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Synthesis of an AIDS KAP (Knowledge, Attitudes and Practices) Survey Among Sentinel Groups in Metro Manila

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Readers should interpret the survey's figures with caution and not extrapolate or generalize the findings for each group. Except for the young adults, all the other groups surveyed were selected through purposive sampling for practical reasons. Significant cross-cultural variables also have to be considered — interviews on sexual matters tend to be difficult and responses may sometimes be distorted. The psychographics were based on western research instruments that may lack conceptual equivalency in translation. A separate paper is being prepared to discuss these issues.

Opinions in this report do not necessarily reflect those of the University of the Philippines or other organizations with which the author is affiliated.

– M. L. T.

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GENERAL SUMMARY

BACKGROUND

In late 1988, the Department of Health (DOH) commissioned AIDSCOM to develop and conduct a series of extensive surveys of knowledge, attitudes and behaviors associated with HIV infection in the Philippines. At the DOH's request, the surveys investigated purposive samples of several "sentinel" populations: male sex workers (n=100), female sex workers (n=100), men who have sex with men (n=200), young male adults (n=150), female young adults (n=150), male overseas workers (n=100) and female overseas workers (n=100).

A private Philippine research firm, Total Research Needs Inc. (or Trends), of Quezon City, was hired through a competitive bidding survey to assist in survey design and carry out fieldwork and tabulation of the surveys. Survey instruments comprising as many as 150 questions were developed, pre-tested and revised (some as many as eight times) prior to being fielded in Metro Manila only during the period of January to March 1989.

This paper summarizes the key findings in these surveys. Four other papers give more detailed information on specific groups (young adults, sex workers, overseas workers and men who have sex with men). In all these papers, an effort has been made to identify highlights and trends that will assist DOH managers and others in determining the policy and program implications of the research data.

Research Highlights and Trends[1]

1. Awareness of AIDS and Perception of Personal Risk

- All survey populations are **highly aware of AIDS as a serious (87%), incurable (78%) and fatal (63%) disease.** "Top of the mind" awareness of AIDS is highest among sex workers (32%) and men who have sex with men (47%) and low among young adults and overseas workers (15% among males and 7% among females).

- **Perceived personal risk tends to correspond with "top of mind" awareness of AIDS.** About 32% of respondents felt they were at high personal risk of infection, with the highest percentages among female sex workers (64%), male sex workers (48%) and men who have sex with men (32%). Among the young adults and overseas workers, more males (25%) than females (19%) perceived themselves to be at personal risk.

2. Correct and Incorrect Knowledge About AIDS

- **A majority (66%) of the respondents admit that they had little or no knowledge about AIDS while 76% believe that "little is known about how AIDS**

1. Because the sampling size for each population surveyed was not identical, percentages in this report are weighted averages of all samples unless otherwise noted. The figures cited are usually totals for all respondents who "agree strongly" or "agree somewhat" with a particular statement.

spreads". The data show that while substantial numbers understand HIV is transmitted sexually by infected individuals (90%), perinatally (65%), through blood transfusions (60%) and shared needls (46%), **there remain widespread and significant misconceptions about HIV transmission.**

- **Significant numbers believe HIV can be transmitted through the air, through water and as the result of casual contact with infected individuals.** Common false beliefs include transmission through living with an infected individual (27%), sharing utensils (26%), public toilets (21%) mosquito bites (21%), sneezing and coughing (18%), swimming pools (17%) and breathing infected air (15%).

- **Nearly half (45%) of those surveyed believe AIDS is a "western" disease that Filipinos should not worry about.** This perception may be related to data showing that most respondents do not personally know anyone who has AIDS (only 35% said they had even heard of Filipinos with AIDS and only 7% said they actually knew someone with the disease.) It may also be related to widespread media publicity about HIV-positive cases found mainly among women sex workers around the US military bases. The data do in fact show that 80% of respondents believe that the presence of US bases increase the possibility of spreading AIDS in the Philippines.

- **Vulnerability to infection is perceived to be the result of identity rather than behavior.** Groups perceived to be more vulnerable to getting AIDS are: female prostitutes (24%), homosexuals (17%), promiscuous females (15%), male prostitutes (12%), bisexuals (8%), promiscuous males (8%) and Americans (7%). These perceptions may again be related to the type of media publicity about AIDS that stereotypes those already known to be infected. The media also reinforces older stereotypes of sexually-transmitted diseases as being associated with women (*sakit sa babae*).

- **Donating blood is perceived by more than half (55%) to be a transmission vector**, which may be a confusion of the correct perception that HIV can be acquired by <u>receiving</u> contaminated blood.

- **Many (44%) believe that HIV infection is readily apparent to the naked eye, although most (55%) are aware that a person can be infected with AIDS but still look healthy.** Those most aware of the "hidden" nature of HIV infection were homosexual/bisexual males (75%) while those least aware were male sex workers (29%). Disturbingly, male sex workers (59%) and female sex workers (65%) were most likely to believe that they could "sense" if a partner was HIV-infected, for reasons ranging from smell to physical manifestations such as skin lesions.

3. Awareness of Diagnostics

- **Most respondents (83%) said they were aware that an individual can be tested for HIV infection, and most (66%) said this involved a "blood test". However, knowledge about diagnostics beyond this point is not necessarily accurate.** About half of the sex workers who said they had taken the test reported that the blood sample was taken by pricking the finger. All kinds of tests were cited by the respondents as tests for AIDS: urine test (11%), X-rays (6%), inspection of genitals (3%) and Pap smear (3%). Other respondents cited tests involving the saliva, semen, stool and the eyes. About 9% of respondents said they knew of a test for AIDS but did not know what the name of the test was. These data have implications for information campaigns that encourage testing, as well as policy discussions regarding the

regulation of testing in physicians' offices and particularly in private clinics, where bogus or inaccurate testing is said to be occurring more frequently.

4. Sources of Information About AIDS

• **Most respondents said they got information about AIDS mainly from the media (92%), followed by friends and colleagues (39%) and clinics and hospitals (14%).** Their trusted sources of information are ironically almost the reverse of actual sources: medical personnel (41%), the media (average of 35% with a low rating of 15% among sex workers) and books (9%). Nearly 40% of respondents say the doctor's office or clinic is the most convenient place to get information about AIDS, followed by health centers/hospitals (24%) and newspapers and magazine stands (10%). On the type of information sought about AIDS, more respondents were interested in treatment (48%) than in prevention (28%), transmission (22%), symptoms (20%) or origin (18%). Most respondents (69%) said they had made an effort to get more information on AIDS.

5. Psychographic Characteristics

Each survey contained a battery of 50 questions on "psychographic" variables designed to determine how respondents viewed themselves and their lives. Psychographics attempts to measure individual "locus of control" (whether a person feels in control of people and events, or controlled by them); assertiveness; group orientation; moralism; rationality and individualism. These traits could provide insights into the prospects for behavioral change leading to risk reduction. It is, however, difficult to draw general conclusions using group averages. Summary reports on each of the survey populations will include deeper analysis of psychographic characteristics. Overall, the following trends are worth noting:

• **Women tend to feel less in control of themselves and their environment (lower locus of control) than men do,** regardless of survey population, group. Women also have lower scores for assertiveness. However, women (including sex workers) have higher scores for moralism.

• **Male overseas workers score highest for locus of control, assertiveness and group orientation.**

• **Sex workers, particularly the women, generally scored lower than the other groups for most of the psychographic traits.** Their scores for group orientation were low compared to the other groups. A form of fatalism, expressed by agreement with the statement that "We all die anyway so why worry about AIDS", was expressed by 30% of male sex workers and 45% of female sex workers.

• **Filipinos probably view control of themselves and their environment differently than Westerners,** which may necessitate new approaches to information dissemination and appeals to change risk behaviors. Preliminary analysis using group means suggests that two forms of locus of control may be operational among the survey populations:

• a **collective type of locus of control**
built around assertiveness and group orientation;

• an **individualistic type of locus of control**
built around rationality, moralism and independence.

6. Sexual Behaviors and Attitudes

● **The median age for first sexual intercourse is around 17 for males and 20 for females** (except for female sex workers, with a median age of 16 for first sexual experience with customers.) These figures should be interpreted with caution considering that a significant percentage of respondents report that they have never had sex (89% of young adult females; 37% of young adult males; 32% of female overseas workers, 17% of male overseas workers and 6% of gays/bisexuals).

● **Most (62%) of female sex workers' customers are married Filipinos** (it should be noted that the female sex worker sample was drawn from individuals working outside the tourist belt).

● **Male sex workers have more varied sex partners than their female counterparts, and many of the male sex workers' customers are married women.** In the past 4 weeks before the survey, 57% of male sex workers had had sex with homosexuals; 47% with married women/matrons; 25% with female prostitutes; 22% with unmarried women/widows and 9% with bisexual/married men.

● **There is considerable "crossing of gender boundaries" among male respondents.** For example, the "gays/bisexual" group have sex most often with men who they perceive to be straight, with 49% reporting that almost all their sex partners are straight males. A third of the gay/bisexual group have had sex with women. Some young adult males (27%) and male overseas workers (17%) report having had sex with other men including straight men, homosexuals, bisexuals and male prostitutes. Reports of same-sex intercourse were low among women (5% for the overseas workers, 2% for young adults and 0 for sex workers). Given these findings, the term "men who have sex with men" may be a more accurate than "gays" or "bisexuals" to refer to sexual reality among the Filipino men surveyed.

● **Male respondents are sexually active with sex workers**, although it is difficult to generalize about multiple partner activities. Among the male respondents, 38% have had sex with sex workers (male and female). Of these, nearly half (42%) reported having had sex with sex workers within the past year.

● **Respondents in general do not use protection in vaginal intercourse.** Majorities of both female sex workers (54%) and male sex workers (63%) report having unprotected vaginal intercourse "most or half of the time".

● **Anal intercourse, perhaps the sexual behavior most likely to transmit HIV, does not seem to be widely practiced.** About one third (31%) of men who have sex with men report having had unprotected anal sex in the past six months before the survey. A third (35%) of male sex workers and 17% of female sex workers engage in unprotected anal intercourse with transfer of semen "most/half of the time". Among other survey populations, only 1% of young adult males and 6% of overseas workers and none of the women from the two groups admit to having tried anal intercourse.

● **Respondents displayed several positive attitudes toward sexual behavior which may prove useful in formulating HIV prevention programs.** More than three-quarters (86%) of respondents agree that sex partners should discuss previous experiences. A similar percentage (85%) believe sex should be limited to one partner and 73% say sex should be limited to married partners. However, 48% of young adults and overseas workers believe it is natural for men to pursue sex at every opportunity.

7. Substance Use and Abuse Behaviors[2]

• **Males generally report higher rates of substance use and abuse than females.** Of the 700 respondents from the non-sex worker population, 45 respondents or 6% admitted having used drugs intravenously and 16 have shared needles. The highest percentage of intravenous drug use was reported among young adults (22 males and 3 females for a total of 25). **Other forms of substance abuse, while not directly related to AIDS, should be considered because of the possibility of impaired judgement prior to sexual encounters.** About 36% of respondents have used marijuana and 77% have used alcohol. About 12% of the respondents admit frequent use of alcohol beverages during the past six months. (The figures here should be interpreted with caution. A large number of respondents admitting intravenous drug use, marijuana and even alcohol could not recall when they last used these substances.)

8. Condom Usage Behaviors and Attitudes[3]

• **About one-third (32%) of the males have used condoms but those reporting they "always use condoms" are limited** to a range of 1% among young adult males to 4% among male sex workers. (Not all respondents are sexually active, however.)

• **Condom usage is mainly perceived as a preventive measure against sexually transmitted diseases (83%) but many (58%) also believe that condoms protect them against HIV infection.**

• **Receptivity to condom usage seems high.** Among males not involved in sex work, 67% said they would agree to use a condom if their partner requested it. The use of condoms as a way of showing "concern for partners" was cited by 74% of respondents. Among sex workers who have tried to use condoms, however, 67% of the males and 46% of the females have experienced customer refusal to do so.

• **Religious beliefs may pose barriers to use of condoms.** Among males, 19% believe condom use is a sin. (Significantly, 28% of female sex workers share this belief.)

• **Negative attitudes toward condom usage are widespread.** Among these barriers are feelings that condoms reduce sexual sensitivity (77%); interfere during intercourse (67%); offend regular sex partners (69%); create feelings of distrust (65%) or insult (63%) and may be unreliable (68%). Most (60%) respondents felt the use of condoms might give the impression "I am unclean" and 53% say they would forget to use condoms when sexually excited.

• **Knowledge about correct condom usage varies.** Among males, 31% expressed uncertainty about correct usage, while 14% thought that condoms can be washed and re-used.

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2 It was unfortunate that sex workers were not asked questions about substance abuse.

3 Comprehensive questions about condom usage were asked only of male respondents and female sex workers. Responses of the female sex workers differed significantly from those of male respondents. For purposes of this report, only those figures derived from male samples are used.

• **Access to condoms and buying them may also be constraints:** 40% of respondents said condoms are embarrassing to buy and 22% said they are too expensive.

9. Reported Preventive Behavior Change

• Fear of AIDS has provoked many to change their behavior but reported behavior changes are not necessarily protective. Although 76% of respondents said they were aware that one could take measures to increase resistance against AIDS, only 25% of respondents said they have taken steps toward "a lot of behavior change" while 42% said they had moved toward "a little behavior change."

• **The data suggest that there is a gap between known effective preventive measures and actual behavior changes respondents are making.** For example, many accurately said they could prevent AIDS by having a regular partner (54%) and using condoms (36%). But the tendency to associate AIDS with groups ("them") rather than with behaviors ("us") is also evident: 69% said they would avoid sex with sex workers and 65% said they would avoid sex with homosexuals. Most disturbingly, significant percentages believe that such non-protective measures such as taking vitamins (36%) or antibiotics (33%); washing after sex (31%); withdrawal (19%) and regular medical check-ups (68%) would prevent them from getting infected.

RECOMMENDATIONS

It is clear from the survey data and from focus group discussions that supported the quantitative surveys that people expect government to "do something" about AIDS. The question is what, when, how and for whom. Some respondents faulted the government for having done nothing about AIDS, or for doing too little to disseminate the information they say they want. The overall lack of information about HIV infection in the Philippines does create a vacuum into which dangerous misinformation has already been poured. As in other countries, there is a strong potential for blaming particular groups for the spread of the disease, such as the US military, gay people and prostitutes. Unless efforts are taken to reduce victim-blaming and scapegoating, one can expect public pressure on politicians to adopt counter-productive legislative measures such as quarantine and mandatory testing (which 90% of respondents said they supported for anyone who engages in high-risk activities).

The following recommendations are therefore oriented toward tackling AIDS not just as a <u>medical problem</u> but also (and perhaps more importantly) as a <u>social issue</u>.

The Media and Public Relations

• **The National AIDS Advisory Committee should formulate a strategy for ongoing education of the media on the medical and social dimensions of AIDS**, so that the public may in turn be better informed on the subject. The dissemination of salient findings in the KAP surveys could mark the launching of a new phase in media liaison and dialogue. A series of press conferences could be timed with the release of latest updated figures on AIDS prevalence in the country, accompanied by selective dissemination of carefully selected and presented findings of the KAP surveys.

• **In selecting the type of information to be released from the survey, the main objective would be to emphasize risk behaviors and risk prevention, rather than risk groups.** The data make clear that, under certain circumstances which are not uncommon in the general public, any Filipino is potentially at risk of HIV infection.

• **Presentation is crucial.** The government must speak to the public about AIDS with one voice, using the same concepts and words wherever possible to avoid confusion or, worse, distrust in official sources of information. When releasing survey results, we should be careful not to have too many figures. A press kit with the exact figures (preferably in graph form) should be provided to prevent distortion or misinterpretation by the writers. It may be advisable to offer more in-depth interviews and leads for "stories" to journalists working for the more responsible newspapers, such as The Manila Chronicle. The Center for Investigative Journalism is another possibility, with a pool of excellent writers.

• **The reality of the public's misconceptions and myths about AIDS should be acknowledged and directly addressed.** For example, we cannot deny the widespread association of the US military bases with AIDS. Efforts must be made to reach various NGOs to convince them that a focus on the bases as a source of AIDS can only be counter-productive in the long run since it may lull people outside of Olongapo and Angeles into a false sense of complacency. Whether the bases stay or not, the "no bases = no nukes = no AIDS" equation is deceptive, and where HIV prevention is concerned, could actually be harmful.

Prevention Campaigns

• **Prevention must be emphasized in opposition to the public's misplaced interest in treatment.** The fact is, there are few "treatments" even for the diseases associated with HIV infection and no treatment of the infection itself. Existing treatments are extremely expensive even in a Western context and are not likely to be widely available to the vast majority of Filipinos in the near future. To prevent the reinforcement of existing fatalistic attitudes, the campaign should first correct the most common misconceptions about transmission and then show that there are prevention measures that are "fairly" easy to implement, individually and collectively.

• **Mass media campaigns may be unrealistic** for three reasons: (a) the high cost; (b) the dangers of sweeping information being distorted and (c) the fact that these ads are submerged by the numerous other commercials on Philippine television and radio stations. Mass media can be effective if used wisely and selectively, but common sense dictates that the best chances for effective prevention lie in the Filipino's talent for personal relationships and the general group orientation of the culture. If mass media is to be used, a more effective method is to get interested scriptwriters to do an episode in several of the more popular soap-box features. In the focus group discussions, several people mentioned one such television "docu-drama" on "Helen Vela Special". This provides half an hour to one hour of exposure. On radio, it could even be part of one of the more popular never-ending soap-box series. Similar story lines could be suggested to people producing comic books, a method that has been tapped in family planning activities.

• **Reaching out to small groups will be vitally important.** The Social Hygiene Centers, where sex workers go for regular check-ups, should be used more intensively. For instance, during their long waiting hours for their turn to take the test, short videos or lectures could be featured. Pre-test counselling should be incorporated to explain

what the tests mean and to prepare recipients for the results. This type of information should also be provided to overseas workers, who go through briefing seminars sponsored by the Philippine Overseas Employment Administration (POEA). Other overseas workers also have to take the tests to work in countries like Saudi Arabia and Singapore.

• **Peer group discussions, support programs and small group activities must be initiated.** These programs will be vital for discussing more sensitive issues such as homosexuality, use of condoms, or tackling problems such as the lack of personal locus of control. House meetings could be arranged. A pool of trainors/facilitators who would have logistical support in the form of videos and printed materials would be needed. These trainors/facilitators should be knowledgeable not only on the technical aspects of AIDS but also about the psychosocial dimensions. Different approaches will have to be used for specific groups (recommendations are made in individual group reports).

• **The volunteer spirit and common concerns for loved ones should be tapped.** People will need to be encouraged to organize themselves into groups to sponsor small meetings and symposia and to request for a resource person(s) from the DOH or NGOs. This would mean the group is highly motivated and could be expected to contribute to the multiplier effect. (The campaign for rational drug use has recently proven that best results come from small group training sessions and symposia.) Clearly where AIDS is concerned, public demand is there but people don't seem to know where to turn to for reliable information resource persons. The pool of trainors/counsellors should be screened carefully rather and even specially recruited rather than necessarily being drawn from existing organizational staff. The trainors must themselves be free of biases against the stigmatized groups such as sex workers and men who have sex with men.

• **AIDS prevention must be situated within the broader context of concepts of health and sexuality in the Philippines.** Prevailing norms such as machismo should be addressed together with other dominant values in Philippine society so that, for example, "to be male" is cast as a responsible activity and irresponsibility is cast as a source of *hiya* (shame). Since a systemic theory of AIDS seems to be dominant, the prevention campaign can be built on the concept of maintaining health -- correcting misconceptions (e.g. the use of vitamins and antibiotics) and promoting a concept of a healthy lifestyle that includes healthy sexual attitudes and practices. Emphasize the positive (do's) rather than the negative (don't) and constantly reiterate that we can do something, even if there is no treatment for AIDS. (The educational materials produced in the initial phase of this project are an excellent start.)

• **Professional associations must also be involved.** The surveys also show people's dependence on medical personnel for information. Publications such as the Journal of the Philippine Medical Association and other medical journals should be tapped to assure continuing education for practitioners. Other health professionals, such as dentists, nurses and midwives, should also be reached since many of them are frontline health workers that deal directly with communities.

Further Research

• **More baseline studies such as those conducted in Manila should be carried out in other regions,** including rural and urban areas. Some modifications could be introduced, such as reducing the sampling sizes and using shorter questionnaires. Substance use and abuse needs to be more deeply probed, especially

in relation to stress tolerance. (It is surprising that the use of metamphetamine hydrochloride, also known as shabu or ice, did not emerge in the surveys despite its widespread abuse.) The present surveys did not collect data on the incidence of substance use and abuse among the sex workers, an omission that should be corrected generally.

- **Psychographics should be given emphasis, although care should be taken to ensure that Philippine-specific psychological variables are dominant.** Appropriate modifications to the current studies could be developed by Filipino psychologists. Psychographics may be useful not just for the AIDS program but also for other health campaign activities.

- **Further research is also needed to identify social networks within and among different groups.** The survey's findings about "crossing of gender boundaries" reflect the need to map out the patterns of sexual contact among different groups. Again, this may help to dispel the concept of "high-risk groups" since in a sense, everyone seems to have the potential for contact with someone who may be at risk or infected.

- **The knowledge and attitudes of health-care providers should be investigated** due to their perceived reliablity as providers of information. It does not require a stretch in imagination to realize that many, if not most, health-care personnel do not yet know enough about AIDS to be of real assistance in prevention efforts.

- **Evaluation and program monitoring must be built into every program.** We know from family planning programs that educational efforts tend to ossify over time until they become potentially irrelevant. To avoid this trap, research can be integrated into the educational campaigns at all levels. Small group discussions could become in a sense focus group discussions with the facilitator being alert to the most common perceptions about AIDS and the social dynamics in discussing AIDS, if not sexuality and health. In community-based health programs of NGOs, teaching sessions use evocative, dialogical methods that should be used for the AIDS small group educational sessions. These sessions would therefore serve three purposes: (a) disseminating information; (b) evaluating educational materials and (c) eliciting KAP information from group members for further validation or supplementation of existing data.

- **Ethics should be considered in all phases of the research projects.** This includes formulation of the research design. Researchers should meet the responsibility of providing correct information to respondents after administering a questionnaire, and this is best done through inter-active participatory research or operational research as described earlier. Upon completion of research project, findings should be presented for peer review, and utilized for policy making.

Report on AIDS KAP Survey Among Filipino Overseas Workers

Note on Sampling

The survey involved 100 male overseas workers aged 21-55 and 100 female overseas workers aged 21-44. All have worked overseas in the past 1-2 years, with at least 6 months for his or her last job abroad. Occupational distribution was stratified according to data on leading occupational groups of expatriate workers as reported by the Philippine Overseas Employment Agency (POEA), with the exclusion of those from the medical field and allied services. Sampling was purposive.

I. RESEARCH HIGHLIGHTS

1. Awareness of AIDS and Perception of Personal Risk

- **Overseas workers score lower than other respondent populations in their awareness of AIDS, with women workers having lower awareness than the men.** While 87% of the total respondent population perceive AIDS as a serious problem, only 82% of male overseas workers and 74% of women overseas workers perceive AIDS to be serious. Compared to other groups, "top of mind" awareness of AIDS is very low among the overseas workers -- 14% among males and 6 percent among females as against an average of 24% for all groups.

- **Perceived level of knowledge about AIDS is lowest among the overseas workers, with 10% of males and 7% of females admitting that they know nothing about AIDS.** While 32% of all respondents rated their knowledge of AIDS to be "a great deal" or "a fair amount", only 22% of male overseas workers and 17% of female overseas workers gave this rating.

- **Misconceptions about AIDS seem to be highest among this group.** They score the lowest in recognizing that AIDS is incurable (31% among males and 27% among females, compared to an average of 35% for all respondents) and that it is fatal (18% among males and 9% among females compared to an average of 19% for all respondents).

- While the average for all groups is 62%, **only 45% of male overseas workers and 49% of female overseas workers feel that AIDS will definitely spread or spread somewhat in the Philippines.**

- **Overseas workers have the lowest scores for perceived personal risk.** While 32% of all respondents worry about AIDS as a very real threat for a person like themselves, only 22% of male overseas workers and 18% of female overseas workers express this concern. Significant numbers (22% for males and 23% for females) believe they could never get AIDS.

2. Knowledge About AIDS Transmission

- **The overseas workers' perceptions of AIDS seem to be based on a fear of the unknown, especially in relation to how AIDS is transmitted.** They had the highest scores agreeing with the statement "little is known about the spread of AIDS" --

groups. They also had the highest scores in perceiving AIDS to be "easily" or "somewhat easy" to catch -- 75% among males and 70% among females.

• **The overseas workers' "correct" knowledge of AIDS transmission is about equal to or higher than the general respondent population. However, higher percentages of overseas workers, especially the women, also carried misconceptions about the means of AIDS transmission:**

	Overseas Workers Male	Female	Average for All Respondents
"Correct"			
Sexual intercourse with infected male	92%	91%	90%
Sexual intercourse with infected female	96%	90%	92%
Using/sharing needles	56%	46%	46%
Perinatal	72%	72%	65%
Receiving blood transfusion	61%	55%	60%
"Incorrect"			
Donating blood	61%	54%	55%
Living with infected individual	31%	40%	27%
Sharing utensils	31%	37%	26%
Mosquito bites	29%	15%	21%
Sneezing/coughing	17%	22%	18%
Breathing infected air	16%	18%	15%
Public toilets	18%	28%	21%
Swimming pools	14%	23%	17%

• **Among all male respondents, the overseas workers rank about the same (57%) as young adults in recognizing that someone with AIDS can still look healthy.** Only male sex workers scored lower at 29%. Among the women respondents, only 39% are aware that someone can look healthy even after HIV infection, lower than the scores for women sex workers (44%) and female young adults (60%). About 46% of males and 30% of females believe that one can sense if a partner has AIDS, compared to an average of 44% for all respondent groups.

3. Awareness of Diagnostics

• Many overseas workers are required to take the HIV test either in the Philippines or in the country they are assigned to. Thus, **85% of males from this group and 89% of females express awareness of diagnostic tests.** Knowledge of a "blood test" is also high among the overseas workers (78% among males and 69% among females). **There are, however, many misconceptions about the diagnostic**

tests -- 21% of male overseas workers and 12% of the women believe a urine test is diagnostic. Others cite X-rays (4%) and stool examination (2%).

4. Knowledge and Use of Preventive Measures

- **The overseas workers registered the highest scores for recognizing something can be done to make one self resistant to AIDS (81% among males and 86% among females).**

The overseas workers have the highest percentages of agreement with the risk reduction measures involving sex:

	Overseas Workers Males	Overseas Workers Females	Average for All Respondents
Avoiding sex with prostitutes	83%	85%	70%
One sex partner/ regular partner	74%	70%	54%
Avoiding sex with homosexual	85%	78%	65%
Using condoms with sexual encounter	37%	30%	36%

Other perceived risk reduction measures include the following:

	Overseas Workers Males	Overseas Workers Females	Average for All Respondents
Having check-ups	70%	72%	68%
Being more selective with friends	43%	46%	42%
Using vitamins	41%	39%	36%
Using medicine/ antibiotics	34%	39%	31%
Washing genitals before and after sex	29%	35%	31%
Practicing withdrawal	37%	36%	22%

- **About 65% of males and 45% of females report that AIDS has changed their behavior or lifestyle "a lot" or "a little", about comparable to the rest of the**

respondent population. It is however difficult to assess the type of behavioral change that has actually been implemented.

- **A significant finding in the survey is that more single workers (81% among males and 60% among females) report behavioral change than the married ones (60% among males and 40% among females).** 18% of the married males and 38% of the married females said there was no need to change their behavior, perhaps because of the assumption that they and their partners are involved in monogamous relationships.

5. Sexual Behavior and Attitudes

- **The median age of first sexual intercourse is 17 for males and 20 for females, the same figure as for other respondent populations except sex workers.** (However, 17% of male overseas workers and 32% of female overseas workers have not had sexual intercourse.) About 17% of the males and 5% of the women admit to having had same-sex encounters.

- **Among the male overseas workers, 42% have been sexually active with sex workers, about half (43%) having had such encounters during the previous year.**

- **Machismo values are strong, and contradict other attitudes toward sex:**

	Overseas Workers Males	Overseas Workers Females	Average for All Respondents
Sex partners should discuss previous experience	88%	83%	86%
Sex should be limited to one partner	86%	91%	85%
Sex should be limited to married partners	76%	79%	72%
It is natural for men to pursue sex at every opportunity	60%	41%	48%

- Because of the nature of their work, there were additional questions in the survey among overseas workers, yielding significant replies. **Among these workers, 73% of males and 61% of females recognize that working overseas increases their risks to AIDS. A majority of the males (70%) and half of the females (52%) admit they engage in sexual activities they would never consider at home.**

6. Condom Usage, Behavior and Attitudes

● **Condom use is low among overseas workers.** Among the women, 16% of those who have had sex say that they ever asked their partners to use condoms. (There are no figures on condom refusal rate.) Among the males who have had sex, 51% have tried using condoms but only 2% report using condoms "always" and another 5% "occasionally".

● **The greatest barriers to condom use are the same ones reported by other male respondent groups**: reduction of sexual sensitivity (81%); interference during intercourse (79%); offensive to regular sex partners (71%); not safe since they can break (71%).

● Other barriers cited by the male overseas workers are: embarrassing to use (38%); not sure about how to use condoms (26%); embarrassing to buy (26%); too expensive (26%) and condom use is a sin (18%).

● **On the positive side, 66% of male overseas workers said they would use condoms if their partner asked them to do so.** A majority (81%) know that condoms can prevent venereal disease while 75% agree that condoms can be a way of showing concern for their partner.

7. Substance Use and Abuse

● **Intravenous drug use was reported by 8% of the male overseas workers and 4% of the women.** Of the 8 male respondents who have tried intravenous drug use, 3 admitted to having shared needles.

● **About 33% of males and 16% of females admit to having used marijuana. The use of alcoholic beverages was reported by 84% of males and 68% of females.** Frequent alcohol use during the past six months was reported by 27% of males and 4% of females.

8. Psychographics

	Overseas Workers Males	Overseas Workers Females	Average for All Respondents
Internal locus of control	2.58	2.53	2.54±.05
Assertiveness	2.70	2.52	2.59±.06
Group Orientation	2.38	2.20	2.29±.08
Moralism	3.09	3.14	3.03±.06
Rationality	3.12	3.11	2.96±.11
Independence	2.07	2.11	1.73±.06

● Among all respondent groups, the male overseas workers had the highest indices for assertiveness, group orientation and rationality. They also scored high for inner locus of control, moralism and independence.

● Women overseas workers ranked low for internal locus of control, assertiveness and group orientation. However, they ranked highest, among all respondent groups, for moralism and independence and ranked high for rationality (second only to male overseas workers, with statistically insignificant difference in their scores).

● **Not surprisingly, fatalism seems to be low among overseas workers, with only 22% of males and 25% of females agreeing with the statement, "We all die anyway so why worry about AIDS", lower than the average of 28% for all respondent groups.** The workers' apparent complacency about AIDS may be more pragmatic, with 72% of males and 65% of females rationalizing that the country has more pressing concerns than AIDS to worry about.

II. RECOMMENDATIONS

The importance of reaching overseas workers as a primary target audience for AIDS education cannot be underestimated. The government's Philippine Overseas Employment Administration (POEA) reports more than 600,000 registered overseas workers although the actual numbers working abroad could be much higher since many are employed illegally.

The following recommendations are general ones and may have to be modified for different groups of overseas workers based on sex and work destination, as will be explained under the discussion on further research.

1. Media and Public Relations

● Overseas workers trust medical personnel as the most reliable sources of information about AIDS (50% of males and 49% of females, compared to an average of 41% for all respondents).

● Overseas workers seem to have greater trust in the media as an accurate source of AIDS information (50% of males and 37% of females, compared to an average of 35% for all respondents). Among the types of media, overseas workers tend to watch more television and to read newspapers than listening to the radio or reading magazines and comics. **It is possible therefore to reach overseas workers by tapping medical personnel to give reliable information to the media, particularly through television and newspapers.** Unfortunately, the overseas workers seem to read more of the tabloids, which have a past history of spreading misinformation. Television may yet be the medium of choice at least for Metro Manila. (Another possibility is to circulate videotapes since many returning overseas workers have videotape players.)

● **Movies are definitely not a medium for reaching overseas workers** -- only 4% of males and 3% of females say that they see a movie once a week or more often compared to an average of 33% for all respondent groups. Again, this may be due to the fact that the videotape player is a "must" among returning overseas workers.

2. Prevention

• **The overseas workers fear AIDS but this is based on a strong perception that little is known about the disease.** The workers' self-perception of being more "moral" than others may contribute to their lower perceived personal risks. One must be aware of possible respondent biases in the surveys. In the focus group discussions the males gave very colorful accounts of their numerous sexual escapades, contradicting their moralistic attitudes when surveyed through face-to-face interviews. The goal of prevention programs for this group should consider the high "rationality" scores among overseas workers: provision of accurate information while recognizing the facade of "morality" that the workers profess. At the same time, it may be necessary to emphasize that one may believe he or she is in a monogamous relationship but the partner may not, using the *sigurista* mentality, ie "You may be sure about yourself, but are you sure of your partner?"

• **Since most overseas workers must go through a briefing session before leaving the country, AIDS education should be reinforced in these pre-departure seminars conducted by government and non-government organizations.** This is already being done by the government but could be expanded. Sexual norms need to be discussed more: for example, many of the male overseas workers in the focus group discussions reported cases of homosexual rape while deployed in the Middle East.

• **Since some countries (Saudi Arabia and Singapore) now require overseas workers to take HIV tests, clear explanations of these tests should also be included in the educational campaigns.**

• **Machismo attitudes are very strong with this group and may contribute to their risk.** Prevention campaigns must emphasize responsible sex, especially within the context of the workers' going through hardship abroad in order to support loved ones at home.

• **One should also point out that some expatriate workers enter into prostitution while abroad.** Government figures show that 34% of land-based overseas workers are engaged in "services", which includes entertainers. In the current survey, 35% of the female respondents were dancers or singers, professions that overlap with sex work. (In fact, 12 of the women admitted they had engaged in sex for pay while overseas.) Great sensitivity of the needs of this category of overseas workers will be needed, including the possibility that returning female overseas entertainers, especially those from Japan, may share the same stigma as local female sex workers.

• **Generally, overseas workers (especially the women) seem to be more moralistic and complacent about AIDS but this may itself be a risk factor since they may not be prepared to handle new stress situations that cannot be covered by their personal moral codes.** The survey results showed higher levels of misconceptions among the women sex workers.

• Many of the overseas workers come from middle or lower income groups. Government figures show that 74% of land-based overseas workers are employed as clerks, sales workers, service workers or as construction laborers. **Their occupations give them little room for asserting their rights despite their high indices of locus of control.** Being away from home adds to the sense of powerlessness and may be

compensated by the building of strong peer group ties. "Survival kits" on AIDS could be prepared for workers to take with them abroad, with guidelines not just on safer sex but also on groups to which they turn to for support and crisis counselling. The kits could include condoms, but distribution may have to be done through the non-government organizations.

- **Where feasible, Philippine embassies in countries such as Singapore, Malaysia and Hong Kong could be tapped to provide AIDS information materials for overseas workers already deployed.** Non-government organizations catering to the needs of Filipino expatriate workers are also known to exist in Hong Kong, Japan, the Netherlands, the United Kingdom and the United States.

3. Further Research

- **Further KAP research would be useful to distinguish the needs of different types of overseas workers.** The focus group discussions suggest that sea-based workers, comprising about 20% of the total workers presently deployed overseas, may be at higher risk since they are less restricted in their sexual activities than those who are land-based, particularly those assigned in Middle Eastern countries where there are strict Islamic rules on sexuality. Note that among land-based workers, 72% were deployed in the Middle East at least before the Gulf crisis.

- Even for workers based in the Middle East, one must recognize (and this has been shown in the focus group discussions) that expatriate workers there are also vulnerable to high-risk behavior. Sexual harrassment of both female and male overseas workers in the Middle East has been documented and **education programs have to be built around more in-depth research on the workers' perceptions of their risks, their stress tolerance levels and coping mechanisms.** For instance, overseas workers deployed in sexually repressive societies may over-compensate when they go on vacation to other countries where sexual norms are more liberal. The degree and context of workers' turning to each other for heterosexual or homosexual activities should also be established. (The focus group discussions and KAP surveys suggest that this does happen.)

- **Focus group discussions combined with information activities may be more appropriate for dealing with the overseas workers, with the groups divided according to their sex, their work destination and their being land- or sea-based.**

3

Report on AIDS KAP Survey Among Young Adults in Metro Manila

Note on Sampling

The survey involved random sampling of 150 male and 150 female young adults aged 18-24. The respondents come from different income groups.

I. RESEARCH HIGHLIGHTS

1. Awareness of AIDS and Perception of Personal Risk

• **The young adults generally had higher awareness of AIDS than overseas workers and sex workers, with 89% of males and 88% of females recognizing the seriousness of AIDS.** However, only 8% of female young adults and 15% of male young adults had this top of mind awareness of AIDS, about the same levels reported among overseas workers and much lower than the sex workers and men who have sex with men.

• **Perceived level of knowledge about AIDS is slightly higher than the average for all groups.** 34% of young adult males and 35% of young adult females rated their level of knowledge as "a great deal" or "a fair amount" compared to an average of 32% for all respondent groups.

• **The young adults' perceptions of the nature of AIDS are comparable to the average for all respondent groups.** However, the female young adults seem to be more aware of specific aspects of AIDS:

	Young Adults		Average for All Respondents
	Males	Females	
Transmissable	69%	77%	69%
Incurable	37%	40%	35%
Fatal	17%	17%	19%
Acquired Immune Deficiency Syndrome	11%	15%	16%

• **The young adults' perceived personal risk is lower than other groups except overseas workers.** About 28% of the young adult males and 20% of young adult females consider AIDS to be a very real threat to "someone like me", compared to an average of 32% for all respondent groups.

2. Knowledge about AIDS Transmission

• **About 73% of males and 77% of females feel that little is known about how AIDS spreads, close to the average of 76% for all respondent groups.** Among young adults, more females (70%) considered AIDS to be very or somewhat easy to catch than males (58%). The average for all respondent groups was 69%.

	Young Adults Males	Young Adults Females	Average for All Respondents
"Correct"			
Sexual intercourse with infected male	93%	95%	90%
Sexual intercourse with infected female	95%	94%	92%
Perinatal	61%	63%	65%
Receiving blood transfusion	65%	48%	60%
Using/sharing needles	36%	38%	46%
"Incorrect"			
Donating blood	50%	57%	55%
Living with infected individual	23%	19%	27%
Sharing utensils	14%	23%	26%
Mosquito bites	15%	20%	21%
Sneezing/coughing	11%	16%	18%
Breathing infected air	15%	11%	15%
Swimming pools	12%	20%	17%
Public toilets	11%	27%	21%

• **The young adults scored higher than other groups, except men who have sex with men, in understanding that someone with AIDS can still look healthy** -- 58% of males and 60% of females were aware of this. While 44% of all respondents believe that people can sense if their sex partner is an AIDS carrier, only 36% of male young adults and 39% of female young adults carry this misconception.

3. Awareness of Diagnostics

• **About 85% of male young adults and 87% of the females said they were aware of an AIDS test**, with 63% of the males and 61% of the females associating it with a "blood test". However, this respondent group also had the most misconceptions about what AIDS tests were -- 9% of males and 11% of females thought it involved X-rays; 4% of males and 3% of females mentioned inspection of the genitalia.

4. Knowledge and Use of Preventive Measures

• **Young adults scored the lowest in their knowledge that "something can be done" to make one self resistant to AIDS.** While 76% of the population were aware of this, only 61% of young adult males and 64% of young adult females were aware of this, compared to an average of 76% for all respondents. As with other groups, prevention is associated with avoidance of sex with particular groups:

	Young Adults Males	Young Adults Females	Average for All Respondents
Avoiding sex with prostitutes	71%	83%	70%
One sex partner/ regular partner	55%	59%	54%
Avoiding sex with homosexual	74%	81%	65%
Using condoms with every sexual encounter	35%	33%	36%
Some ineffective risk-reduction measures were cited:			
Being more selective with friends	35%	37%	42%
Using vitamins	36%	41%	36%
Using medicine/ antibiotics	32%	34%	31%
Washing genitals before and after sex	21%	29%	31%
Practicing withdrawal	24%	19%	22%

• **Reported behavioral change due to AIDS was 67% for all respondent groups but only 57% for young adult males and 47% for young adult females.** 21% of both male and female young adults said there was no need to change their behavior to reduce AIDS risk. This may be partially explained by the fact that many of the young adults are still sexually inactive.

5. Sexual Behavior and Attitudes

• **A large percentage (37% of males and 89% of females) of the young adults surveyed had never had sex.** Of those who have had sex, the median age for first intercourse was 17 among males and 20 among females, the same as other respondent groups. About 26% of the young adult males have had sex with other males while 2% of the females have had same-sex encounters.

• **Among the male young adults, 27% have had sex with a female prostitute and 5% with a male prostitute.** Of the 27% who have had sex with a female prostitute, 22% had such encounters during the previous year.

• Young adult females seem to have greater potential in risk reduction if we are to use particular attitudes toward sex as indicators:

	Young Adults Males	Young Adults Females	Average for All Respondents
Sex partner should discuss previous experience	81%	91%	86%
Sex should be limited to one partner	85%	94%	85%
Sex should be limited to married partners	77%	85%	73%
It is natural for men to pursue sex at every opportunity	49%	44%	48%

6. Condom Usage, Behavior and Attitudes

• Condom usage is very low with young adults. Among female young adults who have had sex, about a quarter (23%) have asked their partners to use condoms. Likewise, among male young adults who have had sex (63% of total respondents), 24% have tried using condoms but only 2% claim they use condoms "always", 3% "most of the time" and 6% "occasionally". The rest never use condoms and half "just tried" condoms initially and do not seem to have continued.

• The barriers among young adult males to condom use are the same as those of other groups: reduction of sexual sensitivity (72%); interference during intercourse (65%); offensive to regular sex partners (66%); not safe to use (72%). More of the young adult males (compared with other male respondent groups) felt that it was embarrassing to use condoms (38%); embarrassing to buy condoms (48%); too expensive (29%) and that it is a sin to use condoms (22%). A third of the male respondents said they were not sure how to use condoms and 18% thought condoms could be re-used.

• A majority of the young adult males (75%), higher than other male respondent groups, say they would use condoms on the request of their partners. The majority also had some positive attitudes toward condom use: prevention of venereal disease (83%); showing concern about partner (75%).

7. Substance Use and Abuse

• Substance abuse among young adults is a cause for concern. Intravenous drug use is mainly found among upper income groups; nevertheless, the incidence is disturbingly high: 15% of the males and 2% of the females admitted they had used drugs intravenously. More than half (53%) of the males and 9% of the females have

used marijuana. A majority (87%) of the males and more than half (52%) of the females have used alcohol; however, admission of frequent use of alcohol during the past six months is lower -- 11% of males and 1% of females. As with other respondent groups, these figures should be interpreted with caution. Most respondents claimed they could not recall when they last used intravenous drugs, marijuana and even alcohol.

8. Psychographics

	Young Adults		Average for All Respondents
	Males	Females	
Internal locus of control	2.54	2.60	2.54±.05
Assertiveness	2.56	2.57	2.59±.06
Group Orientation	2.33	2.32	2.29±.08
Moralism	2.94	3.07	3.03±.06
Rationality	2.93	2.99	2.96±.11
Independence	1.74	1.70	1.73±.06

• The psychographic indices among young adults indicate that this group tends to follow the average scores for the entire respondent population. It is significant, however, **that the males and females have very similar scores for assertiveness and group orientation while with overseas workers and sex workers, the females scored much lower scores than their male counterparts. Young adult females also scored higher than their male counterparts for internal locus of control, moralism and rationality. Only with independence do the female young adults score slightly lower than the males.**

II. RECOMMENDATIONS

Young adults aged 15-24 comprise about a fifth of the total population in the Philippines. While the present survey's figures suggest that many of the young adults have not had sexual experiences, other statistics suggest this is a sexually active population. In 1987, 38% of registered live births were to women aged 15-24, although they comprise only 20% of the total population.

Perceptions and practices of this group are also important since members of this age bracket will emerge in a few years as policy makers and implementors.

1. Media and Public Relations

• **Among sources of awareness of AIDS, the percentage of young adults citing the media (81% of males and 71% of females) is lower than the average (92%) for all respondents.** There were **more young adults (72% of males and 56% of females compared to 39% of the entire respondent population) who cited friends and colleagues** as sources of information.

• **The media is however cited as the most trusted sources for accurate information** (32% of males and 41% of females compared to an average of 35% for the entire population). Medical personnel in fact rated lower as a trusted source (34% of males and 30% of females). **Media exposure is very high,** with 99% of young adult males and 98% of young adult females having watched television during the past week before the survey. Radio comes in a close second with 95% of males and 97% of females having listened in during the past week. Newspapers come third, with 93% of males and females having read the papers.

• **Young adult females scored highest in terms of exposure to magazines** (71%, compared to 57% for males and the rest of the respondent population). Comics, however, are less popular with this group. Not surprisingly, movies are important with 83% of young adult males and 73% of young adult females having seen one during the past month.

• Definitely, television, newspapers and radio should be tapped as the main conduits for information to young adults. One should note that magazines may still be important at least for young adult females. There are numerous magazines catering to women, with many advice columns on sex, love, courtship and in the present survey, the most widely read magazines were Panorama (a supplement of the newspaper Manila Bulletin), followed by three women's magazines). A few articles on AIDS have in fact appeared in these magazines but tend to be reprints from abroad. Filipino journalists may have to be encouraged to contribute to these magazines. (Since the women's magazines rate low in increasing a journalist's professional credentials, they could be encouraged to write for another agency such as UNICEF or a government agency, which could then distribute these to the women's magazines with permission to reprint.)

2. Prevention Programs

• **Program planners must be aware that members of this age group, while stereotyped as having strong sexual drives, still grapple with uncertainty over matters of sexuality.** One significant finding in the survey is that some respondents are still in a formative stage with their sexual identity and preference. The uncertainty over sexual preference is more pronounced among young adults from lower income groups.

Preferred Sexual Partner	Young Adults	
	Males	Females
Opposite sex	86%	64%
Same sex	1%	2%
Same or opposite sex	5%	5%
No preference	8%	29%

• **These figures are presented here to emphasize the need to develop an AIDS prevention and control program for young adults within a broader sex education program that should include discussions on sexual identity, roles and responsibilities. As with young adults in other countries, assertiveness and**

independent thinking still need to be further developed. The present survey does reveal positive attitudes toward sex in terms of willingness to discuss previous sex experience with partners (although males tend to be more reluctant) and the males' willingness to use condoms on request of partners. At the same time, the respondents still express many traditional norms, including negative attitudes toward homosexuality and equality of sexes.

- **The issue of substance use and abuse should also be a focus in the prevention programs.** Intravenous drug use should be emphasized as being one of the leading causes of AIDS not just in the US but also in countries closer to the Philippines, such as Thailand. The use of alcohol and other drugs in relation to impaired judgements in sexuality should be discussed.

- Peer groups will be very important for reaching this group, as reflected by the findings on their sources of information on AIDS. **In the focus group discussions, the young adults generally agree that information should be provided through schools, including symposia.** Getting student organizations to sponsor the symposia will be important since it would reflect interest and receptivity on the part of those making the request.

- **An overwhelming majority (97%) of the young adults had no objections to inclusions of AIDS in school curricula.** Efforts should be made to go through the educational system (high school and college levels) although the content of information materials will have to be **carefully pre-tested according to level (high school or college) and with various options for Catholic and non-sectarian schools.** Reaching out-of-school young adults may be more difficult but assuming that many still have siblings in schools, the materials could reach them indirectly.

- **One unexplored information channel for young working adults would be corporations,** who should be made aware of the potentially disruptive effects of AIDS on their "investments" in recruiting and training young employees and for their human resources development programs in general. Family planning information is already being disseminated through some companies and AIDS information could be incorporated.

- **All materials should provide addresses of agencies through which more information and resources can be obtained.** We are dealing with an age group that is highly inquisitive. The possibilities of producing more substantial information through books should be explored. The young adults are highly literate and in the focus group discussions, seem more comfortable with scientific terms. The survey shows that 16% of young adult males and 11% of young adult females would trust books as an accurate source of information on AIDS, compared to an average of 9% for the entire respondent population.

- It is striking that the survey showed the 18-19 yr old age group of young adults seem to have more accurate knowledge about AIDS; are less likely to be engaged in high-risk activities; are less prone to associate AIDS with groups (e.g. sex workers and homosexuals) and are more open to behavioral change. **This finding substantiates the need to reach young adults as early as possible with accurate information.**

3. Further Research

- **The 18-24 year old range used for young adults should probably be revised in future research.** Unlike the US and Europe, the average age for entry into colleges in the Philippines is 16-17 with very young graduates (20-21) entering the labor force. On the other hand, economic independence tends to be delayed even after a job is found. This may mean stretching the "young adult" group's upper limit to as high as 29. Future research should consider possible significant differences among very small age ranges: 16-18, 19-20, 21-24 and 25-29.

- **Differences due to socio-economic status were very clearly shown in this survey and should be further studied.** The present survey showed that young adults of higher socio-economic status, although more knowledgeable about AIDS, were also more prone to high risk activities, including multiple sex partners and substance abuse, as well as not using (or not wanting to use) condoms.

- The issues covered in the present survey are appropriate and could be replicated along the age groups suggested above. **There should, however, be greater emphasis on three issues: (a) sexual identity and orientation (especially in the younger age groups); (b) attitudes toward premarital sex and monogamous relationships; (c) substance use and abuse, to include metamphetamine (shabu).**

- **Focus group discussions will again be an important and rapid way for gathering information as well as provision of information and education.**

4

Report on AIDS KAP Survey Among Men Who Have Sex with Men

Note on Sampling

The survey involved purposive sampling of 200 men who have sex with men, aged 18-40. Most respondents are from class A, B and C.

I. RESEARCH HIGHLIGHTS

1. Awareness of AIDS and Perception of Personal Risk

• Men who have sex with men have high awareness of AIDS with 93% of the group recognizing the seriousness of AIDS (only male sex workers scored higher at 96%). Top of mind awareness of AIDS is highest among this group (47% compared to an average of 24% for all groups).

o More than half (53%) of men who have sex with men rated their level of knowledge about AIDS as "a great deal" or "a fair amount", higher than all the other groups.

• The group generally had high scores, compared to other groups, in recognizing the nature of AIDS:

	Men Who Have Sex With Other Men	Average for All Respondents
Transmissable	71%	69%
Incurable	40%	35%
Fatal	19%	19%
Acquired Immune Deficiency Syndrome	28%	16%

• The group, however, scored lower than the general average on their perceptions of AIDS spreading in the Philippines. Only 56% of the respondent group said AIDS would "definitely" or "somewhat" spread, as against an average of 62% for the entire respondent population.

• About a third of the group (32%) worry about AIDS as "a very real threat for someone like me", lower than sex workers but higher than young adults and overseas workers.

• A general awareness of AIDS may be due to a degree of personalized encounter with the problem. More than half (52%) of the group have heard of "Filipino gay or bisexual men" getting AIDS and 5% say they personally know of Filipinos with AIDS (among young adults and overseas workers, the range was 1-3%). The statistics are difficult to interpret here because in another section of the survey, a very high 94% of this group are aware that there are AIDS cases among homosexuals in the Philippines.

2. Knowledge about AIDS Transmission

• Men who have sex with men generally have higher scores than the other respondent groups in recognizing the "correct" routes for AIDS transmission, but also share many misconceptions.

	Men Who Have Sex With Other Men	Average for All Respondents
"Correct"		
Sexual intercourse with infected male	93%	90%
Sexual intercourse with infected female	92%	92%
Perinatal	76%	65%
Receiving blood transfusion	71%	60%
Using/sharing needles	60%	46%
"Incorrect"		
Donating blood	60%	55%
Using/sharing utensils	27%	26%
Living with infected individual	26%	27%
Mosquito bites	25%	21%
Public toilets	17%	21%
Breathing infected air	15%	15%
Swimming pools	14%	17%

• About 71% agreed with the statement that "little is known about how AIDS spreads", versus an average of 76% for the entire respondent population.

• About 71% of this respondent group perceive AIDS to be "very" or "somewhat" easy to catch, compared to an average of 69% for all respondent groups.

3. Awareness of Diagnostics

• **About 92% of men who have sex with men are aware of a test for AIDS, with 82% associating it with a blood test.** Another 12% associate it with urine tests. Smaller percentages mention X-rays (3%); saliva tests (3%); anal tests (2%). About 13% of the group say they have been tested for AIDS, lower than sex workers and overseas workers but higher than young adults.

4. Knowledge and Use of Preventive Measures

• **The majority (74%) of men who have sex with men are aware that something can be done to make one self resistant to AIDS, lower than the scores for sex workers and overseas workers but higher than young adults.**

• **A majority of the group (72%) report "a lot" or "a little" behavioral change to reduce AIDS risk, lower than sex workers but higher than young adults and overseas workers.** Considering that 94% of this group have had sex, one should note that 15% of this group have not changed behavior at all and 13% say there is no need to change.

• **Risk reduction measures are generally associated with sex.** Specific sexual behavior (oral and anal sex) was included in the survey for this group but not for the others.

	Men Who Have Sex With Other Men	Average for All Respondents
Avoiding sex with prostitutes	62%	70%
Avoid giving anal sex	62%	N/A
Avoid receiving anal sex	62%	N/A
One sex partner/ regular partner	52%	54%
Avoid receiving oral sex	50%	N/A
Avoid giving oral sex	49%	N/A
Avoiding sex with homosexual	46%	65%
Using condoms with every sexual encounter	40%	36% (male respondents only)

• Less effective or ineffective methods cited included the following:

Being more selective with friends	54%	42%
Having regular check-ups	51%	58%
Washing genitals before and after sex	32%	31%
Using vitamins	31%	36%
Using medicine/ antibiotics	26%	31%
Practicing withdrawal	5%	22%

• **Men who have sex with men had the highest score (75%, compared with an average of 55% for all respondents) in recognizing that someone with AIDS can still look healthy.** At the same time, a high percentage of this population (41%) believe that a person can "generally sense if their sex partner is an AIDS carrier". This is slightly lower than the average of 44% reported for all respondents.

5. Sexual Behavior and Attitudes

• **About 35% of the group have had sex with women, with 18 as the median age of first experience. 88% of the group have had sex with other men, the median age of first experience being 20 years.** A very small minority (6%) have not had sex but were apparently included in the group because they identify themselves as "gay".

Ever had sex with (n=188):

A straight male	162
Bisexual	106
Married man	105
Covert homosexual	84
Male prostitute	81
Woman	69
Overt homosexual	57
Female prostitute	15

• **As indicated above, about 40% of this group have had sex with a male prostitute. Half of these respondents had such encounters during the past year.** A larger percentage of the older respondents have gone to male prostitutes shortly before the survey.

● **The main high-risk sexual behavior is anal sex, with 70% of the group having tried this activity. About half (54%) of the group (those who ever had sex) reported anal sex during the past six months, a large percentage without condoms:**

Without Condoms	
Giving anal sex with transfer of semen	18%
Receiving anal sex with transfer of semen	13%
Giving anal sex without transfer of semen	8%
Receiving anal sex without transfer of semen	8%
With Condoms	
Receiving anal sex	5%
Giving anal sex	4%

(Note: These are unduplicated responses. The total adds up to 56% rather than 54% because of rounding off of figures.)

● **The group's attitudes toward sex generally reflect those of the Filipino male, with emphasis on physical aspects ("exhibiting prowess", "gratification").** However, the focus group discussions also surfaced needs, or a search for love and companionship, accompanied by a somewhat fatalistic acceptance of the highly commercialized "gay" scene in Metro Manila.

● **The majority (84%) of the respondents say their sexual encounters are almost entirely with other Filipinos.** The majority (70%) prefer partners aged 18-24; 15% prefer those aged 25-39 and 18% prefer partners below the age of 18.

● **Sexual attitudes of this group can be said to be quite conventional. The majority (78%) are involved in a relationship:** 40% in an exclusive permanent relationship; 32% in a permanent relationship with occasional sex outside and 6% in a loose relationship where both partners have sex with other people. Agreement with certain sexual norms approximate that of the other respondent groups, except for views on sex and marriage.

	Men Who Have Sex With Other Men	Average for All Respondents
Sex partners should discuss previous experience	86%	86%
Sex should be limited to one partner	84%	85%
Sex should be limited to married partners	63%	72%

6. Condom Usage Behavior and Attitudes

● **Among male respondents, condom use is lowest within the group of men who have sex with men.** Of those who have had sex, only 18% have ever tried using

condoms but only 2% continue to use condoms "always", 1% "most of the time" and 4% "occasionally".

● **Barriers to condom usage are similar to other male respondent groups but higher percentages of men who have sex with men have such negative perceptions toward condoms:**

	Men Who Have Sex With Other Men	Average for All Male Respondents
Reduce sensitivity	80%	76%
Interference during intercourse	75%	67%
Offensive to regular sex partners	72%	69%
Not safe to use; can break	70%	64%
Suggest distrust	63%	64%
Impression "I am unclean":	62%	60%
Embarrassing to use	41%	29%
Embarrassing to buy	41%	40%
Not sure how exactly to use	33%	31%
Too expensive	17%	22%
Sin to use	14%	19%

● **About 15% of the respondents said they had wanted to use condoms but were unable to do so.** The main reasons were not having a condom at the time of sex; found it "bothersome"; "reduce pleasure" and partner refusal. Despite these obstacles, 84% recognize condoms can prevent venereal disease and 72% agree that "asking shows I am concerned about partner". About 62% would use condoms if their partner asked (lower, however, than the figure of 66% for male overseas workers and 75% for young adult males).

7. Substance Use and Abuse

● **8% of men who have sex with men admit to having tried intravenous drug use, with half of the users having shared needles. More than half (54%) have used marijuana and a majority (90%) have used alcohol, 19% admitting frequent use during the past six months.**

8. Psychographics

● For purposes of comparison, we can use psychographic scores of men who have sex with men together with those of young adult males and the average for all respondents. **The group has higher than average scores for internal locus of control, assertiveness, and group orientation but score lower for moralism, rationality and independence.**

	Men Who Have Sex with Men	Young Adult Males	All Respondents
Internal locus of control	2.59	2.54	2.54±.05
Assertiveness	2.64	2.56	2.50±.06
Group Orientation	2.35	2.33	2.29±.07
Moralism	3.00	2.94	3.03±.06
Rationality	2.88	2.93	2.96±.11
Independence	1.68	1.74	1.73±.06

II. RECOMMENDATIONS

● There have been no studies to estimate the prevalence of homosexuality and same-sex encounters or relationships in the Philippines. Words such as "homosexual" and "gay" are in fact western constructs that do not find exact correspondence with local terms like "bakla" and "binabae". General public perceptions equate effeminacy with "bakla", "binabae" and the western terms of "homosexual" and "gay". **The overt "homosexual" is tolerated but not accepted. The present survey (including those for young adults, sex workers and overseas workers) is the first large-scale research project to validate past empirical observations: on one hand, the majority of respondents (61%) think homosexuality is wrong, but at the same time, the surveys suggest a high level of sexual activity involving men with men.**

● **The ill-defined gender boundaries and the absence of organized groups with a distinct "gay" identity make it extremely difficult to reach this "group".** It is striking that only 8% meet their partners in bars or discos. The largest percentage (38%) report "anywhere" as places where they first get to meet their partners. Other places or ways for meeting partners are through friends (28%); schools (15%); parties (13%); theaters (11%) and streets (10%).

1. Media Relations

● Discussion of homosexuality in the media is not new or unacceptable. However, **media projection has always concentrated on the stereotyped "bakla" image of the effeminate beautician or couturier, who admittedly are the only ones willing to be openly interviewed by media.** Media projection of AIDS as a "gay" disease has been mainly in relation to epidemiological patterns in the U.S. and Europe

(which may explain why self-admitted Filipino gays share other Filipinos' perceptions of AIDS as a western gay disease). The survey and focus group discussions do show that other respondent groups view "gay sex" (e.g. anal sex) as one important channel for AIDS transmission, but within the context of its being "dirty" and "abnormal". **Stigmatization is therefore present and there is a risk this might be reinforced through the media.**

• **Findings in this specific survey of men who have sex with men will have to be disseminated with great caution; otherwise, it could reinforce existing stereotypes and stigmatization.** It may be more practical to emphasize that the group shows great similarities with other male respondent groups, both positive (e.g. psychological traits such as assertiveness) and negative (e.g. a modified form of machismo as a sexual value) and how these considerations are important in preventing and controlling AIDS.

• **Given the Roman Catholic Church's condemnation of homosexuality, it is not advisable for government agencies to publicly announce policies specifically designed to reach this group.** Non-governmental organizations (including women's organizations, who now include homosexuality in their agenda) would be more appropriate channels for dealing with media.

• It should be noted that nearly all members of this group (98%) report that the media is their main source of awareness about AIDS, followed by 34% citing friends/colleagues and 8% for clinics/hospitals. About 44% say the media is their most trusted source of information about AIDS, followed by medical personnel (34%) and books (10%). **Television, newspapers and the radio are the forms of media they are most exposed to.** Magazines also figure importantly, with favored ones similar to those of young adults -- Panorama (which comes with Manila Bulletin, also the most widely read newspaper) followed by three women's magazines. Comics are not popular, perhaps because this group belongs to a higher income bracket.

2. Prevention

• **As with young adult males, there is marked uncertainty surrounding sexuality in this group of men who have sex with men.** The following are the replies to a question asked specifically for this group: who their preferred sexual partners were:

Preferred Partner	All Ages (200)	18-24 (85)	25-29 (44)	30-34 (37)	35-40 (34)
Straight Male	57%	59%	66%	51%	47%
Male and female	11%	8%	7%	16%	17%
Co-homosexual	8%	9%	5%	11%	6%
Female	7%	6%	5%	11%	6%
No answer	14%	12%	16%	11%	21%
Never had sex	6%	10%	5%	3%	3%

These findings should reinforce recommendations for young adults: **the need to develop AIDS education together with sex education in general and, particularly, sexual identity.** Stereotyped behavior (such as receiving anal sex as being part of "gay", as suggested in one focus group discussion) cannot be tackled unless the issues of sexual identity and roles are discussed in relation to the primary target group (men

who have sex with men) as well as the general public. To elaborate, a quarter of the respondents in this group believe homosexuality is wrong. Higher percentages are reported among the "covert" and among the younger respondents (aged 18-29). The survey did show that a larger percentage of those who have had anal sex in the past six months believe that "homosexuals are more to blame". **Reinforcing negative perceptions of homosexuality and associating homosexuals with AIDS will make it more difficult to reach the group of men who have sex with men as fewer members of this group may be willing to come to terms with their sexual identity.**

● A second important point is that we have to accept that this group is already difficult to reach. The stereotyped overt homosexual may only represent a minority of the population of men who have sex with men. **A "shadow population" of "straight males" who have sex with men clearly exists. Messages for the general public may therefore have to include high-risk activities such as anal sex without stigmatizing it as "homosexual" behavior,** i.e. despite "revulsion" over such behavior expressed by straight males in focus group discussions, the survey shows that these males are in fact practicing it, perhaps more often as the insertor.

● The survey also showed clear correlations between certain perceptions and high-risk behavior (having had anal sex in the last six months before the survey was used as an indicator). **More of those who have practised high-risk behavior believe that AIDS is a western disease or a problem confined to the U.S.** This misconception has to be corrected.

● As mentioned earlier, the "networks" among men who have sex with men tend to be diffused. There are no formal "gay" organizations in the country. **Reaching this group will have to be done through identified informal groups, perhaps starting with those in school. Another possible way of reaching this group would be through information and educational materials left at motels and hotels** -- a quarter of the group say they use motels for sexual encounters and 16% cite "any hotel".

● **It is difficult, as yet, to suggest appropriate materials for this group other than reiterating that it would be a mistake to try to reach them as "homosexuals" or as "gay people".**

Efforts toward "twinning", of linking up Asian-American groups dealing with men who have sex with men in the U.S. with those in the Philippines are already underway and should be encouraged.

3. Further Research

● Despite (or because of) the high visibility of overt homosexuals, little scientific research has been conducted on men who have sex with men in the Philippines (or in other developing countries). Such research would receive low priority for support among agencies that fund research; yet, it is important to explore this aspect of sexuality if we are to effectively deal with AIDS prevention and control. **The present survey shows the need to map out many gray areas, including crossing of gender boundaries and loose (but possibly significant) networks and peer groups of men who have sex with men.**

- **Sexual attitudes within this group need to be further explored within the broader social context, e.g. internalization of "male" values (such as machismo) as well as "female" values (playing the passive role in anal sex).** More psychographic research is important to understand why, despite the relative autonomy and high locus of control in this group, there is still relatively high resistance to behavioral change in relation to AIDS prevention. The results may in fact be useful for health education in general since we find here a classic example of the KAP gap: low behavioral change amid high awareness and knowledge of risks.

5

Report on AIDS KAP Survey Among Sex Workers in Metro Manila

Note on Sampling

The survey involved purposive sampling of 100 male and 100 female sex workers aged 18-34. Most are from the DE (low and very low income) class groups. Sex workers outside the tourist belt (Ermita and Malate) were not included because of another ongoing study.

I. RESEARCH HIGHLIGHTS

1. Awareness of AIDS and Perceptions of Personal Risk

- **Sex workers had high perceptions of the seriousness of AIDS but there are significant differences by sex. Male sex workers had the highest percentage (96%) among all groups, in recognizing the seriousness of AIDS. Among female sex workers, only 81% recognize the seriousness of AIDS;** only female overseas workers scored lower with 74% recognizing AIDS' seriousness. Sex workers' top of mind awareness is second only to the group of men who have sex with men. A third of the females and 31% of the males expressed this top of mind awareness, compared to an average of 24% for all groups.

- **About 31% of male sex workers and 27% of female sex workers rated their level of knowledge about AIDS as "a great deal" or "a fair amount", compared to an average of 31% for all groups.** Responses to questions about the nature of AIDS showed that sex workers, particularly the females, rate lower than the other groups in their knowledge about the disease:

	Sex Workers		Average for
	Males	Females	All Respondents
Transmissable	57%	46%	69%
Incurable	37%	26%	35%
Fatal	25%	17%	19%

- **About 62% of male sex workers believe AIDS will definitely or somewhat spread in the Philippines, which is the same as the average for all groups. Among female sex workers, 77% believe AIDS will spread, the highest percentage reported for all groups.** The concern among female sex workers is almost certainly due to widespread publicity about HIV infections among women sex workers. In this survey, 45% of male sex workers and 49% of female sex workers said they had heard of a Filipino getting AIDS, while 15% of the males and 25% of the females said they personally knew someone with AIDS.

- **One should note however that sex workers scored highest in perceptions of AIDS as a western or foreign disease, with 53% of the males and 54% of the females agreeing, compared to an average of 45% for all respondents.**

- **Perceived personal risk is highest among sex workers (48% of males and 64% of females compared to an average of 32% for all groups).**

2. Knowledge About AIDS Transmission

- **Sex workers are less inclined to agree with the statement that "little is known about the spread of AIDS".** While the average for all respondents agreeing with this statement was 76%, only 71% of male sex workers and 69% of female sex workers agreed.

- **Perceptions of AIDS as very or somewhat easy to catch were cited by 68% of male sex workers and 74% of female sex workers, compared to an average of 69% for all groups.** Among male respondents, the male sex workers scored the lowest in perception of AIDS as easy to catch while female sex workers scored highest among all women respondents.

- **The male sex workers' knowledge about the means of AIDS transmission approximate that of the rest of the population but female sex workers had significantly lower scores and shared more misconceptions:**

	Sex Workers		Average for
	Males	Females	All Respondents
"Correct"			
Sex with infected male	89%	67%	90%
Sex with infected female	92%	84%	92%
Perinatal	57%	45%	65%
Having blood transfusion	64%	47%	60%
"Incorrect"			
Donating blood	60%	42%	55%
Sharing utensils	31%	24%	26%
Living with infected individual	25%	28%	27%
Mosquito bites	19%	19%	21%
Sneezing/coughing	18%	26%	18%
Public toilets	16%	35%	21%
Breathing infected air	13%	26%	15%
Swimming pools	20%	21%	17%

- **While 55% of all respondents understand that someone with HIV infection can still look healthy, only 29% of male sex workers and 44% of female sex workers were aware of this fact. Correspondingly, many sex workers believe**

they can sense if their partner has AIDS, with 59% of males and 65% of females holding this belief, versus an average of 44% for all respondents. A majority of sex workers (51% of males and 60% of females) believe some people could be immune to AIDS. (This question was asked only with one other group, men who have sex with men, 33% of whom agreed with the statement.)

3. Awareness of Diagnostics

- **Only 27% of male sex workers and 12% of female sex workers said they have had an AIDS test, a surprisingly low figure considering current government requirements for "entertainment workers".**

- **Awareness of diagnostics is lower than the general respondent population.** Only 84% of male sex workers and 77% of female sex workers were aware of such tests, compared to an average of 86% for all respondents. Diagnostics are associated with a blood test by 58% of male sex workers and 41% of female sex workers but accuracy of knowledge of this blood test is low: of the small number of sex workers who said they had a blood test, half said it involved blood obtained from pricking the finger. Among the women sex workers, diagnostics were also identified as urine tests (13%): Pap smears (16%) and inspection of genitals (9%). Among male sex workers, diagnostics were associated with urine tests (11%), X-Rays (7%); inspection of genitals (5%); physical examination (4%); Pap smears (3%) and sperm tests (2%).

- **It is important to associate these findings with the sex workers' attachment of importance to regular check-ups. About 77% of them said they had check-ups in the last six months, 72% in private facilities; 3% in an "STD clinic" (it was not clear if these were public or private) and only 1% citing public or government facilities.** The remaining 1% mentioned "place of work"; again, it is not clear if the check-ups were conducted by government people or by "in-house" physicians.

4. Knowledge and Use of Preventive Measures

- **Sex workers scored high in recognizing that something can be done to make oneself resistant to AIDS.** While 76% of all respondents knew "something can be done", 82% of male sex workers and 78% of female sex workers were aware of this. Awareness of specific reduction measures was also low:

	Sex Workers		Average for
	Males	Females	All Respondents
Avoiding sex with prostitutes	54%	47%	69%
Avoiding sex with homosexuals	52%	46%	65%
One sex partner/ regular partner	36%	35%	54%
Using condoms with every sexual encounter	41%	34%	36%

Being more selective with friends	36%	41%	42%
Having regular check-ups	70%	81%	68%
Washing genitals before and after sex	39%	33%	31%
Using medicine/ antibiotics	35%	39%	31%
Using vitamins	35%	33%	36%
Practicing withdrawal	28%	N/A	22%

- **Reports of behavioral change was highest among sex workers (98% of males and 95% of females, versus an average of 67% for all respondent groups).**

5. Sexual Behavior and Attitudes

- **Sex workers had a lower median age for first sexual intercourse.** The reported median age for first sexual intercourse with customers was 17 for males and 16 for females, lower than the rest of the population.

- **Sexual norms differ significantly from the rest of the population as reflected in agreement with the following statements:**

	Sex Workers		Average for
	Males	Females	All Respondents
Sexual partners should discuss previous experience	89%	84%	86%
Sex should be limited to one partner	68%	80%	85%
Sex should be limited to married partners	64%	64%	72%

- **The female sex workers' customers are all male, and mostly Filipino. The male sex workers report a more varied clientele:**

	Ever had sex with	Most/half of the time
Homosexuals	81%	63%
Married women	81%	57%
Female prostitutes	74%	60%
Unmarried women/widows	71%	45%
Bisexuals/married men	59%	6%

- **Contact between male and female sex workers is clearly frequent but the survey does not show how many sex workers are married or are living in with another sex worker.** The survey does show that 21% of males and 27% of females have a live-in partner while another 12% of males and 31% of females are married (most, however are separated from their spouses).

- **Certain high-risk activities emerge among those practiced most or half of the time:**

	Males	Females
WITHOUT CONDOMS		
Vaginal intercourse with transfer of semen	63%	54%
Vaginal intercourse without transfer of semen	37%	31%
Giving anal intercourse with transfer of semen	24%	---
Giving anal intercourse without transfer of semen	8%	---
Receiving anal intercourse with transfer of semen	11%	7%
Receiving anal intercourse without transfer of semen	20%	10%
WITH CONDOMS		
Vaginal intercourse	28%	32%
Giving anal intercourse	16%	---
Receiving anal intercourse	6%	8%

6. Condom Usage, Behavior and Attitudes

- **Compared to other groups, sex workers have had more experience with using condoms.** About 61% of male sex workers and 55% of female sex workers have tried using condoms and all claim they continue to use condoms:

	Sex Workers	
	Males	Females
Always	4%	4%
Most of the time	12%	8%
Half the time	8%	8%
Occasionally	37%	35%

These figures should be interpreted with caution. Note that in the previous section, the incidence of condom usage most or half of the time reaches a maximum of only 28% among male sex workers and 32% for female sex workers with vaginal intercourse. Anal intercourse happens more often without condoms.

- **Positive attitudes toward condom usage exist and are generally higher than other respondents..** Note that the women sex workers score lower in this portion of the survey except in recognizing the protective value of condoms, which validates a "negative" attitude -- the fear that condoms can break:

	Sex Workers		Average
	Male	Female	All Male Respondents
Can prevent venereal disease	85%	74%	83%
Shows concern about partner	76%	75%	74%
Useful for people like me	82%	79%	68%
One is safe from AIDS	60%	70%	58%

- **Attitudinal barriers to condom use tend to be lower than those of other male respondents except for the religious belief that condom use is a sin.** Women sex workers were the only female respondents interviewed about condoms and express less of negative attitudes than all male respondents (sex workers, overseas workers, young adults).

	Sex Workers Male	Sex Workers Female	Average All Male Respondents
Reduce sexual sensitivity	74%	72%	77%
Interference during intercourse	70%	57%	72%
Offensive to regular partners	67%	52%	69%
Not safe to use, can break	65%	69%	70%
Customers/partners don't like them	61%	56%	62%
Customers/partners would be insulted	68%	66%	63%
Suggest don't trust customer/partner	72%	59%	63%
Give impression I am unclean	62%	60%	60%
When I'm excited I forget condoms	67%	54%	54%
Embarrassing to use	35%	37%	39%
Embarrassing to buy	33%	37%	40%
Not sure how to use	25%	33%	31%
Too expensive	19%	20%	22%
Sin to use	23%	28%	19%

- **Among sex workers who have tried to use condoms, 67% of the males and 46% of the females have experienced customer refusal to do so.** Of those who experienced refusal of the customers, 29% of males and 32% of females said this happens "often" (significantly, 12% of females had no answers as to how often customer refusal occurs while all of the males were able to give definitive answers). The customers' lack of cooperation is one important factor that blocks condom usage among sex workers.

- **Sex workers seem experienced with the use of condoms, including 39% of the males and 31% of the females claiming they can put condoms without their partners knowing it.** On the other hand, a quarter of the males and a third of the females said they were not exactly sure how to use condoms. About 19% of male sex workers and 16% of female sex workers also think that condoms can be washed and re-used, compared with an average of 15% for all respondents.

- **It is important to note that 82% of male sex workers and 52% of female sex workers were the ones who provided condoms during "the last time used".** Of these workers, 72% of the males and 61% of females had to buy the condoms. (14% of the females said they got the condoms from family planning centers.)

7. Substance Use and Abuse

- Substance use and abuse was not included in the survey among sex workers.

8. Psychographics

- **The sex workers generally had lower psychographic scores than the rest of the population, with the women having scores not just lower than their male counterparts in sex work but for the entire population.**

	Sex Workers		Average for
	Males	Females	All Respondents
Internal locus of control	2.51	2.44	2.54±.05
Assertiveness	2.63	2.53	2.59±.06
Group orientation	2.27	2.16	2.29±.08
Moralism	2.97	3.02	3.03±.06
Rationality	2.93	2.80	2.96±.11
Independence	1.77	1.65	1.73±.06

- **Sex workers tend to take a pragmatic or fatalistic attitude toward AIDS, depending on how one interprets their agreement with particular statements:**

	Sex Workers		Average for
	Males	Females	All Respondents
We all die anyway so why worry about AIDS.	30%	45%	28%
It is better to risk AIDS than to stop my best means of earning a living.	30%	46%	N/A

- **Differences in the scores between male and female sex workers may be partially explained by their personal circumstances. Male sex workers seem to have more options than the females.** A striking 83% of male sex workers consider their work as part-time compared to only 51% of female sex workers. At the same time, 55% of the males have another job and 7% are students while among the women, only 42% had other jobs, mostly still related to the "entertainment" industry but also including 10% doing laundry work. None of the women were still in school.

- **The reasons for entering sex work also help to explain the differences between the sexes:**

	Male	Female
Make best/better money than other jobs	45%	40%
Earn additional money/income/need money for education	38%	11%
Only job I can get.	14%	17%
Easier than other jobs	12%	6%
Has to support other family members/ has dependents/children to support	4%	19%
Support personal vices	2%	---
Like it/enjoy it/adventure/for kicks	16%	6%

- **The survey showed sharp differences in the number of dependents being supported by male and female sex workers:**

	Sex Workers	
Number of dependents	Male	Female
None	41	11
1	13	14
2	15	18
3	12	17
4	8	10
5	8	8
6	1	6
More than 6	2	16

Males with dependents generally cite parents or siblings; only 16% have children. On the other hand, women support parents, siblings, spouses and children; 62% of the women have children as dependents.

- **The problem of a lack of options is much more acute among the women and extends into sexual encounters as reflected in customers' refusal to use condoms.** Note, too, that 73% of male sex workers, compared to 52% of the females, negotiate directly with customers. The women are largely dependent on pimps and bar-owners or managers for negotiations.

- **There were some correlations between selected psychographics and condom use among women sex workers:**

	"Agree Strongly"	
	Condom Users	Non Users
I have a strong desire to be a success in this world.	74%	51%
I like to plan and organize carefully.	72%	51%
When I know I am right I stand pat regardless of my group's disapproval.	68%	47%
Men and women should be paid the same.	47%	30%

II. Recommendations

- There are no reliable estimates on the number of sex workers in the Philippines. Prostitution is, on paper, illegal; however, workers in "entertainment establishments" in urban areas are required to go through periodic physical check-ups, including tests for sexually-transmitted diseases, to get a license to work. The numbers of those who take such tests fluctuate, and are not reliable indicators because of the large number of free-lance sex workers, as well as those who are involved in other front establishments (e.g. barber shops, restaurants, and even tailoring shops). The estimates vary from a low of 100,000 to as high as 600,000. **Whatever the actual figure is, sex work must be recognized as being widespread not just in Metro Manila but also in other urban centers and in particular rural settings such as logging, mining and military camps.**

- **The issue of prostitution has been politically sensitive** because it is generally perceived as having proliferated during the Marcos regime and its push for tourism. AIDS has further politicized this social issue because the first HIV positive cases were found among sex workers near U.S. military bases.

1. Media Relations

- **Sex workers are heavily stigmatized and are at the same time used to sell newspapers, particularly tabloids.** AIDS has added to the stigma and may have forced prostitution into more clandestine circumstances (e.g. the use of other fronts besides bars and massage parlors). Women sex workers already face traditional concepts of sexually transmitted diseases as "women's diseases" (sakit sa babae). The media has to be convinced it is counter-productive to reinforce these stereotypes and the corollary of victim-blaming.

- **Advocating the rights of sex workers is too sensitive an issue for the government to tackle and should be left to non-governmental organizations,** especially women's groups, several of which are already providing counselling services for the sex workers while lobbying for a decriminalization of prostitution. **Government must, however, speak out against sexual exploitation and abuse as their contribution toward reducing the stigma attached to sex workers.** The findings of

the survey clearly show that clients share much of the responsibility (or lack of responsibility) in creating high-risk situations, e.g. by their refusal to use condoms.

- **It is important to project the human side of sex workers.** Despite the many articles that have been written for this purpose, the present survey is the first to present hard statistics indicating the reasons, mainly economic, for sex workers entering into their profession.

- **Media is an important source of information for sex workers, with television and radio being the most significant, followed by newspapers and comics.** Exposure hours for television and radio are of course very different from the rest of the respondents because nights are used for work.

- **One important finding in the survey is the low trust the sex workers attach to the media as accurate sources of information about Aids.** Medical personnel are the most trusted sources, suggesting that an educational campaign directed toward sex workers should not rely too much on the media and should tap the government's Social Hygiene Centers and private clinics, as will be discussed in the next section.

2. Prevention

- **Many sex workers can be reached through their work establishments.** Several groups have been able to convince owners of such establishments that it is to their advantage to extend AIDS education to their employees. However, the existing AIDS education done among sex workers has to be carefully monitored and evaluated as to how much of the messages are getting through and are being internalized, as well as the practical value of such campaigns (e.g. condom usage in the absence of bargaining power).

- **Peer groups could be used but the survey suggests that peer group ties may not be that strong.** Sex workers, particularly the males, are a highly mobile population. Where peer groups do exist, it would be worthwhile to tap them not just as channels for information but also for some form of organizing and empowerment.

- The campaign's scope definitely has to be widened. Many of the misconceptions can be traced to other popular concepts about health, illness and sexuality. **Linking up AIDS education to existing programs on drug abuse, family planning and even maternal and child health would be useful.** (For instance, 8% of the female respondents already use condoms as a method for family planning.) Non-governmental organizations are already using comprehensive educational modules that start with group dynamics, self-awareness (including body awareness) and women's rights before moving into sexually transmitted diseases and AIDS. (Note that these efforts have largely concentrated on women sex workers; there is practically no effort to reach male sex workers.)

- **Government's testing of sex workers needs to be humanized.** Apparently, many sex workers go through a battery of tests and do not understand what they mean. In relation to HIV testing, there are no provisions for pre-test and post-test counselling, which has proven to be disastrous in some instances (e.g. HIV-positive cases going underground). **Given the sex workers' great trust in "physical check-up" as a preventive measure, the value of the visits to Social Hygiene Centers should be maximized by providing additional information on sex, sexually-transmitted diseases and AIDS** (with emphasis on dangers of transmission routes other than sex).

The centers should also carry posters to correct misconceptions about transmission and prevention (especially the widespread belief that taking antibiotics and vitamins to resist infection).

- **Government should impose stricter rules on "STD clinics" that proliferate in red-light districts.** These clinics are popular among sex workers and are notorious for offering false information, false tests and false treatments, often at great cost. Since the present survey suggests that sex workers may prefer such private facilities not only for check-ups but also for treatment of sexually-transmitted diseases, **it is important that government issue proper accreditation for such clinics and to inform sex workers to avoid clinics without government endorsement.**

- **The survey shows sharp differences between male and female sex workers and will require different policy strategies for the information and education campaign.** The male sex workers share many attributes of other male respondents in exhibiting higher locus of control and assertiveness; therefore, certain general messages about the need to increase "responsible machismo" apply as well to the male sex workers. Self-deprecation does exist among male sex workers and should be dealt with in the educational campaigns. It may be possible to actually project messages to male sex workers of leaving their work; they do have more options than the women.

3. Further Research

- **Comparisons between the present survey and the one conducted in the tourist belt should be made. Research on sex workers outside Metro Manila is also important.** The present questionnaire is much too long and detailed for this particular group and it is not surprising that conflicting answers emerge. Qualitative information may be more important and can be elicited through focus group discussions.

- Further validation of the psychographics is needed with small samples in different parts of the country. More importantly, however, **further research should probe into the sex workers' own perceptions of what "locus of control" means, given their very specific working conditions.**

- **The informal networks that already exist need to be mapped out to identify key points of linkages that could be strengthened with the objective of promoting affirmative action among the sex workers in relation to educational campaigns, mutual social support and possibly even advocacy work.**