | 1 | 2 |
69. How many are your steady/regular customers right now?
- Ilan ang inyong steady/regular na customer sa ngayon?
- | | | | |
|--|-----------------------|----|--|
| | One | 01 | |
| | Two | 02 | |
| | Three | 03 | |
| | Four | 04 | |
| | Five | 05 | |
| | Six | 06 | |
| | Seven | 07 | |
| | Eight | 08 | |
| | ----- More than eight | | |
70. For how long have you had your most regular customer?
- Gaano katagal mo na naseserbisuhan ang inyong pinakaregular na customer?
- | | | | |
|--|---------------------|-------|--|
| | Between 1-4 weeks | 01 | |
| | Between 1-2 months | 02 | |
| | Between 3-4 months | 03 | |
| | Between 5-6 months | 04 | |
| | Between 6-12 months | 05 | |
| | More than 1 year | ----- | |
71. On the average, how often do you have sex with your most regular customers?
- Sa karaniwan, gaano kadalas kayo nakikipagtalik sa inyong pinakaregular na customer?
- | | | | |
|--|------------------------------|----|--|
| | Everyday | 01 | |
| | 5-6x a week | 02 | |
| | Once a week | 03 | |
| | Once every 2 weeks | 04 | |
| | Once every 3 weeks | 05 | |
| | Once a month | 06 | |
| | ----- Less than once a month | | |
72. With the help of this rating board, please tell me how often you have done each of these sexual activities. Let us start with (sexual activity). Would you say that you engage in (sexual activity) Most of the time/Half of the time/Sometimes/Rarely? (SHOWCARD)
- Sa tulong ng rating board na ito, pakisabi sa akin kung gaano kadalas ninyo ginagawa ang bawat gawaing sexual na ito. Umpisahan natin sa (sexual activity). Masasabi ba ninyo na ang (sexual activity) ay ginagawa ninyo sa Kadalasan, Kalahati ng panahon/Minsan/Bihira?

E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

	<u>MOST OF THE TIME</u>	<u>HALF OF THE TIME</u>	<u>SOME TIMES</u>	<u>RARE LY</u>	<u>NEVER TRIED</u>
a. Deep French kissing (tongue in throat) (Lips to lips o malalim na paghalik)	01	02	03	04	05
b. Oral-anal contact (rimming) (Oral/tsupa/brotsa na may kasamang pagtatalik sa puwit)	01	02	03	04	05
c. Giving anal intercourse with a condom (Ako ang pumapasok sa puwit na ginaga- gamitan ng condom)	01	02	03	04	05
d. Receiving anal intercourse with a condom (Pinapasukan ako sa puwit na ginagamitan ng condom)	01	02	03	04	05
e. Giving anal intercourse with transfer of semen (Ako ang pumapasok sa puwit at doon nila- labasan ng tamod)	01	02	03	04	05

f. Receiving anal intercourse with transfer of semen (Pinapasukan ako sa puwit at doon nila- labasan ng tamod)	01	02	03	04	05
g. Giving anal intercourse without a condom but no transfer of semen (Ako ang pumapasok sa puwit na walang condom at hindi nilalabasan doon ng tamod)	01	02	03	04	05
h. Receiving anal intercourse without a condom but no transfer of semen (Pinapasukan ako sa puwit na walang condom at hindi naman nilalabasan doon ng tamod)	01	02	03	04	05
i. Giving oral sex with transfer of semen (Ako ang nagbro-brotsa o nagtsu-tsupa na nilalabasan ng tamod)	01	02	03	04	05
j. Receiving oral sex with transfer of semen (Tsinu-tsupa ako hanggang sa labasan ng tamod)	01	02	03	04	05

k. Giving oral sex but no transfer of semen (Ako ang nagbro-brotsa o nagtsu-tsupa na hindi nilalabasan ng tamod)	01	02	03	04	05
l. Receiving oral sex but no transfer of semen (Tsinu-tsupa ako na hindi nilalabasan ng tamod)	01	02	03	04	05
m. Masturbating clients only (Buting-tingan na walang pagtatalik)	01	02	03	04	05
n. Vaginal intercourse with transfer of semen (Pagtatalik sa babae na sa loob nilala- basan ng tamod)	01	02	03	04	05
o. Vaginal intercourse with use of condom (Pagtatalik sa babae na may condom)	01	02	03	04	05
p. Vaginal intercourse without condom and no transfer of semen (Pagtatalik sa babae na walang condom at hindi nilalabasan ng tamod sa loob)	01	02	03	04	05

E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

LET US TALK A LITTLE ABOUT YOUR PRIVATE LIFE.
PAG-USAPAN NAMAN PO NATIN ANG TUNGKOL SA INYONG PRIBADONG BUHAY.

73a.	Have you ever married or not?	Yes	1
	Kayo ba ay nakasal na o hindi pa?	(GO TO Q77)-No	2
b.	Right now, are you living with your wife or not?	(GO TO Q74d) Yes	1
	Sa ngayon, magkasama ba kayo ng asawa ninyo sa bahay o hindi?	No	2
c.	What is your current status...	Wife temporarily away (Kasalukuyang malayo sa asawa)	1
	Ano ang kalagayan ninyo sa kasalukuyan...	(GO TO Q75)-Separated (Hiwalay)	2
		-----Widowed (Balo)	3
d.	How long have you been married/living together?	Less than 6 mos.	01
	Gaano katagal na kayong kasal/nagsasama ng inyong asawa?	Between 6-12 mos.	02
		1-2 yrs.	03
		2-3 yrs.	04
		3-4 yrs.	05
		4-5 yrs.	06
		5-6 yrs.	07
		6-7 yrs.	08
		7-8 yrs.	09
		8-9 yrs.	10
		9-10 yrs.	11
		----- More than 10 yrs.	
74.	Does your wife know that you have sex with customers?	Yes	1
	Alam ba ng inyong asawa na kayo ay nakikipagtalik sa mga customers?	No	2
75.	How many times have you been married?	Once	1
	Ilang beses na ba kayo ikinasal?	Twice	2
		Thrice	3
		4 times	4
76a.	Have you ever had a live-in partner before you got married?	Yes	1
	Nagkaroon ka ba ng ka-live-in bago kayo ikasal?	(GO TO Q79) No	2
b.	How many live-in partners have you had before you got married?	One	1
	Ilang na ang naging ka-live-in ninyo bago kayo ikinasal?	Two	2
		Three	3
		(GO TO Q79)	
77a.	Have you ever had a live-in?	Yes	1
	Nagkaroon ka na ba ng ka-live-in?	(GO TO Q79)-No	2
b.	Do you have a present live-in?	Yes	1
	Mayroon ka bang ka-live-in sa kasalukuyan?	(GO TO Q79)-No	2
c.	How long have you been living together?	One yr.	1
	Gaano katagal na kayong nagsasama/magka-live-in?	Two yrs	2
		Three yrs	3

E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

77d.	How many live-in partners have you ever had altogether? Lahat-lahat, ilan ang naging ka-live-in ninyo?	One Two Three -----	1 2 3
78.	Does your live-in know that you have sex with customers? Alam ba ng inyong ka-live-in na kayo ay nakikipagtalik sa mga customers?	Yes No	1 2
79a.	(Other than your wife/live-in), have you ever had a steady or not? (Bukod sa inyong asawa/live-in), nagkaroon ka na ba ng isang steady o hindi pa?	Yes (GO TO Q84) -No	1 2
b.	(Other than your wife/live-in), do you currently have a steady? (Bukod sa inyong asawa/live-in), mayroon ka pa bang steady sa kasalukuyan?	Yes (GO TO Q83) -No	1 2
80.	How many steadies do you currently have? Ilang steady mayroon kayo sa kasalukuyan?	One Two three Four	1 2 3 4
81.	How long have you been steadies with your longest steady? Gaano katagal na kayong mag-steady sa inyong pinakamatagal na steady?	Less than 6 mos. Between 6-12 mos. 1-2 yrs. 2-3 yrs. 3-4 yrs. 4-5 yrs. 5-6 yrs. 6-7 yrs. 7-8 yrs. 8-9 yrs. 9-10 yrs. ----- More than 10 yrs.	01 02 03 04 05 06 07 08 09 10 11
82.	Does your present steady/steadies know that you have sex with customers? Alam ba ng inyong kasalukuyang steady/mga steady na kayo ay nakikipagtalik sa mga customer?	Yes No	1 2
83.	Altogether, how many steadies did you <u>ever have</u> ? Lahat-lahat, ilan na ang naging mga steady ninyo?	One Two Three Four Five Six Seven Eight ----- More than 8	01 02 03 04 05 06 07 08

E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

84. In the past 4 weeks, have you had sex with anyone other than a customer? Yes 1
- Nitong nakaraang 4 na linggo, nakipagtalik ba kayo sa ibang tao bukod sa mga customer? (GO TO Q87) --No 2
85. All in all, how many times did you have sex with anyone other than a customer? One 01
- Lanat-lanat, ilang beses na kayong nakipagtalik sa kahit kanino maliban sa inyong customer? Two 02
- Three 03
- Four 04
- Five 05
- Six 06
- Seven 07
- Eight 08
- More than 8
86. Who are these? (SHOWCARD N) Wife/live-in 01
- Sinu-sino ang mga ito? (Asawa)
- Old steady/girlfriend 02
- (Dating steady/girlfriend)
- New steady/girlfriend 03
- (Bagong steady/girlfriend)
- Female prostitute 04
- (Babaeng prostitute)
- A female friend 05
- (Babaeng kaibigan)
- Others _____ ()
- _____ ()
- TOTAL SEX ENCOUNTER: /_____/

LET US NOW DISCUSS YOUR CURRENT JOB SITUATION.
 PAG-USAPAN NAMAN PO NATIN ANG TUNGKOL SA INYONG TRABAHO SA NGAYON.

87. How do you see your job? Would you say that your job is ... (SHOWCARD O) (GO TO Q89) -Full time 1
- Ano ang masasabi ninyo tungkol sa inyong trabaho ninyo? Masasabi ba ninyo na ito ay... Sideline 2
88. What is your main/regular job? Another job _____ 01
- Ano ang inyong regular na trabaho? (Specify)
- Student 02
- Out-of-school 03
- Others _____ ()

89. With the help of this card, please tell me which of these things you would most likely do in the future. (SHOWCARD P)

- Sa tulong ng kard na ito, pakisabi sa akin kung alin sa mga ito ang pinakaposisibleng gawin ninyo sa mga susunod na araw.
- Keep doing sex work as sideline 1 -
- (Ipagpatuloy bilang sideline ang pagka-callboy (GO TO Q92)
- Make sex work a full time profession 2 -
- (Gawing full time na trabaho ang pagka-callboy
- Quit sex work altogether 3
- (Tuluyang tumigil sa pagka-callboy)

E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

90. At what age will you definitely quit from this present job?	18 yrs. old	01
	19 yrs. old	02
	20 yrs. old	03
Sa anong edad kayo tuluyang itigil sa ganitong trabaho?	21 yrs. old	04
	22 yrs. old	05
	23 yrs. old	06
	24 yrs. old	07
	25 yrs. old	08
	26 yrs. old	09
	----- More than 26 yrs.	
91. What will you do when you quit this job?	Get another job	01
	Get married	02
Ano ang inyong gagawin kapag kayo ay tumigil na sa trabahong ito?	Study/enroll at school	03
	Go abroad	04
	Go home to province	05
	Not know yet	06
	Others-----	
92. Why are you in this kind of job and not in others?	Only job I can get	01
	Make best/better money than other jobs	02
Bakit ka nasasa ganitong klaseng trabaho at hindi sa iba?	Easier than other jobs	03
	Like/enjoy it	04
	Friend got me started	05
	Forced into it	06
	Others-----	

93a. How many people depend on you for financial support?	One	01
	Two	02
Ilang mga tao ang sinusustentuhan ninyo?	Three	03
	Four	04
	Five	05
	Six	06
	----- More than 6	
b. Who depend on you for financial support?	Wife	01
	Girlfriend/lover	02
Sinu-sino ang mga sinusustentuhan ninyo?	Child/children	03
	Parents/brothers/sisters	04
	Other relatives	05
	Others-----	

E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

LET US DISCUSS HOW YOU TAKE CARE OF YOURSELF PHYSICALLY.
 PAG-USAPAN LANG PO NATIN KUNG PAANO NINYONG INAALAGAAN ANG INYONG KATAWAN.

94. When did you have your last check-up? Today 01
 Kailan kayo huling nagpa-check-up? Past 7 Days 02
Over 1-4 weeks 03
Over 1-3 months 04
Over 3-6 months 05
Over 6 months _____
 (GO TO Q97) ---Not have any check-up 07
95. Where did you go for your check-up? Hospital 01
 Saan kayo nagpunta para sa inyong check-up? STD (Sexually trans- 02
mitted disease) clinic
Private doctor/any 03
clinic
 Others _____
96. In the past 6 months, how many check-ups did you have all in all? One 01
 Sa nakaraang 6 na buwan, ilang beses kayo nagpa-check-up? Two 02
Three 03
Four 04
Five 05
Six 06
 More than 6 _____
- 97a. Have you ever been tested for AIDS?
 Kahit na kailan, na-test na ba kayo sa AIDS?
- b. What kind of test was it? Blood test 01
 Anong klaseng test ito? - X-ray 02
Urine test 03
Skin test 04
 (GO TO Q98) --- Pap smear 05
Others _____
Don't know 00
 - Not yet tested for AIDS 99
- c. (IF HAD BLOOD TEST): Was it taken by drawing blood with a needle/injection or was it done by just pricking your finger? (GO TO Q99) -Taken by needle 1
 Ito ba ay ginawa sa pamamagitan ng pagsipsip ng dugo mula sa karayom/iniksiyon o sa pagtusok ng daliri? Pricking finger 2
- 98a. Did you ever have a blood test?
 Kahit kailan, nakapagpa-blood test na ba kayo?
- b. Was it taken by drawing blood with a needle/injection or was it done by just pricking your finger? Taken by needle 1
Pricking finger 2
 Ito ba ay ginawa sa pamamagitan ng pagsipsip ng dugo mula sa karayom/iniksiyon o sa pagtusok ng daliri? Not yet have blood test 3

150

E. SEXUAL BEHAVIOR AND PRACTICES

LET US NOW DISCUSS YOUR JOB.
PAG-USAPAN NAMAN PO NA'IN ANG INYONG TRABAHO.

		<u>Q47</u>	<u>Q48</u>
47. How old were you when you first had sex?	Below 10 yrs. _____	01	01
	11 yrs.	02	02
Ilang taon kayo nang kayo ay unang nakipagtalik?	12 yrs.	03	03
	13 yrs.	04	04
	14 yrs.	05	05
48. On the other hand, how old were you when you first had <u>sex for money</u> ?	15 yrs.	06	06
	16 yrs.	07	07
	17 yrs.	08	08
Sa kabilang dako, ilang taon kayo nang una kayong <u>nakipagtalik na may kabayaran</u> ?	18 yrs. & above _____		
49. When was the last time you had sex with a customer who is paying you?	In the past week		01
	Over 1-2 weeks		02
	Over 3-4 weeks		03
Kailan kayo huling nakipagtalik sa isang customer na nagbabayad sa inyo?	(THANK AND TERMINATE) -Over 4 weeks		04

(ASK AMONG THOSE WHO HAD SEX IN PAST 4 WEEKS)

50. Altogether, how many times did you have sex with customers in the <u>past 4 weeks</u> ?		<u>Q50</u>	<u>Q51</u>	<u>Q52</u>
	One	01	01	01
Sa kabuuan, ilang beses kayo nakipagtalik sa mga customer nitong <u>nakaraang 4 na linggo</u> ?	Two	02	02	02
	Three	03	03	03
	Four	04	04	04
51. On the average, how many times do you have sex with customers <u>in a week's time</u> ?	Five	05	05	05
	Six	06	06	06
	Seven	07	07	07
Sa kadalasan, ilang beses kayo nakikipagtalik sa mga customer <u>sa loob ng isang linggo</u> ?	Eight	08	08	08
	Nine	09	09	09
	Ten	10	10	10
	----- More than 10	()	()	()
52. All in all, how many <u>different</u> customers did you have sex with in the <u>past 4 weeks</u> ?				
Sa kabuuan, ilang <u>iba't ibang</u> customer ang inyong nakatalik nitong <u>nakaraang 4 na linggo</u> ?				
53. Usually, how many hours does a customer avail of your services?	Overnight			1
	All day			2
	Half day			3
Sa karaniwan, ilang oras ng serbisyo ang iniuukol mo sa isang customer?	Short time (3 hours)			4
	Others _____			
54a. Have you ever had sex with a foreign customer?				
Kahit kailan, nakipagtalik ka na ba sa isang banyagang customer?				

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E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

54b. All in all, how many of your sexual customers are foreigners? (SHOWCARD L)

Ilan sa mga customer na nakatalik mo ang dayuhan?

- All (Lahat) 1 -> (ASK Q55, 56, & GO TO Q59)
- More than half (Higit sa kalahati) 2
- About half (Kalahati) 3
- Less than half (Kulang sa kalahati) 4
- None/Never had sex with a foreign customer (Wala) 5 -> GO TO Q57

55. What are the nationalities of the foreign customers you ever had sex with?		<u>Q55</u>	<u>Q56</u>
Ano ang mga nasyonalidad ng mga dayuhang customer na inyong nakatalik na ng kahit kailan?	American	01	01
	Australian	02	02
	Japanese	03	03
	Chinese	04	04
	British	05	05
	French	06	06
56. What is the nationality of the foreign customers who engage you in sex <u>most often</u> ?	Arab	07	07
	Others		

Ano ang nasyonalidad ng mga dayuhang customer na pinakamadalas ninyong makatalik?

57. On the whole, what is the average age of Filipino/local customers with whom you have sex <u>more often</u> ?	Boys (12-17 years old)	1
	Younger men (18-24 years old)	2
	Men (25-39 years old)	3
	Older men (40 years old and above)	4
Sa kabuuan, ano ang karaniwang edad ng mga Pilipino o local na customer na kadalasan ninyong tinatangkilik?	Don't know	5

58. On the whole, how many of your <u>Filipino</u> customers are married? (<u>SHOWCARD M</u>)	Most (Karamihan)	1
	About half (Mga kalahati)	2
Sa kabuuan, mga ilan sa <u>customer ninyo na Pilipino</u> ang may asawa?	Less than half (Kulang sa kalahati)	3
	Only a few (Iilan lang)	4
	None (Wala)	5

E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

59.	Where do you usually meet your customers?	-Place of work	01
		night club	02
		beer garden/pub	03
	Sa karaniwan, saan ninyo natatagpuan ang inyong mga customer?	massage parlor/sauna bath parlor	04
		singles bar	05
		disco house	06
		Others -----	()
		-----	()
		-Streets	10
		-5-star hotel lobby	11
		-Any hotel lobby	12
		-Motels	13
		-Through contacts/friends	14
		-Introduced by pimp	15
		-Movie house	16
		-Restaurants/eateries	17
		-Public parks/buildings	18
		OTHERS -----	

		-Anywhere/no particular place	90
60.	At what places do you usually have sexual relations with your customers?	-Own house	01
		-House of customer	02
		-Motel/Drive-through motel	03
		-Any hotel	04
	Sa kadalasan, saan-saang lugar kayo nakikipagtalik sa inyong mga customer?	-5-star hotel	05
		-Inside a car	06
		-Place of work	07
		night club	08
		beer garden/pub	09
		massage parlor/sauna bath parlor	10
		singles bar	11
		disco house	12
		others -----	
		-Anywhere/no particular place	13
		OTHERS -----	

61.	Who usually negotiates with your customers?	Myself	01
		Mama-san	02
		Pimp (Bugaw)	03
	Sa kadalasan, sino ang nakikipag-areglo sa inyong mga customer?	House/club manager/proprietor	04
		Other middleman -----	
		(specify)	
62.	Do you have the following:		<u>YES</u> <u>NO</u>
	Mayroon ba kayong ...	Police protection	1 2
		Health certificate	1 2
63a.	Has a customer ever asked to see your health certificate?		YES 1
	Kahit kailan, hinanapan na ba kayo ng inyong customer ng health certificate?	(GO TO Q64) --No	2
b.	With the use of this card, please tell me how often a customer usually asks to see your health certificate. (SHOWCARD N)	Most of the time (Sa kadalasan)	1
	Sa tulong ng kard na ito, pakisabi sa akin kung gaano kadalas kayo karaniwang hinahanapan ng health certificate ng inyong customer.	Half of the time (Mga kalahati)	2
		Sometimes (Minsan)	3
		Rarely (Bihira)	4

E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

- 64a. Have you ever had a regular customer?
Kahit kailan, nagkaroon na ba kayo ng regular na customer?
- | | | |
|--|--|----|
| b. How many sexual encounters do you have with a customer before you consider him as a regular customer? | One | 01 |
| | Two | 02 |
| | Three | 03 |
| | Four | 04 |
| | Five | 05 |
| | Six or more | 06 |
| | <u>(GO TO Q64)</u> --Never had a regular customer 09 | |
65. Do you have any steady/regular customer right now? Yes 1
Mayroon ba kayong steady/regular na customer sa ngayon? (GO TO Q19) --No 2
66. How many are your steady/regular customers right now? One 01
Ilan ang inyong steady/regular na customer sa ngayon? Two 02
Three 03
Four 04
Five 05
Six 06
Seven 07
Eight 08
----- More than eight
67. For how long have you had your most regular customer? Between 1-4 weeks 01
Gaano katagal mo na naseserbisuhan ang inyong pinakaregular na customer? Between 1-2 months 02
Between 3-4 months 03
Between 5-6 months 04
Between 6-12 months 05
More than 1 year -----
68. On the average, how often do you have sex with your most regular customers? Everyday 01
5-6x a week 02
Once a week 03
Sa karaniwan, gaano kadalas kayo nakikipagtalik sa inyong pinakaregular na customer? Once every 2 weeks 04
Once every 3 weeks 05
Once a month 06
----- Less than once a month
69. With the help of this rating board, please tell me how often you have done each of these sexual activities. Let us start with (sexual activity). Would you say that you engage in (sexual activity) Most of the time/Half of the time/Sometimes/Rarely? (SHOWCARD)
Sa tulong ng rating board na ito, pakisabi sa akin kung gaano kadalas ninyo ginagawa ang bawat gawaing sexual na ito. Umpisahan natin sa (sexual activity) Masasabi ba ninyo na ang (sexual activity) ay ginagawa ninyo sa Kadalasan/Kalahati ng panahon/Minsan/Bihira?

E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

	<u>MOST OF TIME</u>	<u>HALF OF THE TIME</u>	<u>SOME TIMES</u>	<u>RARE LY</u>	<u>NEVER TRIED</u>
a. Deep French kissing (tongue in throat) (Lips to lips o malalim na paghalik)	01	02	03	04	05
b. Oral-anal contact (rimming) (Oral/tsupa na may kasamang pagtatalik sa piwrit)	01	02	03	04	05
c. Anal intercourse with a condom (Pagtatalik sa piwrit na ginagamitan ng condom)	01	02	03	04	05
d. Anal intercourse with transfer of semen (Pagtatalik sa piwrit na pinapasukan ng tamod)	01	02	03	04	05
e. Anal intercourse without a condom but no transfer of semen (Pagtatalik sa puwrit na walang condom ngunit hindi pinapasok ng tamod)	01	02	03	04	05
f. Oral sex with transfer of semen (Pagtsupa na may tamod)	01	02	03	04	05
g. Oral sex but no transfer of semen (Pagtsupa ngunit walang tamod)	01	02	03	04	05
h. Masturbating customers only (Buting-tingan na walang pagtatalik)	01	02	03	04	05
i. Vaginal intercourse with transfer of semen (Pagtatalik na pinapasukan ng tamod)	01	02	03	04	05
j. Vaginal intercourse with use of condom (Pagtatalik na may condom)	01	02	03	04	05
k. Vaginal intercourse without condom and no transfer of semen (Pagtatalik na walang condom at hindi pinapasukan ng tamod)	01	02	03	04	05

LET US TALK A LITTLE ABOUT YOUR PRIVATE LIFE.
PAG-USAPAN NAMAN PO NATIN ANG TUNGKOL SA INYONG PRIBADONG BUHAY.

- 70a. Have you ever married or not? Yes 1
Kayo ba ay nakasal na o hindi pa? (GO TO Q74)-No 2
- b. Right now, are you living with your husband or not? (GO TO Q70d)-Yes 1
Sa ngayon, magkasama ba kayo ng asawa ninyo sa bahay o hindi? No 2
- c. What is your current status... Husband temporarily away 1
Ano ang kalagayan ninyo sa kasalukuyan... (Kasalukuyang malayo sa asawa)
- (GO TO Q72)-i .-Separated (Hiwalay) 2
-Widowed (Balo) 3

E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

70d.	How long have you been married/living together?	Less than 6 mos.	01
	Gaano katagal na kayong kasal/nagsasama ng inyong asawa?	Between 6-12 mos.	02
		1-2 yrs.	03
		2-3 yrs.	04
		3-4 yrs.	05
		4-5 yrs.	06
		5-6 yrs.	07
		6-7 yrs.	08
		7-8 yrs.	09
		8-9 yrs.	10
		9-10 yrs.	11
		----- More than 10 yrs.	
71.	Does your husband know that you have sex with customers?	Yes	1
	Alam ba ng inyong asawa na kayo ay nakikipagtalik sa mga customer?	No	2
72.	How many times have you been married?	Once	1
	Ilang beses na ba kayo ikinasal?	Twice	2
		Thrice	3
		4 times	4
73a.	Have you ever had a live-in partner before you got married?	Yes	1
	Nagkaroon ka ba ng ka-live-in bago kayo ikinasal?	<u>(GO TO Q76)</u> -No	2
b.	How many live-in partners have you had before you got married?	One	1
	Ilang ang naging ka-live-in ninyo bago kayo ikinasal?	Two	2
		Three	3

74a.	Have you ever had a live-in?	Yes	1
	Nagkaroon ka na ba ng ka-live-in?	<u>(GO TO Q76)</u> -No	2
b.	Do you have a present live-in?	Yes	1
	Mayroon ka bang ka-live-in sa kasalukuyan?	<u>(GO TO Q76)</u> -No	2
c.	How long have you been living together?	One yr.	1
	Gaano katagal na kayong nagsasama/magka-live-in?	Two yr.	2
		Three yrs.	3

d.	How many live-in partners have you had altogether?	One	1
	Lahat-lahat, ilan ang naging ka-live-in ninyo?	Two	2
		Three	3

75.	Does your live-in know that you have sex with customers?	Yes	1
	Alam ba ng inyong ka-live-in na kayo ay nakikipagtalik sa mga customer?	No	2
76a.	(Other than your husband/live-in), have you ever had a steady or not?	Yes	1
	(Bukod sa inyong asawa, live-in), nagkaroon ka na ba ng isang steady o hindi pa?	<u>(GO TO Q81)</u> -No	2

E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

76b.	(Other than your husband/live-in), do you currently have a steady?	Yes	1
	(Bukod sa inyong asawa/live-in), mayroon ka pa bang steady sa kasalukuyan?	(GO TO Q81) -No	2
77.	How many steady/steadies do you currently have?	One	1
	Ilang steady mayroon kayo sa kasalukuyan?	Two	2
		Three	3
		Four	4
78.	How long have you been steadies with your longest steady?	Less than 6 mos.	01
	Gaano katagal na kayong mag-steady sa inyong pinakamatagal na steady?	Between 6-12 mos.	02
		1-2 yrs.	03
		2-3 yrs.	04
		3-4 yrs.	05
		4-5 yrs.	06
		5-6 yrs.	07
		6-7 yrs.	08
		7-8 yrs.	09
		8-9 yrs.	10
		9-10 yrs.	11
		----- More than 10 yrs.	
79.	Does your present steady/steadies know that you have sex with customers?	Yes	1
	Alam ba ng inyong kasalukuyang ka-steady na kayo ay nakikipagtalik sa mga customers?	No	2
80.	Altogether, how many steadies did you <u>ever</u> have?	One	01
	Lahat-lahat, ilan na ang mga naging steady ninyo mula noon pa?	Two	02
		Three	03
		Four	04
		Five	05
		Six	06
		Seven	07
		Eight	08
		----- More than 8	
81.	In the past 4 weeks, have you had sex with anyone other than a customer?	Yes	1
	Nitong nakaraang 4 na linggo, nakikipagtalik ba kayo sa ibang tao bukod sa mga customer?	(GO TO Q84) --No	2
82.	All in all, how many times did you have sex with anyone other than a customer?	One	1
	Lahat-lahat, ilang beses na kayong nakikipagtalik sa kahit kanino maliban sa inyong customer?	Two	2
		Three	3
		Four	4
		Five	5
		Six	6
		More than 6	-----

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E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

83. Who are these? (SHOWCARD O) Q83

Sinu-sino ang mga ito?	Husband/live-in (Asawa/ka-live-in)	01
	Old steady/boyfriend (Dating steady/boyfriend)	02
	New steady/boyfriend (Pagong steady/boyfriend)	03
	Male prostitute (lalaking prostitute)	04
	A male friend (lalaking kaibigan)	05
	Others _____	()
	_____	()

LET US NOW DISCUSS YOUR CURRENT JOB SITUATION.
PAG-USAPAN NAMAN PO NATIN ANG TUNGKOL SA INYONG TRABAHO SA NGAYON.

84. How do you see your job? Would you say that your job is (SHOWCARD P) (GO TO Q86) -Full time

	_____	1
Ano ang masasabi ninyo tungkol sa trabaho ninyo? Masasabi ba ninyo na ito ay ...	Sideline	2

85. What is your main/regular job? Another job _____ 01

	(Specify)	
Ano ang inyong regular na trabaho?	Student	02
	Out-of-school	03
	Others _____	

86. With the help of this card, please tell me which of these things you would likely do in the future. (SHOWCARD Q)

Sa tulong na ito, pakisabi sa akin kung alin sa mga ito ano ang pinakaposibleng gawin ninyo sa mga susunod na araw.	-Keep doing sex work as sideline (Ipagpatuloy bilang sideline ang pagka-callgirl)	1
	-Make sex work a full time profession (Gawing full time na trabaho ang pagka-callgirl)	2
	-Quit sex work altogether (Tuluyang tumigil sa pagka-callgirl)	3

87. At what age will you definitely quit from this present job? 18 yrs. old 01

	19 yrs. old	02
	20 yrs. old	03
Sa anong edad kayo tuluyang titigil sa ganitong trabaho?	21 yrs. old	04
	22 yrs. old	05
	23 yrs. old	06
	24 yrs. old	07
	25 yrs. old	08
	26 yrs. old	09
	_____ More than 26 yrs.	

E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

88. What will you do when you quit this job?
 Ano ang inyong gagawin kapag kayo ay tumigil na sa trabahong ito?

Get another job	01
Get married	02
Study/enroll at school	03
Go abroad	04
Go home to province	05
Not know yet	06
Others _____	

89. Why are you in this kind of job and not in others?
 Bakit ka nasasa ganitong klaseng trabaho at hindi sa iba?

Only job I can get	01
Make best/better money than other jobs	02
Easier than other jobs	03
Like/enjoy it	04
Friend got me started	05
Forced into it	06
Others _____	

90a. How many people depend on you for financial support?
 Ilang mga tao ang sinusustentuhan ninyo?

One	01
Two	02
Three	03
Four	04
Five	05
Six	06
----- More than 6	

b. Who depend on you for financial support?
 Sinu-sino ang mga sinusustentuhan ninyo?

Husband	01
Boyfriend/lover	02
Child/children	03
Parents/brothers/sisters	04
Other relatives	05
Others _____	

 : LET US DISCUSS HOW YOU TAKE CARE OF YOURSELF PHYSICALLY.
 :
 : PAG-USAPAN LANG PO NATIN KUNG PAANO NINYO INAALAGAAN ANG INYONG KATAWAN.
 :

91. When did you have your last check-up?
 Kailan kayo huling nagpa-check-up?

Today	01
Past 7 Days	02
Over 1-4 weeks	03
Over 1-3 months	04
Over 3-6 months	05
-----Over 6 months	
(GO TO Q95) ---Not have any check-up	07

92. Where did you go for your check-up?
 Kailan kayo huling nagpa-check-up?

Hospital	01
STD (Sexually transmitted disease) clinic	02
Private doctor/any clinic	03
Others _____	

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E. SEXUAL BEHAVIOR AND PRACTICES (cont'd)

93. In the past 6 months, how many check-ups did you have all in all?
 Sa nakaraang 6 na buwan, ilang beses kayo nagpa-check-up?
- | | |
|-------------------|----|
| One | 01 |
| Two | 02 |
| Three | 03 |
| Four | 04 |
| Five | 05 |
| Six | 06 |
| More than 6 _____ | |
94. How do you keep from getting pregnant?
 Paano ka umiiwas sa pagbuhuntis?
- | | |
|--------------|----|
| Pills | 01 |
| Condom | 02 |
| Ligation | 03 |
| Withdrawal | 04 |
| Rhythm | 05 |
| Others _____ | |
| _____ | |
| _____ | |
| Not fertile | 99 |
- 95a. Have you ever been tested for AIDS?
 Kahit na kailan, na-test na ba kayo sa AIDS?
- b. What kind of test was it?
 Anong klaseng test ito?
- | | |
|---------------------------|----|
| Blood test | 01 |
| - X-ray | 02 |
| : Urine test | 03 |
| : Skin test | 04 |
| (GO TO Q96) --: Pap smear | 05 |
| : Others _____ | |
| : _____ | |
| : _____ | |
| : Don't know | 99 |
| - Not yet tested for AIDS | 99 |
- c. (IF HAD BLOOD TEST): Was it taken by drawing blood with a needle/injection or was it done by just pricking your finger?
 Ito ba ay ginawa sa pamamagitan ng pagsipsip ng dugo mula sa karayom/iniksiyon o sa pagtusok ng daliri?
- | | |
|------------------------------|---|
| (GO TO Q97) -Taken by needle | 1 |
| Pricking finger | 2 |
- 96a. Did you ever have a blood test?
 Kahit kailan, nakapagpa-blood test na ba kayo?
- b. Was it taken by drawing blood with a needle/injection or was it done by just pricking your finger?
 Ito ba ay ginawa sa pamamagitan ng pagsipsip ng dugo mula sa karayom/iniksiyon o sa pagtusok ng daliri?
- | | |
|-------------------------|---|
| Taken by needle | 1 |
| Pricking finger | 2 |
| Not yet have blood test | 3 |

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B. KNOWLEDGE AND PERCEPTIONS (cont'd)

16a. Can anyone do something to make herself/himself resistant to AIDS?	YES	
Antibiotics/medicines		01
Prayers		04
Exercise		04
Right/good diet		05
Others _____		
May magagawa ba ang isang tao upang siya ay maging matibay laban sa AIDS?		
b. What can be done to make herself/himself resistant to AIDS?	(GO TO)	
Ano ang maaaring gawin upang siya ay maging matibay laban sa AIDS?	(Q17)---NO	90 20
17. Can anyone with AIDS be cured?	(ASK Q19) -- YES	1
Maaari bang pagalingin ang kahit sinong tao na may AIDS?	NO	2
	NOT KNOW	3
18. How soon do you think can a cure for AIDS be found?	Less than 1 year from now	01
	Within 1-2 years	02
	Within 2-4 years	03
	Within 4-6 years	04
	Within 6-10 years	05
	More than 10 years	
	Never	09
	Don't know	99
19. Here are some means/ways that some people say transmit AIDS from those infected. With the help of this rating board, I would like you to indicate how likely or not AIDS can be transmitted by each method. Let us start with (<u>mean/way ticked off</u>). Would you say that (<u>mean/way</u>) would Very Likely/Somewhat Likely/Somewhat Not Likely/Not at all Likely transmit AIDS? As you did before, please place each card on the appropriate description on this board.		

Ngayon, mayroon ditong mga ilang paraan na iniisip ng ibang tao na makakapasa ng AIDS galing sa mga may AIDS na. Sa tulong ng rating board na ito, pakisagot kung gaano ka-possible o di-possible na ang AIDS ay mapapasa sa mga ganitong pamamaraan. Simulan natin sa (mean/way ticked-off). Masasabi ba ninyo na ang (mean/way) ay Talagang possible/Medyo possible/Medyo hindi possible/Talagang hindi possible na magpapasa ng AIDS? Kagaya ng ginawa ninyo kanina, pakilagay lang ang bawat kard sa naaangkop na lugar sa rating board na ito.

(SHUFFLE CARDS AND HAND OVER TO RESPONDENT TOGETHER WITH RATING BOARD.)

	VERY LIKELY	SOMEWHAT LIKELY	SOMEWHAT NOT LIKELY	NOT AT ALL LIKELY	NK
a. Social kissing (Halikang pambati o pangkaibigan)	1	2	3	4	5
b. Hugging/shaking hands (Yakapan/pakikipagkamay)	1	2	3	4	5
c. Sitting beside person w/ AIDS (Pag-upo sa tabi ng taong may AIDS)	1	2	3	4	5
d. Living in same house with person who has AIDS (Pagtira sa isang bahay na kasama ang isang taong may AIDS)	1	2	3	4	5
e. Sneezing/coughing (Pagbahin/pag-ubo)	1	2	3	4	5

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B. KNOWLEDGE AND PERCEPTIONS (cont'd)

	<u>VERY</u> <u>LIKELY</u>	<u>SOMEWHAT</u> <u>LIKELY</u>	<u>SOMEWHAT</u> <u>NOT LIKELY</u>	<u>NOT AT ALL</u> <u>LIKELY</u>	<u>NK</u>
f. Breathing infected air/airborne (Paglathap ng hangang may halong mikrobyo/dala ng hangin)	1	2	3	4	5
g. Using/sharing eating utensils and glass (Paggamit/pakikigamit sa mga kagamitan sa pagkain at baso)	1	2	3	4	5
h. Sharing razor (Pakikigamit ng razor)	1	2	3	4	5
i. Sharing toothbrush (Pakikigamit ng sepilyo)	1	2	3	4	5
j. Sharing dental equipment (Pakikigamit sa kagamitang pang-dentista)	1	2	3	4	5
<hr/>					
k. Sharing manicure equipment (Pakikigamit sa kagamitang pang-manicure)	1	2	3	4	5
l. Deep kissing /lips-to-lips (Matinding pakikipaghalikan o lips-to-lips)	1	2	3	4	5
m. Having ears pierced (Pagpapabutas ng tainga)	1	2	3	4	5
n. Swimming pools	1	2	3	4	5
o. Using public toilets (Paggamit ng mga pampublikong kubeta)	1	2	3	4	5
<hr/>					
p. Being bitten by a mosquito (Pagkagat ng lamok)	1	2	3	4	5
q. Donating blood (Pagbibigay ng dugo)	1	2	3	4	5
r. Having blood transfusion (Pagsasalin ng dugo)	1	2	3	4	5
s. Using/sharing injection needles (Paggamit/pakikigamit ng karayom na pang-iniksyon)	1	2	3	4	5
t. Receiving any bodily fluid like blood/semen/saliva into wound (Pagtanggap ng kahit anong likido katulad ng dugo/tamod/laway sa sugat)	1	2	3	4	5

B. KNOWLEDGE AND PERCEPTION ABOUT AIDS (cont'd)

	VERY LIKELY	SOMEWHAT LIKELY	SOMEWHAT NOT LIKELY	NOT AT ALL LIKELY	NK
u. Sexual intercourse with prostitute (Pakikipagtalik sa isang babae o lalaking binabayaran)	1	2	3	4	5
v. Sexual intercourse w/ homosexual (Pakikipagtalik sa isang bakla)	1	2	3	4	5
w. Sexual intercourse with a woman who has AIDS (Pakikipagtalik sa isang babaeng may AIDS)	1	2	3	4	5
x. Sexual intercourse with a man who has AIDS (Pakikipagtalik sa isang lalaking may AIDS)	1	2	3	4	5
y. Any sexual activity (Alin mang gawaing pang-sexual)	1	2	3	4	5
z. Likelihood of a pregnant woman with AIDS passing it on to her unborn child (Posibilidad na maipasa ang AIDS ng isang babaeng nagdadalang-tao sa kanyang iluluwal na sanggol)	1	2	3	4	5

20. With the help of this card, please tell me how easy it is to catch AIDS.
(SHOWCARD D)

Sa tulong ng kard na ito, pakisabi sa akin kung gaano kadali o hindi kadali mahawahan ng AIDS.

- AIDS is very easy to catch (Napakadaling mahawahan ng AIDS) 1
- AIDS is somewhat easy to catch (Medyo madaling mahawahan ng AIDS) 2
- AIDS is somewhat not easy to catch (Medyo hindi madaling mahawahan ng AIDS) 3
- AIDS is not at all easy to catch (Talagang hindi madaling mahawahan ng AIDS) 4

21. With the help of this card, please tell me how likely is it that someone you personally know will catch AIDS. (SHOWCARD E)

Sa tulong ng kard na ito, pakisabi sa akin kung ano ang posibilidad na ang isang taong personal mong nakikilala ay mahahawahan ng AIDS.

- | | Q21 | Q22 |
|--|-----|-----|
| Very likely (Talagang malaki ang posibilidad) | 1 | 1 |
| Somewhat likely (Medyo malaki ang posibilidad) | 2 | 2 |
| Not very likely (Medyo maliit ang posibilidad) | 3 | 3 |
| Not at all likely (Walang posibilidad) | 4 | 4 |
| Not know (Hindi alam) | 9 | 9 |

22. On the other hand, how likely is it that you yourself will catch AIDS?
(SHOWCARD E)

Sa kabilang dako, ano po ang posibilidad na kayo mismo ay makakakuha ng AIDS?

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B. KNOWLEDGE AND PERCEPTIONS (cont'd)

23. Which of the statements best describes how you feel about getting AIDS?
(SHOWCARD F)

Alin sa mga pangungusap na ito ang pinakanaglalarawan sa nararamdaman ninyo tungkol sa pagkuha ng AIDS?

- I worry about getting AIDS because it is a very real threat for someone like me (Nag-aalala ako baka makuha ko ang AIDS dahil tunay na peligro ito sa akin) 1
- I can't help worrying about AIDS, but the possibility of my getting it is not very great. (Hindi ko maiwasang hindi mag-aalala tungkol sa AIDS, nguni't medyo hindi malaki ang posibilidad na makuha ko ito) 2
- I don't really worry about AIDS, it just isn't a threat to me personally. (Hindi ko pinagkakaabalahan ang AIDS. Hindi naman ito peligro sa akin) 3
- I could never get AIDS. (Talagang hindi ako mahahawahan ng AIDS) 4

[LET US ASSUME THAT YOU GET INFECTED WITH AIDS...]
[IPAGHALIMBAWA PO NATIN NA NAHAWAHAN KAYO NG AIDS....]

24. If you yourself get AIDS, what would you do? What else?

Kung kayo mismo ay makakuha ng AIDS, ano ang inyong gagawin? Ano pa?

- | | Q24 |
|---|-----|
| - Run away/go some place far from home | 01 |
| - Go to province | 02 |
| - Isolate myself | 03 |
| - Hide it from others/keep it to myself | 04 |
| - Ignore it | 05 |
| - Avoid sex | 06 |
| - Have sex but use condom | 07 |
| - Pray | 08 |
| - Commit suicide | 09 |
| - Seek help (PROBE: Where/with whom) | 10 |
| medical assistance/doctor/hospital | 11 |
| have a check-up | 12 |
| priest/religious person/church | 13 |
| parents | 14 |
| other family members | 15 |
| guidance counselor | 16 |
| friends | 17 |
| others _____ | |
| - Others _____ | |

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B. KNOWLEDGE AND PERCEPTIONS (cont'd)

25. On the other hand, what would you do if a friend/family member gets AIDS?
What else?

Sa kabilang dako naman, ano ang inyong gagawin kung ang isang kaibigan, kamag-anak o miyembro ng pamilya ay magkaroon ng AIDS? Ano pa?

	<u>Q25</u>
- Leave them	01
- Avoid them altogether/ignore them	02
- Pretend you don't know	03
- Be careful around them	04
<hr/>	
- Blame them for getting AIDS	05
- Support/care for them	06
- Put them in a hospital	07
<hr/>	
- Remain as friends	08
<hr/>	
- Seek help (PROBE: Where/with whom)	10
medical assistance/doctor/hospital	11
have a check-up	12
priest/religious person/church	13
parents	14
other family members	15
guidance counselor	16
friends	17
others _____	
<hr/>	
- Others _____	

26. Now, I would like to know your opinion on the possibility of AIDS being contracted by some groups of people. Again, with the help of this rating board and statement cards, please tell me how likely or not these groups of people will get AIDS.

Ngayon, gusto kong malaman ang inyong opinyon tungkol sa posibilidad na ang AIDS ay makuha ng ilang grupo ng mga tao. Sa tulong uli ng rating board at mga kard, pakisabi ninyo kung gaano ka-possible o hindi ka-possible na makuha ng mga iba't-ibang grupo ng tao ang AIDS.

(SHUFFLE CARDS AND HAND OVER TO RESPONDENT TOGETHER WITH RATING BOARD.)

	<u>Q26</u>					<u>Q27</u>
	<u>VERY</u>	<u>SOME-</u>	<u>SOME-</u>	<u>NOT AT</u>		
	<u>LIKELY</u>	<u>WHAT</u>	<u>WHAT</u>	<u>ALL</u>	<u>NE</u>	<u>MOST</u>
		<u>LIKELY</u>	<u>NOT</u>	<u>LIKELY</u>		<u>LIKELY</u>
			<u>LIKELY</u>	<u>LIKELY</u>		
a. Male prostitutes (Mga lalakeng binabayaran)	1	2	3	4	5	1
b. Female prostitutes (Mga babaeng binabayaran)	1	2	3	4	5	2
c. Homosexuals (Mga bakla)	1	2	3	4	5	4
d. Lesbians (Mga tomboy o lesbian)	1	2	3	4	5	5
<hr/>						
e. Bisexuals (Mga taong puwedeng makipagtalik sa lalaki o babae)	1	2	3	4	5	7
f. Persons requiring blood transfusion (Mga taong nangangailangang salinan ng dugo)		2	3	4	5	7

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B. KNOWLEDGE AND PERCEPTION ABOUT AIDS (cont'd)

	Q26					Q27
	VERY LIKELY	SOME- WHAT LIKELY	SOME- WHAT NOT LIKELY	NOT AT ALL LIKELY	NK	<u>MOST LIKELY</u>
g. Filipino male and female overseas workers (Mga lalaki at babaeng Pilipino na nagtatrabaho sa ibang bansa)	1	2	3	4	5	8
h. Entertainers (Mga entertainers)	1	2	3	4	5	9
i. Filipinas with foreign husbands (Mga Pilipinang may asawang dayuhan)	1	2	3	4	5	10
j. Americans (Mga Amerikano)	1	2	3	4	5	11
k. Japanese (Mga Hapon)	1	2	3	4	5	12
l. Europeans (Mga taga-Europa)	1	2	3	4	5	13
m. Young adults aged 18-24 years (Mga lalaki't babaeng 18-24 na taong gulang)	1	2	3	4	5	14
n. Promiscuous males/has many partners (Mga lalakeng pakawala/maraming kinakasama)	1	2	3	4	5	15
o. Promiscuous females/has many partners (Mga babaeng pakawala/maraming kinakasama)	1	2	3	4	5	16
p. Intravenous/needle drug takers (Mga nagtuturok ng ipinagbabawal na gamot)	1	2	3	4	5	17
q. Health workers/doctors/nurses/dentists (Mga health workers/duktor/nars/dentista)	1	2	3	4	5	18
r. Anybody (Kahit sinong tao)	1	2	3	4	5	19
s. Religious people (Mga relih.yosong tao)	1	2	3	4	5	20
t. Poor people (Mga mahihirap)	1	2	3	4	5	21
u. Stay-home types (Mga namamalagi sa bahay)	1	2	3	4	5	22
v. Students aged 12-17 years (Mga mag-aaral na 12-17 taong gulang)	1	2	3	4	5	23
w. People over 24 years old (Mga taong higit sa 24 na taong gulang)	1	2	3	4	5	24
x. School children (Mga batang mag-aaral)	1	2	3	4	5	25

B. KNOWLEDGE AND PERCEPTIONS (cont'd)

27. What one group do you feel is most likely to get AIDS?

Aling isang grupo ang sa palagay ninyo ang pinaka-nalamang na makakakuha ng AIDS?

28. In your opinion, what happens to people who get AIDS? (SHOWCARD G)

Sa inyong opinyon, ano ang nangyayari sa mga taong nakakakuha ng AIDS?

- All people who get AIDS die
(Lahat ng taong nakakakuha ng AIDS ay namamatay) 1
- Most people who get AIDS die, but some don't
(Karamihan ng mga taong nakakakuha ng AIDS ay namamatay, ngunit ang ilan ay hindi namamatay) 2
- About half die, half don't
(Mga kalahati ay namamatay, kalahati ay hindi) 3
- Only a few die, most don't die
(Namamatay ang ilan, ngunit ang karamihan ay hindi) 4
- Nobody dies of AIDS
(Walang namamatay sa AIDS) 5
- Don't know 6

29. Have you ever heard of any young Filipino about your age getting AIDS? YES 1

Kahit na kailan, may nabalitaan ka na bang kahit sinong batang Pilipino na halos kaedad mo na mayroong AIDS? NO 2

30. Do you personally know any Filipino who is sick or has died of AIDS? YES 1

Mayroon ka bang personal na kilalang Pilipino na may sakit na AIDS o namatay na nang dahil sa AIDS? NO 2

[WE WILL NOW DISCUSS SOME WAYS BY WHICH AIDS CAN BE PREVENTED.]
[PAG-UUSAPAN NAMAN PO NATIN ANG ILANG MGA PAKAAN UPANG MAIWASAN ANG AIDS.]

31. With the use of these statements and rating board, I would like to get your opinion on how effective each is in reducing your chances of contracting AIDS. Would you say that it is Very Effective/Somewhat Effective/Not Very Effective/Not At All Effective? (SHOWCARD)

Sa tulong ng mga pangungusap at rating board na ito, gusto kong malaman ang inyong opinyon kung gaano ka-epektibo o hindi ang bawat isa nito sa pagbabawas ng iyong posibilidad na mahawahan ng AIDS. Masasabi ba ninyo na ito ty Talagang Epektibo/Medyo Epektibo/Medyo Hindi Epektibo/Talagang Walang Epekto)

	VE	SE	NVE	NAE
a. Avoiding sex with a homosexual (Pag-iiwas sa pakikipagtalik sa bakla)	1	2	3	4
b. Reduced frequency of casual sex (Pagbawas sa kadalasan ng pakikipagtalik sa kahit kanino)	1	2	3	4
c. Avoiding anal sex (Pag-iwas sa anal sex o pakikipagtalik sa puwit)	1	2	3	4
d. Practice withdrawal/not completely empty the semen (Mag-withdrawal/hindi paglalabas ng lahat ng tamod sa loob)	1	2	3	4
e. Only have sex with people well known to me (Nakikipagtalik lamang sa mga taong nakikilala ko)	1	2	3	4

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B. KNOWLEDGE AND PERCEPTIONS (cont'd)

	<u>VE</u>	<u>SE</u>	<u>NVE</u>	<u>NAE</u>
f. Have fewer sex partners (Bawas-bawasan ang dami ng mga partner)	1	2	3	4
g. Avoid having sex with prostitutes (Pag-iwas sa pakikipagtalik sa mga taong binabayaran)	1	2	3	4
h. Avoid pre-marital sex. (Pag-iwas sa pakikipagtalik bago ikasal)	1	2	3	4
i. Abstain from sex altogether (Tuluyang tumigil sa pakikipagtalik)	1	2	3	4
j. Using condoms with every sexual encounter (Paggamit ng mga condom sa lahat ng pakikipagtalik)	1	2	3	4
k. Washing of sexual genitals before and after sex (Paghuhugas ng ari bago at pagkatapos ng pagtatalik)	1	2	3	4
l. Not donating/selling blood (Hindi pag-donate/pagbigay o pagbenta ng dugo)	1	2	3	4
m. Sticking with one sexual partner (Pagiging tapat sa isa lamang partner sa pagtatalik)	1	2	3	4
n. Avoiding sex with strangers (Pag-iwas sa pakikipagtalik sa mga taong di-kilala)	1	2	3	4
o. Being more selective with friends of the opposite sex. (Pagiging mas mapili sa mga kaibigan na ibang kasarian)	1	2	3	4
p. Using medicines/anti-biotics (Paggamit ng mga medisina/anti-biotics)	1	2	3	4
q. Taking vitamins (Pag-inom ng mga bitamina)	1	2	3	4
r. Prayers (Mga dasal)	1	2	3	4

32. Using the same statements and rating board, please indicate how willingly would you take each of these precautionary measures? Would you say that you will be Very Willing/Somewhat Willing/Not very Willing/Not at all Willing to take these precautionary measures? (SHOWCARD & RATING BOARD)

Gaano ninyo pagsisikapang gawin ang bawa't isa sa mga precautionary measures o mga gawaings pag-iingat upang makaiwas sa AIDS? Masasabi ba ninyo na kayo ay Talagang Nagsisikap/Medyo Nagsisikap/Medyo Hindi Nagsisikap/Talagang Hindi Nagsisikap na gawin ang bawa't isa?

	<u>VW</u>	<u>SW</u>	<u>NV</u>	<u>NA</u>
a. Avoiding sex with a homosexual (Pag-iwas sa pakikipagtalik sa bakla)	1	2	3	4
b. Reduced frequency of casual sex (Pagbawas sa kadalasan ng pakikipagtalik sa kahit kanino)	1	2	3	4
c. Avoiding anal sex (Pag-iwas sa anal sex o pakikipagtalik sa puwit)	1	2	3	4
d. Practice withdrawal/not completely empty the semen (Mag-withdrawal/hindi paglalabas ng lahat ng tamod sa loob)	1	2	3	4
e. Only have sex with people well known to me (Nakikipagtalik lamang sa mga taong nakikilala ko)	1	2	3	4

B. KNOWLEDGE AND PERCEPTIONS (cont'd)

	<u>VW</u>	<u>SW</u>	<u>NV</u>	<u>NA</u>
f. Have fewer sex partners (Rawas-bawasan ang dami ng mga partner)	1	2	3	4
g. Avoid having sex with prostitutes (Pag-iwas sa pakikipagtalik sa mga taong binabayaran)	1	2	3	4
h. Avoid pre-marital sex. (Pag-iwas sa pakikipagtalik bago ikasal)	1	2	3	4
i. Abstain from sex altogether (Tuluyang tumigil sa pakikipagtalik)	1	2	3	4
j. Using condoms with every sexual encounter (Paggamit ng mga condom sa lahat ng pakikipagtalik)	1	2	3	4
<hr/>				
k. Washing of sexual genitals before and after sex (Paghuhugas ng ari bago at pagkatapos ng pagtatalik)	1	2	3	4
l. Not donating/selling blood (Hindi pag-donate/pagbigay o pagbenta ng dugo)	1	2	3	4
m. Sticking with one sexual partner (Pagiging tapat sa isa lamang partner sa pagtatalik)	1	2	3	4
n. Avoiding sex with strangers (Pag-iwas sa pakikipagtalik sa mga taong di-kilala)	1	2	3	4
o. Being more selective with friends of the opposite sex. (Pagiging mas mapili sa mga kaibigan na ibang kasarian)	1	2	3	4
<hr/>				
p. Using medicines/anti-biotics (Paggamit ng mga medisina/anti-biotics)	1	2	3	4
q. Taking vitamins (Pag-inom ng mga bitamina)	1	2	3	4
r. Prayers (Mga dasal)	1	2	3	4

33a. Now that you have heard of AIDS, how has this in any way, changed your behavior or lifestyle to reduce your risk of getting AIDS? (SHOWCARD H)

(GO TO) (Q34) -

.-Changed a lot (Malaking pagbabago)	2
.-Changed a little (Kaunting pagbabago)	3
Not change at all (Walang pagbabago)	4
No need to change at all (Hindi kailangang magbago)	5

Ngayong narinig na ninyo ang tungkol sa AIDS, paano ninyo binago ang inyong pagkilos o pamuhay sa kahit na anong paraan para mabawasan ang peligro na kayo ay mahawahan ng AIDS?

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B. KNOWLEDGE AND PERCEPTIONS (cont'd)

33b. Up to now, why is it you have not changed your behavior/lifestyle in order to reduce your chances of getting AIDS? Why else?

OR: Why do you think you do not need to change your behavior/lifestyle at all in order to reduce your chances of getting AIDS? Why else?

Hanggang sa ngayon, bakit hindi pa ninyo binabago ang inyong pagkilos/pamumuhay para mabawasan ang posibilidad na kayo ay mahawahan ng AIDS? Bakit pa?

OR: Sa inyong palagay, bakit hindi ninyo kailangang baguhan ang inyong pagkilos/pamumuhay para mabawasan ang posibilidad na kayo ay mahawahan ng AIDS?

----- (GO TO Q35b)

34. Which of the following precautions have you yourself taken to reduce the chances of contracting AIDS? (SHOWCARD)

Alin sa mga sumusunod na pamamaraan sa pag-iingat ang inyo mismong naisagawa upang mabawasan ang posibilidad na mahawahan kayo ng AIDS?

	YES	NO	NA
a. Avoiding sex with a homosexual (Pag-iwas sa pakikipagtalik sa bakla)	1	2	3
b. Reduced frequency of casual sex (Pagbawas sa kadalasan ng pakikipagtalik sa kahit kanino)	1	2	3
c. Avoiding anal sex (Pag-iwas sa anal sex o pakikipagtalik sa puwit)	1	2	3
d. Practice withdrawal/not completely empty the semen (Mag-withdrawal/hindi paglalabas ng lahat ng tamod sa loob)	1	2	3
e. Only have sex with people well known to me (Nakikipagtalik lamang sa mga taong nakikilala ko)	1	2	3
f. Have fewer sex partners (Bawas-bawasan ang dami ng mga partner)	1	2	3
g. Avoid having sex with prostitutes (Pag-iwas sa pakikipagtalik sa mga taong binabayaran)	1	2	3
h. Avoid pre-marital sex. (Pag-iwas sa pakikipagtalik bago ikasal)	1	2	3
i. Abstain from sex altogether (Tuluyang tumigil sa pakikipagtalik)	1	2	3
j. Using condoms with every sexual encounter (Paggamit ng mga condom sa lahat ng pakikipagtalik)	1	2	3
k. Washing of sexual genitals before and after sex (Paghuhugas ng ari bago at pagkatapos ng pagtatalik)	1	2	3
l. Not donating/selling blood (Hindi pag-donate/pagbigay o pagbenta ng dugo)	1	2	3
m. Sticking with one sexual partner (Pagiging tapat sa isa lamang partner sa pagtatalik)	1	2	3
n. Avoiding sex with strangers (Pag-iwas sa pakikipagtalik sa mga taong di-kilala)	1	2	3
o. Being more selective with friends of the opposite sex. (Pagiging mas mapili sa mga kaibigan na ibang kasarian)	1	2	3
p. Using medicines/anti-biotics (Paggamit ng mga medisina/anti-biotics)	1	2	3
q. Taking vitamins (Pag-inom ng mga bitamina)	1	2	3
r. Prayers (Mga dasal)	1	2	3

NONE

C. ATTITUDES REGARDING AIDS (cont'd)

35a. How likely will you be to continue to change your behavior/lifestyle?
(SHOWCARD I)

Gaano ka-posible na itutuloy ninyo ang pagbabago ng inyong pagkilos o pamumuhay?

b. How likely will you be to change your behavior/lifestyle in the future?

Ano ang posibilidad na baguhin ninyo ang inyong pagkilos/pamumuhay sa mga darating na araw?

		<u>Q35a</u>	<u>Q35b</u>
Very Likely	(Talagang posible)	1	1
Somewhat Likely	(Medyo posible)	2	2
Somewhat Not Likely	(Medyo hindi posible)	3	3
Not at all Likely	(Talagang hindi posible)	4	4
Don't Know/Can't say	(Hindi alam/hindi masabi)	5	5

36. With the help of these cards, please tell me how much you agree or not to each of these statements by placing each card on the appropriate description on this rating board. Let us start with (statement). Would you say that you Strongly agree/Somewhat agree/Somewhat disagree/Strongly disagree ?

Sa tulong ng mga kard na ito, pakisabi sa akin kung gano kayo sumasang-ayon o disumasang-ayon sa bawat pangungusap na ito sa pamamagitan ng paglalagay ng bawat isang kard sa naaangkop na paglalarawan sa rating board. Umpisahan natin sa (statement). Masasabi ba ninyo na kayo ay Talagang sumasang-ayon/Medyo sumasang-ayon/Medyo hindi sumasang-ayon/Talagang hindi sumasang-ayon ?

	<u>STRONGLY</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>DISAGREE</u>	<u>STRONGLY</u> <u>DISAGREE</u>
a. AIDS is a punishment from God. (Ang AIDS ay isang parusa mula sa Diyos)	1	2	3	4
b. AIDS causes great suffering to its victims. (Nagdudulot ng malaking paghihirap ang AIDS sa mga biktima nito)	1	2	3	4
c. Here in the Philippines, there are a lot more of pressing concerns to worry (Dito sa Pilipinas, mas maraming mas importanteng pagkakaabalahan kay sa AIDS)	1	2	3	4
d. AIDS is a Western or foreign disease. Filipinos need not worry. (Ang AIDS ay isang Western o dayuhang sakit kaya walang dapat alalahanin ang mga Pilipino)	1	2	3	4
e. AIDS is serious in the US, not really a problem in the Philippines (Ang AIDS ay malubha sa US, ngunit hindi problema sa Pilipinas)	1	2	3	4

C. ATTITUDES REGARDING AIDS (cont'd)

	<u>STRONGLY AGREE</u>	<u>SOME- WHAT AGREE</u>	<u>SOME- WHAT DISAGREE</u>	<u>STRONGLY DISAGREE</u>
f. We will all die anyway so why worry about AIDS. (Lahat naman tayo ay mamamatay kaya bakit pa tayo mag-aalala tungkol sa AIDS)	1	2	3	4
g. Little is known about how AIDS spreads (Kaunti lang ang kaalaman kung paano kumakalat ang AIDS)	1	2	3	4
h. As long as I have a regular check-up, I will not contract AIDS. (Basta't ako ay regular na nagpa-pa-check-up, hindi ako mahahawan ng AIDS)	1	2	3	4
i. Sex should be limited to married partners. (Ang pakikipagtalik ay dapat limitahin sa mga kasal na kabiyak lamang)	1	2	3	4
j. Sex should be limited to one partner. (Ang pakikipagtalik ay dapat limitahin sa isang partner)	1	2	3	4

k. Partners should tell each other about their previous sexual partners before having sex. (Dapat magtapatan ang magka-partner tungkol sa kanilang mga naging kasiping bago sila mismo magtalik)	1	2	3	4
l. It is natural for a man to pursue sex at every opportunity (Natural lamang sa isang lalaki ang makipagtalik sa bawat pagkakataon)	1	2	3	4
m. The presence of US bases increases the possibility of spreading AIDS in the Philippines. (Lalong lumalaki ang posibilidad ng pagkalat ng AIDS sa Pilipinas dahil sa pagkakaroon ng mga base-militar ng Estados Unidos dito)	1	2	3	4
n. Most men I know have sex with more than one partner (Halos lahat ng kakilala kong mga lalaki ay mayroong higit sa isang-kabiyak sa pagtatalik)	1	2	3	4
o. Anyone who engages in behaviour/lifestyle that may put them at risk of getting AIDS should be tested (Dapat magpa-test ang sinumang may kilos o pamumuhay na nagpapalaki ng posibilidad na makakuha sila ng AIDS)	1	2	3	4

C. ATTITUDES REGARDING AIDS (cont'd)

	<u>STRONGLY</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>DISAGREE</u>	<u>STRONGLY</u> <u>DISAGREE</u>
p. It is embarrassing to talk about sexual experience with one's boyfriend or girlfriend. (Nakakahiyaang sabihin sa boyfriend o girlfriend ang tungkol sa naging karanasan sa pagtatalik)	1	2	3	4
q. Homosexuality is wrong. (Ang kabaklaan ay hindi tama)	1	2	3	4
r. When I get sexually excited, I forget about AIDS. (Kapag ako ay nagiging sexually excited, nakakalimutan ko na ang tungkol sa AIDS)	1	2	3	4
s. People can generally sense if their sexual partner is an AIDS carrier. (Sa karaniwan, madadama ng isang tao kung ang kanyang partner sa pagtatalik ay nagdadala ng AIDS)	1	2	3	4

37. Overall, what do you fear most about AIDS?	Death	01
	Long-standing suffering/agonny	02
	Personal embarrassment/humiliation	03
Sa kabuuan, ano ang inyong higit na kinatatakutan tungkol sa AIDS?	Rejection/Being abandoned/alienation	04
	Not able to indulge in sex	05
	That somebody I love/care for will get AIDS	06
	Shame/humiliation to family	07
	That I will pass on AIDS to somebody I love	08
	Others _____	

38. What do you think will happen in the Philippines as regards AIDS? (SHOWCARD J)

Sa inyong palagay, ano ang mangyayari dito sa Pilipinas tungkol sa AIDS?

AIDS will become widespread in the Philippines. (Ang AIDS ay magiging kalat na kalat sa Pilipinas)	1
AIDS will somewhat spread in the Philippines. (Ang AIDS ay magiging medyo kalat sa Pilipinas)	2
AIDS will spread but will be controlled/limited in the Phil. (Ang pagkalat ng AIDS sa Pilipinas ay magiging kontrolado/limitado)	3
AIDS will definitely not spread in the Philippines. (Ang AIDS ay talagang hindi kakalat sa Pilipinas)	4
Don't know	5

39. Do you think increased sex education for children will help contain the spread of AIDS?	YES	1
	NO	2
Sa inyong palagay, ang pagdaragdag ba ng kaalaman tungkol sa sex education para sa mga kabataan ay makakatulong sa pagpipigil ng AIDS?		

III. CONDOMS (MALES ONLY - BACK TO ONE-ON-ONE INTERVIEW)

83. Have you ever used a condom during sexual relations? YES 1
- Kahit kailan, nakagamit ka na ba o ang iyong ka-partner ng condom sa pagtatalik? NO 2 --> (SKIP TO) (Q89)
- (ASK AMONG THOSE WHO HAVE EVER USED A CONDOM)
84. (IF YES, ASK:) How old were you when you first used a condom? 14 yrs old or younger 01
15 years 02
16 years 03
17 years 04
18 years 05
19 years 06
20 years 07
21 years 08
22 years 09
23 years 10
24 years 11
85. After the first time, did you use a condom again? YES 1
- Pagkatapos ng una mong paggamit ng condom, gumamit ka ba nito uli? NO 2 (SKIP TO) (Q89)
86. Did you use a condom the last time you had sex? YES 1
NO 2
Gumamit ka ba ng condom noong huli kang nakipagtalik? Can't recall 3
Never had sex 4
87. These days, do you carry a condom with you... (SHOWCARD K) Always 1
(Palagi)
Most of the time 2
(Kadalasan)
About half the time 3
(Kalahati ng panahon)
Occasionally 4
(Paminsan-minsan)
Never 5
(Talagang hindi)
88. Would you say that these days you use condoms during sexual relations? (SHOWCARD K) Always 1
(Palagi)
Most of the time 2
(Kadalasan)
About half the time 3
(Kalahati ng panahon)
Occasionally 4
(Paminsan-minsan)
Never 5
(Talagang hindi)

III. CONDOMS (ASK FOR ALL)

89. Have you ever wanted to use a condom and not been able to? YES 1
 Kahit kailan, mayroon bang pagkakataon na ninais mong gumamit ng condom pero hindi mo naisagawa? NO 2 ---
1
(SKIP TO Q91)
90. (IF YES, ASK;) What was the reason for your not being able to use the condom?
 Ano ang dahilan kung bakit hindi mo naggamit ang condom sa pagkakataong iyon?

91. Where would you buy a condom if you wanted to use one? Drugstore 01
 Clinic 02
 Saan ka bibili ng condom kung gusto mong gumamit ng isa nito? Family planning center 03
 Others _____
92. Where would you keep a condom if you wanted to have it handy? Pants' pocket 01
 Wallet 02
 Saan mo itatago ang condom kung gusto mo itong makuha ng madalian? Others _____
93. If your partner asked you to use a condom, would you agree? YES 1
 Kung hiniling ng iyong ka-partner na gumamit ka ng condom, papayag ka ba? NO 2
94. How likely do you feel you are to use condoms in the future? (SHOWCARD L) Very likely 1
 (Malaki ang posibilidad)
 Somewhat likely 2
 (Medyo may posibilidad)
 Somewhat not likely 3
 (Medyo walang posibilidad)
 Not at all likely 4
 (Talagang walang posibilidad)

ATTITUDES TOWARD CONDOMS

95. Whether or not you have used condoms, please tell me how much you agree or not to each of these statements by placing each card on the appropriate description on this rating board. Let us start with (statement). Would you say that you Strongly Agree/Somewhat Agree/Somewhat Disagree/Strongly Disagree?
- Kahit nakagamit o hindi ka pa nskagamit ng condom o supot, pakisabi lang sa akin kung ikaw ay sumasang-ayon o hindi sa mga pangungusap na ito sa pamamagitan ng paglalagay ng mga kard na ito sa naaangkop na paglalarawan sa rating board. Umpisahan natin sa (statement). Masasabi mo ba na ikaw ay Talagang Sumasang-ayon/Medyo Sumasang-ayon/Medyo Hindi Sumasang-ayon/Talagang Hindi Sumasang-ayon?

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III. CONDOMS (cont'd)

	<u>STRONGLY</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>DISAGREE</u>	<u>STRONGLY</u> <u>DISAGREE</u>
a. During sexual intercourse, condoms are an interference. (Ang condom ay sagabal sa pagtatalik)	1	2	3	4
b. Condoms are offensive to the regular sexual partner. (Ang condom ay hindi kanais-nais sa regular na partner sa pagtatalik)	1	2	3	4
c. Condoms reduce sexual sensitivity and pleasure. (Nakakabawas sa "sexual sensitivity" at kasarapan ng pagtatalik ang paggamit ng condom)	1	2	3	4
d. My partners usually don't like me to use a condom. (Sa kadalusan, ayaw ng aking mga partner na gumamit ako ng condom)	1	2	3	4
e. Using a condom can be an insult to my partner (Ang paggamit ng condom ay maaaring maka-insulto sa aking partner sa pagtatalik)	1	2	3	4
<hr/>				
f. Condoms are embarrassing to use. (Nakakahiyang gumamit ng condom)	1	2	3	4
g. Asking my partner is if I could use a condom might give her the impression that I'm unclean. (Ang paggamit ko ng condom ay maaaring magbigay ng impresyon sa aking partner na ako ay hindi malinis)	1	2	3	4
h. Asking my partner if I could use a condom might suggest I don't trust her. (Ang paggamit ko ng condom ay maaaring mangahulugan na wala akong tiwala sa kanya)	1	2	3	4
i. Wearing a condom shows that I am concerned for my partner. (Ang pagpapagamit ng condom ay nangangahulugang isinasaad ko ang kapakanan ng aking partner.)	1	2	3	4
j. I would wear a condom if my partner asked me (Gagamit ako ng condom kung ako ay sabihin ng aking ka-partner)	1	2	3	4
<hr/>				
l. Condoms are useful for particular people like me. (Ang condom ay may silbi sa mga taong katulad ko)	1	2	3	4
m. Condom use can prevent venereal disease (Ang paggamit ng condom ay maaaring makapagpigil ng pagkahawa sa venereal disease)	1	2	3	4
n. With condoms, one is surely safe from contracting AIDS during sex. (Ang condom ay nakakasigurong hindi mahahawaan ng AIDS ang isang tao kapag ito ay nakikipagtalik)	1	2	3	4
o. I'm not sure I exactly know how to put on a condom. (Hindi ako sigurado kung paano isuot ang condom)	1	2	3	4
p. When I'm sexually excited, I forget all about using a condom. (Kapag ako ay "sexually excited", nakakalimutan ko na ang paggamit ng condom)	1	2	3	4

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III. ONDOMS (cont'd)

	<u>STRONGLY</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>AGREE</u>	<u>SOME-</u> <u>WHAT</u> <u>DISAGREE</u>	<u>STRONGLY</u> <u>DISAGREE</u>
p. Condoms are not safe to use as they can break (Hindi nakakasiguro ang paggamit ng condom dahil ito ay maaaring masira)	1	2	3	4
q. Condoms can be washed and re-used. (Ang mga condom ay maaaring hugasán at gamiting muli)	1	2	3	4
r. I wish condoms will become fashionable. (Sana mauso ang paggamit ng condom)	1	2	3	4
s. Condoms are embarrassing to buy. (Nakakahiyang bumili ng condom)	1	2	3	4
t. Condoms are too expensive. (Masyadong mahal ang mga condom)	1	2	3	4
u. Condoms are easy to get. (Madaling makakuha ng condom)	1	2	3	4
v. It is a sin to use condoms. (Ang paggamit ng condom ay isang kasalanan)	1	2	3	4
w. My partner would feel grateful if I use a condom (Magpapasalamat ang aking ka-partner kung ako ay gagamit ng condom sa pagtatalik)	1	2	3	4
x. Condoms are not as bad as everybody says. (Ang condom ay hindi kasing walang kuwenta gaya nang sinasabi ng iba)	1	2	3	4
y. Condoms are difficult to remove. (Mahirap alisin ang condom)	1	2	3	4

E. ATTITUDES TOWARD SEX AND SAFER SEX

48. Now, I would like you to think about the sexual relations you have had with another man. Using this rating board, please tell me how much you agree or disagree with each of these statements as being true to you personally.

Ngayon, gusto kong pag-isipan mo ang mga naging relasyon o ugnayan mo sa iba pang mga lalaki. Sa tulong ng rating board na ito, pakisabi sa akin kung gaano ka sumasang-ayon o di-sumasang-ayon sa katotohanan ng mga pangungusap na ito para sa iyong sarili.

	<u>SA</u>	<u>A</u>	<u>SNA</u>	<u>INA</u>
a. Sex is largely a way of showing affection (Ang pakikipagtalik ay isang karaniwang paraan ng pagpapakita ng pagkalinga)	1	2	3	4
b. Sex provides mainly physical pleasure (Karaniwang ang pakikipagtalik ay nagdudulot ng pisikal na kasiyahan)	1	2	3	4
c. Having sex is really an erotic experience (Ang pakikipagtalik ay talagang isang nakakapukaw na karanasan)	1	2	3	4
d. Having sex makes me feel safe (Ang pakikipagtalik ay nakapagbibigay sa akin ng ligtas na damdamin)	1	2	3	4
e. Sex is a way to demonstrate my sexual capabilities (Ang pakikipagtalik ay isang paraan upang maipakita ko ang kakayahan ko sa sex)	1	2	3	4
<hr/>				
f. Sex can sometimes be embarrassing (Ang pakikipagtalik ay minsan kahiya-hiya)	1	2	3	4
g. Having sex allows me to express my true self (Ang pakikipagtalik ay nagbibigay ng pagkakataon na maihayag ko ang totoo kong katauhan)	1	2	3	4
h. Having sex makes me feel alluring and desirable (Ang pakikipagtalik ay nagbibigay ng damdamin na ako ay kabigha-bighani at kanais-nais)	1	2	3	4
i. Sex is an exciting adventure (Ang pakikipagtalik ay isang nakatutuwang karanasan)	1	2	3	4
j. When I have sex, I really feel free (Kapag ako ay nakikipagtalik, pakiramdam ko ay malaya)	1	2	3	4
<hr/>				
k. Having sex is a way to prove that my partner is really mine (Ang pakikipagtalik ay isang paraan na nagpapatunay na akin talaga ang partner ko)	1	2	3	4
l. Having sex is a way to show that I really care for my partner (Ang pakikipagtalik ay isang paraan ng pagpapakita ng aking pagtingin/paglingap sa aking partner)	1	2	3	4
m. Having sex makes me feel like part of the group (Sa pamamagitan ng pakikipagtalik nararamdaman kong kaparte ako ng isang grupo)	1	2	3	4
n. My sexual relations show that I have courage (Ang mga relasyon kong sexual ay nagpapatunay na malakas ang loob ko)	1	2	3	4
o. Sex is a way to let me express my passionate nature (Ang pakikipagtalik ay isang paraan upang maipahayag ko ang mapusok kong pagkatao)	1	2	3	4

E. ATTITUDES TOWARD SEX AND SAFER SEX (cont'd)

	<u>SA</u>	<u>A</u>	<u>SNA</u>	<u>LNA</u>
p. Having sex shows that I am my own person (Ang pakikipagtalik ay nagpapakita na ako ang hari ng aking sarili)	1	2	3	4
q. Having sex makes me feel special (Ang pakikipagtalik ay nagbibigay sa akin ng isang espesyal na pakiramdam)	1	2	3	4
r. When I have sex, I can show how giving I can be (Kapag ako ay nakikipagtalik, maipakikita ko kung gaano ako kabukas/mapagbigay sa iba)	1	2	3	4
s. Sex makes me feel powerful (Ang pakikipagtalik ay nagbibigay sa akin ng isang makapangyarihang pakiramdam)	1	2	3	4
t. My sex life makes my friends envious (Kinaiinggitan ako ng aking mga kaibigan dahil sa aking "sex life")	1	2	3	4
<hr/>				
u. When I have sex, I feel less alone (Kapag ako ay nakikipagtalik, nababawasan ang pakiramdam ko na ako ay nag-iisa)	1	2	3	4
v. My sex life shows how open-minded I am (Ipinapakita ng "sex life" ko kung gaano kabukas ang isip ko)	1	2	3	4
w. Sex is fun (Ang pakikipagtalik ay nakakalibang)	1	2	3	4
x. Sex is a good way to make my partner happy (Ang pakikipagtalik ay isang magandang paraan upang mapaligaya ko ang aking partner)	1	2	3	4
y. Sex shows my partner that I am willing to take a risk for him (Sa pamamagitan ng pagtatalik, nagpapatunay sa partner ko na ako ay handang makipagsapalaran para sa kanya)	1	2	3	4
<hr/>				
z. Sex gives me a real feeling of intimacy (Talagang nararamdaman ko ang pagkamalapit sa pamamagitan ng pakikipagtalik)	1	2	3	4
aa. For me, sex is really love (Para sa akin, ang pakikipagtalik ay talagang pagmamahal)	1	2	3	4

E. ATTITUDES TOWARD SEX AND SAFER SEX (cont'd)

- 49a. Have you ever heard of the term "safer sex"? Yes 1
 Narinig na ba ninyo ang salitang "safer sex"? (GO TO Q51a) ---No 2
- b. As far as you know, what is "safer sex"?
 Sa inyong kaalaman, ano ang "safer sex"? ----- ()
----- ()
----- ()
Can't say 99

"Safer sex" is a term that generally means sex without any exchange of body fluid. For example, it could mean mutual masturbation, hugging and touching without penetration, or using a condom during sex.

Ang "safer sex" ay isang salita na nangangahulugan ng pakikipagtalik ng walang palitan ng kahit anong likido mula sa katawan. Halimbawa, maaari itong mangahulugan bilang "mutual masturbation", pagyayakapan at paghihipuan ng walang penetration o ang paggamit ng condom tuwing nakikipagtalik.

- 50a. Have you yourself ever practiced "safer sex" as described here? (SHOWCARD U) Always 01
(Madalas na madalas)
Often 02
(Madalas)
Sometimes 03
(Paminsan-minsan)
Seldom 04
(Bihira lang)
(GO TO Q51b)-Never 05
(Hindi pa naisasagawa ang "safer sex")

- b. How often do you practice "safer sex"? (SHOWCARD)
 Gaano kadalas kayo mag-"safer sex"?

- 51a. How likely are you to continue practicing "safer sex" in the future? (SHOWCARD I)
 Ano ang posibilidad na kayo ay laging mag-"safer sex" sa mga susunod na araw?

- b. IF NEVER PRACTICED: How likely are you to try practicing "safer sex" in the future? (SHOWCARD J)
 Ano ang posibilidad na subukan mong mag-"safer sex" sa mga susunod na araw?

		Q51a	Q51b
Very Likely	(Talagang posible)	1	1
Somewhat Likely	(Medyo posible)	2	2
Somewhat Not Likely	(Medyo hindi posible)	3	3
Not at all Likely	(Talagang hindi posible)	4	4
Don't Know/Can't say	(Hindi alam/hindi masabi)	5	5

E. ATTITUDES TOWARD SEX AND SAFER SEX (cont'd)

51c. Why do you say that?

Bakit nasabi ninyo na (answer to Q51a/b)?

52. What do you think is the biggest disadvantage or drawback of "safer sex"?

Sa inyong palagay, ano ang pinaka "disadvantage"/hindi mabuti para sa "safer sex"?

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AGENCY BRIEF
AIDS Communication/Education Program

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BACKGROUND

AIDS is a global health challenge of unprecedented proportions. As of July 1988, over 100,000 cases have been reported worldwide, with millions more believed already infected with human immunodeficiency virus (HIV). At present, there is no vaccine, no cure and no effective treatment for AIDS. The only hope is to prevent transmission of HIV from one person to another.

There are three basic modes of transmission of HIV:

1. Sexual: Vaginal, oral or anal sex with an infected individual.
2. Blood: Transfusion with infected blood or the use of contaminated needles and other skin piercing instruments.
3. Perinatal: Transmission from an infected mother to her child during pregnancy.

At the present time, the Philippines is at a very early stage of infection with HIV. Testing for HIV was begun in May 1985 and has focused on individuals in key "sentinal" or high risk groups, particularly the "hospitality" profession. To date, it is estimated that over 87,000 HIV tests have been completed in the Philippines with a total of 79 individuals reported as HIV positive. It is generally assumed that the current doubling time of the epidemic is about one year, but may in fact be shorter. Using the 10% formula of confirmed to estimated infections, there could be over 600 infected persons in the Philippines at the present time.

The Government of the Republic of the Philippines is very much aware that the global AIDS epidemic presents a serious threat to the health of the people of the Philippines and to the economic and social development of the country. A national AIDS Prevention and Control Committee has been established within the DOH. Over the next year, this Committee hopes to marshall the best creative and technical resources in the Philippines to develop communication/education programs for several key target audiences.

THE MISSION

At present, it is believed that the primary mode of HIV transmission in the Philippines is sexual transmission. Because there is no vaccine, effective treatment or cure for AIDS, containment can only be accomplished through prevention. Target groups engaging in risky sexual behaviors must be identified, informed of their risk and made knowledgeable about steps to reduce their risk. In short, communication is our strongest weapon in the battle against AIDS.

But to ensure AIDS prevention and control, knowledge alone is not enough. In order to be successful, changes in behavior must be brought about. And the risky behaviors that lead to the spread of HIV are, like any behavior, a function of the attitudes and beliefs (as well as the knowledge) of the individuals who practice them. So, to ensure behavior change, messages must touch the heart as well as the head of the target audience(s).

It must be recognized that those who are engaging in risky behaviors are doing so largely by choice. At present, the benefits of these risky behaviors apparently outweigh the perceived risks. Knowledge may tip the scale to some degree but to substantially curb the spread of HIV may require a fundamental reshaping of certain attitudes and values. Therefore, to be persuasive, messages must be outstanding in their accuracy, power, relevance and credibility.

And because the attitudes and values related to sexual behavior are so deep and abiding, no "quick fix" or one-shot solution such as a single slogan, hotline or AIDS week will suffice. Rather, a well thought-out, information-driven and comprehensive communications program must be developed integrating well-honed strategies for each target group.

At present, therefore, AIDS prevention and control in the Philippines is a task uniquely suited to the special skills and expertise of the communication industry within the country.

TARGET AUDIENCES

Like any communications program, clearly identifying, understanding and reaching the target audience is critical. Yet with AIDS prevention and control this takes on a new and more complex dimension as target audiences tend to include many hard to reach groups about which little is currently known. We do know that these target audiences vary considerably by the nature and frequency of the risky behaviors they are engaging in and, more importantly, by attitudes toward and reasons for engaging in those risky behaviors.

As a result, a variety of precision targeted messages and innovative channels is called for to address the wide variety of behaviors, lifestyles, knowledge levels, attitudes and other factors fostering risky behaviors among the target audiences.

At present, it is not known what proportion of the general Philippine population is engaging in risky sexual practices, however, some "sentinal" groups within the population have been identified as those whose behavior is likely to put them at the highest risk of HIV infection. It is these target audiences, along with the general population, which will be the focus of the initial communication/education effort.

- a. general population
- b. young adults
- c. sex workers (male and female)
- d. overseas workers
- e. homosexual/bisexual men

A. General Population

At present, the general population within the Philippines is not felt to be at high risk of HIV infection. However, any nationwide AIDS communication/education program must also develop strategies for the population at large. A well informed, appropriately concerned and compassionate general public provides an important backdrop for any efforts directed toward more specific and critical target audiences. And the changing social norms which are needed to support long term safe behaviors are far reaching, beyond any

single age or behavior group. Also, there are likely to be some, if not a substantial number, of individuals within the general population who are engaging in risky behaviors and who are not reached by the more targeted messages. Finally, many important "influencer" groups who are critical to support behavior change -- parents, employers, customers, teachers, and so forth -- can also be reached via broader general population strategies.

In 1977, the GALLUP organization conducted a worldwide opinion poll regarding AIDS in 35 countries including the Philippines. In 1988, the Department of Health within the Philippines commissioned GALLUP to repeat that study in order to update the information and to identify any trends occurring over time.

Several key findings emerged. First, although basic awareness of AIDS was high (78%), it had not changed over the past year and was among the lowest of the 35 countries polled. On the other hand, concern that AIDS would become epidemic among the general population was quite high (63%), ranking 3th among those countries polled. This appeared to be a result of extremely pervasive myths regarding AIDS transmission routes. Many Filipinos felt that AIDS can be communicated through mosquito bites, sharing drinking glasses, swimming pools and so forth.

Clearly the general population within the Philippines is, at present, unable to accurately gauge the true risk of AIDS. While it is considered important to keep AIDS as an urgent national concern in the public eye, irrational fears can cloud more appropriate risk reduction behaviors, create unnecessary discrimination and lead to a sense of helplessness and a general blocking out of important information. Strategies are needed which will provoke both cautious behavior as well as a sense of realistic control among the population at large.

Because of the expense of launching a broad based mass media advertising campaign for the general population, innovative strategies using indirect mass media and novel formats are being considered.

B. Young Adults

Young people constitute a major source of concern worldwide. At a time in their lives when sexual experimentation is often the highest and long term health concerns are generally quite low, this target audience requires special communication and education efforts to assist them in making the appropriate choices that will minimize their risk of HIV infection.

Focus group discussions conducted among this target audience indicate that they are fairly well informed regarding AIDS, and many express personal concern of becoming infected with HIV. However, among males, sexual experimentation begins at a fairly young age and apparently continues with some regularity into adulthood, including visits to professional sex workers. Precautions such as the use of condoms are rarely taken or even considered and the usual youthful sense of invulnerability pervades their approach to life. Marked differences in behavior and attitudes suggest that separate strategies may be required for male and female young adults.

C. Sex Workers (Male and Female)

The "hospitality industry" is a significant variable for HIV infection in the Philippines with estimates of the total number of "hospitality girls" reaching as high as 65,000. Initial focus groups conducted among this target audience suggest that although they are well aware of and concerned about AIDS, numerous barriers to the adoption of safer sex practices exist. For many in Manila, there is the belief that only "other" prostitutes are at risk, for example those in Dlongapo. Many feel that any "regular" customer is safe or free from AIDS and that they can "sense" if a customer is infected by the look in his eyes, by his skin or by his general cleanliness.

Taking antibiotics is also thought by many to keep AIDS from taking hold or to "nip it in the bud". And, many would not jeopardize their sole source of income by insisting on a condom with clients who would prefer not to use them. Considering the risk involved in their profession, sex workers (both male and female) are singularly uninformed regarding the true facts of AIDS at the present time.

D. Overseas Workers

This group represents a "captive" and highly vulnerable target audience. Because document processing is required for overseas workers both prior to and upon return from overseas trips, two possible "forced exposure" points exist for appropriate communication/education efforts regarding HIV infection.

Initial focus group findings suggest that many individuals in this group are quite naive about the dangers of AIDS in other countries. The difficulties encountered while living and working in unfamiliar surroundings as well as being separated from family and loved ones often encourages overseas workers to engage in risky practices that may not have otherwise been considered.

E. Homosexual/Bisexual Men

Anecdotal evidence suggests that there is a considerable amount of male homosexuality and bisexuality within the Philippines, particularly in the urban and tourist areas. Approximately 1,0000 individuals within this target group have been tested to date, resulting in a significant prevalence rate of 4 per thousand. There is currently no accurate estimate of the total size of this group in the Philippines.

Initial research conducted among this target audience suggest that there is enormous diversity with regard to lifestyle, values, attitudes, practices, socio-economic status, level of "openness" and of personal identification with the target group itself. No single profession, social behavior or other demographic variable can be used to pinpoint this target audience. And, as there are no existing "Gay" organizations within the Philippines at present, reaching this group effectively and efficiently with communication messages presents a special creative challenge.

SECONDARY TARGET AUDIENCES

In addition to the primary target audiences mentioned above, any AIDS communication/education program must also consider a variety of secondary targets or "influencer" groups.

Deeply rooted behaviors generally do not undergo or sustain change without broad based support. Parents, teachers and similar "significant others" can do a great deal to influence the behavior of young adults. Business and society opinion leaders exert much influence over the community and workplace environment and help establish important policy issues and outcomes. A variety of other "gatekeepers" effect such issues as media access and priority setting. And, of course, healthcare professionals are not only important sources of information for the primary target audiences but also help set the "tone" for the issue of AIDS prevention as well as influencing both the motivation and the skills needed to bring about effective behavior change among each target audience. Communication strategies directed toward these secondary audiences will be an integral part of any AIDS communication/education program in the Philippines.

THE APPROACH

AIDS prevention and control programs in other countries have given us some clear guidelines for success. Among these the following three are key:

1. Scope

Successful AIDS prevention and control programs have been comprehensive in scope. They have mobilized the resources of many sectors of the nation from grassroots community groups and NGOs to the national news and entertainment industries. Like a comprehensive marketing program, they have sought to bring about the desired behavior by not only appealing directly to the target audiences but also by working with intermediaries and agents of change (push and pull strategies), by making innovative "products" such as

condoms, bleach or sterile needles available to appropriate target audiences and, importantly, through the use of interpersonal approaches such as counselling and support groups developed to teach new skills and reinforce productive attitudes.

From a communications perspective, such programs must be supported by the innovative and integrated use of all available communication tools: advertising, public relations, promotional activities, direct marketing, and personal selling.

2. Creative

Successful AIDS prevention and control programs have responded to the special needs and profiles of the various target audiences by developing a multiplicity of campaigns, tones, materials, formats and message areas. They have recognized the need to speak to each target audience in their own language and to be explicit rather than vague with their choice of wording and images. And, perhaps most importantly, they have used "peer" creative talent to help develop the strategies and materials for each target audience. Establishing creative teams which include representatives from each target audience (either in-house or freelance talent) and often running creative competitions has been extremely important to insure that the materials developed are "on target" for their intended audiences.

3. Media

Successful AIDS communications/education programs have developed effective, efficient and precision targeted media to reach each intended audience. They have recognized that although mass media are extremely powerful, they are often very blunt instruments and may be highly inefficient for certain target audiences. And messages that appeal directly to an important target group may be offensive or even create a "backlash" when exposed to the general population. Hence, highly targeted messages are often best delivered through more "low profile" and precise media channels.

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In addition to the above, the following are expected to be an integral part of the Philippine program on AIDS communication/education.

a. Research

Because of the unique nature of many of the target groups, research will play an extremely important role in the development and monitoring of program activities. At present, qualitative research has been conducted among each of the key target audiences. Audio tapes and transcripts of the focus group discussions will be made available to the selected agency upon award of the assignment. In addition, extensive Knowledge, Attitude and Practice (KAP) studies for each key target group have been developed and will be fielded in early January of 1989. General population trends, as measured via the national GALLUP poll, will also be available.

This research will form the basis of an important body of information necessary for strategic planning and creative development. It will be the responsibility of the selected agency to become thoroughly familiar with the research findings. In addition, all creative materials and/or specific approaches will be pre-tested prior to moving to the next stage of production.

b. Technical Understanding and Review

Because of the highly technical nature of subject matter involved, an extensive agency briefing will be required. This will provide the agency with the opportunity to ask questions and to clarify their understanding of the technical issues. Campaigns and materials from around the world will be presented. In addition, supplemental informational materials will be made available to provide the agency with greater depth of understanding.

The attached FOLIO provides some examples of AIDS health promotion materials from around the world.

It will be necessary for all proposed creative materials to undergo a technical review as well as creative review throughout each stage of development.

THE AGENCY SELECTION PROCESS

Interested agencies are not expected to develop and present speculative creative. Rather, the agency selection will be conducted through personal interviews and the presentation of basic agency credentials. In addition to the agency profile, the following will be of major importance in the selection process:

- a. The agency's ability to demonstrate an understanding of the basic issues and approaches relevant to an AIDS communication/education program.
- b. The agency's proposed structure for account servicing, creative teams and overall project management.
- c. Any prior agency experience which might be relevant to AIDS communication/education: working with hard to reach target audiences, using novel media formats, dealing with a complex technical subject matter, addressing health or social issues, handling sensitive subjects, working with DQH, etc.

Comparative costs for standard creative products may also be requested at the time of personal interviews.

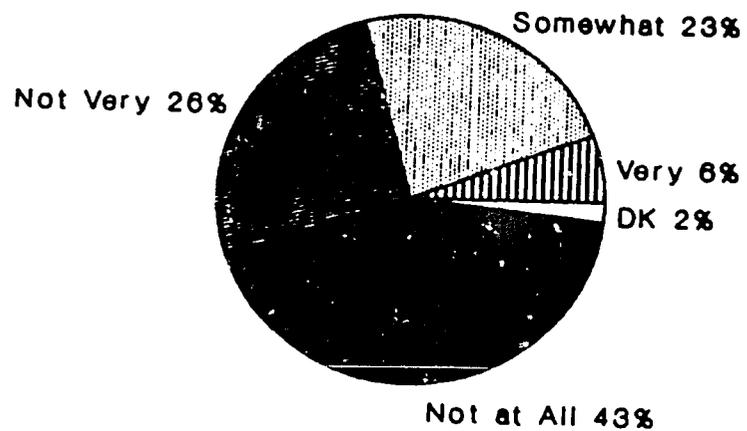
The selection process will take place the week of February 13th, 1989. Questions and the scheduling of appointments are to be directed to the following:

Enrique Hernandez
or
Peter Resurreccion

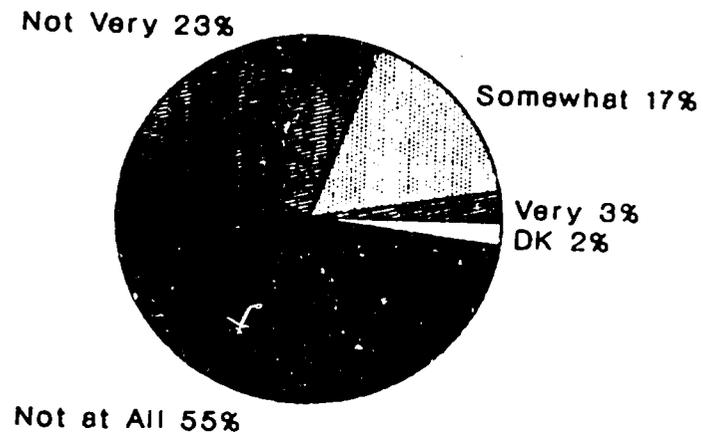
PIHES
(Public Information Health
Education Service)
Department of Health
711-6361.

Likelihood of Catching AIDS

"You, Yourself"



Men



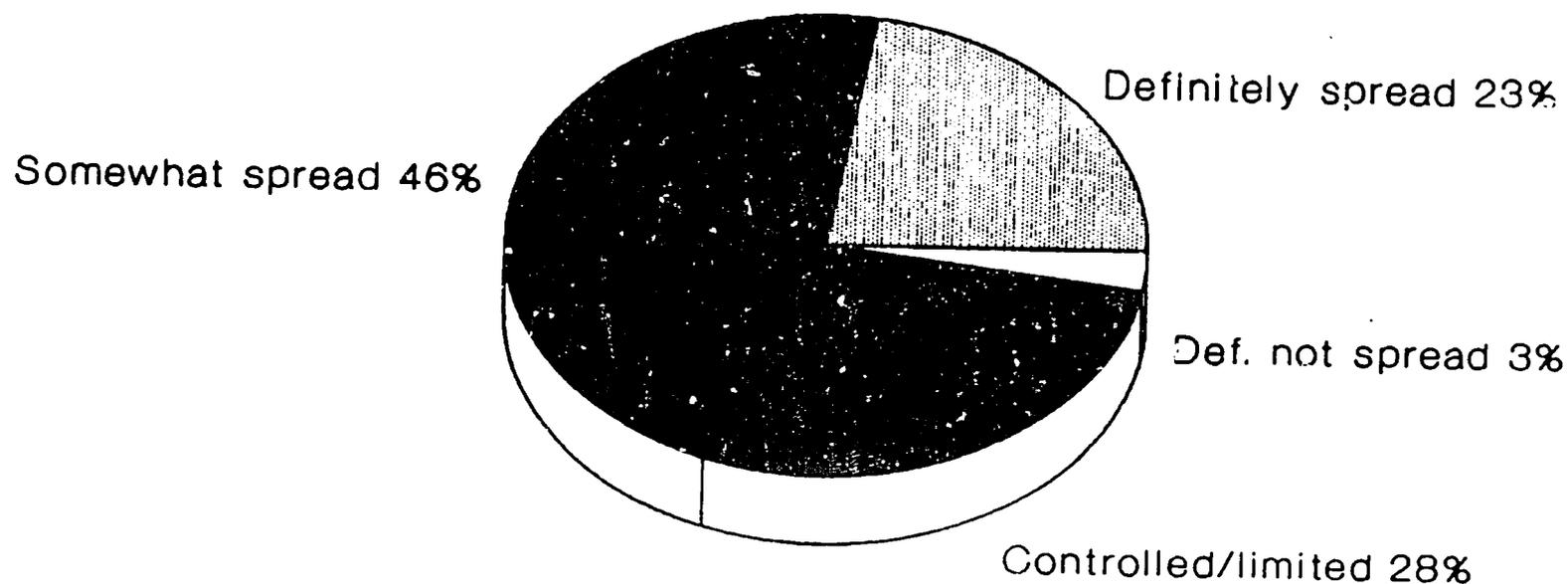
Women

How Respondents Feel About AIDS

Worry--real threat for someone like me	24
Worry, but possibility of catching it is not great	36%
Don't worry--not threat to me	23%
I could never get AIDS	17%

Impact of AIDS in the Philippines

Respondents' Opinions



Impact of AIDS In the Philippines

Spread of AIDS

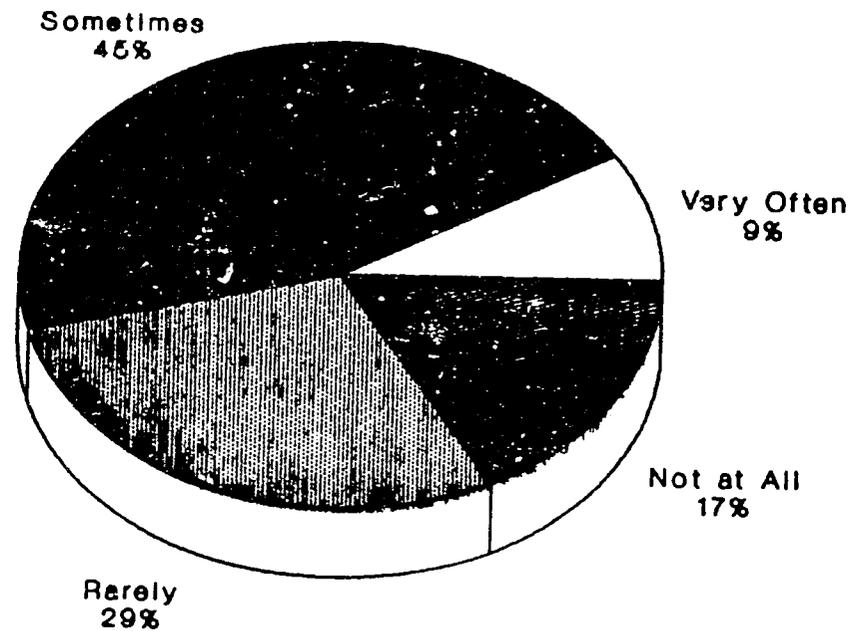
Will definitely spread	23%
Will somewhat spread	46%
Limited/Controlled	28%
Definitely not spread	3%

Worry for Filipinos?

More pressing concerns	62%
"Western disease"	41%
"US disease"	39%

1995

Frequency of Discussing AIDS With Friends or Family



Conversations About AIDS

As Described by Respondents

<u>Positive</u>		<u>Negative</u>	
Important	50%	Frightening	55%
Enlightening	49%	Depressing	29%
Useful	46%	Embarassing	19%
Only natural	28%	Offensive	3%
Interesting	25%		

FEAR MOST ABOUT AIDS (UNAIDED RECALL)

	• YOUNG ADULTS •		
	TOTAL	MALE	FEMALE
DEATH	58	58	59
PASSING AIDS TO A LOVED ONE	14	17	11
REJECTION/ABANDONMENT/ALIENATION	12	11	13
SUFFERING/PAIN	11	11	11
GETTING INFECTED WITH IT	4	4	5
EMBARRASSMENT/HUMILIATION	4	3	5
AIDS IS INCURABLE/UNTREATABLE	3	2	3
SOMEBODY I LOVE/CARE FOR WILL GET IT	1	2	1
BODILY DISINTEGRATION	1	1	1
BASE: TOTAL INTERVIEWS	300	150	150

What to Do If Someone Got AIDS

Self Got AIDS

Seek help (general) 56%

Seek medical help 51%

isolate self 43%

Passive/Negative 25%

Pray 23%

Friend/Family Got AIDS

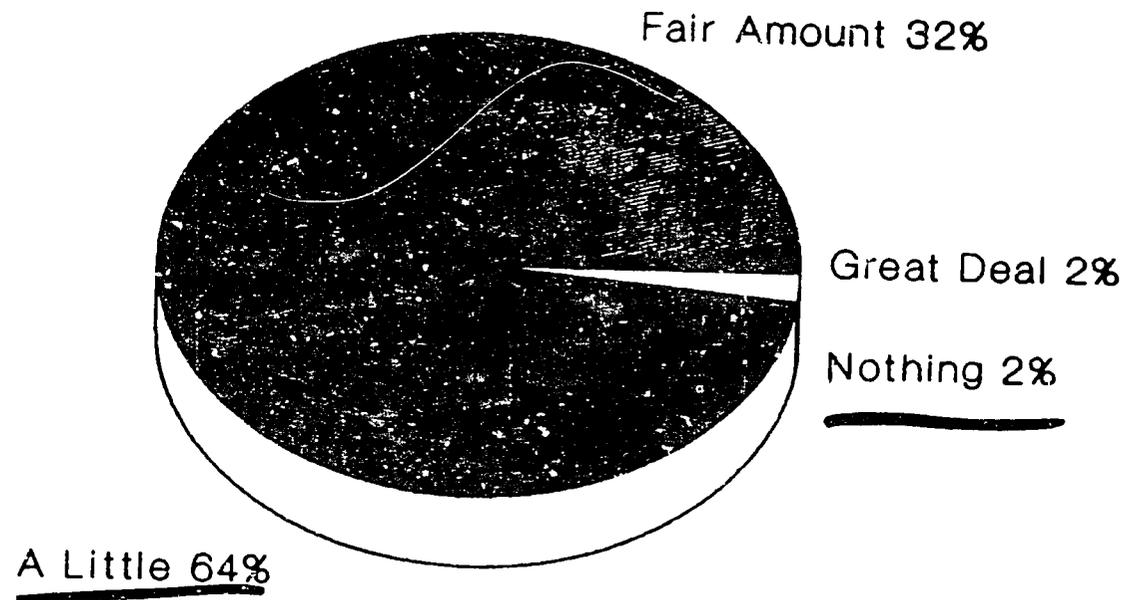
Show support 47%

Seek med. help 41%

isolate them 38%

Knowledge About AIDS

Knowledge About AIDS As Perceived by Respondents



WHAT IS AIDS (UNAIDED RECALL)

• YOUNG ADULTS •
TOTAL MALE FEMALE

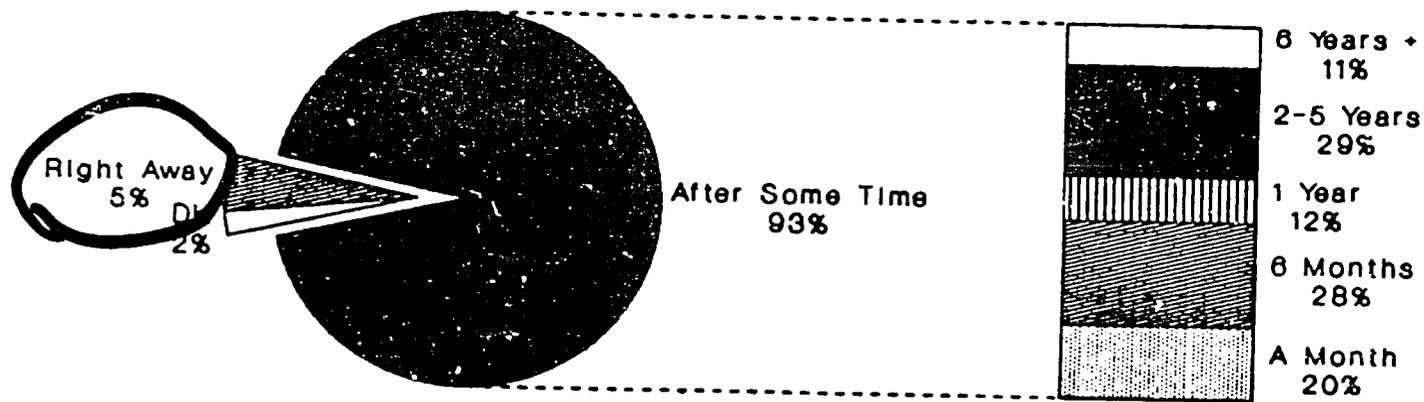
<u>A TRANSMISSIBLE DISEASE</u>	77	77	77
<u>SEXUALLY TRANSMISSIBLE/ TRANSMITTED BY PROMISCUOUS PERSONS</u>	43	41	45
A DISEASE FROM HOMOSEXUALS	16	15	18
EASY TO BE TRANSMITTED	15	17	13
TRANSMITTED THROUGH INTERCOURSE WITH PROSTITUTES	15	17	13
TRANSMITTED THROUGH BLOOD TRANSFUSIONS/BLOOD	8	10	5
A DISEASE FROM FOREIGNERS	5	4	5
OTHERS (LESS THAN 5% MENTIONS)	11	14	14
<u>INCURABLE/NO TREATMENT</u>	35	40	31
<u>PHYSICAL MANIFESTATIONS</u>	33	36	30
<u>TAKES A LONG TIME FOR SYMPTOMS TO SHOW UP</u>	7	9	5
LEADS TO THINNESS OF BODY	7	7	7
MANIFESTED BY WOUNDS/SORES	7	6	7
NEAR-DEATH FEELING/DECAYING OF BODY	5	7	4
LEADS TO BODY WEAKNESS	5	3	7
OTHERS (LESS THAN 5% MENTIONS)	9	15	15
<u>FATAL</u>	23	27	18
<u>ACQUIRED IMMUNE DEFICIENCY SYNDROME</u>	14	15	12
REDUCES ABILITY OF BODY TO DEFEND AGAINST DISEASES	9	10	8
GENITAL/URINARY MANIFESTATIONS	9	5	5
OTHERS (LESS THAN 5% MENTIONS)	6	9	9
BASE: TOTAL INTERVIEWS	300	150	150

SIGNS/SYMPTOMS OF AIDS

▪ YOUNG ADULTS ▪

	TOTAL	MALE	FEMALE
<u>BODY DETERIORATION</u>	79	73	85
THINNESS OF BODY/RAPID. WEIGHT LOSS	42	41	42
GENERAL WEAKENING/MALAISE	37	33	41
LOSS OF APPETITE	13	9	17
LOWERED RESISTANCE TO DISEASES	10	12	8
LOOKS OLD/SUNKEN EYES/CHEEKS	10	7	13
DEHYDRATION/LOOKS WRINKLED	8	7	10
NERVOUS AILMENTS/PSYCHOLOGICAL DEPRESSION	6	5	6
PALENESS	5	7	3
HAIR LOSS	5	4	6
OTHERS (LESS THAN 5% MENTIONS)	10	13	18
<u>SKIN DISEASES</u>	41	45	38
SORES/BOILS	10	9	11
BLEEDING OF LIPS/WOUNDS	9	13	6
RASHES	8	8	7
WOUNDS ALL OVER THE BODY	7	5	9
SKIN DISEASES	6	6	6
BRUISES	5	4	5
OTHERS (LESS THAN 5% MENTIONS)	3	7	3
GENITAL/URINARY INFECTIONS	9	10	8
PERSISTENT COUGHING	6	4	7
OTHERS (LESS THAN 5% MENTIONS)	6	5	9
BASE: TOTAL INTERVIEWS	300	150	150

When Symptoms Appear After Infection with AIDS

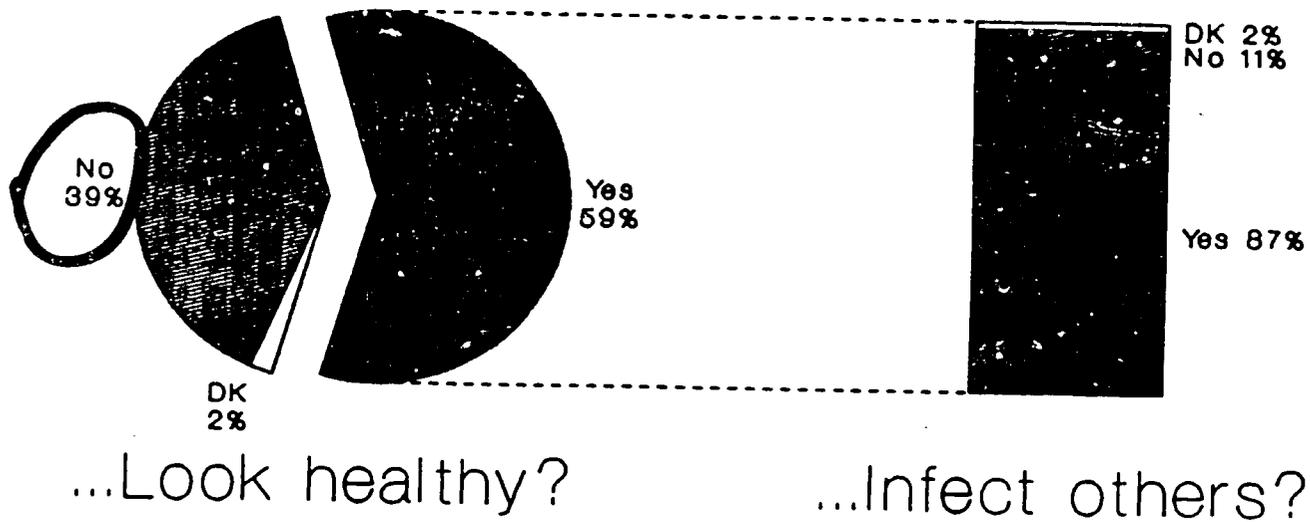


When Symptoms
Appear

How Long

205

Can Someone Infected With AIDS...



Base-Believe symptoms show after a time

2006

AWARENESS OF AIDS TESTING (UNAIDED RECALL)

	▪ YOUNG ADULTS ▪		
	TOTAL	MALE	FEMALE
<u>BLOOD TEST</u>	62	63	61
URINE TEST	16	19	13
X-RAYS	10	9	11
INSPECTION OF GENITALS	3	4	3
PAP SMEAR	<u>1</u>	<u>1</u>	<u>2</u>
CHECK-UP	1	1	1
DON'T KNOW NAME OF TEST	11	7	14
NOT AWARE OF KINDS OF TESTS	14	15	13
BASE: TOTAL INTERVIEWS	300	150	150

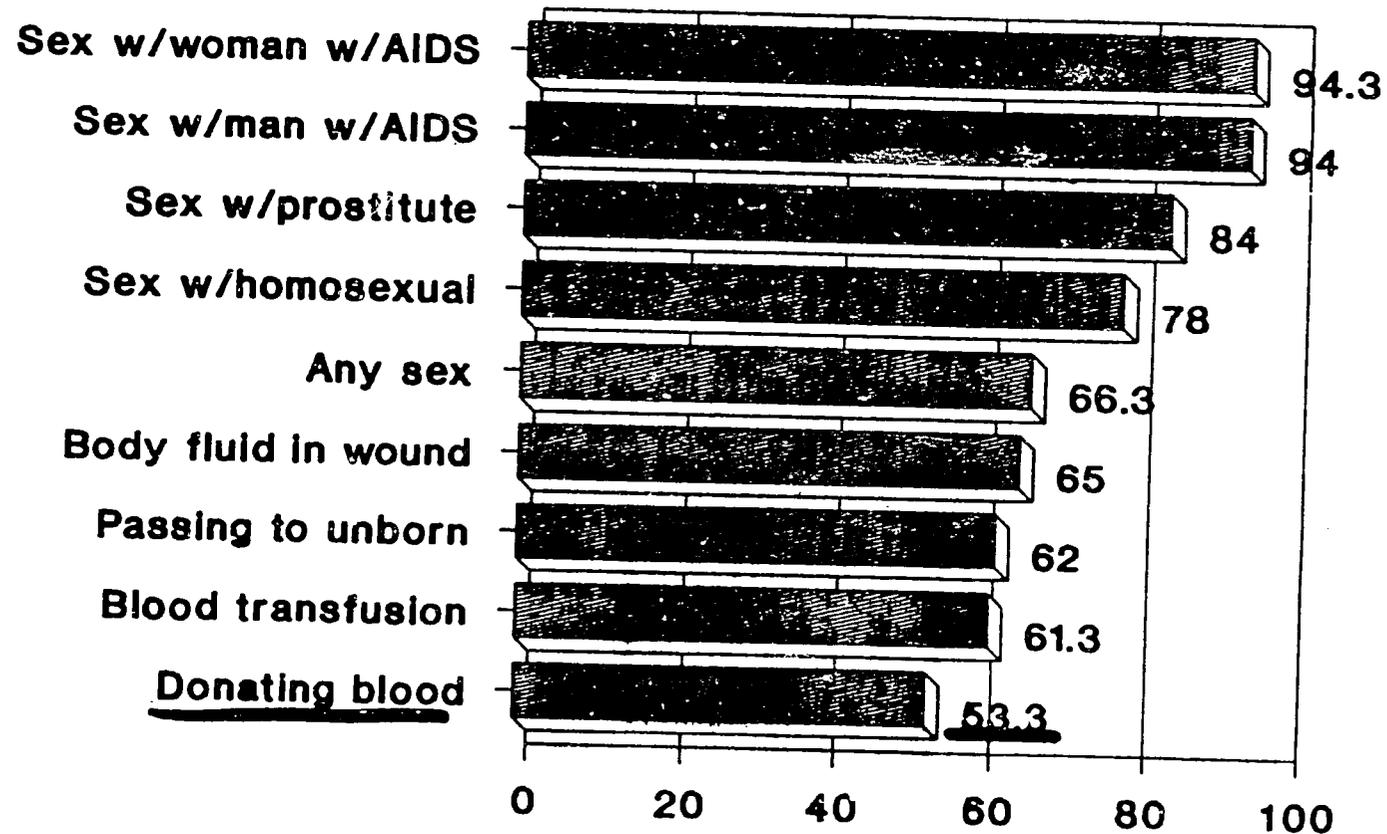
WHAT CAN BE DONE TO MAKE SELF RESISTANT TO AIDS (UNAIDED RECALL)

	YOUNG ADULTS		
	TOTAL	MALE	FEMALE
<u>CAREFUL SEXUAL PRACTICES.</u>	44	52	36
BE SELECTIVE OF SEX PARTNERS	28	33	23
AVOID HOMOSEXUALS	7	9	5
AVOID GOING TO PROSTITUTES	7	9	5
AVOID SEX/VARIOUS SEX ACTS	5	5	4
STICK TO ONE PARTNER	1	1	1
<u>USE CONDOM</u>	1	1	1
<u>PHYSICAL FITNESS/HEALTH</u>	26	27	24
GOOD DIET	13	11	14
EXERCISE	10	13	7
TAKE ANTIBIOTICS/MEDICINE	6	6	6
HAVE REGULAR CHECK-UPS	4	2	5
NOT TAKE DRUGS	1	3	-
PERSONAL HYGIENE	15	10	20
GENERAL CLEANLINESS	5	5	4
NOT SHARE EATING UTENSILS	4	2	5
NOT SHARE INJECTION NEEDLES	3	1	4
NOT USE PUBLIC TOILETS	2	-	5
GOOD HYGIENE	1	1	1
LIMIT SOCIAL ACQUAINTANCES	11	10	11
AVOID THOSE WITH AIDS	6	4	7
CHOOSE PERSONS TO MIX WITH	2	3	1
AVOID MEN/WOMEN	1	1	1
PRAYERS	5	3	7
SCREEN BLOOD FOR TRANSFUSION	2	1	2
BASE: TOTAL INTERVIEWS	300	150	150

200

Means of AIDS Transmission Rated "Very Likely" by Over Half

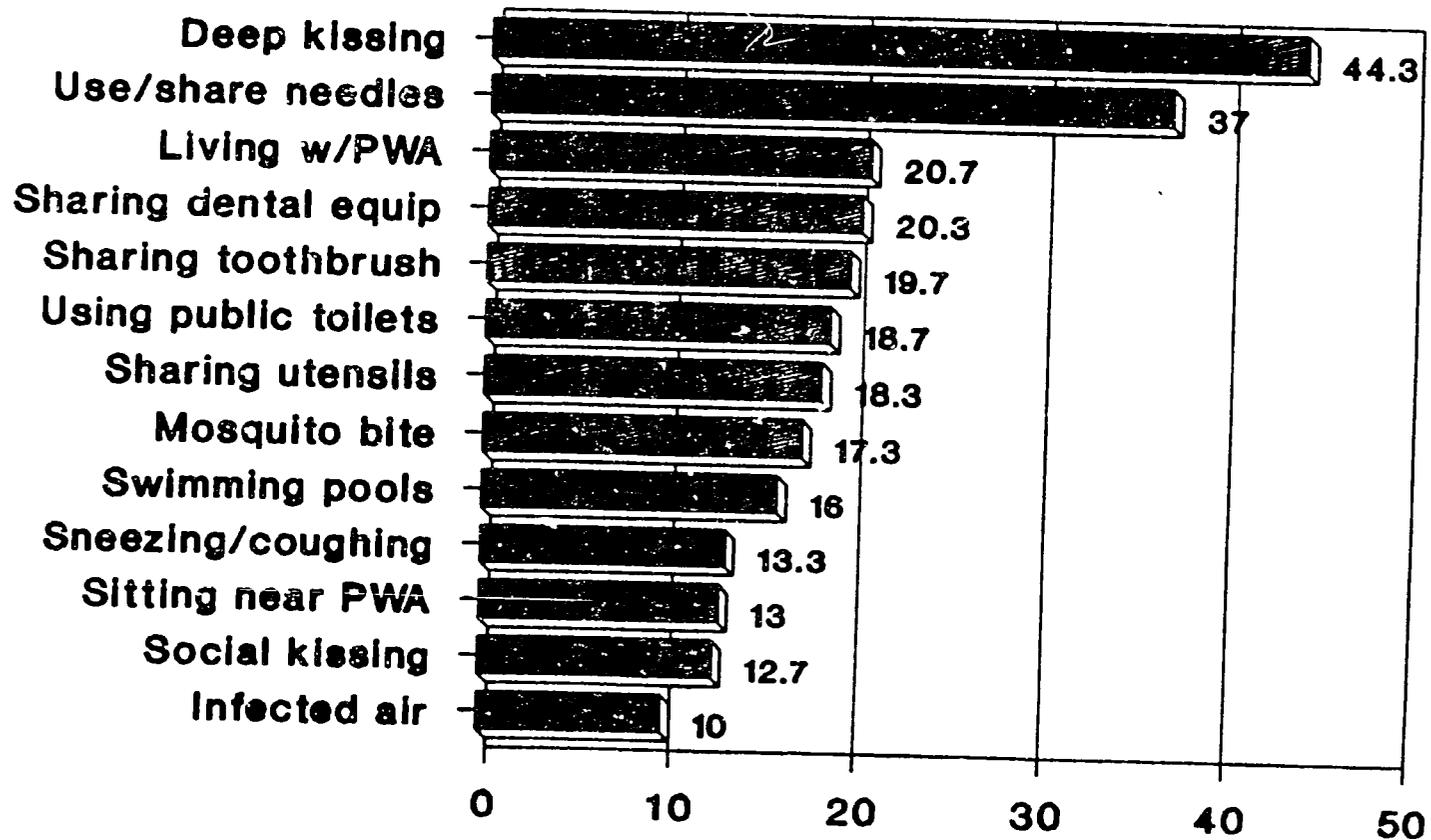
% Rating Each Very Likely



209

Means of AIDS Transmission Rated "Very Likely" by Under Half

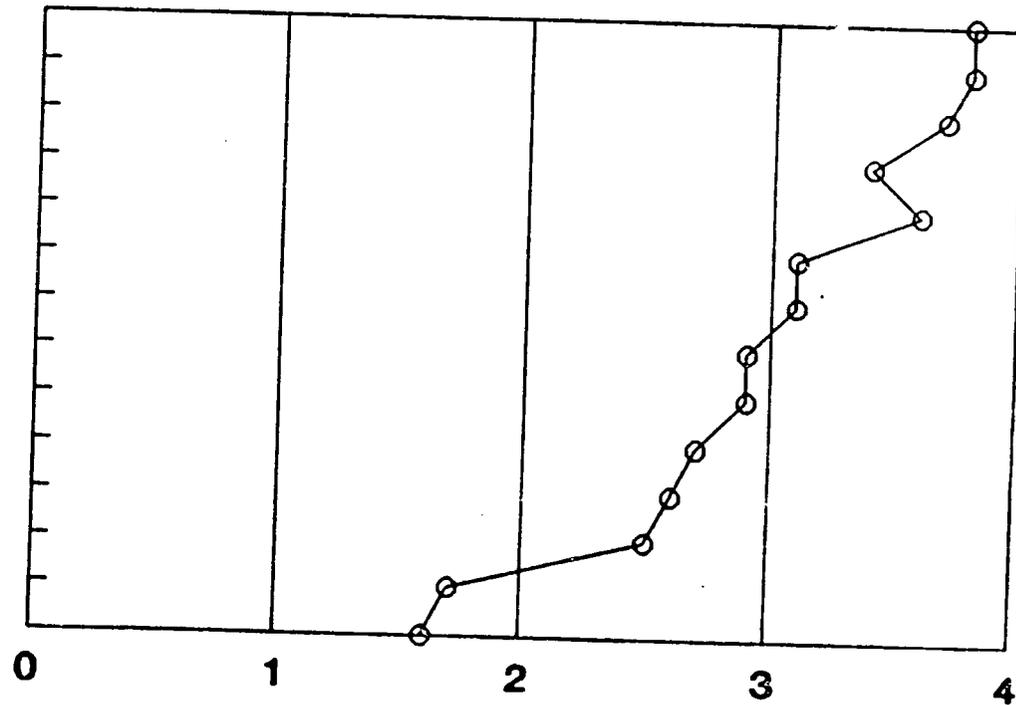
% Rating Very Likely



Likelihood of Catching AIDS By Various Groups

Average Likelihood

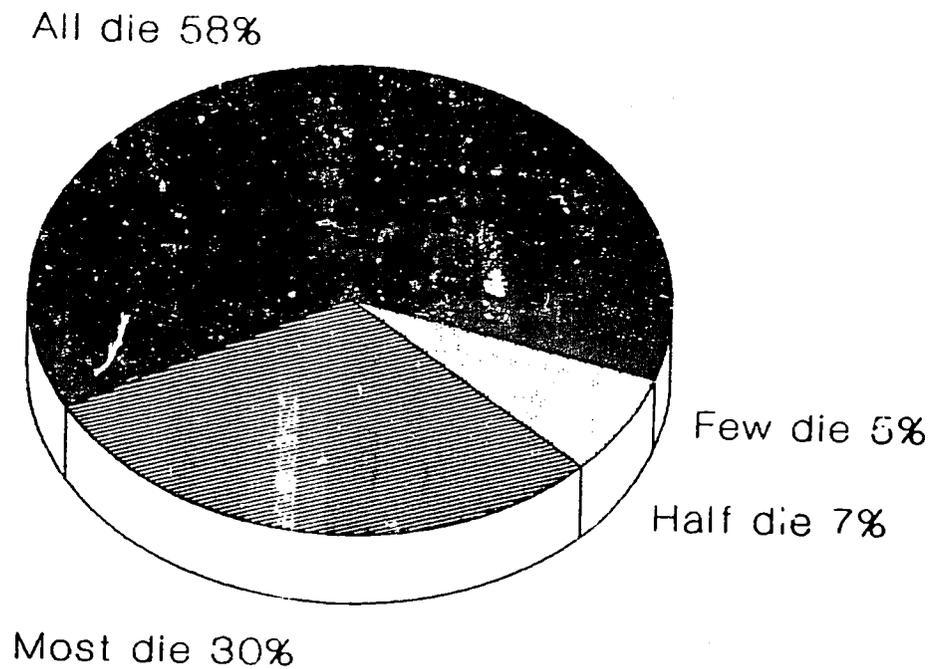
- Female/Male Prost.
- Promiscuous People
- Homosexs./Bisexuals
- Americane
- Bisexuals
- IV Drug Users
- Europeans/Japanese
- Filip. Overseas Wkrs
- Filip. w/Foreign Hus
- Anybody
- Young Adults 18-24
- People Over 24
- Children/Religious
- Stay-Home Types



—○— 4=Very, 1=Not at All

What Happens to PWAs

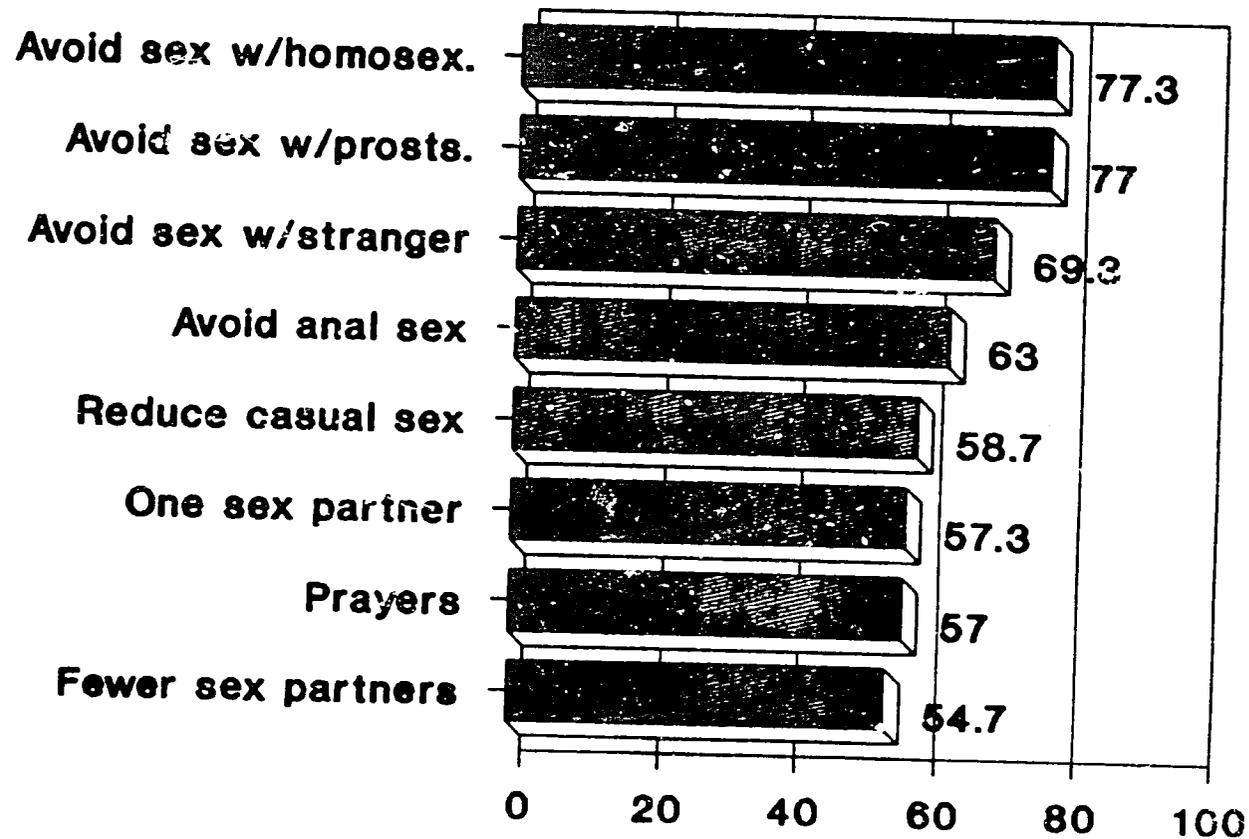
Respondent Beliefs



2/10

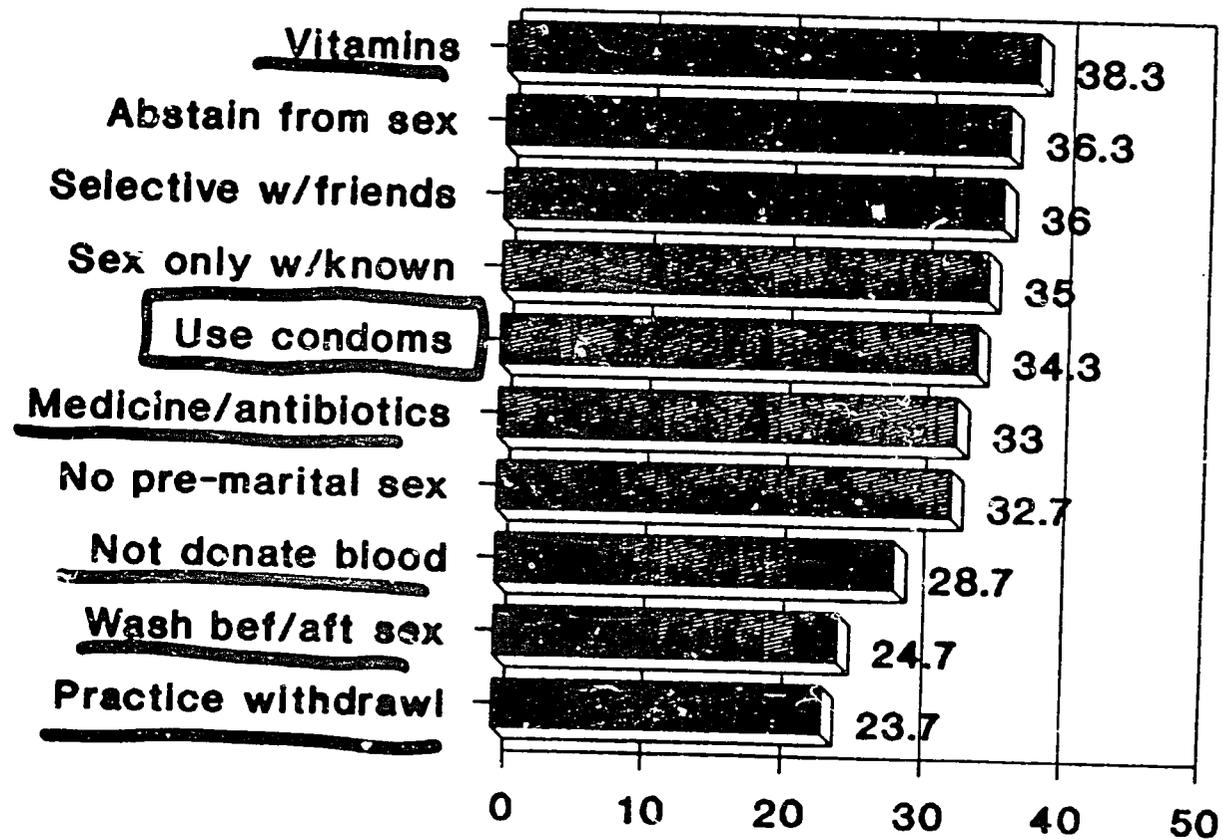
Risk Reduction Methods Rated "Very Effective" by Over Half

% Rating Each Very Effective



Risk Reduction Methods Rated "Very Effective" by Under Half

% Rating Each Very Effective



2/14

Beliefs About AIDS

% Agreement *

AIDS is a punishment from God. 62%

Little is known about how AIDS spreads. 75%

Regular check-ups will protect me. 63%

US bases will increase spread of AIDS. 78%

Can sense if sex partner is a carrier. 37%

• Strongly and Somewhat Agree

2/5

AIDS Testing

Aware of tests for AIDS 86%

Aware it is a blood test 62%

Feel those at risk should be tested 91%

Have taken test 2% (7 respondents)

Results: 6 negative, 1 "don't know"

2/10

Sexual Behavior/Attitudes

Sexual Attitudes

% Who Agree *

Sex should be limited to married partners 81%

Sex should be limited to one partner 90%

Sex partners should discuss previous exp. 86%

Embarassing to discuss previous exp. 51%

Natural for men to pursue sex 47%

Most men known have multiple partners 38%

* Strongly or somewhat agree

2/5

SEXUAL PARTNERS

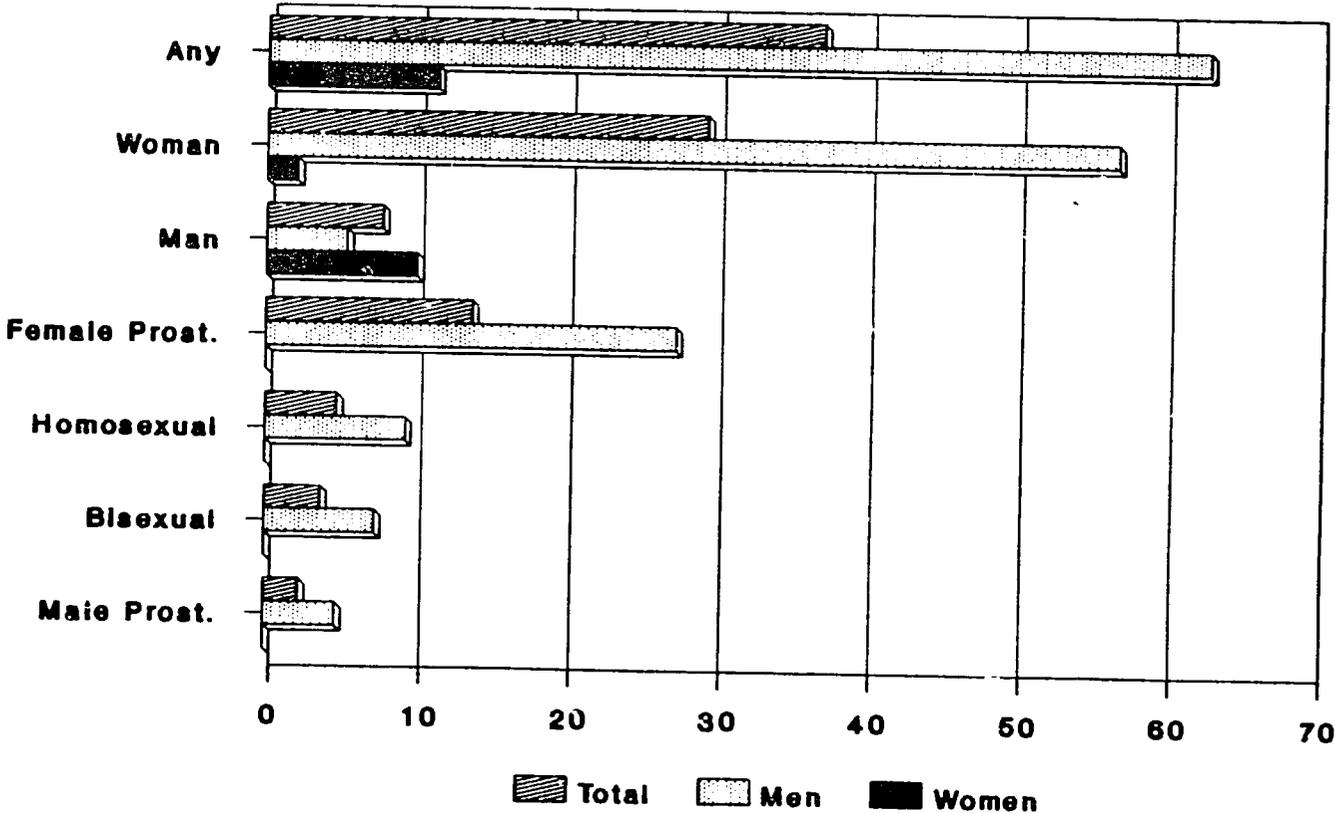
▪ YOUNG ADULTS ▪
TOTAL MALE FEMALE

<u>EVER HAD SEX (UNDUPLICATED)</u>	37	63	11
WITH A WOMAN	29	57	2
WITH A FEMALE PROSTITUTE	14	27	-
WITH A MAN	8	5	10
WITH A HOMOSEXUAL	5	9	-
WITH A BISEXUAL	4	7	-
WITH A MALE PROSTITUTE	2	4	-
<u>NEVER HAD SEX</u>	63	37	89
BASE: TOTAL INTERVIEWS	300	150	150

Sexual Partners

% Who Have Ever Had Sex

Type of Partner



027

SEX WITH A WOMAN

▪ YOUNG ADULTS ▪
MALE

LAST TIME

PAST 6 MONTHS	46
OVER 6-12 MONTHS	7
OVER 12 MONTHS	13
CAN'T RECALL	34

BASE: TOTAL WHO HAD SEX WITH A WOMAN	85
---	----

FREQUENCY IN PAST 6 MONTHS

1-3 TIMES	56
4-6 TIMES	15
7-9 TIMES	8
10-12 TIMES	3
13+ TIMES	3
CAN'T RECALL	15

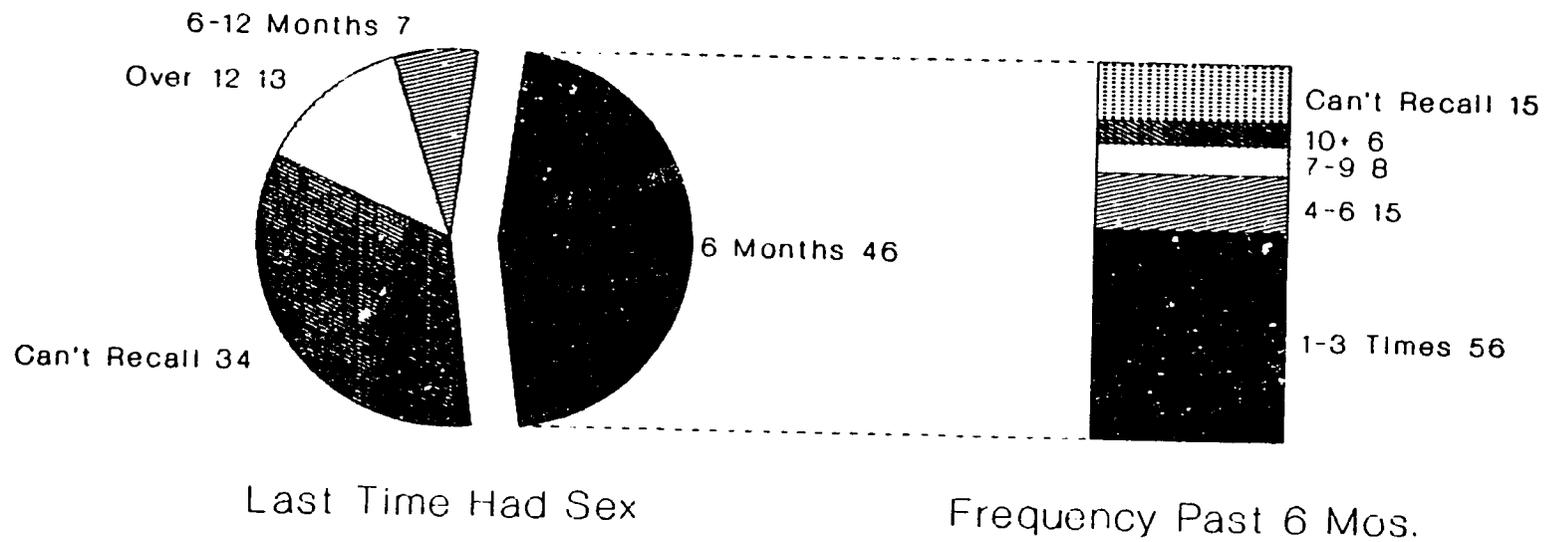
BASE: TOTAL WHO HAD SEX WITH A WOMAN IN PAST SIX MONTHS	39
--	----

NUMBER OF PARTNERS

ONE WOMAN	63
MORE THAN ONE	37

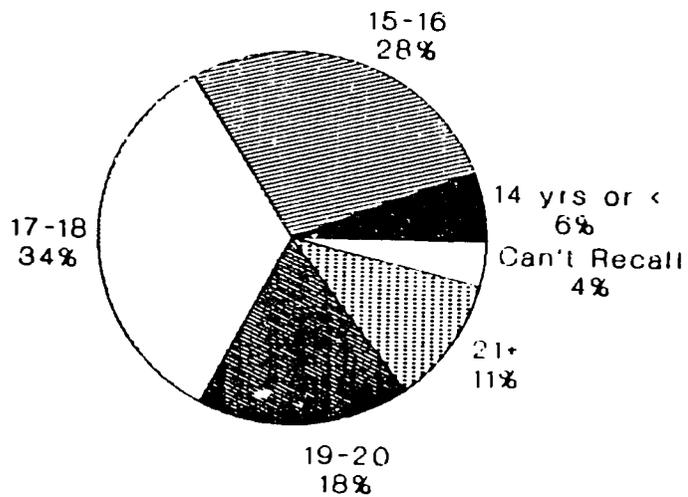
BASE: TOTAL WHO HAD SEX WITH A WOMAN IN PAST SIX MONTHS	39
--	----

Sex with a Woman

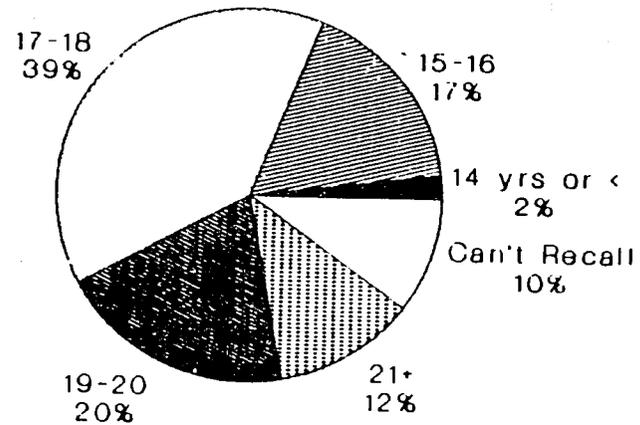


Base = 85 men who have had sex w/woman

Age When First Had Sex With Woman/Prostitute



Sex with Woman
Median = 18 yrs



Sex with Prostitute
Median = 18 yrs

1223

AGE WHEN FIRST HAD SEX WITH A WOMAN

▪ YOUNG ADULTS ▪

MALE

14 YEARS OR YOUNGER	6
15-16 YEARS	28
17-18 YEARS	34
19-20 YEARS	18
21-22 YEARS	7
23-24 YEARS	4
CAN'T RECALL	4
MEDIAN AGE	<u>18</u>
BASE: TOTAL WHO HAVE HAD SEX WITH A WOMAN	85

224

AGE WHEN FIRST HAD SEX WITH A FEMALE PROSTITUTE

▪ YOUNG ADULTS ▪

MALE

14 YEARS OR YOUNGER	2
15-16 YEARS	<u>17</u>
17-18 YEARS	39
19-20 YEARS	20
21-22 YEARS	7
23-24 YEARS	5
CAN'T RECALL	10
MEDIAN AGE	18
BASE: TOTAL WHO HAVE HAD SEX WITH A FEMALE PROSTITUTE	41

225

SEX WITH A FEMALE PROSTITUTE

YOUNG ADULTS
MALE

LAST TIME

PAST 6 MONTHS

22

OVER 6-12 MONTHS

12

OVER 12 MONTHS

12

CAN'T RECALL

54

BASE: TOTAL WHO HAD SEX WITH A
FEMALE PROSTITUTE

41

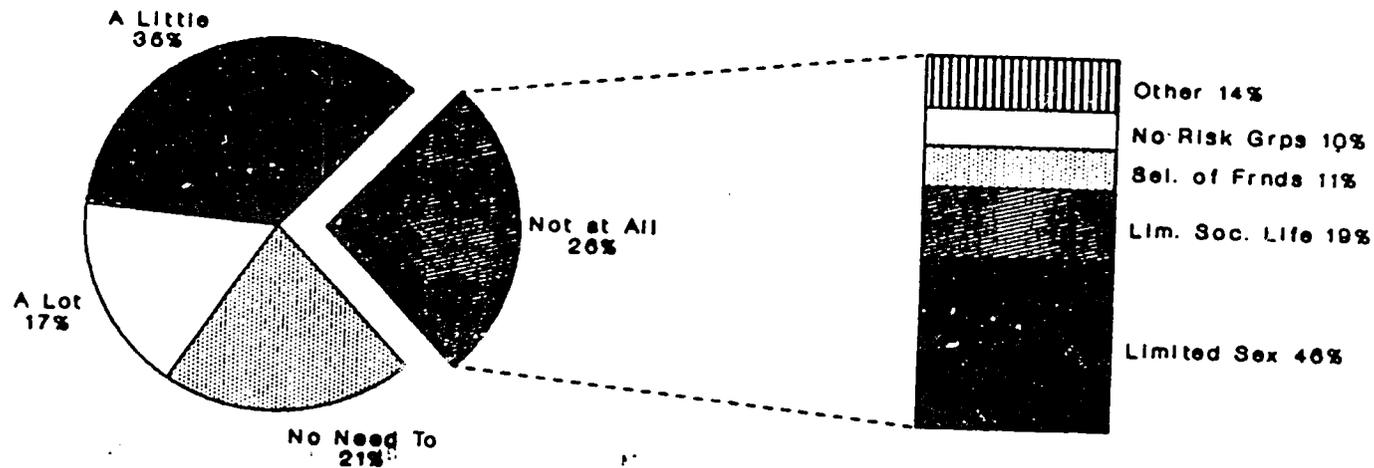
WHETHER_OR_NOT_EVER_TRIED_ANAL_SEX

	▪ YOUNG ADULTS ▪		
	TOTAL	MALE	FEMALE
HAVE TRIED	1	1	-
NEVER TRIED	99	99	100
BASE: TOTAL INTERVIEWS	300	150	150

Changes in Behavior Due to AIDS

Changes in Behavior/Lifestyle Due to AIDS

f / e

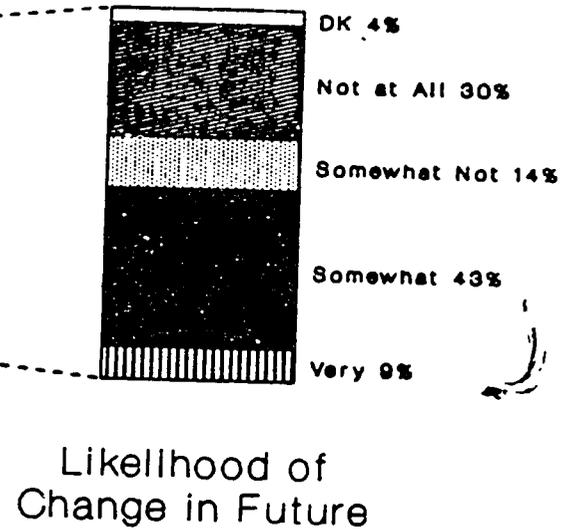
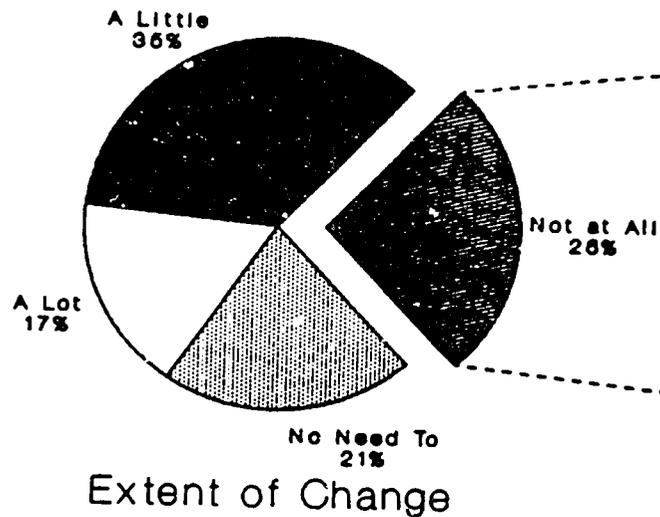


Extent of Change

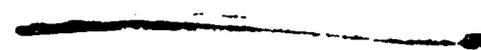
Reasons for Not Changing

029

Changes in Behavior/Lifestyle Due to AIDS



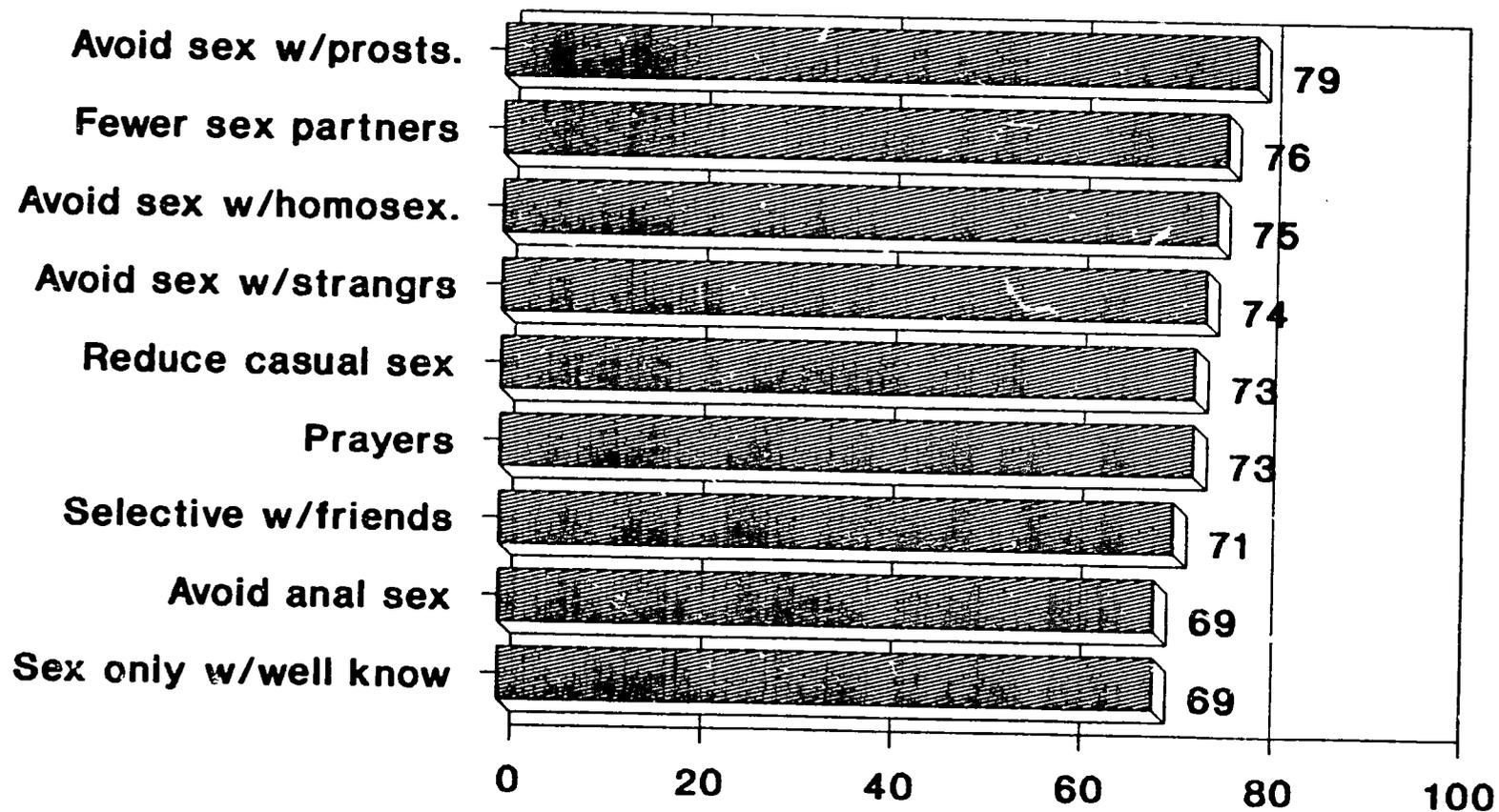
52%



230

Precautions Taken Against AIDS By Respondents for Whom They Apply

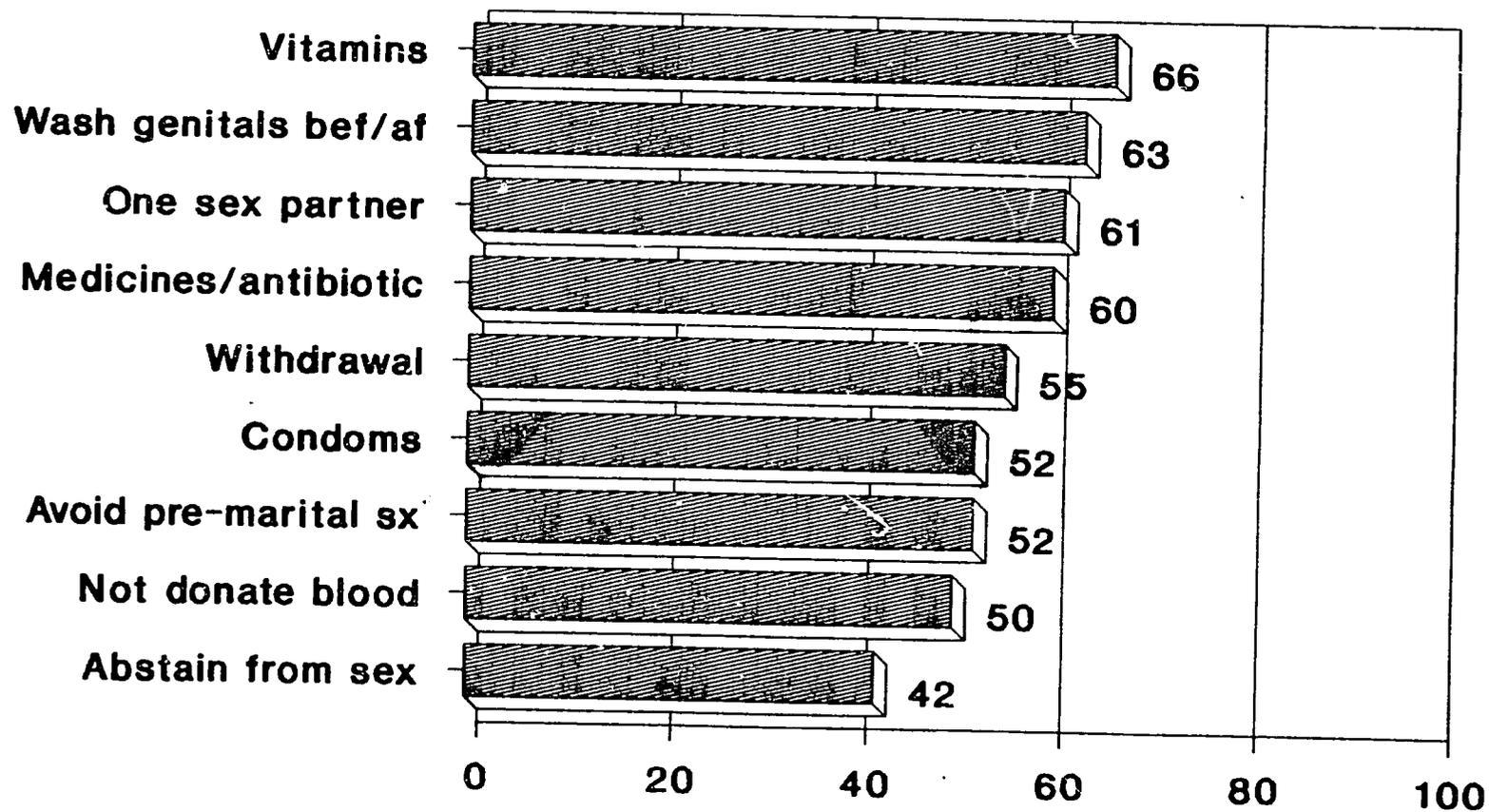
% Taking Each



231

Precautions Taken (continued) By Respondents for Whom They Apply

% Taking Each



2/20

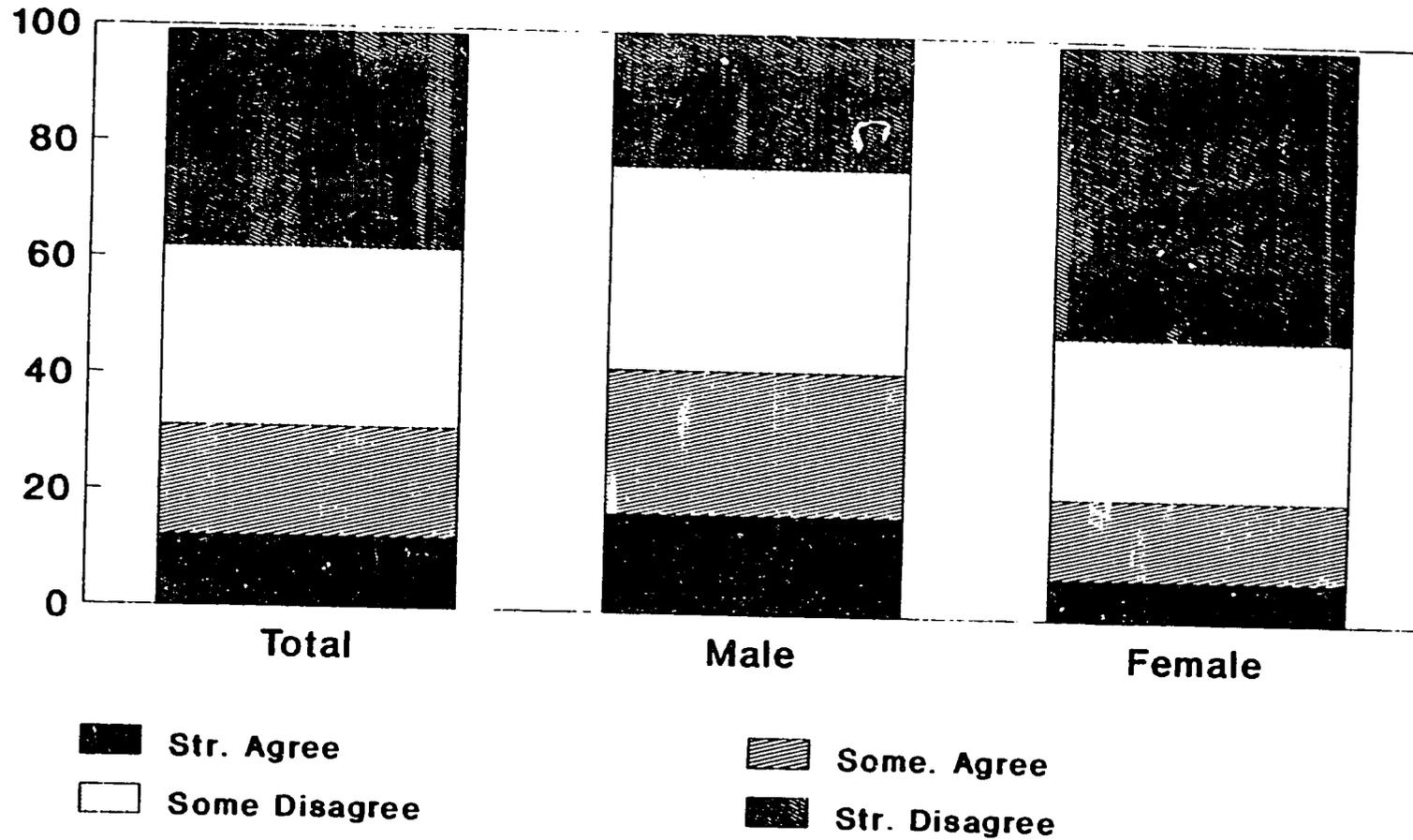
PRECAUTIONS AGAINST AIDS

	WILLINGNESS TO TAKE PRECAUTIONS			*PRECAUTIONS TAKE		
	VERY	SOME- WHAT	NOI	YES	NO	NOT APP
AVOID SEX WITH A HOMOSEXUAL	84	5	5	23	8	69
REDUCED FREQUENCY OF CASUAL SEX	76	15	6	29	11	60
AVOID ANAL SEX	82	9	6	19	8	73
PRACTICE WITHDRAWAL	47	31	16	20	17	63
ONLY HAVE SEX WITH PEOPLE WELL KNOWN TO ME	64	25	9	28	13	59
HAVE FEWER SEX PARTNERS	74	18	6	28	9	63
AVOID HAVING SEX WITH PROSTITUTES	84	7	6	28	8	64
AVOID PRE-MARITAL SEX	56	26	17	19	18	63
ABSTAIN FROM SEX ALTOGETHER	40	28	29	19	26	56
USE CONDOMS WITH EVERY SEXUAL ENCOUNTER	48	31	17	14	13	73
WASH GENITALS BEFORE AND AFTER SEX	55	27	13	22	13	64
<u>NOT DONATE BLOOD</u>	46	34	19	20	20	61
STICKING WITH ONE SEXUAL PARTNER	77	17	6	30	19	52
AVOID SEX WITH STRANGERS	79	14	5	29	10	61
BE MORE SELECTIVE WITH FRIENDS OF OPPOSITE SEX	55	32	12	52	21	27
<u>USE MEDICINES/ANTIBIOTICS</u>	51	35	13	36	25	39
<u>TAKE VITAMINS</u>	58	30	12	50	26	24
PRAYERS	75	18	7	68	25	8

*THOSE ANSWERING "DON'T KNOW" ARE OMITTED FROM THIS TABLE.

203

"When I Get Sexually Excited, I Forget About AIDS"



10/2/88

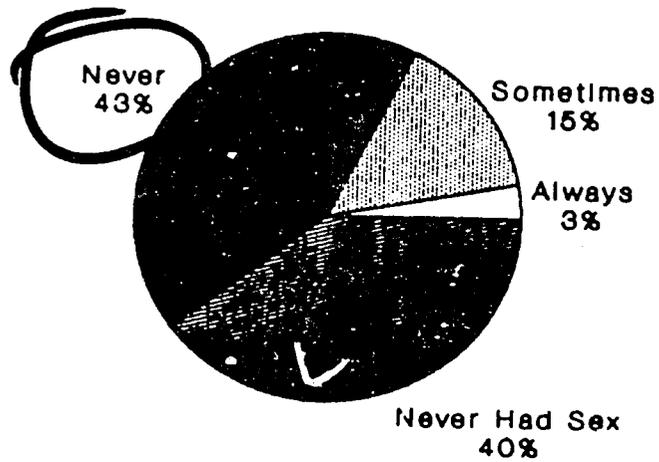
"WHEN I GET SEXUALLY EXCITED, I FORGET ABOUT AIDS"

	▪ YOUNG ADULTS ▪		
	TOTAL	MALE	FEMALE
STRONGLY AGREE	12	17	7
SOMEWHAT AGREE	19	25	14
SOMEWHAT DISAGREE	31	35	28
STRONGLY DISAGREE	37	23	50
REFUSED	1	1	1
BASE: TOTAL INTERVIEWS	300	150	150

Condom Use

20

Condom Use Frequency of Use



Men: Use Condoms



Women: Ask Partner
to Use

100

YOUNG ADULTS

MALE

CARRYING OF CONDOMS

ALWAYS	7
MOST OF THE TIME	7
ABOUT HALF THE TIME	7
OCCASIONALLY	33
TRIED THEM ONCE	44

BASE: TOTAL WHO HAVE EVER USED CONDOMS 27

FREQUENCY OF CONDOM USE

ALWAYS	4
MOST OF THE TIME	11
OCCASIONALLY	22
NEVER	19
TRIED THEM ONCE	44

BASE: TOTAL WHO HAVE EVER USED CONDOMS 27

LIKELIHOOD OF USING CONDOMS IN THE FUTURE

VERY LIKELY	14
SOMEWHAT LIKELY	55
SOMEWHAT NOT LIKELY	15
NOT AT ALL LIKELY	17

BASE: TOTAL INTERVIEWS 150

238

Positive Attitudes About Condoms

Can prevent venereal disease 83%

Shows concern for partner 75%

Would wear if asked (men) 74%

Easy to get 74%

Not as bad as everyone says 68%

"Useful for people like me" 63%

Safety from AIDS 57%

(Strongly/somewhat agree)

Barriers to Condom Use

Mentioned by Half or More

Reduce sexual sensitivity	72%
Not safe to use--can break	72%
Are an interference during sex	65%
Shows distrust of partner	60%
An insult to partner	59%
Might give unclean impression	52%
Partners don't like	51%

(Strongly/somewhat agree)

ATTITUDES ABOUT CONDOMS

MALE YOUNG ADULTS

STRONG-
LY
AGREE SOME-
WHAT
AGREE SOME-
WHAT
DIS-
AGREE STRONG-
LY
DIS-
AGREE DON'T
KNOW

(POSITIVE)

WEARING A CONDOM SHOWS THAT I AM CONCERNED FOR MY PARTNER	28	47	17	7	1
I WOULD WEAR A CONDOM IF MY PARTNER ASKED ME	27	47	19	7	-
CONDOMS ARE USEFUL FOR PARTICULAR PEOPLE LIKE ME	25	37	23	13	1
CONDOM USE CAN PREVENT VENEREAL DISEASE	38	45	9	7	-
WITH CONDOMS, ONE IS SURELY SAFE FROM CONTRACTING AIDS DURING SEX	29	37	26	17	-
I WISH CONDOMS WILL BECOME FASHIONABLE	11	34	35	21	-
CONDOMS ARE EASY TO GET	33	41	19	7	-
CONDOMS ARE NOT AS BAD AS EVERYBODY SAYS	17	51	23	9	1

(BARRIERS)

DURING SEXUAL INTERCOURSE, CONDOMS ARE AN INTERFERENCE	25	41	27	8	-
CONDOMS ARE OFFENSIVE TO THE REGULAR SEXUAL PARTNER	24	42	24	10	-
CONDOMS REDUCE SEXUAL SENSITIVITY AND PLEASURE	29	43	21	7	-
MY PARTNERS DON'T USUALLY LIKE TO USE A CONDOM	12	39	29	17	3
USING A CONDOM CAN BE AN INSULT TO MY PARTNER	19	39	27	13	1
CONDOMS ARE EMBARRASSING TO USE	8	30	37	25	-

BASE: 150 MALES

2411

ATTITUDES ABOUT CONDOMS (CONT'D)

MALE YOUNG ADULTS
 STRONG- LY AGREE SOME- WHAT AGREE SOME- WHAT DIS- AGREE STRONG- LY DIS- AGREE DON'T KNOW

(BARRIERS) (CONT'D)

ASKING MY PARTNER IF I COULD USE A CONDOM MIGHT GIVE HER THE IMPRESSION THAT I'M UNCLEAN	12	40	32	15	1
ASKING MY PARTNER IF I COULD USE A CONDOM MIGHT SUGGEST I DON'T TRUST HER	13	47	25	14	1
I'M NOT SURE I EXACTLY KNOW HOW TO PUT ON A CONDOM	9	24	27	39	-
WHEN I'M SEXUALLY EXCITED, I FORGET ALL ABOUT USING CONDOMS	16	34	27	19	3
CONDOMS ARE NOT SAFE TO USE AS THEY CAN BREAK	18	54	18	10	-
CONDOMS CAN BE WASHED AND RE-USED	6	12	20	62	-
CONDOMS ARE EMBARRASSING TO BUY	11	34	35	21	-
CONDOMS ARE TOO EXPENSIVE	7	23	39	31	1
IT IS A SIN TO USE CONDOMS	7	15	35	43	-
CONDOMS ARE DIFFICULT TO REMOVE	5	25	38	32	-

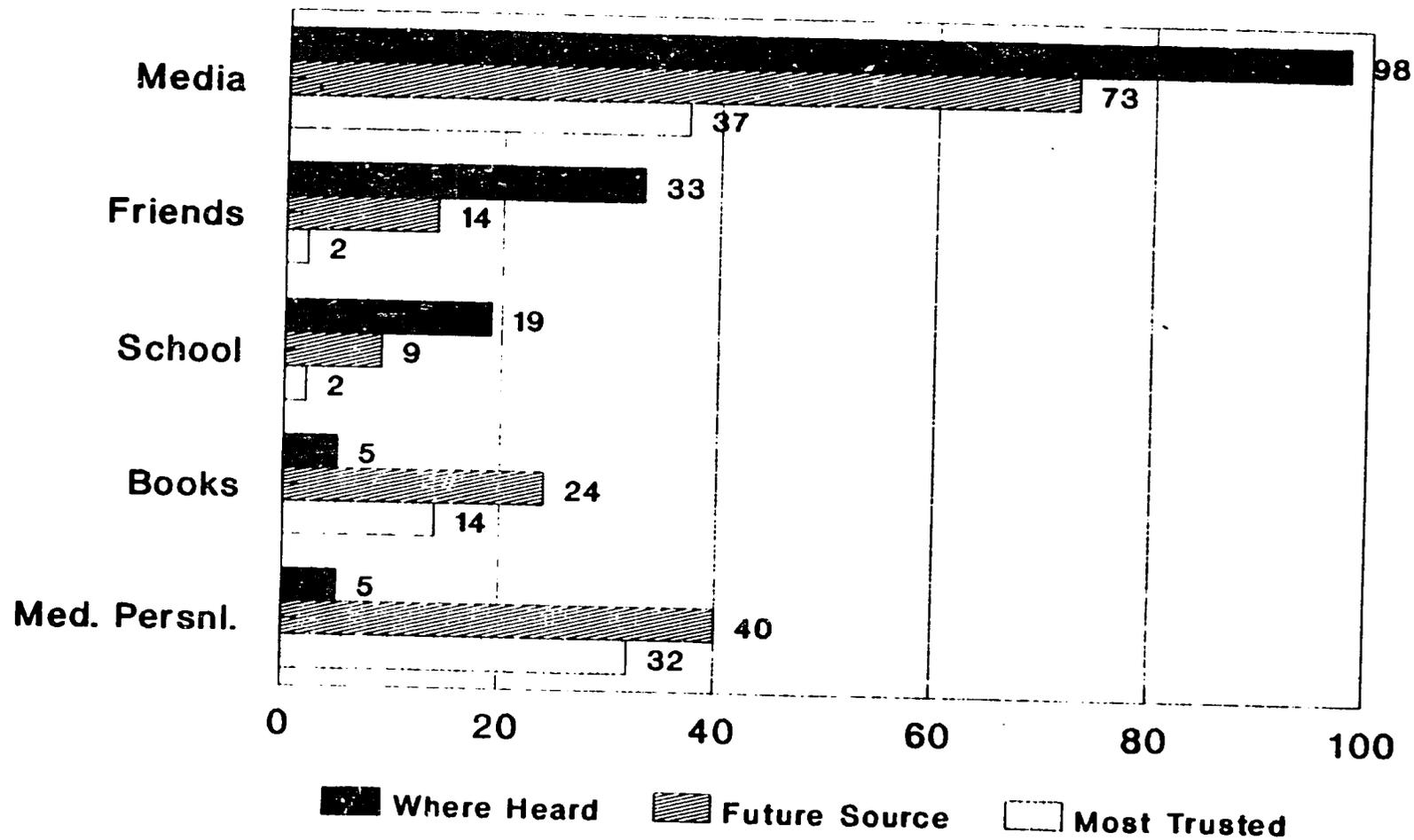
BASE: 150 MALES

242

Channels for Education

24

Sources of Information on AIDS



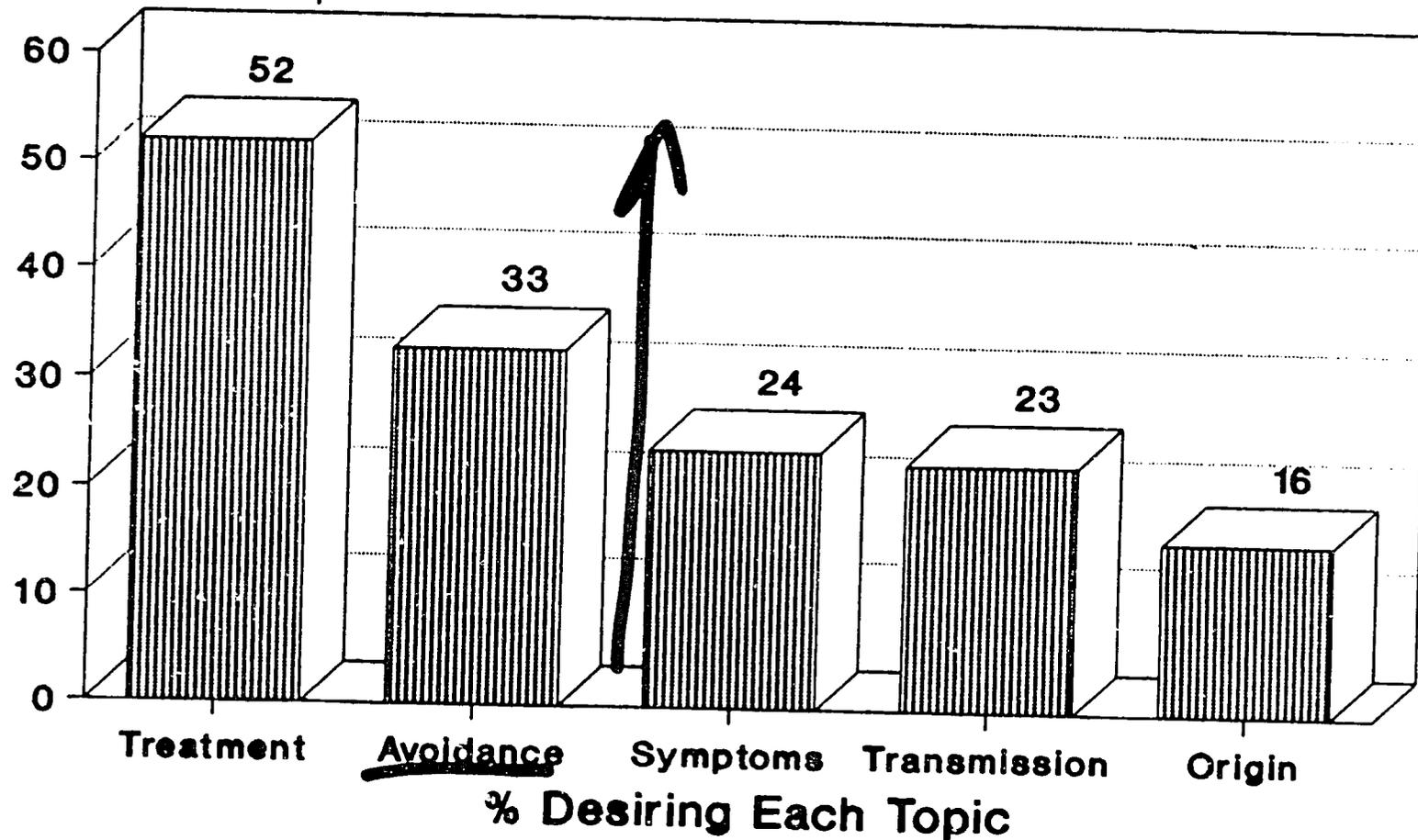
2/1/84

SOURCES OF INFORMATION ON AIDS (YOUNG ADULTS)

	<u>WHERE HEARD/ SEEN</u>	<u>AS FUTURE SOURCE</u>	<u>MOST TRUSTED</u>
	TOTAL	TOTAL	TOTAL
MEDIA	98	73	37
TELEVISION	82	49	20
NEWSPAPER	58	38	6
MAGAZINES/COMICS	33	38	12
RADIO	26	17	1
POSTERS/LEAFLETS	5	7	4
FRIENDS/COLLEAGUES	33	14	2
SCHOOLS/TEACHERS	19	9	2
FAMILY MEMBERS	7	4	2
BOOKS	5	24	14
MEDICAL PERSONNEL	5	40	32
PERSONALITIES (ROCK HUDSON, MARICEL SORIANO)	2	1	-
NEIGHBORS/COMMUNITY	1	-	-
CLINIC/HOSPITALS	-	16	9
GOVERNMENT AGENCIES/OFFICIALS	-	6	4
BASE: TOTAL INTERVIEWS	300	300	300

245

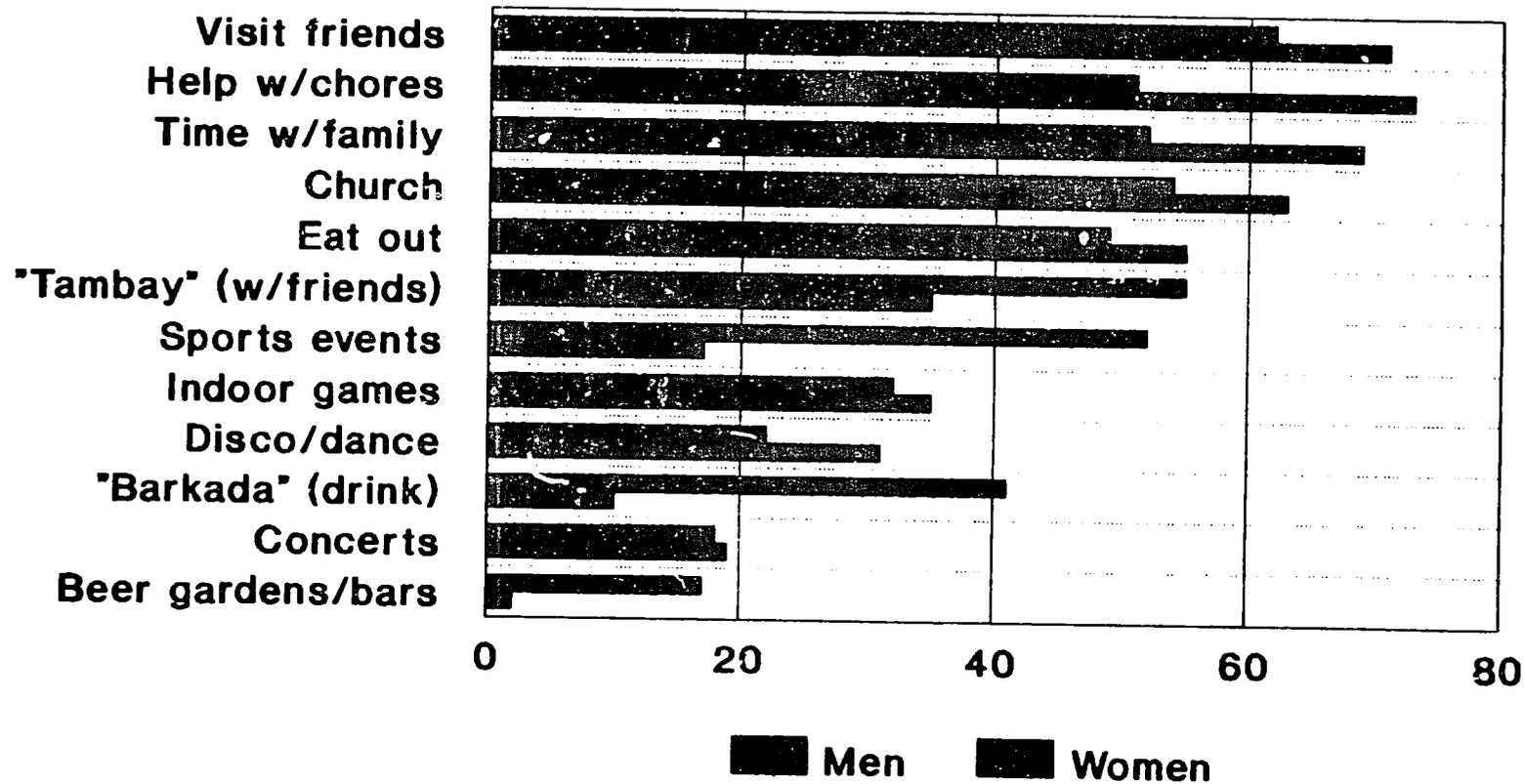
Further Information Desired About AIDS



2 of 10

Leisure Activities Engaged in by Young Adults

% Who Engage



10/1/00

LEISURE ACTIVITIES OF YOUNG ADULTS

	YOUNG ADULTS		
	TOTAL	MALE	FEMALE
WATCH TV	93	91	96
LISTEN TO RADIO	89	87	91
READ	78	72	83
GO TO MOVIES	71	73	68
VISIT FRIEND/INVITE FRIENDS OVER	66	62	71
HELP IN HOUSEHOLD CHORES	62	51 →	73
SPEND TIME WITH FAMILY	61	52 →	69
GO TO CHURCH	59	54 →	63
CHAT/TALK	54	46 →	61
EAT OUT	52	49	55
WATCH BETAMAX	45	51 ←	39
"TAMBAY" (CONGREGATE OUTSIDE WITH FRIENDS)	45	55 ←	35
ATTEND SPORTS EVENTS	35	52 ←	17
PLAY INDOOR GAMES	33	32	35
GO TO DISCOS/DANCE	27	22 →	31
"BARKADA" (DRINK WITH FRIENDS)	26	41 ←	10
PLAY MUSICAL INSTRUMENT	23	27	20
ATTEND PRAYER MEETINGS	22	22	23
JOG/RUN	22	27 ←	17
SWIM	22	23	21
GO TO CONCERTS	19	18	19
GO TO BEER GARDENS/BARS/PUBS	9	17 ←	2
GAMBLE	7	13 ←	1
BASE: TOTAL INTERVIEWS	300	150	150

245

Media Activities in Last Week

% Who Viewed/Listened/Read

Watched TV 98%

Listened to radio 96%

Read newspaper 93%

↑
Read magazine 64%

Read comics 41%

Seen movie 78%

Peak Media Times for Young Adults

Television Viewing

12-2 PM

7-11 PM

Radio Listening

7-11 AM

230

Newspapers Read At Least Twice a Week

Manila Bulletin	42%
People's Journal	28%
Tempo	19%
People's Tonight	15%
Balita	14%
Philippines Daily Inquirer	14%
Taliba	8%
<i>NONE</i>	<i>7%</i>

Magazines Read At Least Every Other Issue

Panorama	17%
Women's Journal	11%
Mod Filipina	10%
Woman Today	8%
Time	6%
Newsweek	5%
NONE	36%

Favorite Local Personalities of Young Adults

Actors/Actresses

Fernando Poe Jr.
Christopher DeLeon
Rudy Fernandez

Sharon Cuneta
Vilma Santos
Lorna Tolentino
Maricel Soriano

TV Personalities

Joey DeLeon
Edu Manzano
Randy Santiago
Martin Nievera
German Moreno
Vic Sotto

Corey Reyes
Alice Dixson

Bands/Singers

The Dawn
ASIN
APO Hiking Soc.

Gary Valenciano
Martin Nievera
Zsa-Zsa Padilla
Pops Fernandez
Kuh Ledesma

15

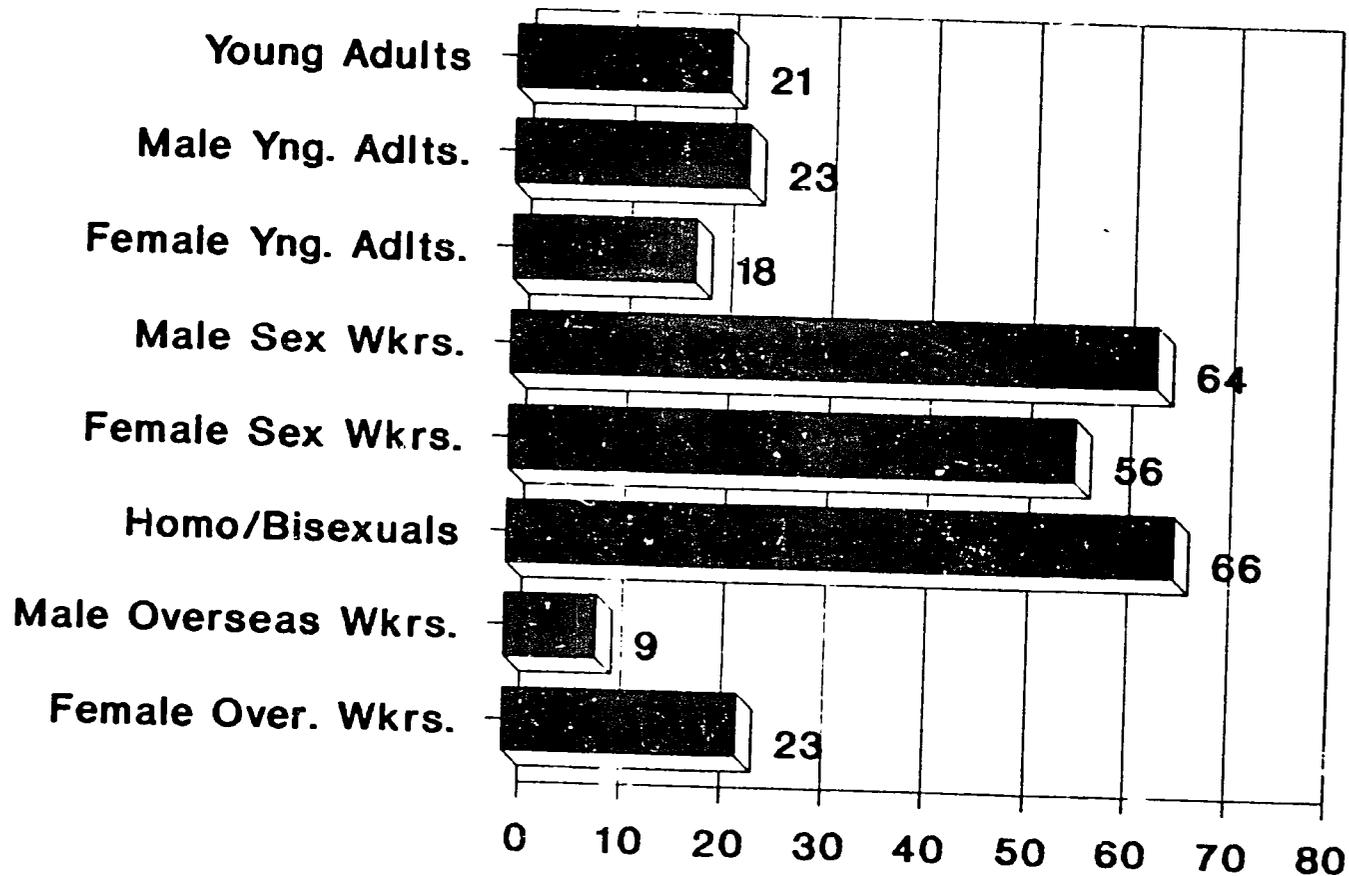
SUMMARY COMPARISONS

BETWEEN SENTINAL GROUPS --- SELECTED MEASURES

234

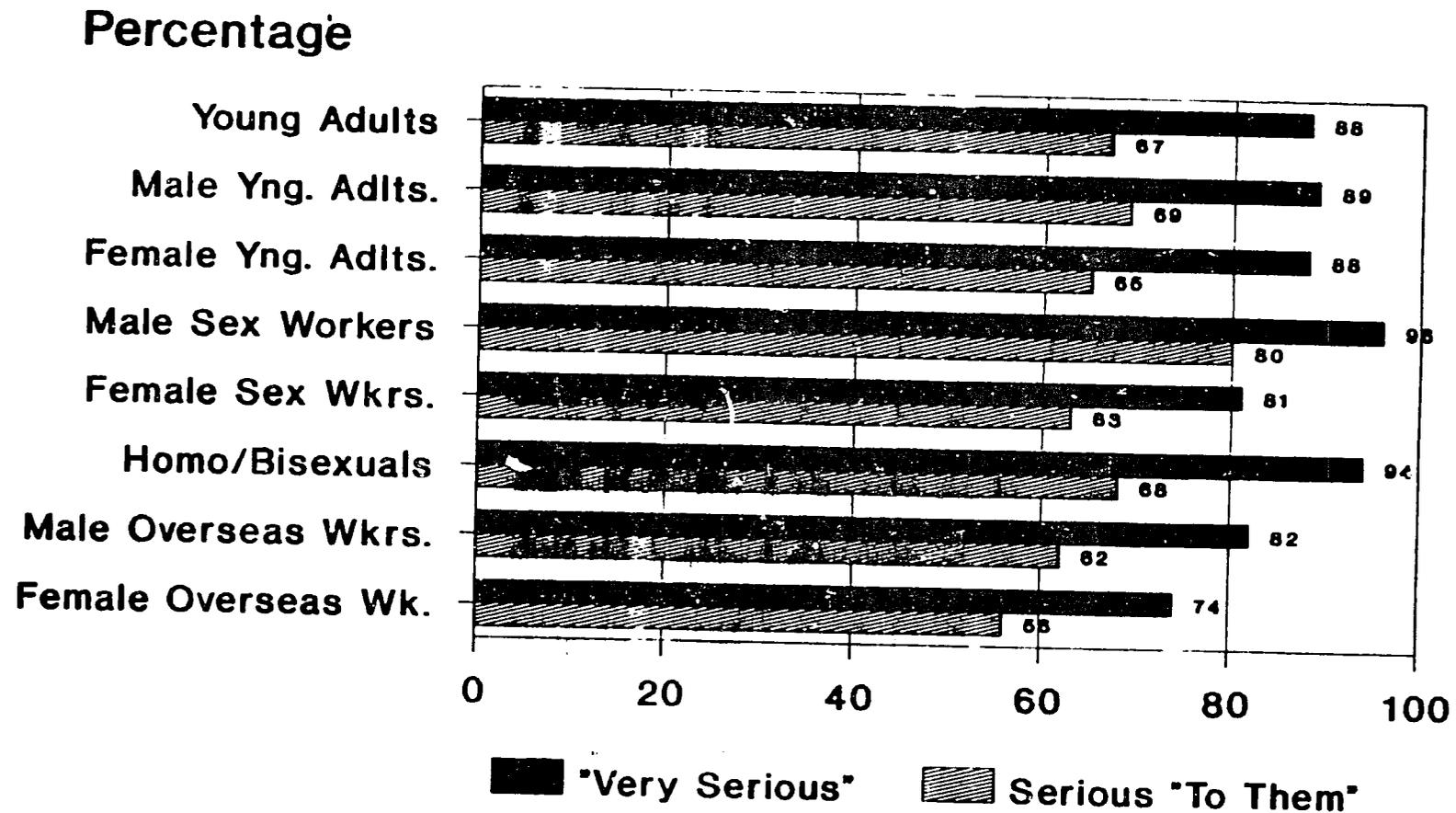
Awareness of AIDS (Total Unaided) Among Sentinal Groups

Percent Mentioning AIDS



255

Seriousness of AIDS As Perceived by Respondents



256

SERIOUSNESS OF VARIOUS DISEASES

% RATING THEM "VERY SERIOUS"

	" YOUNG ADULTS "			"SEX WORKERS"		HOMOSEXUALS/ BISEXUALS	" OVERSEAS WORKERS "	
	TOTAL	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE
AIDS	88	89	88	96	81	94	82	74
CANCER	76	73	79	81	83	80	70	71
HERPES	33	28	39	-	48	-	22	25
HEPATITIS-B	27	27	27	23	25	40	18	25
SYPHILIS	25	18	32	23	39	18	22	22
TUBERCULOSIS	25	21	28	27	20	20	18	23
GONORRHEA	15	10	20	12	26	14	13	19
LEUKEMIA	61	55	66	66	69	71	57	59
VENEREAL DISEASE (UNSPECIFIED)	-	-	-	14	19	19	-	-
VIETNAM ROSE	-	-	-	34	45	27	-	-
GENITAL HERPES	-	-	-	34	-	19	-	-
ANAL HERPES	-	-	-	14	-	15	-	-

BASE: TOTAL WHO ARE AWARE
OF (DISEASE)

151

SERIOUSNESS "TO THEM"

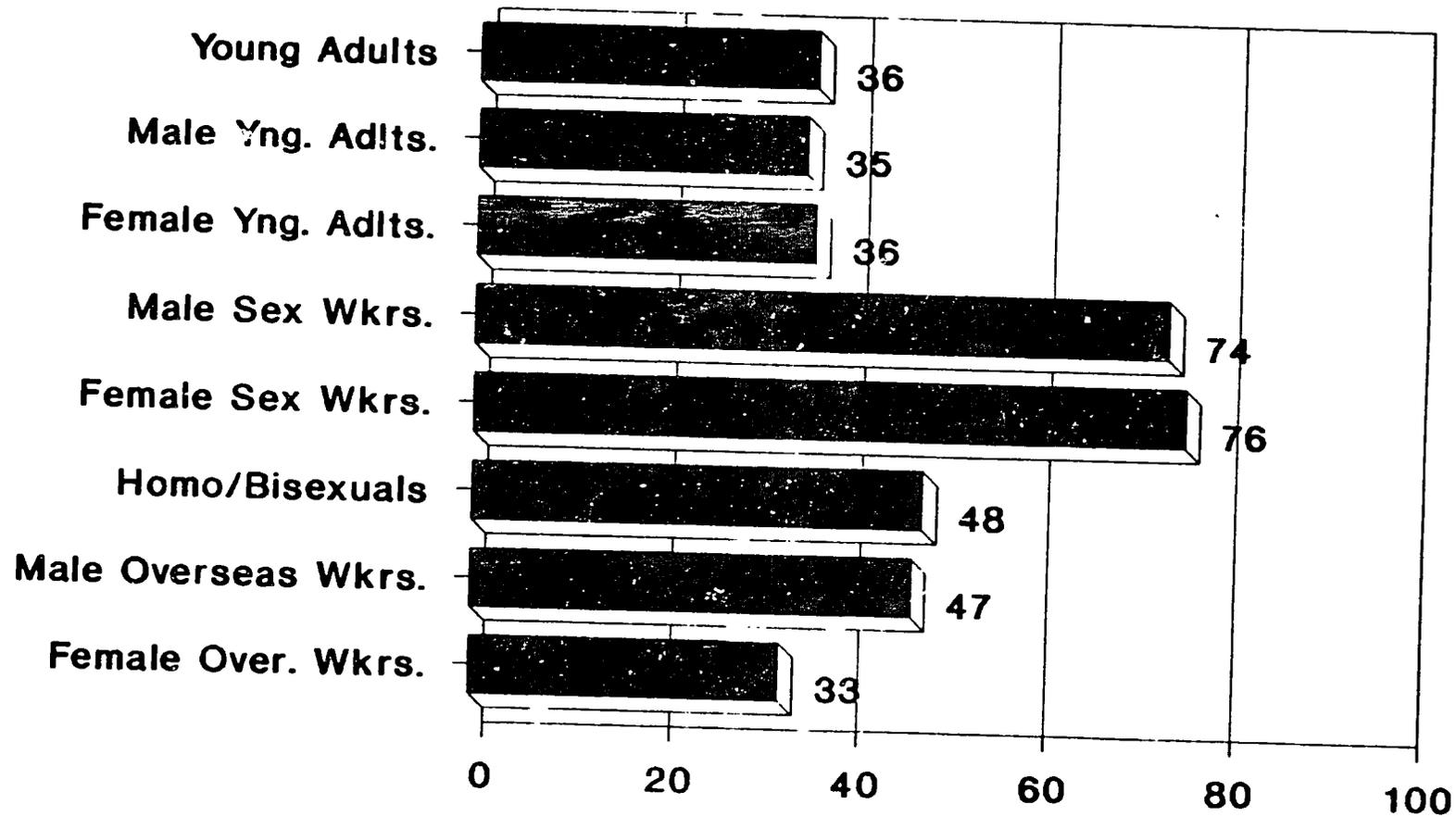
% RATING EACH "MOST SERIOUS"

	• YOUNG ADULTS •			• SEX WORKERS •		HOMOSEXUALS/ BISEXUALS	• OVERSEAS WORKERS •	
	TOTAL	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE
AIDS	67	69	65	80	63	68	62	56
CANCER	22	20	24	13	19	25	19	25
LEUKEMIA	6	5	7	4	10	4	6	8
TUBERCULOSIS	3	3	3	-	-	2	4	4
HEPATITIS-B	2	3	1	-	-	3	2	-
HERPES	1	2	-	-	4	-	1	2
GONORRHEA	-	-	-	1	-	-	3	3
VENEREAL DISEASE (UNSPECIFIED)	-	-	-	1	1	2	-	-
BASE: TOTAL INTERVIEWS	300	150	150	100	100	200	100	100

25

Likelihood of Catching AIDS "Person Like Yourself"

Percentage



257

LIKELIHOOD OF CATCHING DISEASES

"PERSON LIKE YOURSELF"

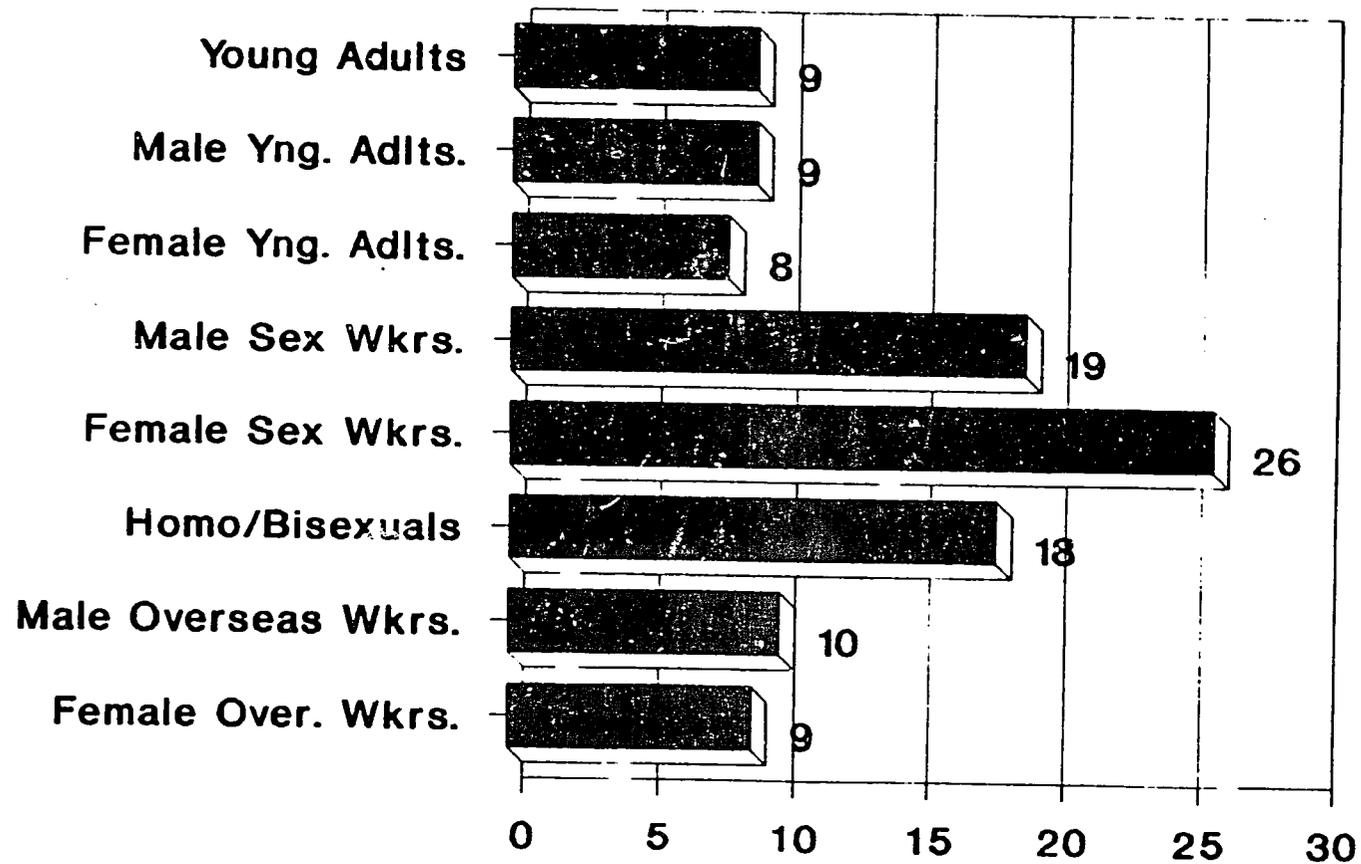
(% VERY/SOMEWHAT LIKELY)

	YOUNG ADULTS			SEX WORKERS		HOMOSEXUALS/ BISEXUALS	OVERSEAS WORKERS	
	TOTAL	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE
<u>AIDS</u>	36	35	36	<u>74</u>	<u>76</u>	<u>48</u>	<u>47</u>	33
HEPATITIS-B	45	47	42	49	44	49	43	31
TUBERCULOSIS	47	46	49	54	58	54	50	46
HERPES	33	34	32	-	74	-	43	21
CANCER	36	36	36	42	57	38	28	24
SYPHILIS	27	36	19	64	76	44	44	23
LEUKEMIA	28	30	26	42	42	28	24	30
GONORRHEA	23	31	14	86	88	45	43	22
VENEREAL DISEASE (UNSPECIFIED)	-	-	-	<u>73</u>	63	45	-	-
VIETNAM ROSE	-	-	-	56	49	33	-	-
GENITAL HERPES	-	-	-	69	-	42	-	-
ANAL HERPES	-	-	-	58	-	44	-	-

BASE: TOTAL WHO ARE AWARE OF
(DISEASE)

Likelihood of Catching AIDS "Someone Personally Known"

Percentage "Very Likely"



261

LIKELIHOOD OF CATCHING AIDS

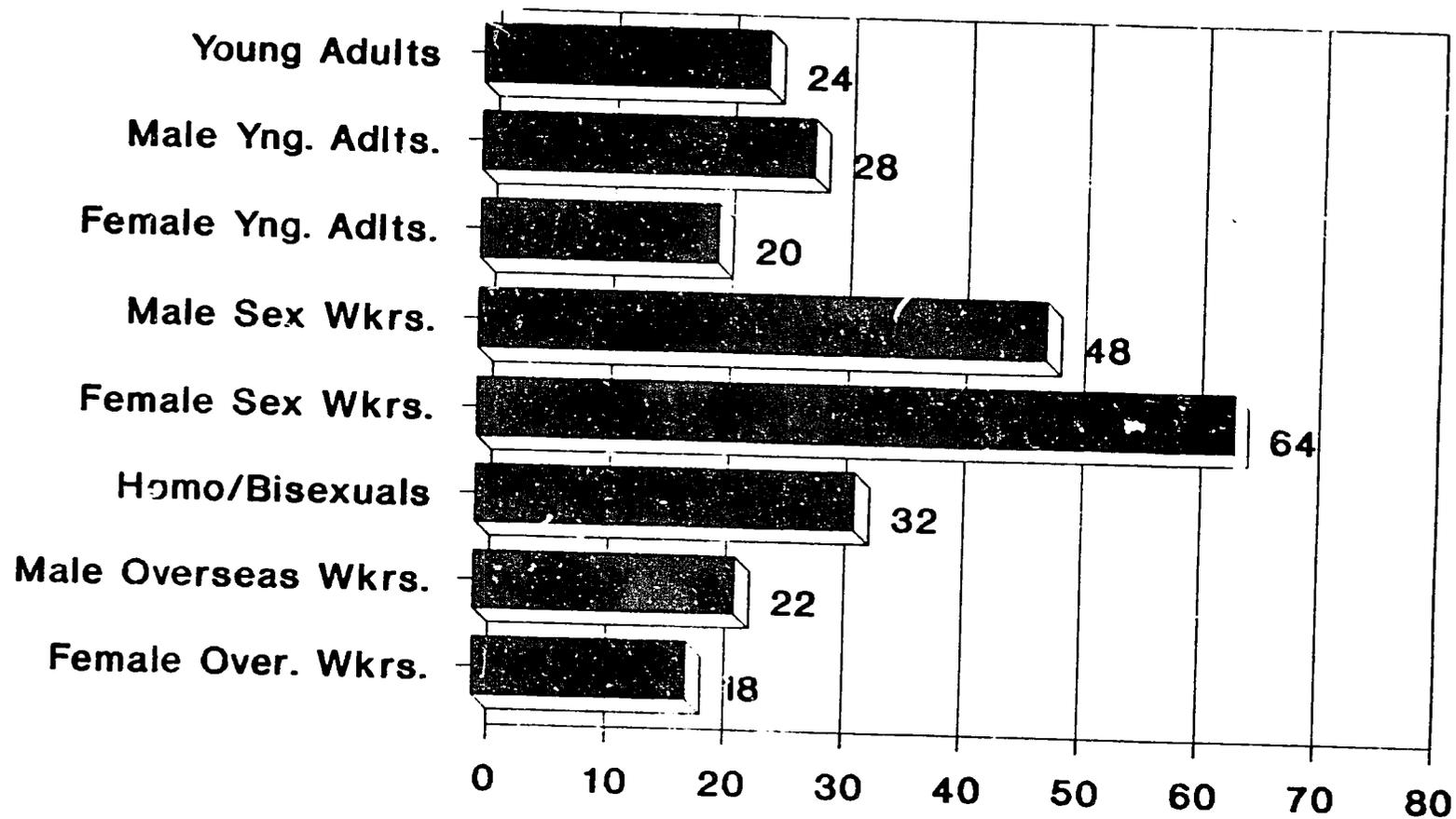
	• YOUNG ADULTS •			• SEX WORKERS •		HOMOSEXUALS/ BISEXUALS	• OVERSEAS WORKERS	
	TOTAL	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE
<u>BY SOMEONE PERSONALLY KNOWN</u>								
VERY	9	9	8	19	26	18	10	9
SOMEWHAT	42	47	37	56	47	36	49	36
NOT VERY	28	29	28	17	17	29	20	24
NOT AT ALL	21	15	27	8	10	14	18	27
DON'T KNOW	-	-	-	-	-	3	3	4
<u>"YOU, YOURSELF"</u>								
VERY	4	6	3	18	32	8	13	2
SOMEWHAT	20	23	17	50	44	25	26	18
NOT VERY	25	26	23	22	10	28	19	27
NOT AT ALL	49	43	55	10	14	38	40	53
DON'T KNOW	2	1	2	-	-	-	2	-
BASE: TOTAL INTERVIEWS	300	150	150	100	100	200	100	100

262

Worry About AIDS

"Real Threat for Someone Like Me"

Percentage



262

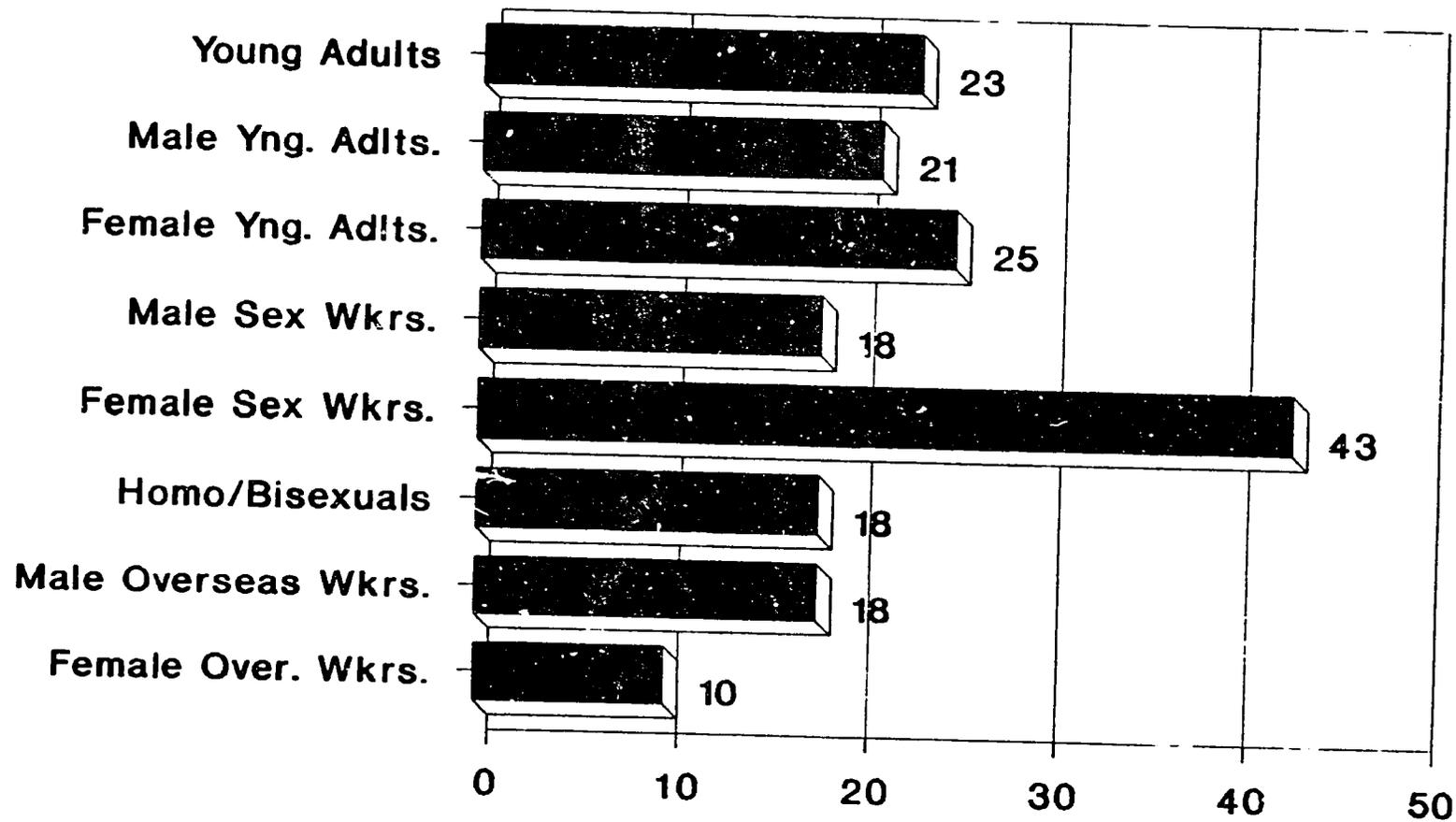
HOW RESPONDENTS FEEL ABOUT AIDS

	▪ YOUNG ADULTS ▪			▪ SEX WORKERS ▪		HOMOSEXUALS/ BISEXUALS	▪ OVERSEAS WORKERS	
	TOTAL	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE
WORRY -- REAL THREAT FOR SOMEONE LIKE ME	24	28	20	48	64	32	22	18
WORRY, BUT POSSIBILITY OF CATCHING IT IS NOT GREAT	36	33	39	35	25	40	44	35
DON'T WORRY -- NOT THREAT TO ME	23	26	19	11	4	18	19	24
I COULD NEVER GET AIDS	17	13	21	6	7	8	15	23
BASE: TOTAL INTERVIEWS	300	150	150	100	100	200	100	100

15

Impact of AIDS in Philippines "Will Definitely Spread"

Percentage



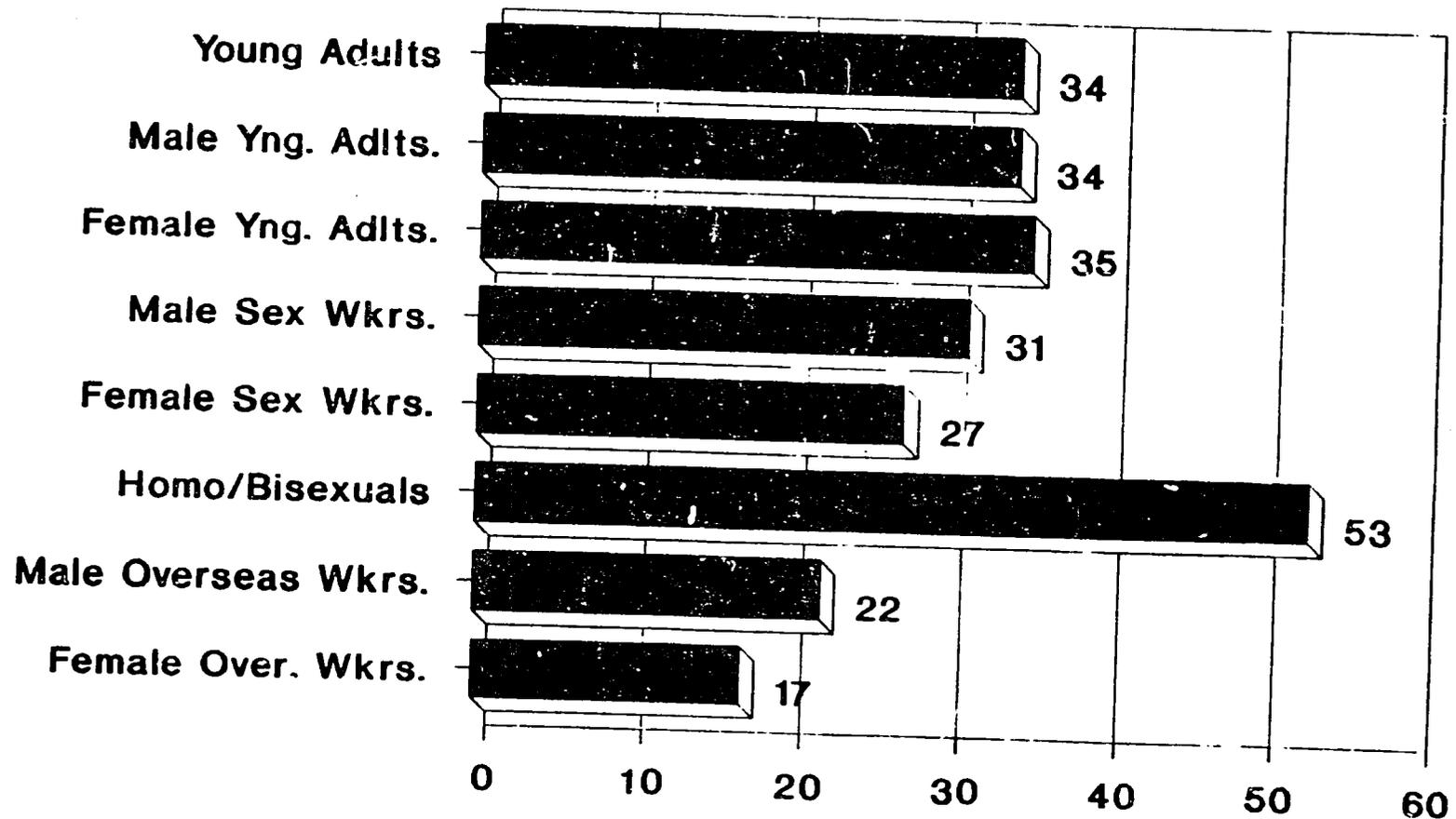
IMPACT OF AIDS IN THE PHILIPPINES: RESPONDENTS' OPINIONS

	▪ YOUNG ADULTS ▪			▪SEX WORKERS▪		HOMOSEXUALS/ BISEXUALS	▪ OVERSEAS WORKERS MALE FEMALE	
	TOTAL	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE
<u>DEFINITELY SPREAD</u>	23	21	25	18	<u>43</u>	18	18	10
SOMEWHAT SPREAD	46	47	45	44	34	38	37	39
CONTROLLED/LIMITED	28	29	27	34	22	42	37	46
DEFINITELY NOT SPREAD	3	3	3	4	1	1	7	5
DON'T KNOW	-	-	-	-	-	1	1	-
BASE: TOTAL INTERVIEWS	300	150	150	100	100	200	100	100

26/11

Knowledge of AIDS "Great Deal, Fair Amount"

Percentage



2/8/87

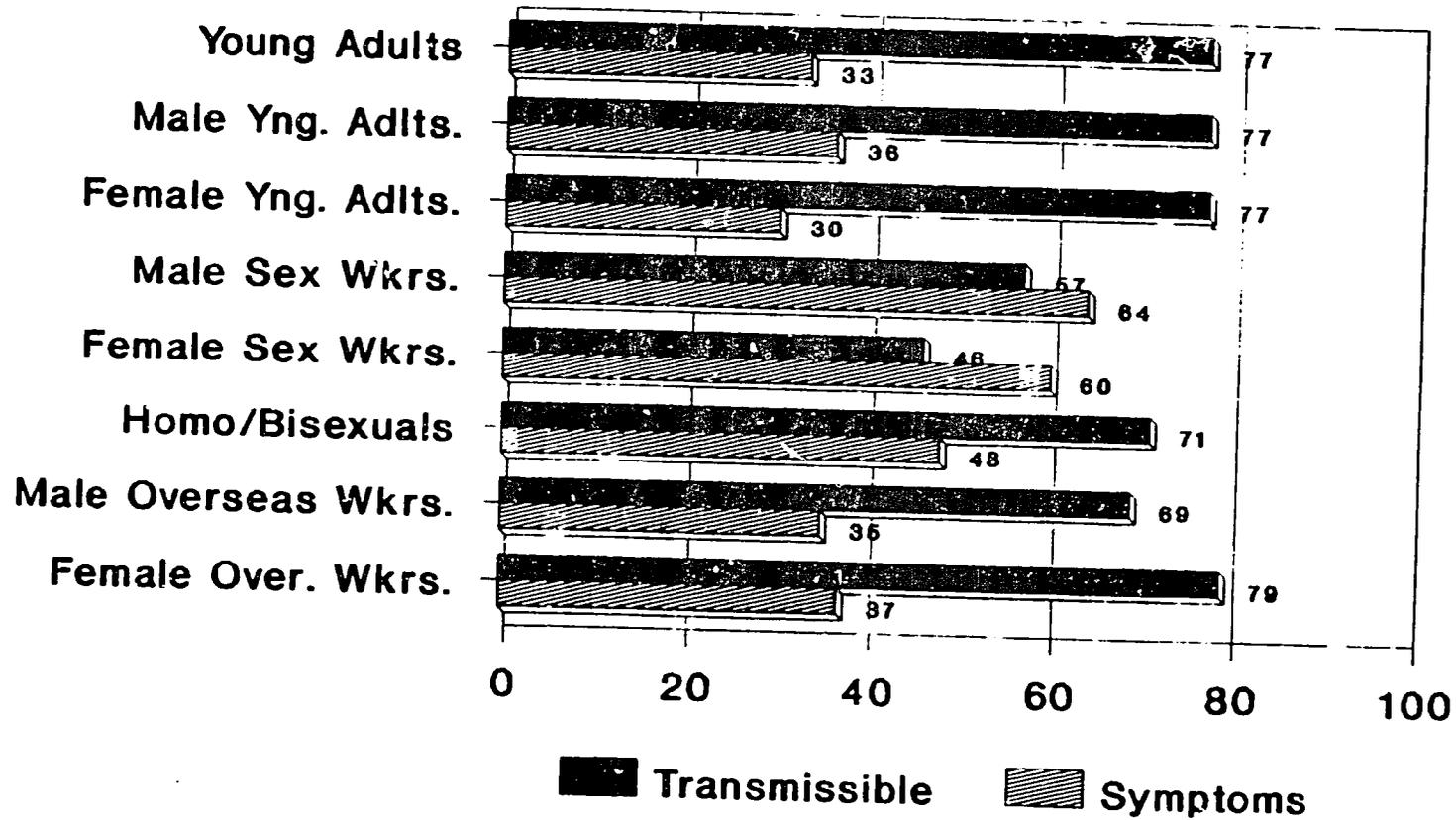
KNOWLEDGE ABOUT AIDS AS PERCEIVED BY RESPONDENTS

	▪ YOUNG ADULTS ▪			▪ SEX WORKERS ▪		HOMOSEXUALS/ BISEXUALS	▪ OVERSEAS WORKERS ▪	
	TOTAL	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE
GREAT DEAL	2	3	2	5	4	4	3	-
FAIR AMOUNT	32	31	33	26	23	49	19	17
A LITTLE	63	64	63	67	70	45	68	76
NOTHING	2	2	3	2	3	2	10	7
BASE: TOTAL INTERVIEWS	300	150	150	100	100	200	100	100

278

Knowledge of AIDS (Unaided Recall)

Percentage Recalling



2169

WHAT IS AIDS (UNAIDED RECALL)

	▪ YOUNG ADULTS ▪			▪ SEX WORKERS ▪		HOMOSEXUALS/ BISEXUALS	▪ OVERSEAS WORKERS	
	TOTAL	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE
<u>A TRANSMISSIBLE DISEASE</u>	77	77	77	57	46	71	69	79
SEXUALLY TRANSMISSIBLE/TRANS- MITTED BY PROMISCUOUS PERSONS	43	41	45	21	20	36	32	45
A DISEASE FROM HOMOSEXUALS	16	15	18	13	8	16	16	7
EASY TO BE TRANSMITTED	15	17	13	17	6	16	12	21
TRANSMITTED THROUGH INTERCOURSE WITH PROSTITUTES	15	17	13	8	5	5	11	11
TRANSMITTED THROUGH BLOOD TRANSFUSIONS/BLOOD	8	10	5	8	5	9	10	13
A DISEASE FROM FOREIGNERS	5	4	5	11	6	3	1	1
TRANSMITTED THROUGH SALIVA/KISSING	2	1	3	1	1	4	-	5
A DISEASE PASSED ON FROM AN ANIMAL TO A MAN/HOMOSEXUAL UPON SEXUAL CONTACT	4	4	5	5	-	5	7	-
OTHERS (LESS THAN 5% MENTIONS)	7	9	6	6	8	12	5	9
INCURABLE/NO TREATMENT	35	40	31	37	26	40	37	25
BASE: TOTAL INTERVIEWS	300	150	150	100	100	200	100	100

15/9

WHAT IS AIDS (UNAIDED RECALL) (CONT'D)

PHYSICAL MANIFESTATIONS	▪ YOUNG ADULTS ▪			▪ SEX WORKERS ▪		HOMOSEXUALS/ BISEXUALS	▪ OVERSEAS WORKERS	
	TOTAL	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE
TAKES A LONG TIME FOR SYMPTOMS TO SHOW UP	33	36	30	64	60	48	35	37
LEADS TO THINNESS OF BODY	7	9	5	8	3	9	3	3
MANIFESTED BY WOUNDS/SORES	7	7	7	8	12	13	6	10
NEAR-DEATH FEELING/DECAYING OF BODY	7	6	7	23	22	8	2	14
LEADS TO BODY WEAKNESS	5	7	4	15	10	8	4	2
NO APPETITE	5	3	7	10	9	14	13	3
FEVER/PERSISTENT FEVER	-	-	-	7	2	9	2	5
DRYING UP/DEHYDRATED/SKIN FEELS OLD/WRINKLED FACE	-	-	-	2	2	2	1	5
A DISEASE LIKE CANCER	3	2	3	10	8	7	2	-
OTHERS (LESS THAN 5% MENTIONS)	-	-	-	6	3	2	4	-
	12	13	12	23	33	15	12	20
BASE: TOTAL INTERVIEWS	300	150	150	100	100	200	100	100

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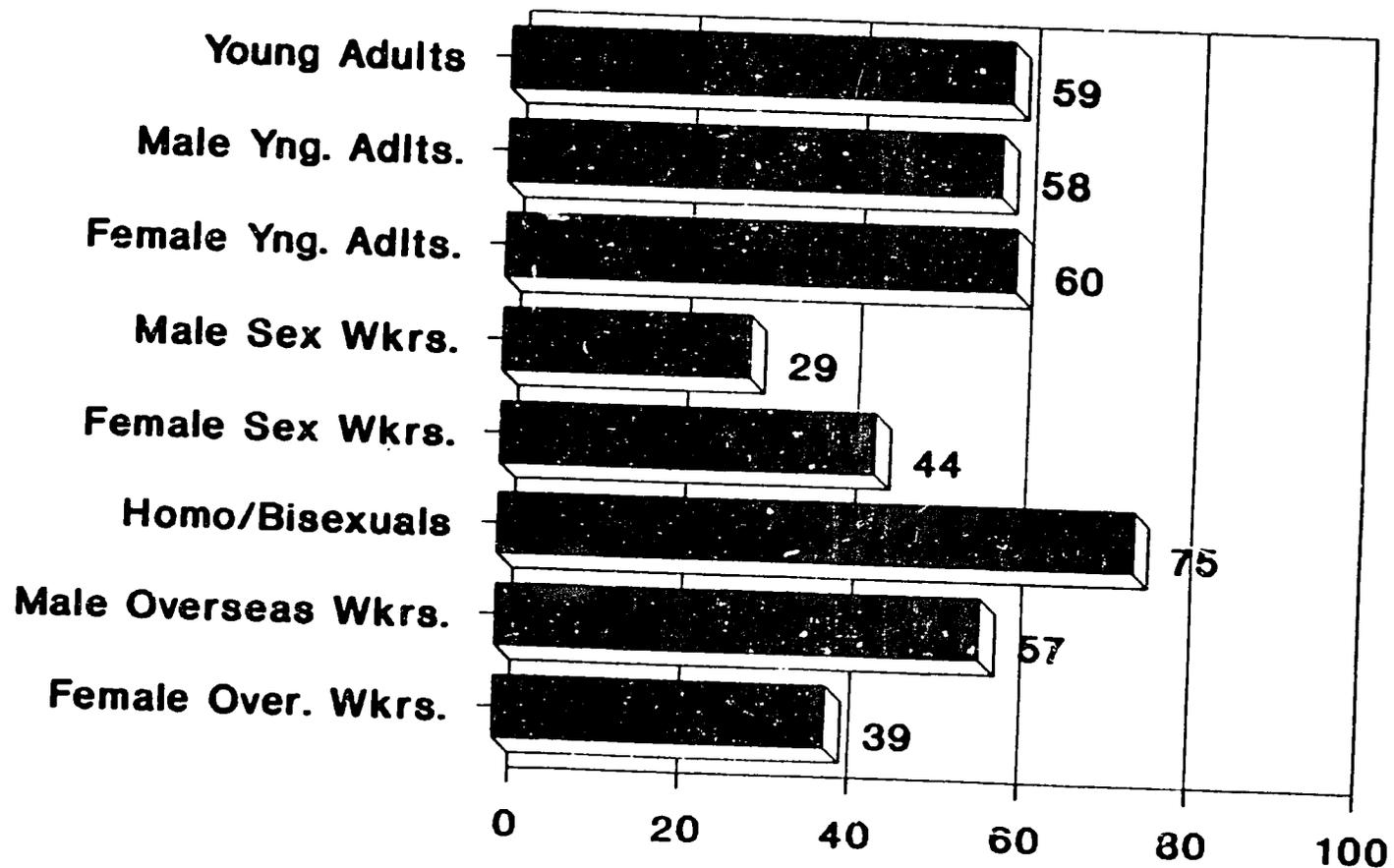
WHAT IS AIDS (UNAIDED RECALL) (CONT'D)

	▪ YOUNG ADULTS ▪			▪ SEX WORKERS ▪		HOMOSEXUALS/ BISEXUALS	▪ OVERSEAS WORKERS ▪	
	TOTAL	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE
FATAL	23	27	18	25	17	19	17	9
ACQUIRED IMMUNE DEFICIENCY SYNDROME	14	15	12	11	-	28	11	8
REDUCES ABILITY OF BODY TO DEFEND AGAINST DISEASES	9	10	8	6	-	10	7	2
GENITAL/URINARY MANIFESTATIONS	5	5	5	9	20	2	1	3
VIRUS	-	-	-	7	-	8	7	-
OTHERS (LESS THAN 5% MENTIONS)	9	9	9	8	10	12	6	6
NOT KNOW	-	-	-	-	-	-	-	1
BASE: TOTAL INTERVIEWS	300	150	150	100	100	200	100	100

272

Know Someone Infected with AIDS Can Look Healthy

Percentage Who Know



CAN SOMEONE INFECTED WITH AIDS...

	▪ YOUNG ADULTS ▪			▪ SEX WORKERS ▪		HOMOSEXUALS/ BISEXUALS	▪ OVERSEAS WORKERS	
	TOTAL	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE
LOOK HEALTHY?								
YES	59	58	60	29	44	75	57	39
NO	39	42	37	68	54	24	42	56
DON'T KNOW	2	1	4	3	2	2	1	5
BASE: TOTAL WHO CLAIM SIGNS/SYMPTOMS OF AIDS WILL SHOW UP AFTER SOMETIME	279	137	142	93	89	189	88	84
INFECT OTHERS?								
YES	88	88	88	90	93	94	86	97
NO	11	12	9	10	7	6	10	-
DON'T KNOW	2	-	3	-	-	-	4	3
BASE: TOTAL WHO THINK PERSONS IN- FECTED WITH AIDS LOOK HEALTHY/ DO NOT KNOW IF SIGNS OF AIDS WILL SHOW UP RIGHT AWAY	170	80	90	30	41	144	51	37

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RISK_REDUCTION_METHODS

RATED "VERY EFFECTIVE"

	• YOUNG ADULTS •			•SEX WORKERS•		HOMOSEXUALS/ BISEXUALS	• OVERSEAS WORKERS	
	TOTAL	MALE	FEMALE	MALE	FEMALE		MALE	FEMAL
AVOID SEX WITH HOMOSEXUAL	77	74	81	52	46	46	85	78
AVOID SEX WITH PROSTITUTES	77	71	83	54	47	62	83	85
AVOID SEX WITH STRANGER	69	61	78	-	-	-	72	72
AVOID ANAL SEX	63	59	67	52	45	-	80	69
REDUCE CASUAL SEX	59	49	68	-	-	-	64	73
ONE SEX PARTNER/REGULAR PARTNER	57	55	59	36	35	52	74	70
PRAYERS	57	53	61	37	42	44	51	56
FEWER SEX PARTNERS	55	43	67	37	45	48	58	67
SELECTIVE WITH FRIENDS/CUSTOMERS	36	35	37	36	41	54	43	46
AVOID ORAL SEX	-	-	-	49	42	-	-	-
VITAMINS	38	36	41	35	33	31	41	39
ABSTAIN FROM SEX	36	39	34	-	-	-	40	39
SEX ONLY WITH KNOWN/REGULAR CUSTOMER	35	30	40	25	41	51	49	46
BASE: TOTAL INTERVIEWS	300	150	150	100	100	200	100	100

RISK REDUCTION METHODS (CONT'D)

RATED "VERY EFFECTIVE"

	• YOUNG ADULTS •			• SEX WORKERS •		HOMOSEXUALS/ BISEXUALS	• OVERSEAS WORKERS	
	TOTAL	MALE	FEMALE	MALE	FEMALE		MALE	FEMAL
USE CONDOMS WITH EVERY SEXUAL ENCOUNTER	34	35	33	41	34	40	37	30
MEDICINE/ANTIBIOTICS	33	32	34	35	39	26	34	39
NO PRE-MARITAL SEX	33	28	37	-	-	-	36	48
<u>NOT DONATE BLOOD/SELL BLOOD</u>	29	24	33	38	30	40	43	44
WASH GENITALS BEFORE AND AFTER SEX	25	21	29	39	33	32	29	35
PRACTICE WITHDRAWAL	24	19	28	-	-	-	37	36
AVOID GIVING ORAL SEX						49		
AVOID RECEIVING ORAL SEX						50		
AVOID GIVING ANAL SEX						62		
AVOID RECEIVING ANAL SEX						62		
AVOID DEEP KISSING				36	31	38		
NOT SWALLOWING SEMEN WHEN HAVING ORAL SEX				57	44	54		
HAVING SEX LESS OFTEN WITH PARTNERS				33	44	32		
BASE: TOTAL INTERVIEWS	300	150	150	100	100	200	100	100

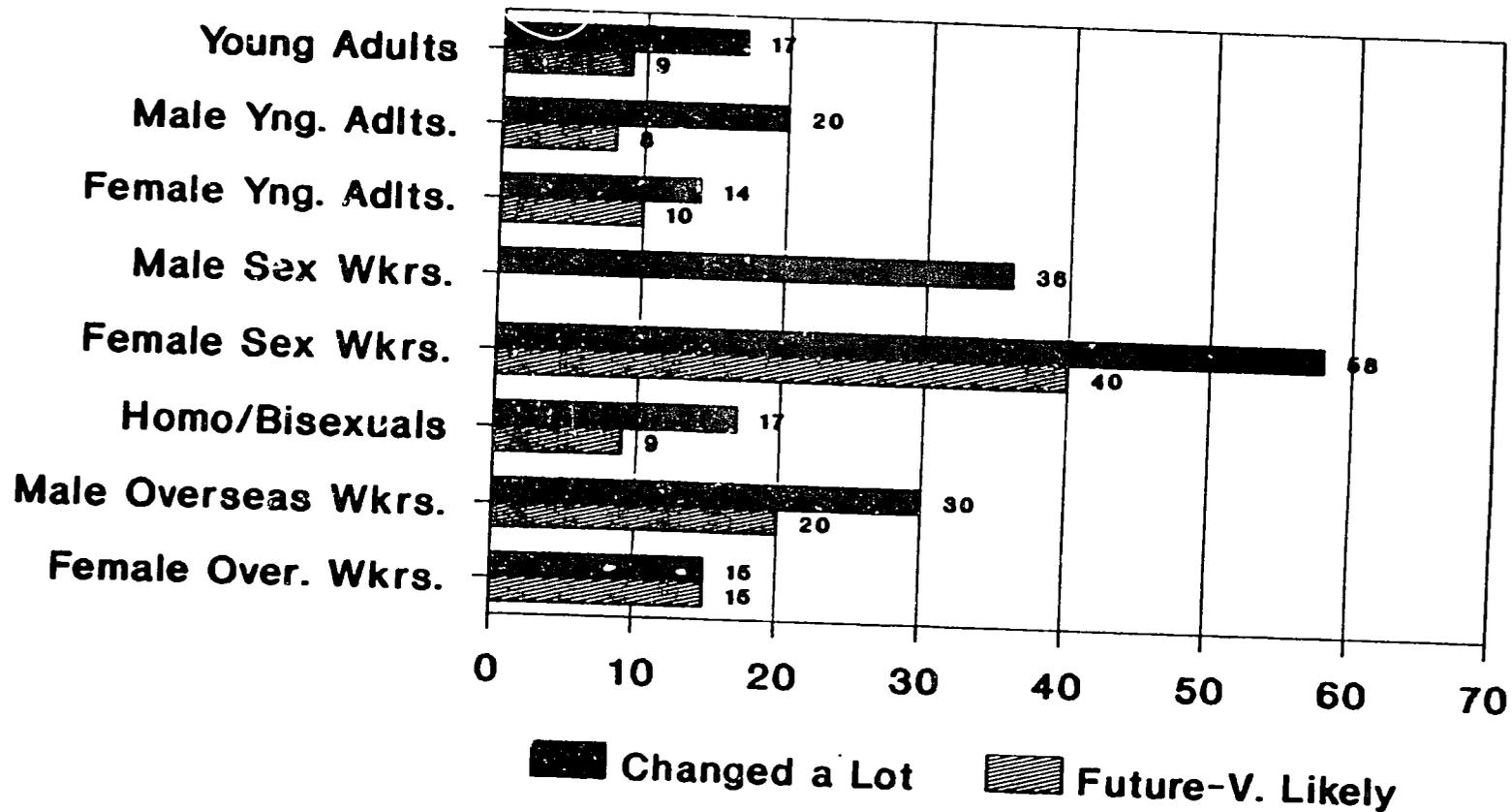
21

CHANGES_IN_BEHAVIOR/LIFESTYLE_DUE_TO_AIDS

EXIENI_DE_CHANGE	▪ YOUNG ADULTS ▪	▪SEX WORKERS▪		HOMOSEXUALS/ BISEXUALS	▪ OVERSEAS WORKERS	
	TOTAL	MALE	FEMALE		MALE	FEMALE
A LOT	17	36	58	17	30	15
A LITTLE	35	62	37	55	35	30
NO NEED TO CHANGE	21	1	1	13	15	31
NOT AT ALL	26	1	4	15	20	24
BASE: TOTAL INTERVIEWS	300	100	100	200	100	100
REASONS_FOR_NOT_CHANGING						
LIMITED SEX	46				19	29
LIMITED SOCIAL LIFE	19				4	4
SELECTIVE OF FRIENDS	11				2	-
NO RISK GROUPS	10				7	46
OTHERS	14				7	25
BASE: TOTAL WHO CLAIM "NOT CHANGE AT ALL"						

Changes in Behavior Due to AIDS Extent of Change/Likelihood in Future

Percentage



CHANGES_IN_BEHAVIOR/LIFESTYLE_DUE_TO_AIDS

EXTENT OF CHANGE	▪ YOUNG ADULTS ▪			▪SEX WORKERS▪		HOMOSEXUALS/ BISEXUALS	▪ OVERSEAS WORKERS		
	TOTAL	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE	
A LOT	17	20	14	<u>36</u>	<u>58</u>	17	<u>30</u>	15	
A LITTLE	35	37	33	62	37	55	35	30	
NO NEED TO CHANGE	21	21	21	1	1	13	15	31	
NOT AT ALL	26	21	31	1	4	15	20	24	
<u>LIKELIHOOD OF CHANGE IN FUTURE:</u>									
VERY	9	8	10	-	<u>40</u>	<u>9</u>	20	15	
SOMEWHAT	43	45	41	-	20	30	26	31	
SOMEWHAT NOT	14	16	13	-	-	20	20	15	
NOT AT ALL	30	27	33	-	40	38	31	38	
DON'T KNOW	4	5	4	-	-	4	3	2	
BASE: TOTAL INTERVIEWS	300	150	150	100	100	200	100	100	

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SEXUAL PARTNERS

	YOUNG ADULTS ▪			MALE SEX WORKERS	HOMOSEXUALS/ BISEXUALS	▪ OVERSEAS ▪ WORKERS	
	TOTAL	MALE	FEMALE			MALE	FEMALE
EVER HAD SEX (UNDUPLICATED)	37	63	11	100	94	83	68
WITH A WOMAN	29	57	2	-	34	79	5
WITH A FEMALE PROSTITUTE	14	27	-	74	8	42	-
WITH A GIRLFRIEND/STEADY	-	-	-	-	12	-	-
WITH CASUAL FEMALE FRIEND	-	-	-	-	17	-	-
WITH A WIFE/LIVE-IN	-	-	-	-	4	-	-
WITH A MARRIED WOMAN/MATRON	-	-	-	81	-	-	-
WITH A SINGLE WOMAN/WIDOW	-	-	-	71	-	-	-
WITH A MAN	6	5	10	-	88	5	65
WITH A HOMOSEXUAL	5	9	-	81	-	8	-
WITH A BISEXUAL	4	7	-	59	53	3	-
WITH A MALE PROSTITUTE	2	4	-	-	40	1	-
WITH A MARRIED MAN	-	-	-	-	52	-	-
WITH AN OVERT HOMOSEXUAL	-	-	-	-	28	-	-
WITH A COVERT HOMOSEXUAL	-	-	-	-	42	-	-
NEVER HAD SEX	63	37	89	-	6	17	32
BASE: TOTAL INTERVIEWS	300	150	150	100	100	100	100

100

AGE WHEN FIRST HAD SEX WITH A WOMAN

	YOUNG ADULTS MALE	HOMOSEXUALS/ BISEXUALS	OVERSEAS WORKERS MALE
14 YEARS OR YOUNGER	6	12	6
15 - 16 YEARS	28	16	24
17 - 18 YEARS	34	23	22
19 - 20 YEARS	18	14	20
21 - 22 YEARS	7	13	8
23 - 24 YEARS	4	17	17
CAN'T RECALL	4	4	4
BASE: TOTAL WHO HAVE HAD SEX WITH A WOMAN	85	69	69

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	▪ YOUNG ADULTS ▪	▪SEX WORKERS▪		▪ OVERSEAS WORKERS MALE
	MALE	MALE	FEMALE	
<u>SEX WITH A FEMALE PROSTITUTE</u>				
<u>LAST TIME</u>				
PAST 6 MONTHS	22			31
OVER 6-12 MONTHS	12			-
OVER 12 MONTHS	12			12
CAN'T RECALL	54			57
BASE: TOTAL WHO HAD SEX WITH A FEMALE PROSTITUTE	41			42
<u>WHEN LAST HAD SEX WITH CUSTOMERS</u>				
IN THE PAST WEEK		57	59	
OVER 1-2 WEEKS		21	26	
OVER 3-4 WEEKS		22	15	
BASE: TOTAL INTERVIEWS		100	100	

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FREQUENCY OF HAVING SEX WITH SPECIFIC CUSTOMERS IN PAST 4 WEEKS

	<u>MALE SEX WORKERS</u>			
	MOST OF THE TIME	HALF OF THE TIME	SOME-TIMES	RARELY
HOMOSEXUAL	33	30	28	9
<u>MARRIED WOMAN/MATRON</u>	23	34	34	8
FEMALE PROSTITUTE	28	32	16	24
<u>UNMARRIED WOMAN/WIDOW</u>	27	18	36	18

BASE: 100 MALES

WHEIHER_DR_NOI_EVER_TRIED_ANAL_SEX

	▪ YOUNG ADULTS ▪			▪ OVERSEAS WORKERS ▪	
	TOTAL	MALE	FEMALE	MALE	FEMALE
HAVE TRIED	1	1	-	6	-
NEVER TRIED	99	99	100	94	100
BASE: TOTAL INTERVIEWS	300	150	150	100	100

20/1/20

CONDOM_USE

FREQUENCY OF USE

	YOUNG ADULTS TOTAL	HOMOSEXUALS/ BISEXUALS	" OVERSEAS " WORKERS MALE FEMALE	
MEN: USE CONDOMS				
ALWAYS	3	2	2	
SOMETIMES	15	8	23	
NEVER USE	43	76	52	
<u>NEVER HAD SEX</u>	<u>40</u>	<u>6</u>	<u>23</u>	
JUST TRIED		8		
WOMEN: ASK PARTNER TO USE				
YES	5			11
<u>NO</u>	<u>19</u>			<u>57</u>
NEVER HAD SEX	77			32
BASE: TOTAL INTERVIEWS	300	200	100	100

285-

	▪ YOUNG ADULTS ▪	▪SEX WORKERS▪		HOMOSEXUALS/ BISEXUALS	OVERSEAS WORKERS MALE
	MALE	MALE	FEMALE		
<u>CARRYING OF CONDOMS</u>					
ALWAYS	7			11	5
MOST OF THE TIME	7			6	-
ABOUT HALF THE TIME	7			3	-
OCCASIONALLY	33			22	10
TRIED THEM ONCE	44			47	64
NO ANSWER	-			11	-
NEVER	-				21
<u>FREQUENCY OF CONDOM USE</u>					
ALWAYS	4	7	7	14	5
MOST OF THE TIME	11	20	15	6	-
ABOUT HALF THE TIME	-	13	13	3	-
OCCASIONALLY	22	61	65	25	10
TRIED THEM ONCE	44	-	-	47	64
NEVER	19	-	-	-	21
NO ANSWER	-	-	-	6	-
BASE: TOTAL TRIERS OF CONDOMS	27	61	54	36	42

12/10

SUMMARY, OBSERVATIONS AND COMMENTS

- HIGH BASIC AIDS AWARENESS
- AIDS ISSUE VERY RELEVANT
 - PERCEIVED AS SERIOUS DISEASE
 - MOST SERIOUS DISEASE FOR YOUNG ADULTS
 - WILL SPREAD IN PHILIPPINES
 - TALKED ABOUT/FRIGHTENING
 - FEEL THREATENED--DEATH, PAIN, REJECTION, PASS TO LOVED ONES
 - MANY (1/4 TO 1/3) FEEL PERSONALLY AT RISK
- SUGGESTS THEY ARE READY TO LISTEN; NO MAJOR EFFORT TO GARNER ATTENTION
- EVIDENCE OF SOME XENOPHOBIC REJECTION WHICH MUST BE SPECIFICALLY ADDRESSED
 - U.S./WESTERN DISEASE
 - NOT A MAJOR CONCERN IN THE PHILIPPINES

SUMMARY, OBSERVATIONS AND COMMENTS (CONT.)

- SEXUAL PRACTICE DATA SHOW...
 - PROGRAMS MUST START IN EARLY TEENS
 - FIRST EXPERIENCE OFTEN WITH SEX WORKER
 - RISKY BEHAVIOR; MULTIPLE SEX PARTNERS, "SWITCH-HITTING"

- THE BASIC ENVIRONMENT FOR CHANGE APPEARS FAVORABLE
 - MANY ALREADY CHANGED BEHAVIOR/WILLING TO CHANGE
 - BUT MUCH OF THE ALTERED BEHAVIOR IS BASED ON MYTHS WHICH MUST BE CLARIFIED
 - VERY LOW ASSOCIATION OF CONDOMS WITH AIDS PROPHYLAXIS
 - ABOUT A THIRD ADMIT AIDS CONCERNS EVAPORATE WHEN THEY ARE EXCITED

SUMMARY, OBSERVATIONS AND COMMENTS (CONT.)

- DON'T FEEL THEY KNOW A LOT ABOUT AIDS
- DO LARGELY KNOW...
 - TRANSMISSIBLE
 - BY SEX, IV DRUGS
 - MAJOR SYMPTOMS
- BUT ALSO POTENTIALLY DANGEROUS MISINFORMATION WHICH MUST BE TARGETED FOR CORRECTION:
 - INFECTED PERSON CAN'T LOOK HEALTHY
 - SYMPTOMS ARE EVIDENT IN ONE YEAR OR LESS
- AIDS PREVENTION BEHAVIOR CORRECTLY LINKED TO "CAREFUL" SEXUAL PRACTICES--BUT OFTEN ACCOMPANIED BY ERRONEOUS BELIEFS WHICH MUST BE CORRECTED
 - I.E. AIDS PREVENTED BY VITAMINS, ANTIBIOTICS, REGULAR CHECK-UPS, PHYSICAL FITNESS, PRAYERS

SUMMARY, OBSERVATIONS AND COMMENTS (CONT.)

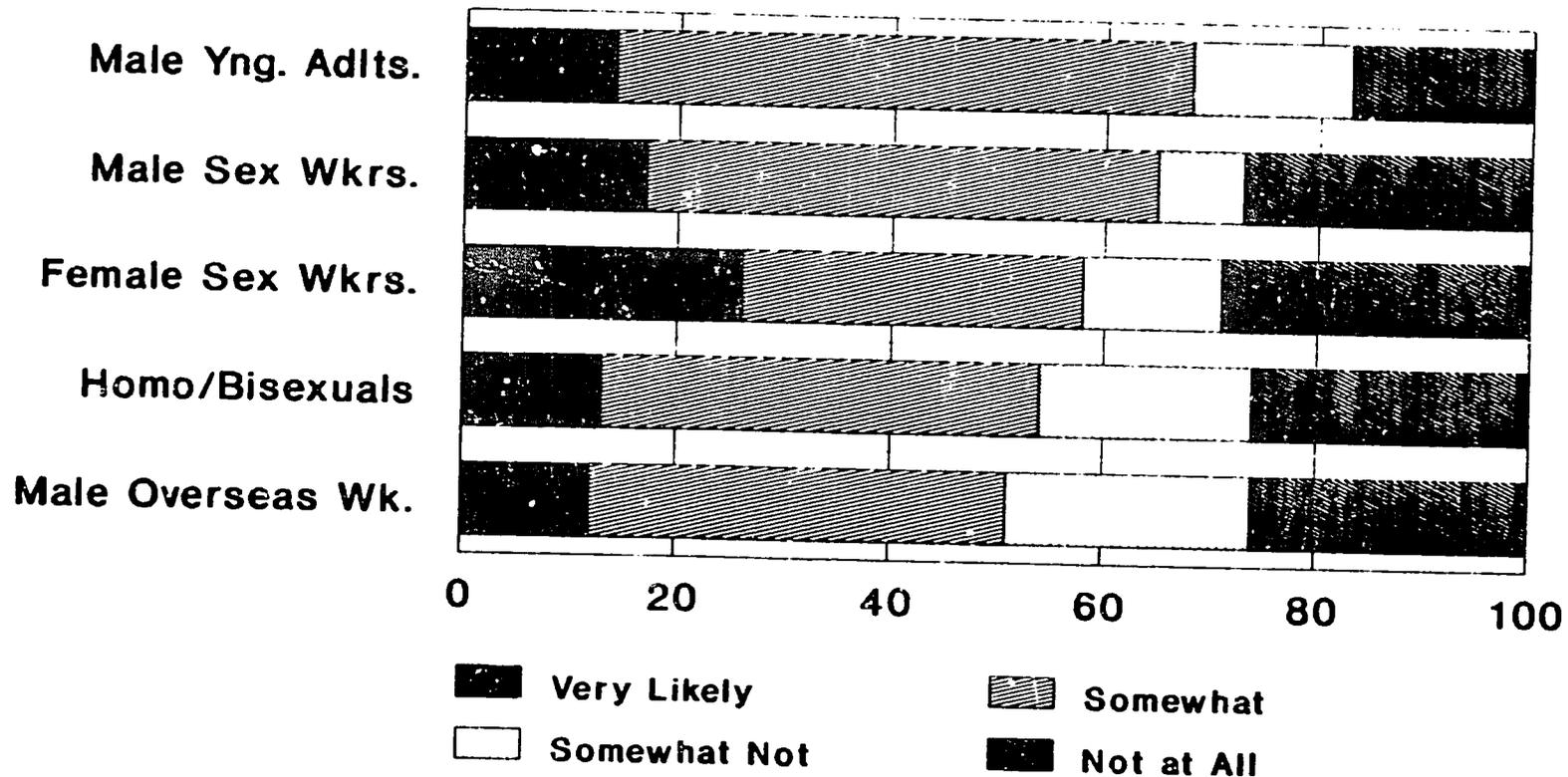
- CONDOM USAGE IS VERY LOW, BUT SOME SUGGESTION OF A RECEPTIVE ENVIRONMENT
 - - GOOD FRAMEWORK OF POSITIVE CONDOM ATTITUDES TO WORK WITH
 - BUT ALSO LOTS OF BARRIERS TO BE ADDRESSED

- WORK TO BE DONE:
 - ANALYSIS OF OTHER RISK GROUP DATA TO DEFINE INDIVIDUAL NEEDS, PRIORITIES, MOST VIABLE APPROACHES
 - FACTOR ANALYSIS, PSYCHOGRAPHICS
 - PRE-TEST MATERIALS/APPROACHES
 - LATER-REPEAT PORTIONS OF THE KAP SURVEYS TO TRACK PROGRESS; WHAT'S WORKED, WHAT HASN'T, "FINE TUNE" PROGRAMS

01/10

Likelihood of Using Condoms in the Future

Likelihood (%)



MEDIA ACTIVITIES IN PAST WEEK/PAST MONTH

% WHO VIEWED/LISTENED/READ

	YOUNG ADULTS ▪			▪SEX WORKERS▪		HOMOSEXUALS/ BISEXUALS	▪ OVERSEAS ▪ WORKERS	
	TOTAL	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE
PAST_WEEK								
WATCHED TV	98	99	98	97	91	96	94	93
LISTENED TO RADIO	96	95	97	94	88	92	84	92
READ NEWSPAPER	93	93	93	91	87	96	96	87
READ MAGAZINE	64	57	71	48	37	78	37	44
READ COMICS	41	44	39	60	73	34	29	35
PAST_MONTH								
SEEN MOVIE	78	83	73	89	72	84	53	58
BASE: TOTAL INTERVIEWS	300	150	150	100	100	200	100	100

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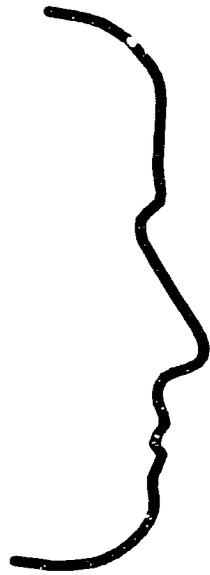
Psychographic Segmentation

- Internal/ external locus of control
- Individual/ group oriented
- Rational/ emotional
- Leader/ follower
- Liberal/ conservative

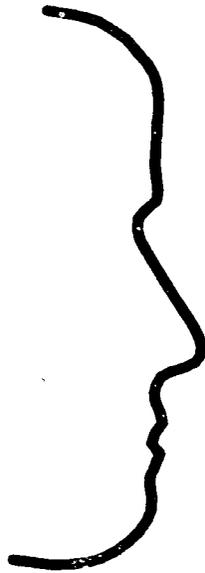
Sexual Practices

- Assess risk
- Identify vectors
- Determine goal behavior(s)

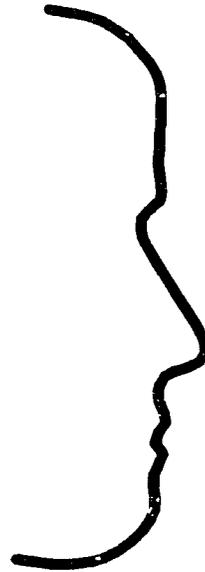
Target Audience Profiles



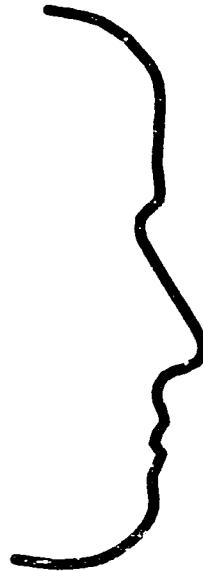
High
Risk



Low
Risk



Acceptor



Rejector



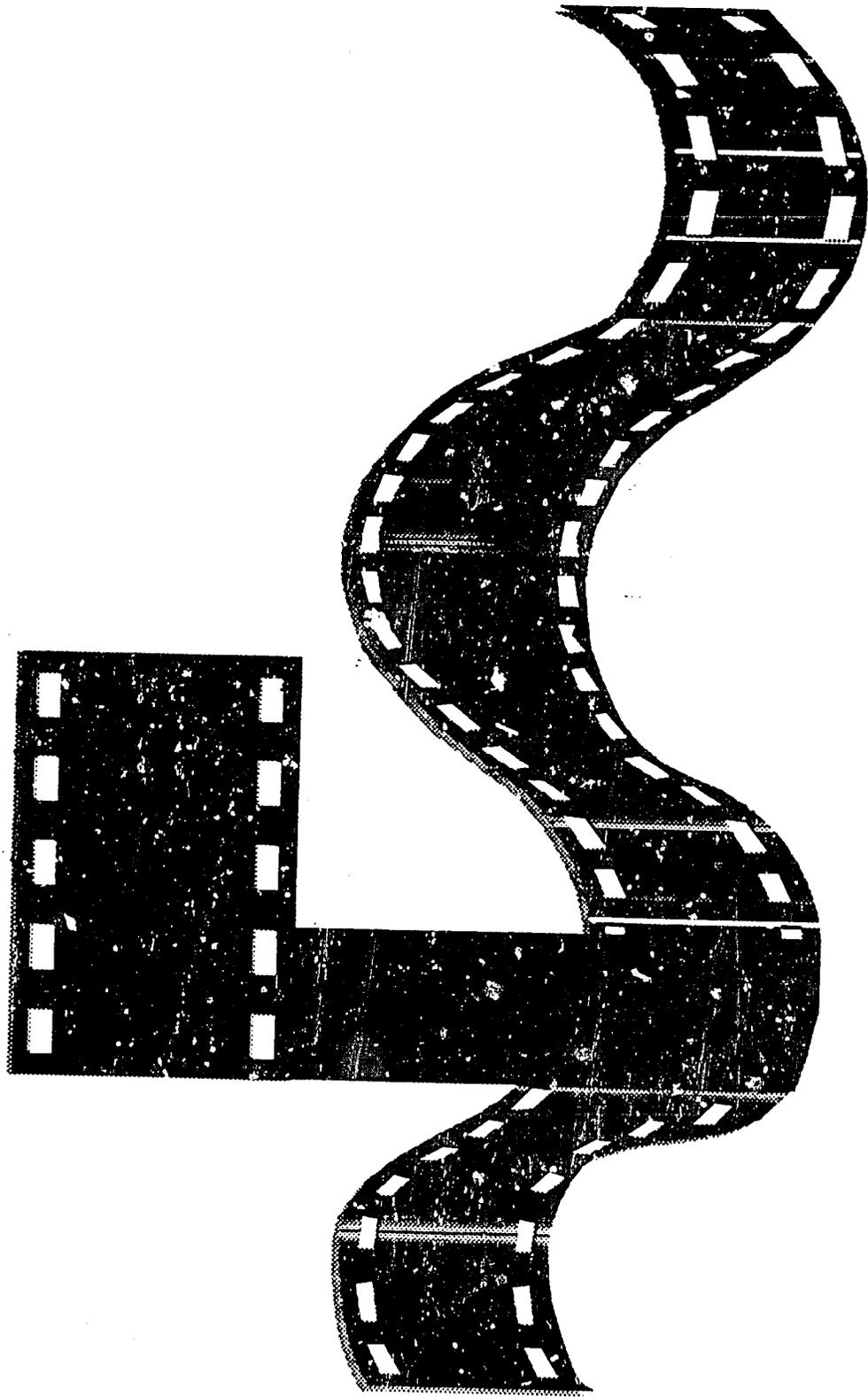
Early
Adopter

195

Key Decisions

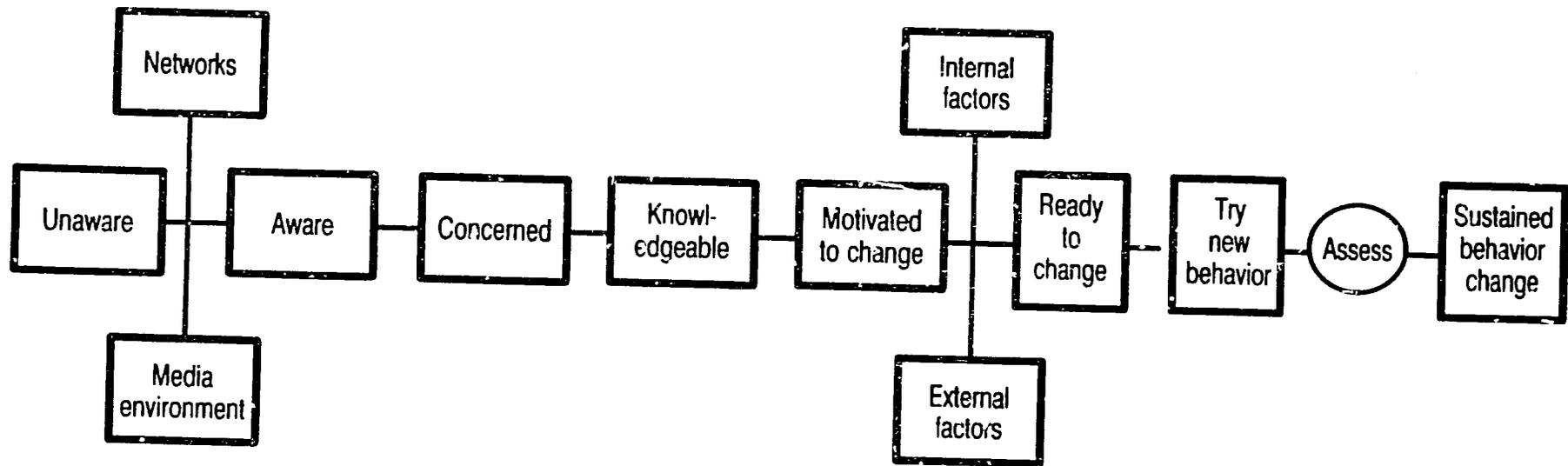
1. What segments to target
2. What goal behavior(s) to promote
3. What communication approaches and tools to use

Location on the Behavior Change Continuum



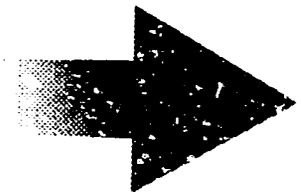
Health Behavior Change Continuum

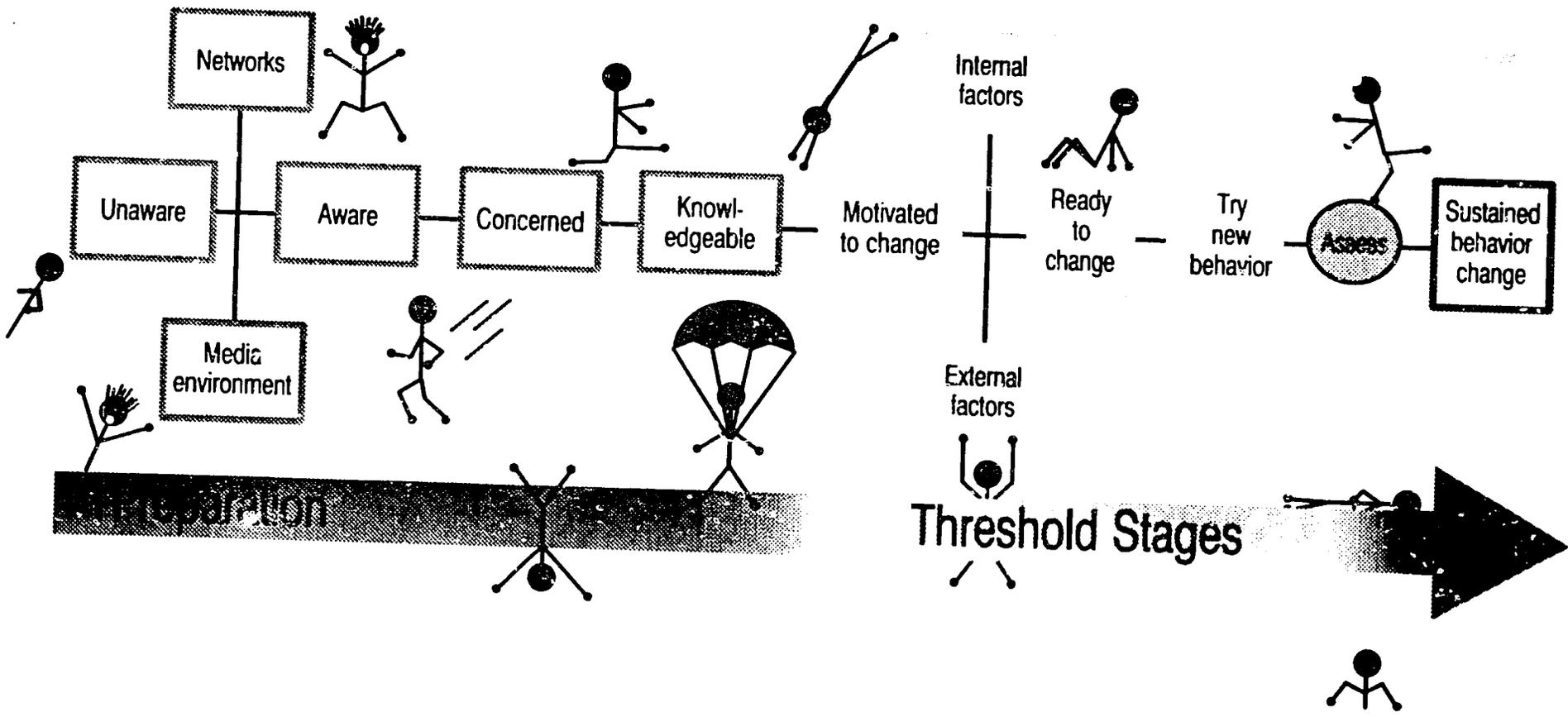
A Framework for Measurement



Preparation

Threshold Stages

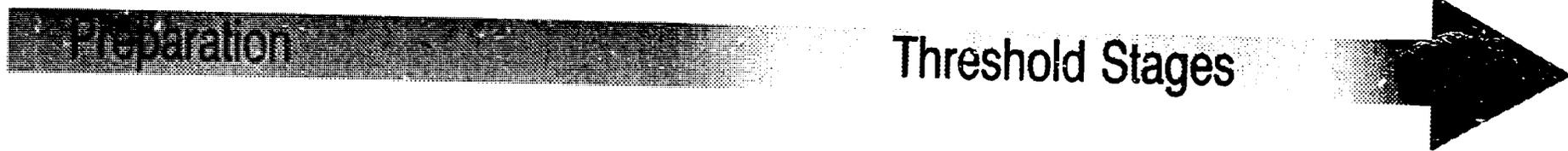
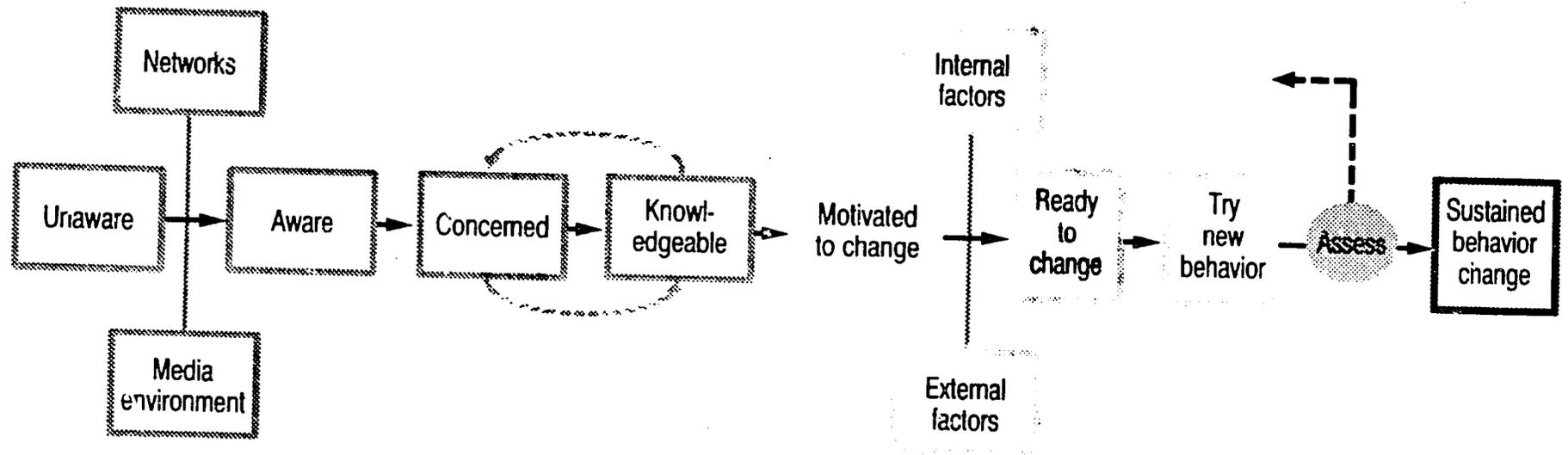




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Health Behavior Change Continuum

A Framework for Measurement



60

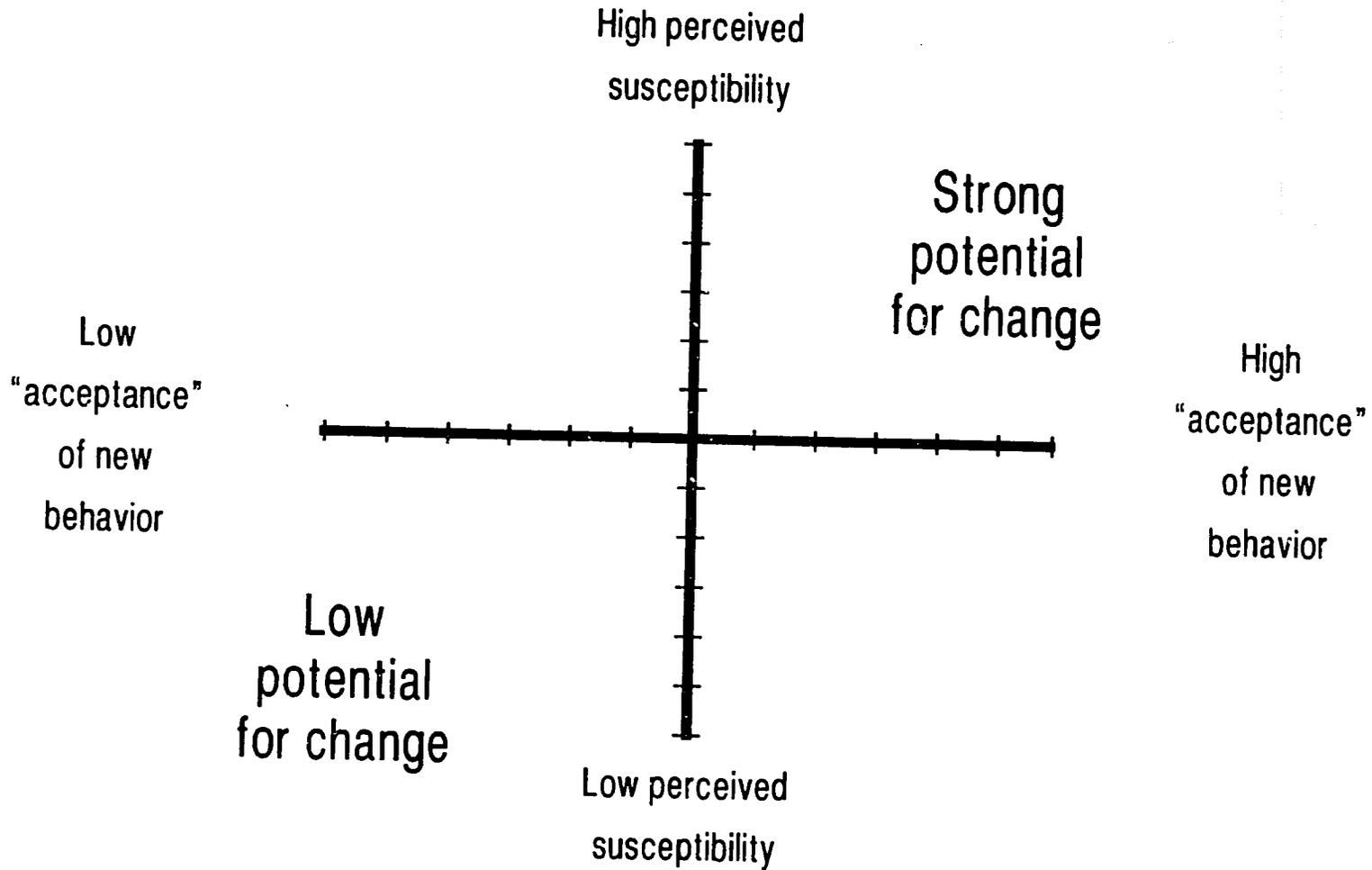
The Behavior Change Continuum

- Conceptual framework, not empirical model
- Distillation, not exposition
- Progression, not linear
- Momentum
- Target audience and goal behavior known .

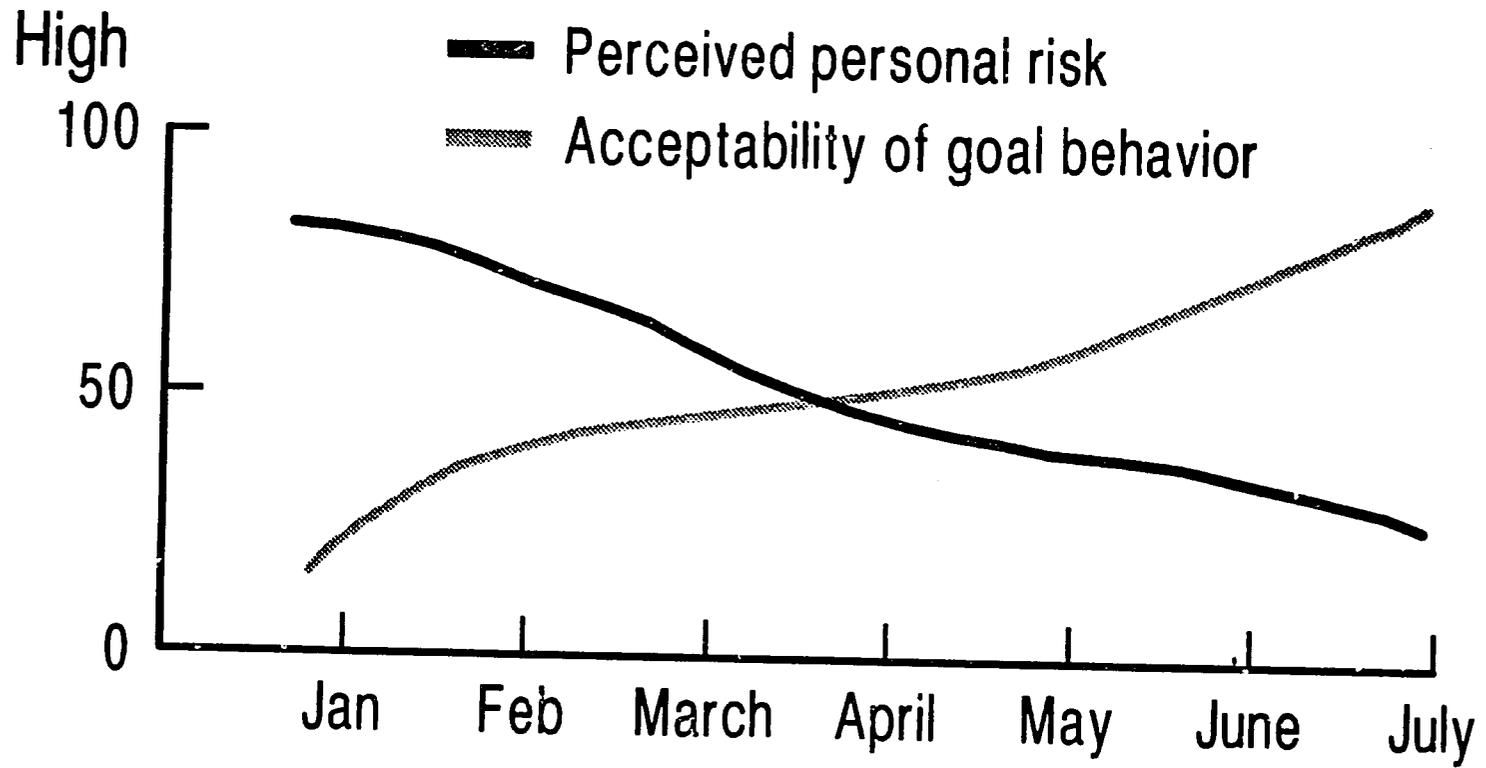


101

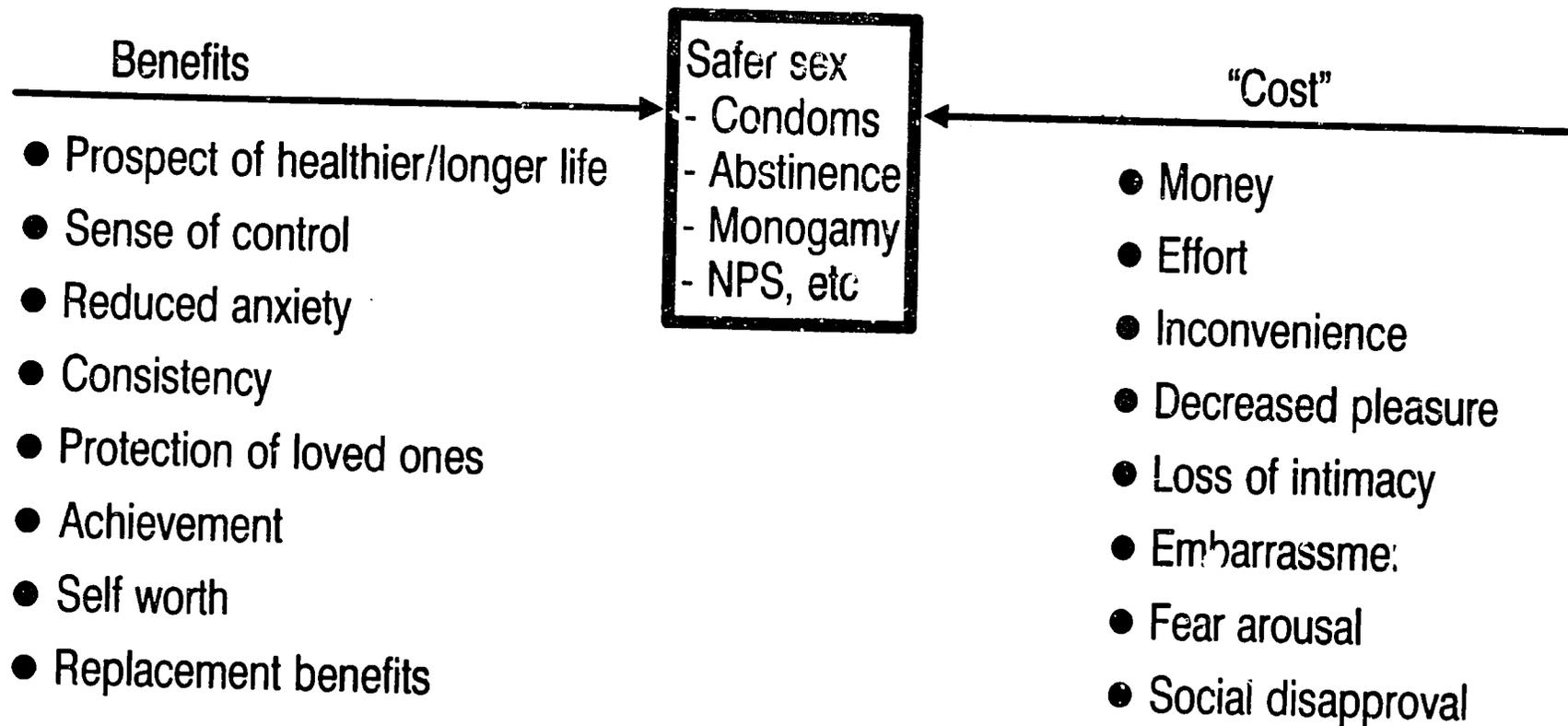
Motivated



Motivated to Change



Concept of Exchange



Motivated

Perceived
personal
susceptibility



Perceptions
of the
new behavior
options



i'd better
be careful...
but...

Ready to Change

Webster:

In a stage of preparation so as to need no delay.

Ready to Change

- Predisposing factors - A building of knowledge and attitudes that increase the likelihood of change
- Enabling factors - Internal or external conditions that make change possible
- Precipitating factors - Conditions or events that "trigger" change



MONOGAMY

SAFE SEX

RISKY BUSINESS

I could use some help

AIDS SARI-SARI HELP SHOP



Aware

Webster:

Knowing, cognizant, informed, conscious of.

Unaware

- Have not heard of AIDS
- Do not know what AIDS is
- Misidentify AIDS



What is
AIDS?

1/10



I've heard
of AIDS

5/16

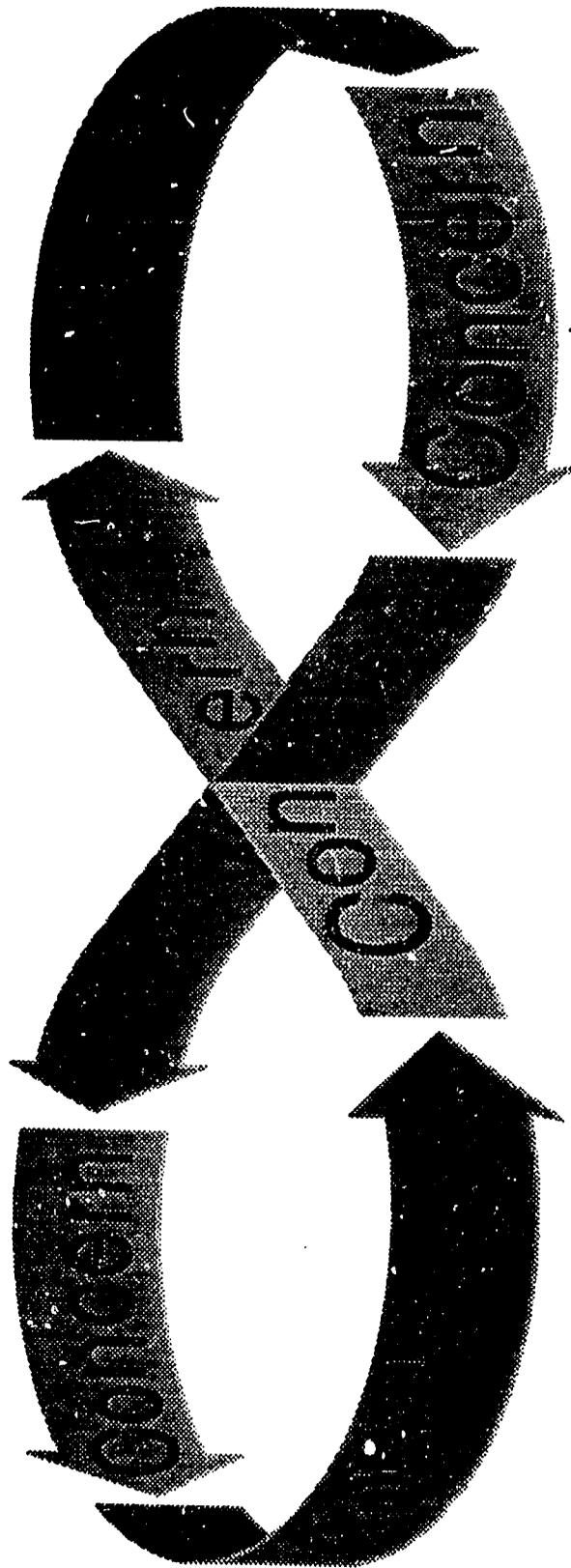
Aware

- Have heard of AIDS
- Know what AIDS is:
 - A disease
 - Deadly
 - Communicable

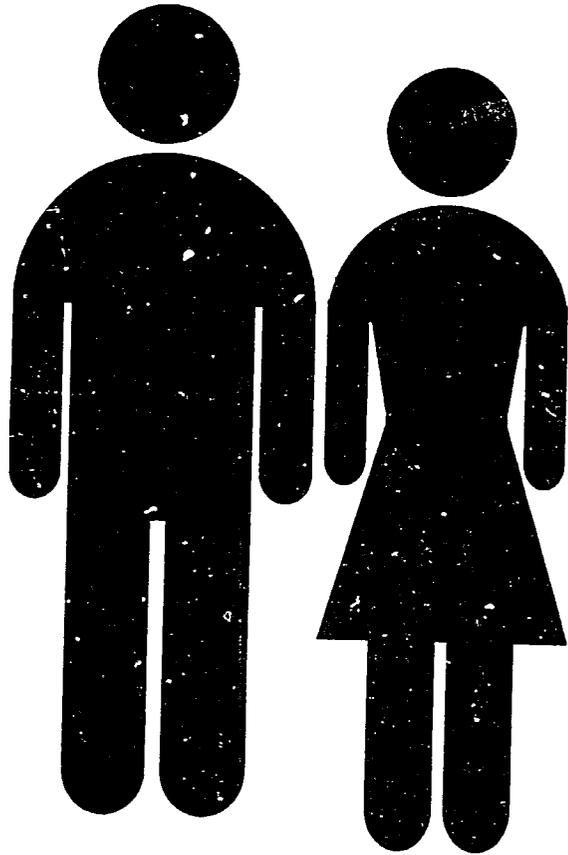
Concerned

Webster:

To be of interest or importance, to involve, to feel uneasy or anxious about . . . to busy or occupy one's thoughts; that which pertains to one's interest, welfare or happiness; a matter of importance.



Concerned



Panic

98.6

Complacency



Maybe
I should
pay
attention

Concern Responses Include . . .

- **Begin/ increase talking about AIDS**
- **Seek information about AIDS**
- **Increase attention to AIDS**

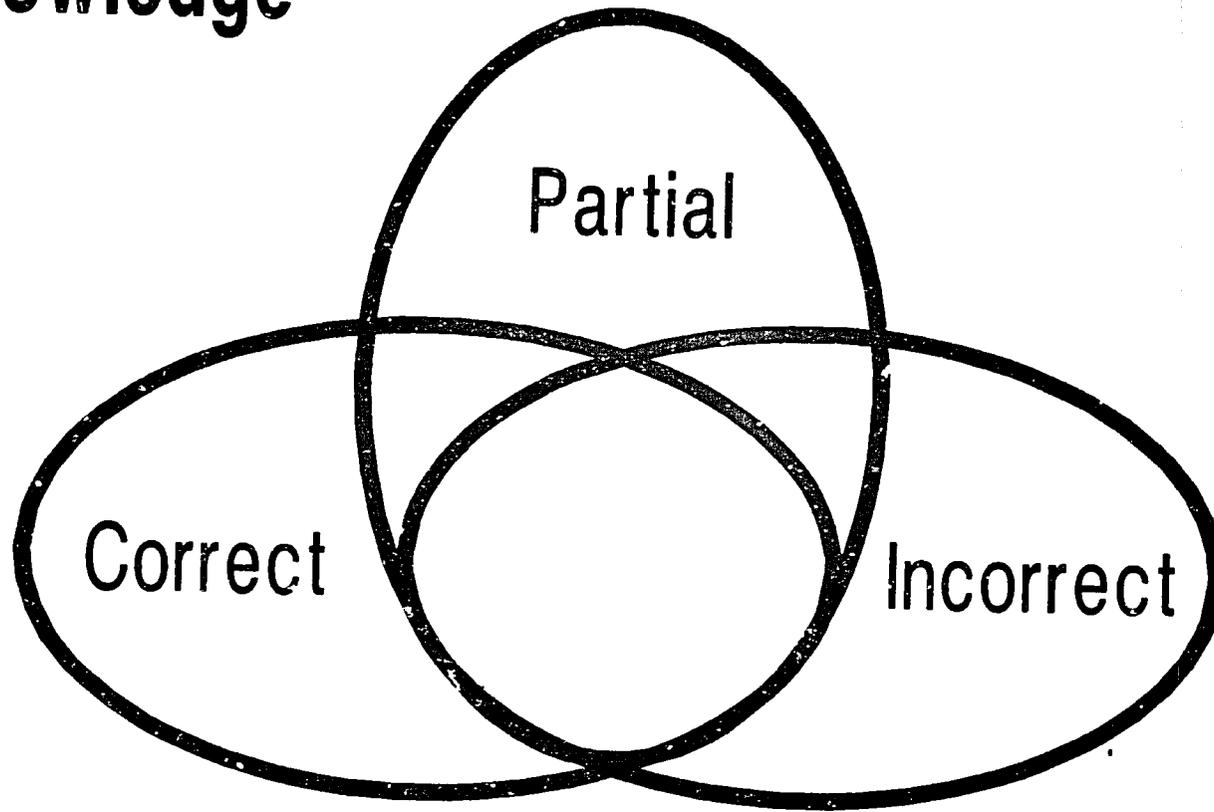
- **Feel fear/ worry about AIDS**
- **See AIDS as a threat**
- **Begin to see self as “at risk”**

Knowledgeable

Webster:

To perceive with certainty, to understand clearly, to be sure or well informed about.

Knowledge



Knowledgeable

- Know how AIDS spreads
- Know how to reduce risk of AIDS
- Know signs/ symptoms of AIDS
- Know who is “at risk” of AIDS
- Know other key biomedical facts



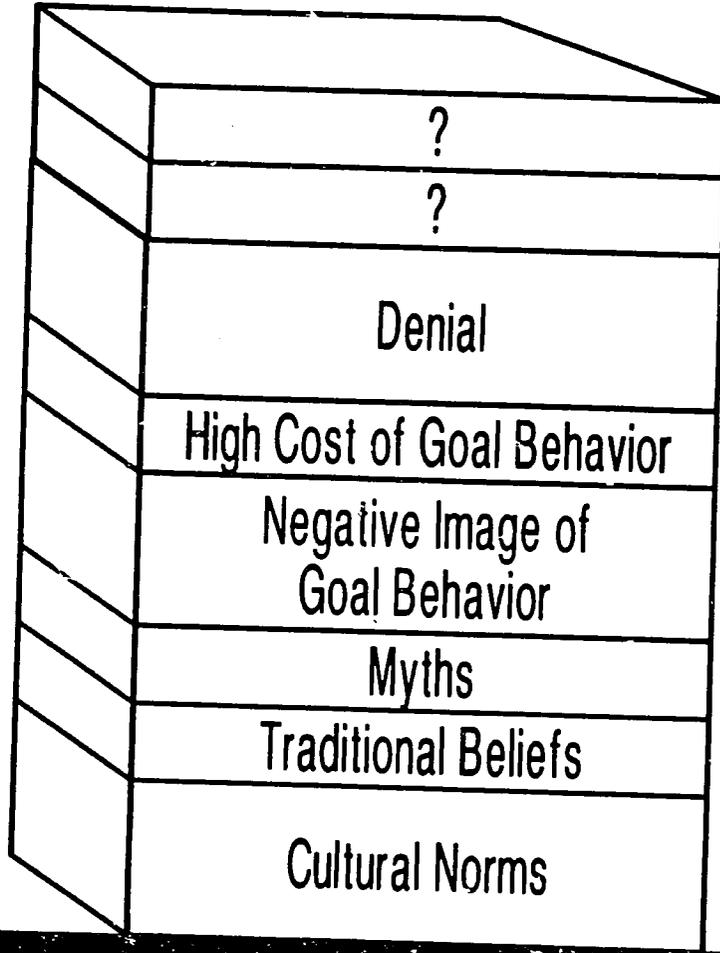
Now I've
got the
facts

Motivated

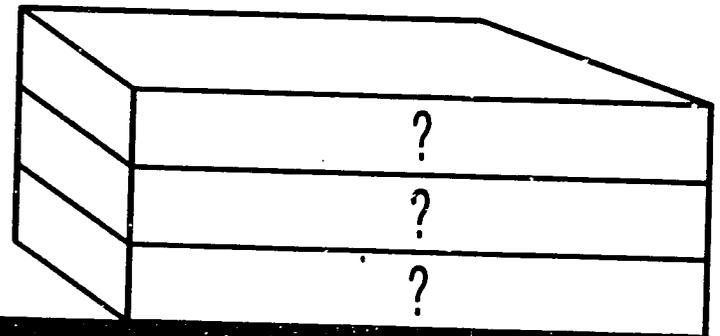
Webster:

To have a motive or motives to act,
to give impetus to, to incite, to impel.

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Barriers to Change



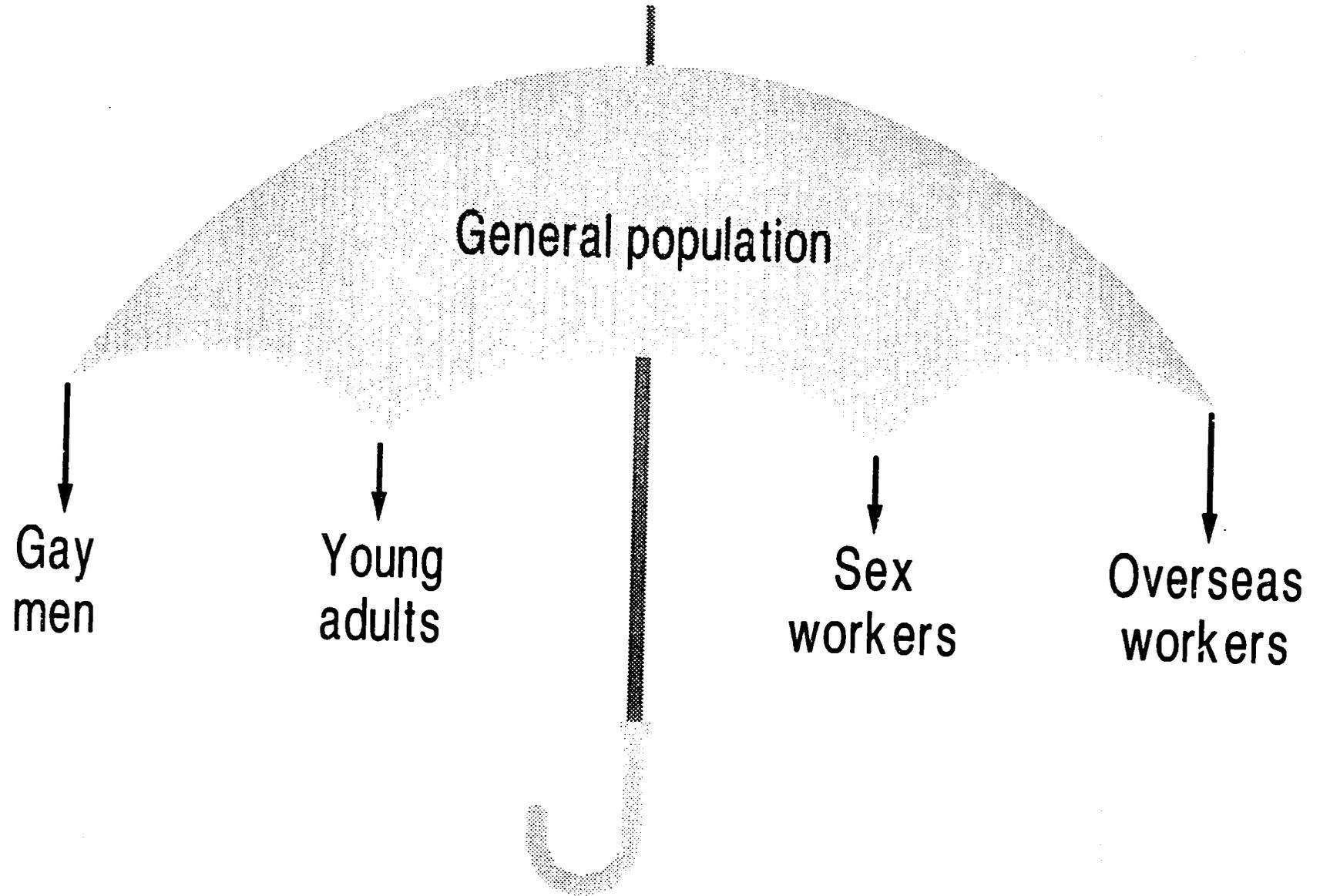
Perceived Benefits of Change

1/2

Motivation Is a Matter of Perception

- Perceived seriousness of consequences
- Perceived susceptibility to AIDS
- Positive perceptions regarding the offered solution

Research Strategy for AIDSCOM / Philippines



Five Stage Research Program

- I. Exploratory qualitative research
- II. Baseline KAP(s)
- III. Concept exploration
- IV. Message testing
- V. Tracking and feedback

Exploratory Qualitative Research

- Gain initial insight
- Learn target audience language
- Identify key issues
- Generate hypotheses
- Develop a questionnaire for stage II

Baseline KAP Study(s)

- Guide the development of communication strategies and tactics
- Provide a baseline against which to track program performance
- Develop local capabilities/ expertise

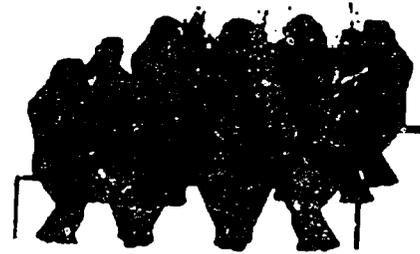
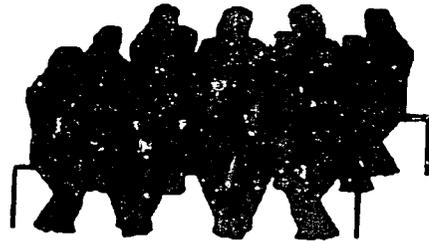
Baseline KAP Study(s)

- Knowledge _____ Cognitive
- Attitude _____ Affective
- Practice _____ Behavioral

Baseline KAP Study(s)

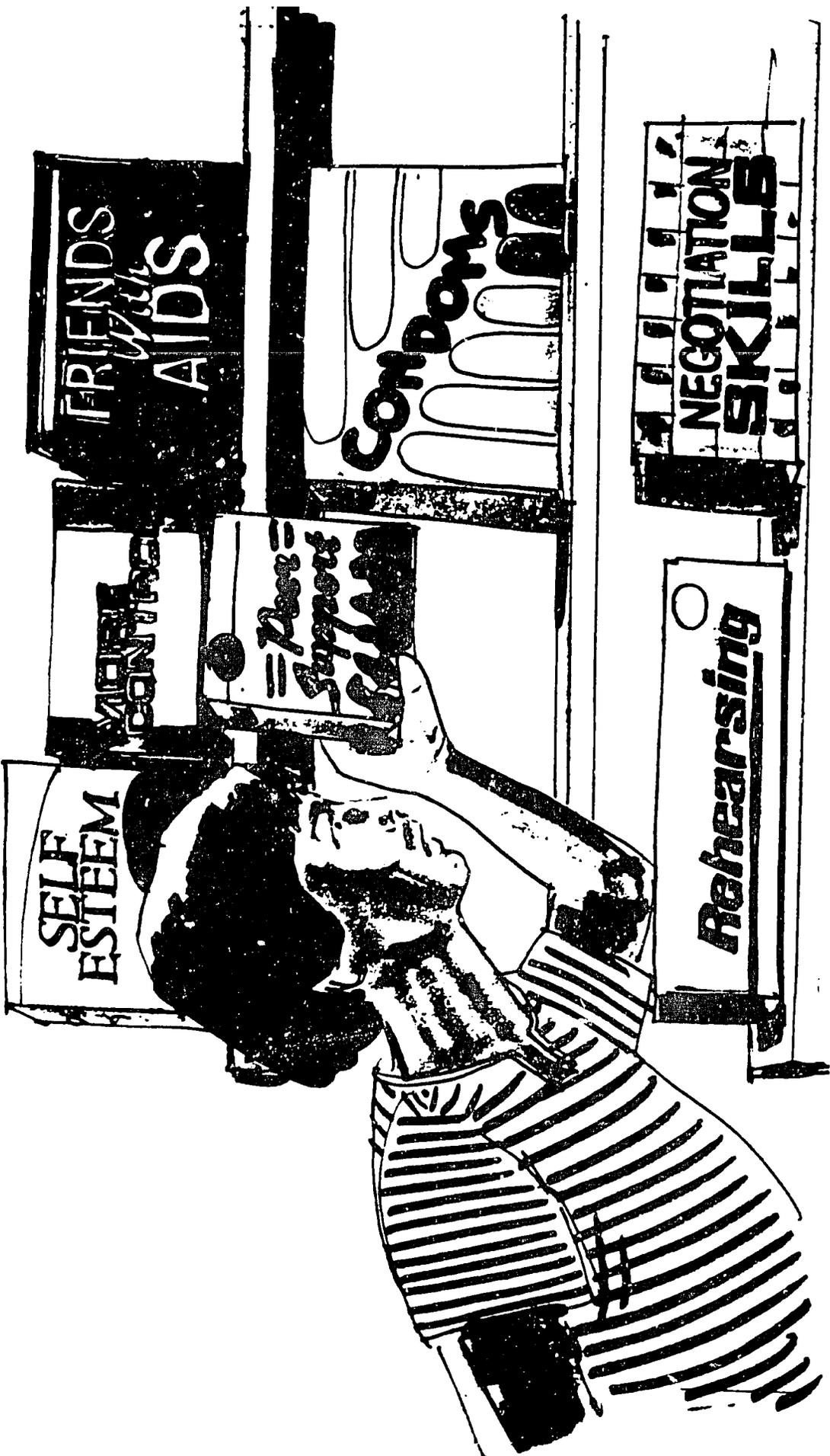
- Target audience segmentation
- Sexual patterns
- Readiness: The behavior change continuum

Segmentation



Target Audience Segmentation

- Demographic
- Psychographic
- Behavioral



FRIENDS
with
AIDS

SELF
ESTEEM

CONDOMS

Support
Friends
with
AIDS

NEGOTIATION
SKILLS

REHEARSING

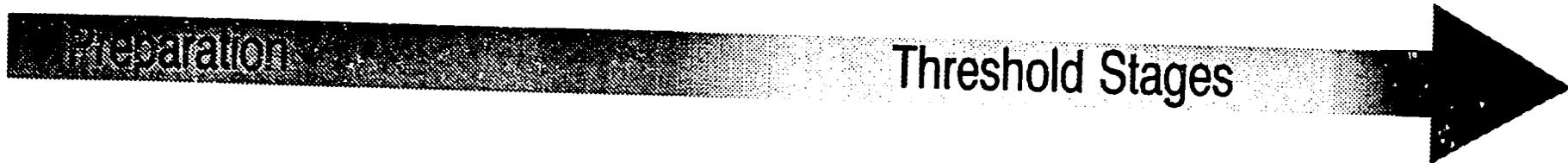
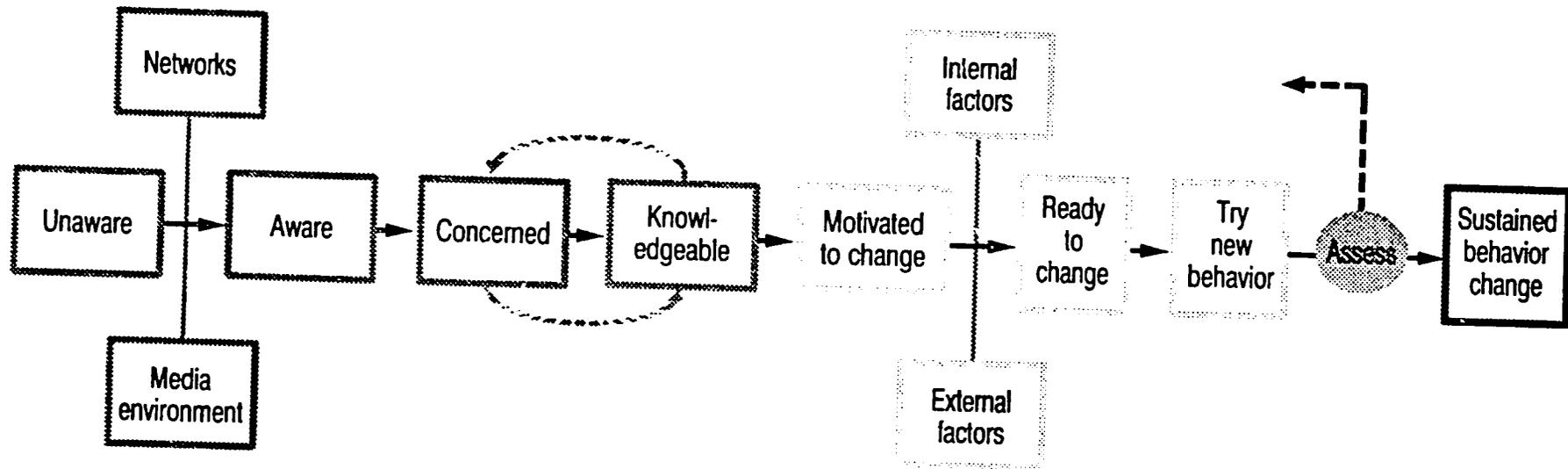
Ready to Change

The delay period between a “change in the mind” and the actual goal behavior is related to . . .

- Individual disposition: leader/ follower, doer/ procrastinator, fatalistic/ pro active, etc.
- Individual’s rank order of priorities at the time
- “Affordability” and accessibility of the new behavior
- Internal/ external “resources” (skills, confidence, finances, support groups etc.)
- Other “trigger” mechanisms

Health Behavior Change Continuum

A Framework for Measurement



2/11

Try New Behavior

Webster:

To make an effort, attempt to experience;
to test or find out the result or value or;
to test the operation or effect of.

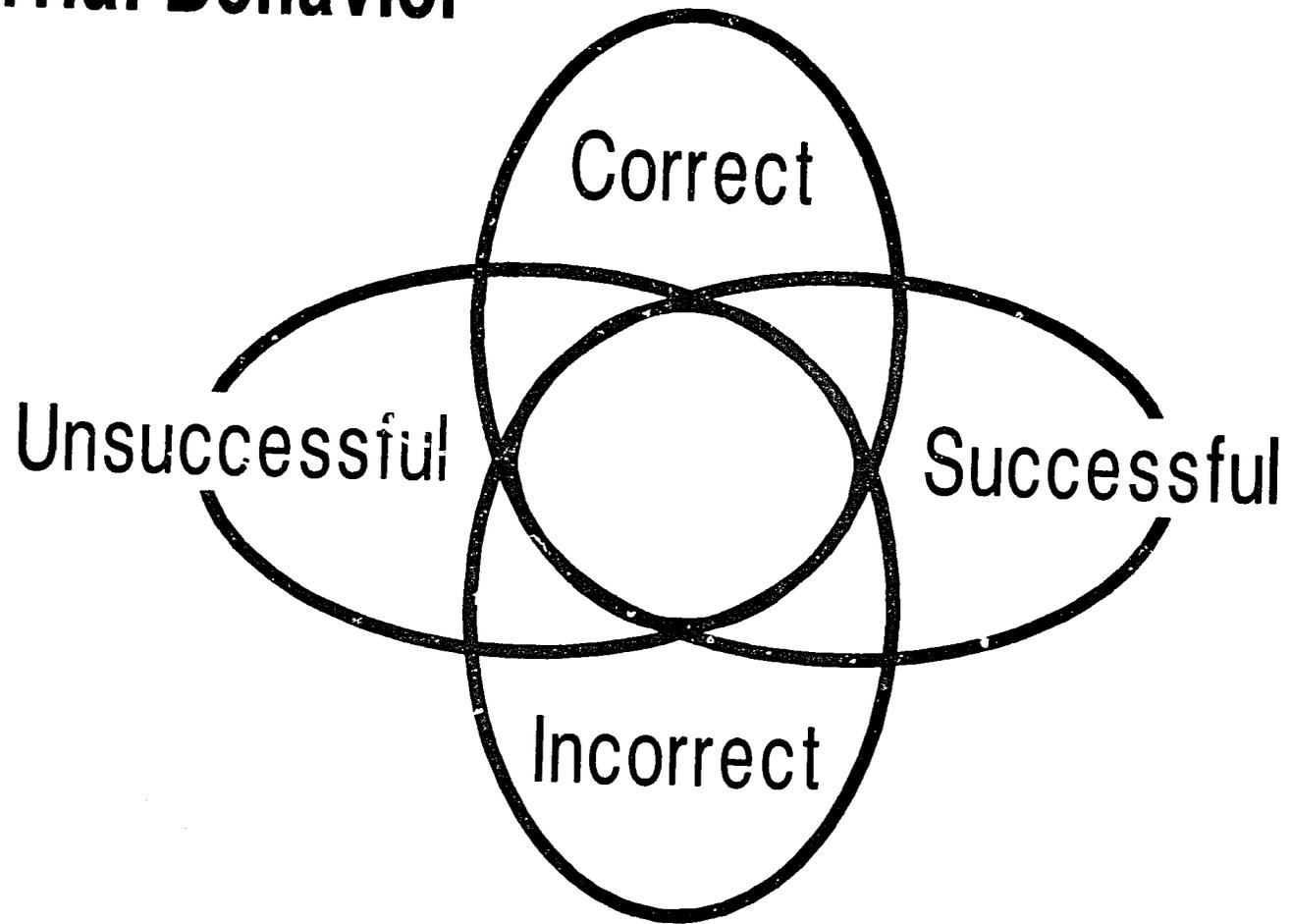


Trial responses include . . .

- Purchasing a condom
- Carrying a condom
- Opening a discussion with partner
- Asking a partner to use “safer sex”
- Performing goal behavior

. . . etc., etc., etc.,

Trial Behavior



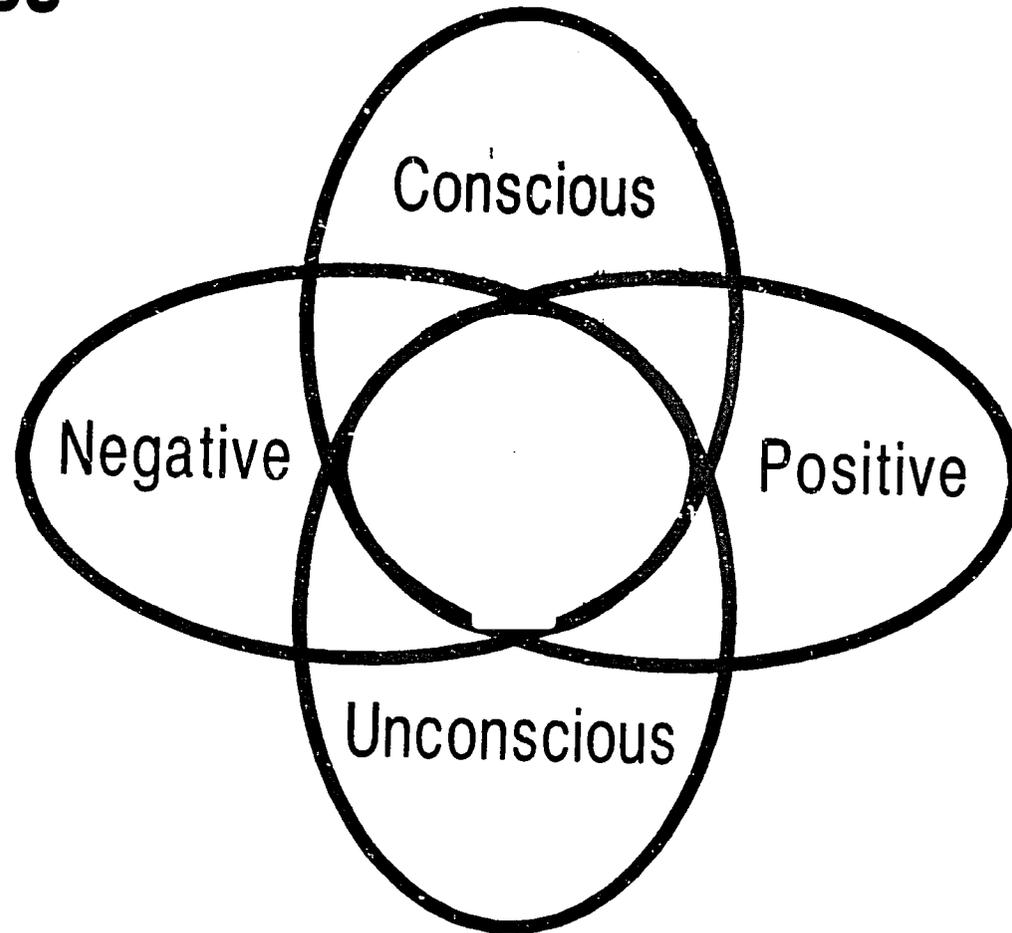
Assess

Webster:

To evaluate, appraise, determine
the quality or value of.



Assess



Assess

Positive

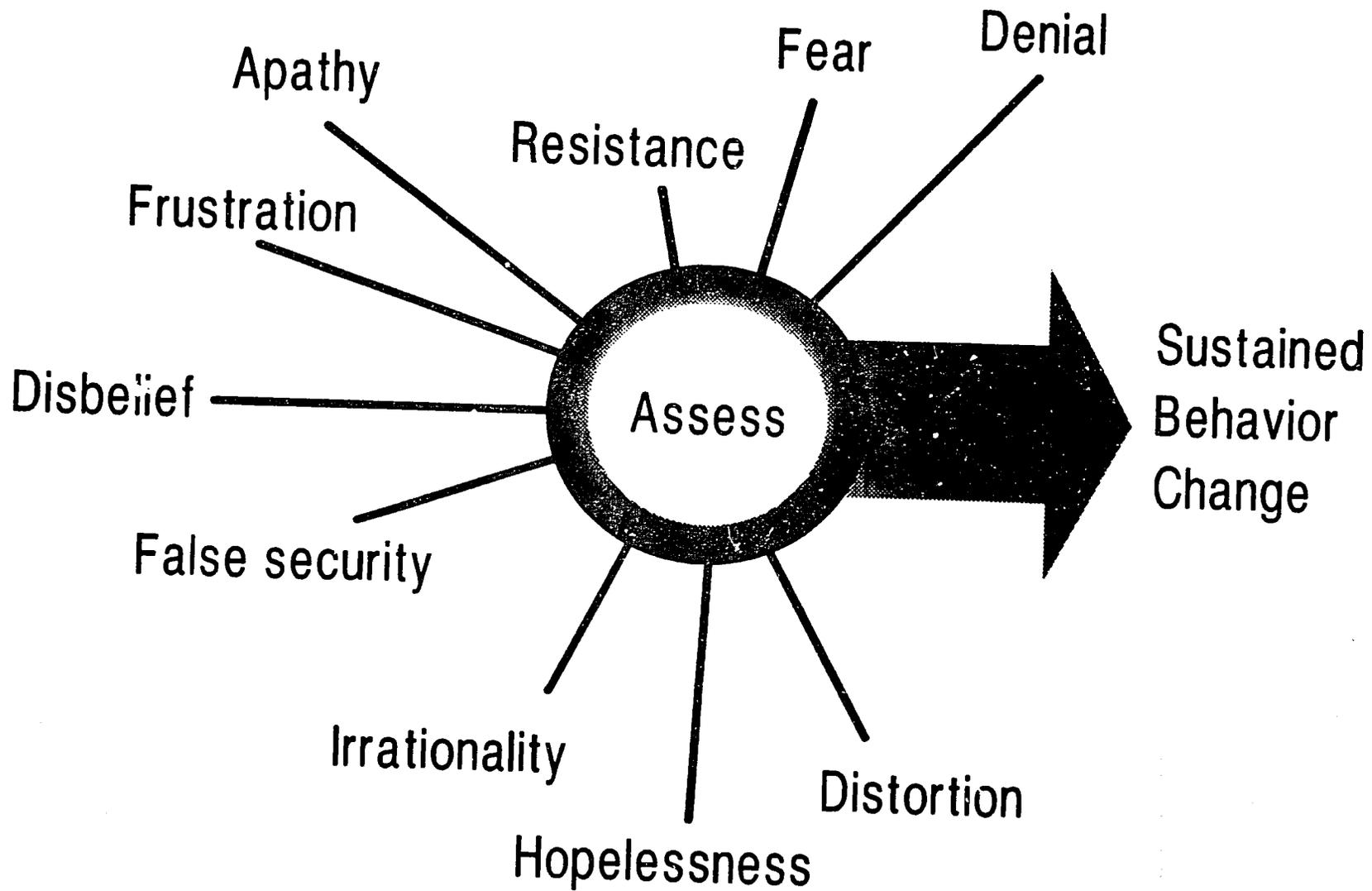
- Met expectations
- Satisfying
- Acceptable

Negative

Failed expectations
Not satisfying
Unacceptable

Reasons for assessment

- Personal
- Experiential
- Social
- Cultural
- Environmental

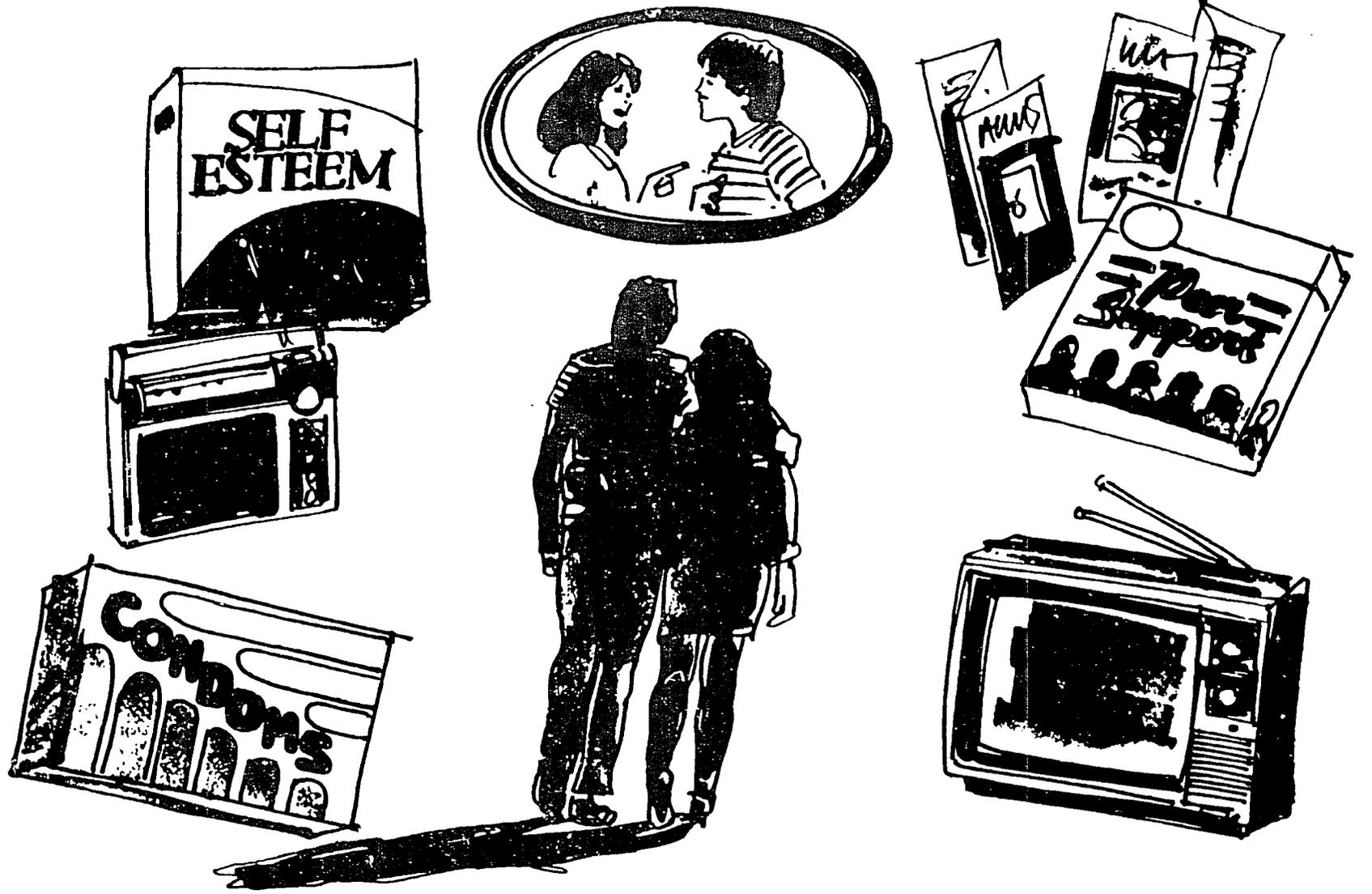


Sustained Behavior Change

Webster:

To maintain, keep in existence,
keep going, prolong.

25



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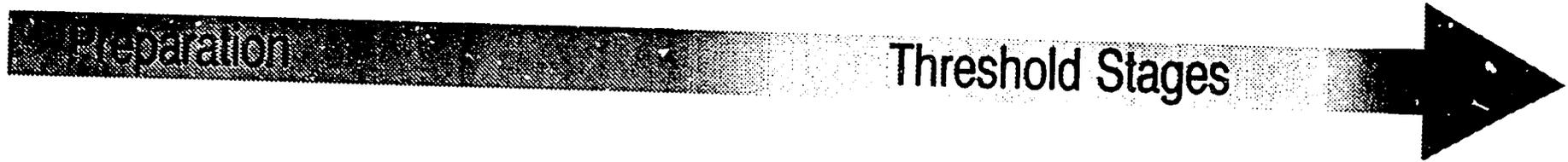
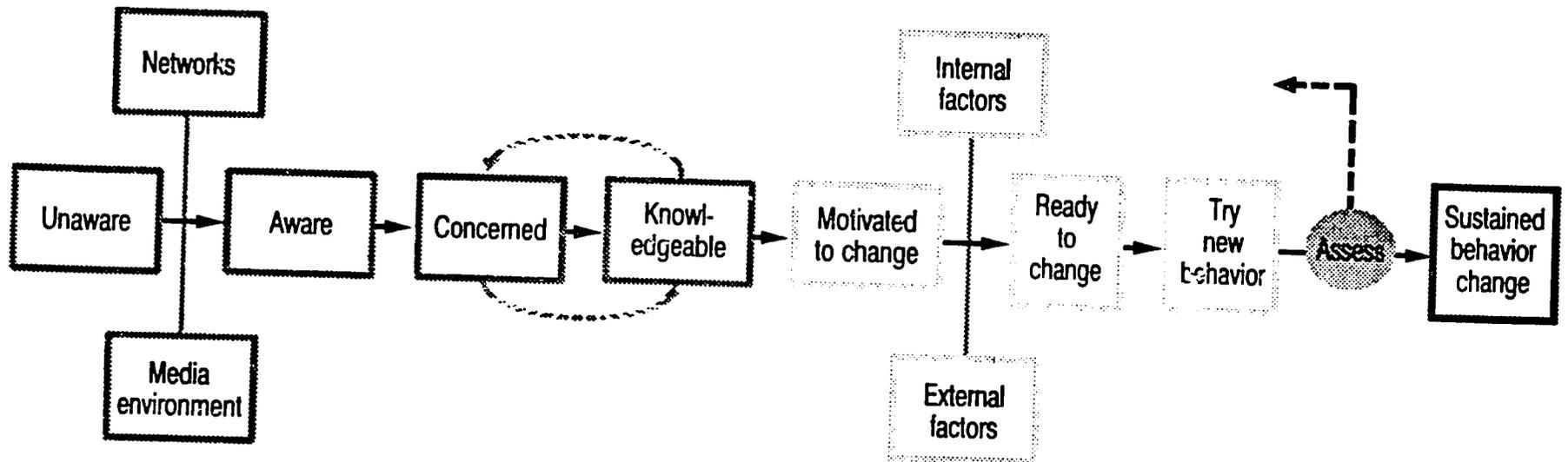
Key Decision

1. What segments to target
2. What goal behavior(s) to promote
3. What communication approaches and tools to use

12/5/10

Health Behavior Change Continuum

A Framework for Measurement



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