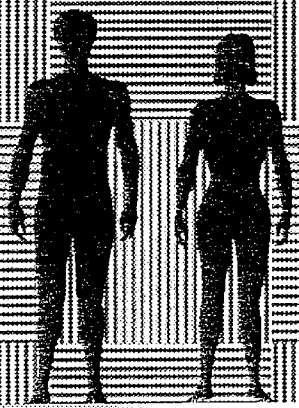
JICA

Report on Basic Survey and Recommendation for the Educational Package Development



National AIDS/STD Prevention and Control Program
Department of Health, the Republic of the Philippines

A JICA Project for the Prevention and Control of STD/AIDS

PCSA

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I. Executive Summary

1. Summary of findings in the basic survey

The basic survey consists of multi-methods such as questionnaire study, focus group discussion and in-depth individual interview toward different targets. Each summary of findings is described by methodology as follows.

(1) The study on the needs of health educators of SHC

We conducted a focus group discussion(FGD)for which a total of 9 SHC-based health educators were invited.

All of the participants indicated that their facilities offered health education activity for their clients. This activity was disseminating information on STD/HIV/AIDS. The FGD probed on the concerns and problems encountered by SHC staff in the conduct of health education activity for their clients.

The most commonly expressed problem was the lack of appropriate IEC materials for the clients. This problem has been attributed to the lack or no funds allotted from their government unit for production of IEC materials.

(2) The questionnaire study for IEC activities of SHC

We investigated the actual situation of implementing a seminar at SHC nationwide through the study. We sent a questionnaire to 147 SHCs and only 66 replied.

About 90% out of the replying SHC had ever conducted a seminar or a similar activity. Many of them conducted 2 to 3 hours seminar, or one day seminar. In these seminars, basic facts on STD/AIDS, general health issues, and anatomy of genital organ were discussed in addition to a demonstration of condom use. Among the problems they had often encountered were lack of materials / equipment and the absence of guide / module which they could use.

(3) The questionnaire study for the clients of SHC and male sex workers

We interviewed a total of 1,159 female Guest Relation Officers (GROs) who worked in entertainment establishments in the cities of Pasig and Makati, and 100 male GROs from 5 gay bars in NCR using a structured questionnaire.

The result of the interviews revealed that the respondents understood the transmission modes of HIV via sexual contact, sharing of contaminated needle and syringe, and transfusion of infected blood. However, there were also some misconceptions. Half of them thought, for example, that a person with HIV shows symptoms. Many interviewees reported that AIDS is a terminal stage of syphilis.

Sex workers who had sexual intercourse with a customer, especially massage attendants, had statistically higher level of knowledge on STD/AIDS and better attitude toward AIDS.

Condom use was quite high with 82% reporting consistent condom use. However male sex workers reported lower condom use; only 65% of male respondents consistently used condom. Through multivariate analysis, consistent condom use was associated with age and attitude level but not with knowledge level. Self-efficacy, a potent predictor of behavior change, was measured in the study. When respondents were asked whether they can convince customer to use condom, 88% reported they can (The self-efficacy was high). However, if the customer refuses to use condom, 85% of them answered they did not have the confidence to refuse having sex with the customer even without condom (The self-efficacy was low). By means of multivariate analysis, the self-efficacy of convincing condom use had a significant correlation with age, period of working in the present job and attitude level, but had nothing to do with knowledge level. Sixty percent of female GROs and seventy eight percent of male sex workers bought condoms by themselves.

The most common source of information on STD/AIDS among the female group periodically visiting the SHC was the health educator. On the other hand, the male group learned about STD/AIDS either from mass-media, a friend or a publication because they did not visit the SHC. When they encountered any private problem, many reported that they would go to their parents or a friend for advice.

(4) The detailed survey on sex workers

To obtain more detailed information on sex workers, we conducted focus group discussions and in-depth individual interviews with female and male sex workers.

It was found out that most of the participants had a perceived susceptibility to STD/HIV if they do not protect themselves from getting infected. In addition, they considerably understood the effectiveness of condom in protecting them from getting infected with STD/HIV. However, they sometimes had not used condom in having sex with familiar or apparently healthy customer. They had some interpersonal skills to negotiate with their customer about condom use.

The GROs reported that most establishments were cooperative in STD/AIDS prevention and control.

(5) The study for probing the influence of floor managers

We postulated that a floor manager of an establishment can affect the behavior and attitude of sex workers. Thus, floor managers in Pasig and Makati were convened to focus group discussions (FGD).

Through the FGD, we confirmed that floor managers were very cooperative to health activities and could play a vital role in changing the health seeking behavior of GROs. Floor managers had also key function in the implementation of STD/AIDS prevention and control activities based on the establishment outreach.

2. Summary of recommendation for developing the Package

It is recommended that two existed health promotion theories should be used to offer a framework of the developed Package, namely the Precede-Proceed Planning Model (PPPM) and the Health Belief Model (HBM).

The program of the Package will comprise two parts of a program for the health educator (a user of the Package) and a program for the target audience (clients of the SHC). The former part will be constructed by the PPPM, and the latter will be framed using the HBM.

A program for the health educator should involve four components of the PPPM, that is, education, predisposing factors, reinforcing factors and enabling factors. In developing the program, the results about mainly focus group discussions of health educators and floor managers can be used.

A program for the target audience should include six components of the HBM ; perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy and cues to action. The results gained in questionnaire study, focus group discussion and in-depth individual interview of sex workers may be useful to guide the development of the program.

Since this program is to intervene sex workers' behavior to protect them from getting infected STD/HIV, target behaviors of the program should be defined. The following four health behaviors are suggested as objectives of the program ; using of condom appropriately and consistently, avoiding oral sex and kissing, douching genital organ, and maintaining general health condition.

3. Special remarks on developing the Package

The following should be taken in consideration in developing the Package.

First, some results of the respondents in the questionnaire study for sex workers should not be regarded to correspond to all the sex workers. It is because the respondents based on Pasig and Makati SHCs might be specific sampled population who, in comparison with other relevant data, had higher level of educational attainment and higher rate of consistent condom use than sex workers in the provinces. Thus, the external validity of the data should be considered.

Second, floor mangers of the entertainment establishment turned out to be key persons that their involvement in establishment based outreach education for STD/AIDS prevention should also be considered. The module of involving floor managers should be included in the Package.

Third, although the recommended health belief model (HBM) focused on perceived threat of the diseases as a crucial component that leads to behavior change, the Package program should not emphasize too much the threat of STD, especially AIDS. As many specialists stated, using a positive approach to teach an activity that is pleasurable is much more likely to increase personal efficacy and reaffirm behavioral changes. Thus, the Package should be produced using humor and positive stance.

Last, the Package should not be stuffed only with a load of knowledge on STD/AIDS, because, in the result of our analysis, knowledge had nothing to do by itself with the frequency of condom use and also the extent of self-confidence of convincing customer to use condom. As mentioned in many reports related to health behavior, knowledge may not be able to play a useful role until motivation, skill and self-confidence to the practice of safer sex will be all present. Thus, the Package should include modules on promoting motivation, skill and self-efficacy with selected requisite knowledge.

II. General Objectives

This study was conducted as the basis for developing the educational program and materials(hereinafter referred to as "the Package")for health educators of Social Hygiene Clinic (SHC).

The DOH/JICA AIDS project aims to upgrade SHC. Since one of the functions of the SHC is to conduct health education and promotion activities on STD/AIDS, JICA initially undertook an assessment study of IEC activities performed by the SHCs in NCR. It was found out that there was remarkable lack of IEC materials at the SHC and there existed a great demand for these materials.

Taking these information into account, DOH/JICA seriously considered the development of the Package in 1997 to respond this particular need of SHCs. The developed Package will be used during health education and promotion activities for their clients.

It is indispensable, therefore, to gain a better understanding of the level of knowledge, awareness on STD/AIDS and sexual behaviors of the SHC clients as well as the needs of health educators of SHCs in order to develop an effective and useful Package. Hence this study was conducted.

III. Study Design

1. Overview of study design

To collect pertinent information from different aspects, we adopted multi-methodology as shown in Table 1. The quantitative survey in Table 1 means a method by which numerical data are collected , while the qualitative one is undertaken to gain information not to be described by a figure.

Table 1 Multiple-methods of the basic survey

target	method
Health educators	Focus group discussion (1#) Questionnaire study (2#)
Sex workers	Questionnaire study (2#) Focus group discussion (1#) In-depth individual interview (1#)
Floor managers	Focus group discussion (1#)

Note; (1#) : Qualitative method, (2#) : Quantitative method

It is first necessary to know the needs of health educators of SHC who will be the users of the developed Package. We conducted a focus group discussion to determine their needs. Moreover, the actual situation of SHC IEC activities should be investigated. We mailed a questionnaire to find these out. These questionnaires were mailed back to us.

The Package that will be used by the SHC health educator should target SHC clients who are mostly females who work at entertainment establishments such as restaurants, clubs, karaoke bars, and massage parlors. We carried out a structured interview with Pasig and Makati SHC clients. We also collected information on male sex workers by directly visiting gay bars in Metro Manila. The same questionnaire was used.

In addition, focus group discussions and in-depth individual interviews were done to gain qualitative information on their awareness on STD/AIDS, detailed sexual behavior, and labor situation at the sex industry.

Recognizing how floor managers could influence the behaviors of establishment based sex workers, we also conducted focus group discussions to discuss their relationship with the GROs and also find out STD/AIDS knowledge among them.

2. The study on the needs of health educators of SHC

To find out the needs of health educators, we conducted a focus group discussion on March 30 which was participated by health educators in the National Capital Region (NCR).

The health education advisor of the NCR Regional Health Office was the moderator in the said FGD and she encouraged the participants to speak freely. The guide questions used in the FGD consisted of a prepared list of specified topics(Refer to Annex 1 for the list of topics).

3. The questionnaire study for IEC activities of SHC

We sent the questionnaire, developed in English(Annex 2), to 147 SHCs nationwide. The questionnaires were mailed in the middle of July. The questionnaire was designed to determine the actual situation on implementing seminars by health educators of the SHC.

All data were analyzed by SPSS 8.0J for Windows.

4. The questionnaire study for the clients of SHC and male sex workers

From March 30 to May 8, 1998, the questionnaire study was carried out to female clients who visited Pasig and Makati SHC for health check up. Only those clients who have agreed to participate in the study were involved in the study.

As of July, 1998, Pasig City has a population of 515, 520, while Makati City has 502, 185. As of July, 1998, the SHCs in Pasig and Makati registered a total of 46 and 76 entertainment establishments, respectively.

Five part-time research assistants were recruited to interview clients, using the questionnaire developed in Tagalog (Annex 3-1). It took an average of 20 minutes to complete each interview. The researchers were trained for three days and had undertaken mock-interviews before they were fielded.

Male sex workers were also interviewed using the same questionnaire. The respondents came from 5 different gay bars in Manila and Quezon City. Unlike female sex workers, male sex workers are not required to go to SHC for health check-up. Hence they had to be interviewed in the clubs where they work. Gay bars in Manila and Quezon City were the ones visited since there were no registered gay bars in Pasig City and Makati City.

All data were analyzed by SPSS 8.0J for Windows.

5. The detailed survey on sex workers

A detailed survey on sex workers was also done to supplement the quantitative data gained from the questionnaire study.

Focus group discussions participated by sex workers were conducted in July and August. A staff from the IEC Section of the National AIDS/STD Prevention and Control Program (NASPCP) acted as a moderator. A copy of the guide questions used in the FGD appears as Annex 4. The FGDs lasted from one hour to one and a half hour.

In addition, in-depth individual interviews targeting sex workers were carried out in July by NASPCP staff. Detailed personal information were collected by means of a semi-structured list of questions (Annex 5). Eight female and four male sex workers were interviewed in Tagalog.

6. The study for probing the influence of floor managers

Recognizing the influence of floor managers on sex workers, floor managers of entertainment establishments were convened to participate the FGD both in Pasig City and Makati City. Refer to Annex 6 for the guide topics.

IV. Research Findings

(A serial number at the head of each paragraph will be referred in chapter , "Recommendation for developing the Pacakge".)

1. The study on the needs of health educators of SHC

Staff designated to provide health education in the SHC were convened for a focus group discussion. Eight SHCs in Metro Manila participted, namely Pasig, Makati, Paranaque, Marikina, Mandaluyong, Caloocan, Pasay, and Malabon. The participants included two physicians.

Topics revolved around problems that health educators and/or designated staff encountered in the conduct of an IEC activity.

(1) Conduct of STD/AIDS Seminar

1)All of the participants indicated that it was a regular activity for the social hygiene clinic to have a seminar on STD/HIV/AIDS for persons who seek treatment and avail services of their facilities. The frequency and duration of such a seminar may differ from among the SHCs. It was, however, routine for the facility to make available information on STD/HIV/AIDS.

(2) Support from Local Government Executives

2)Almost all of the respondents said that their local officials were supportive of the activities in SHC. Support was crucial since operations of the SHC was sole responsibility of the local government unit. When probed as to what kind and to what extent was the support mentioned, participants indicated that support from officials came in different kinds and varying degrees among the different SHCs.

3)More than half of the participants, particularly the ones coming from Pasig, Makati, Paranaque and Marikina, firmly expressed their officials' assistance in their SHCs activities. Support came in terms of prompt approval in most of SHCs' requests from the government officials. One example given was the provision of a lecture/IEC room for the conduct of seminars.

4)Other participants, those from Caloocan, Pasay and Malabon, made mention of their officials' recognition of the problems on STD/AIDS in their ar-

eas, but not so much assistance was provided. Further exploration from these participants revealed that the officials have been indeed supportive, as like the other local government units. However, the health workers perceived these assistance to be insufficient. SHC staff would like to see assistance to address needs particularly on IEC activities in the SHC like budget for IEC materials, equipment for use in the seminar and budget for planned outreach work.

5)During the time of FGD, Pasay City, as indicated by its representative, had problems in the transition of its leaders. There was an apparent problem as to who the legitimate Mayor of the city was. The participant of Pasay had emphasized that with a political problem in the local government unit, it always have, in one way or another, an effect in the SHC operation especially in terms of asking for any support. But regularly, the City of Pasay, as mentioned by the participant, has always been supportive to the endeavours of the SHC personnel, especially in their IEC initiatives for their clients.

(3) Logistic & Material Needs for SHC

6)It was apparent from almost all the participants that there was lack of appropriate IEC materials for the clients(sex workers). The sentiment was that there was not enough (for a third of the participants) or none at all (from the rest) budget allotted for development and production of IEC material.

7)When asked about what was appropriate, almost all of the respondents said that "appropriate" means a material easily understood by lay people. "Easily understood" means a material in Tagalog that covers all STDs and HIV/AIDS. A material that may be less in text but more in graphics (pictures) will be useful particularly for some sex workers with only some education. Almost all of materials were provided from the DOH and some from the NGOs.

8)Other needs/problems/concerns expressed by the participants were internal to their structure in nature. Internal concerns in the day to day operation of the SHC have surfaced. These have something to do with the manpower assignment (fast turn over of personnel and compensation of personnel).

(4) Recommendation

9)The participants have strongly recommended a continuous and close coordination with government (both national and local) and NGOs particularly in addressing the problem of IEC materials. Coordination would mean guidance as to the kind of materials to be distributed, technical inputs and provision of funds. As it is, it is recognized that there's lack of IEC materials for the clients. Considering the difficulty in money allocation in the local government unit, it is useful and cost-efficient to make use of all the existing IEC materials from government and the NGOs.

10)Technical support should be provided for the SHC who are capable of producing local IEC materials in their area. This support may be in the form of inputs on the content and appropriateness (gender sensitive, non-pornographic, etc.) of the material.

11)Provision of funds (from national office or funding agency) for the development and production of IEC materials has also been suggested. This seems to be a solution that was expressed to be the answer to the problem of lack of IEC materials in the SHC.

2. The questionnaire study for IEC activities of SHC

12)A total of 147 SHCs were sent the developed questionnaire by mail.The rate of effective collection was 45% with 66 SHCs replying. Five responses came from sentinel surveillance sites, namely Quezon, Davao, Iloilo, General Santos and Zamboanga.

13)The study concentrated on the actual situation of implementing the seminar on STD/AIDS prevention which SHC conduct regularly for the clients. About 90% of the replying SHCs have actually implemented such seminars.

14)Sixty-four percent (42 out of 66 SHC) conduct seminars more than once a month. There were 4 SHCs that have implemented it more than once per day. Quezon City SHC reported the highest at two to three times per day.

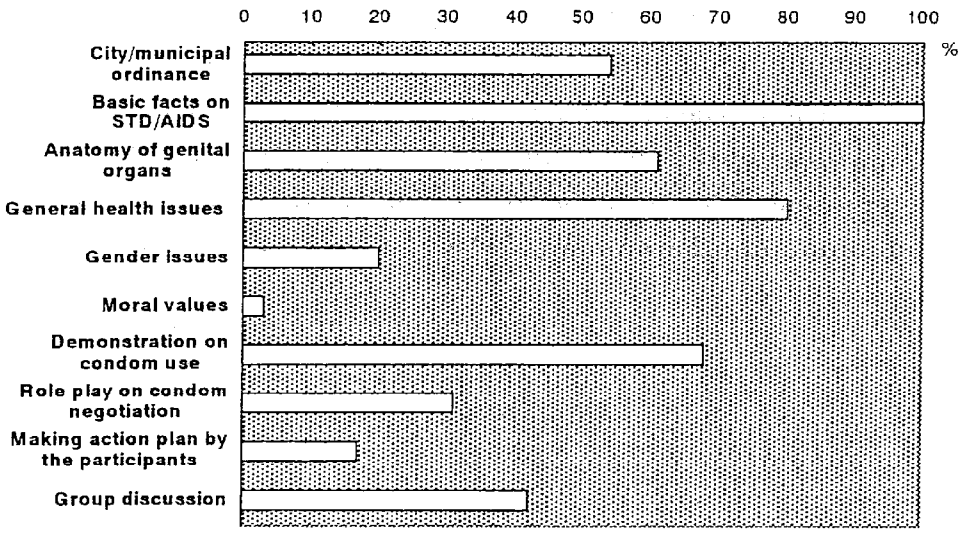
15)Regarding the time period for implementing a seminar, 14 SHCs have spent 2 to 3 hours to each seminar and 13 SHCs conducted it for one whole day. The shortest duration reported was 30 minutes. There were 4 SHCs that conduct it only for one hour.

16)Forty one percent (41%) of the SHCs reported that they conduct the seminar in the clinic either at the waiting room or examination room. Thirty-six percent (36%) reported that they conduct it in the club. Others conduct it in the city hall (36%) and RHU (15%).

17)In the seminars , the key informant was most often the physician (95%), or the nurse (88%) followed by the sanitary inspector (45%), medical technologist (42%), and health educator (36%). There were 18 SHCs which implemented their seminars in coordination with local NGO.

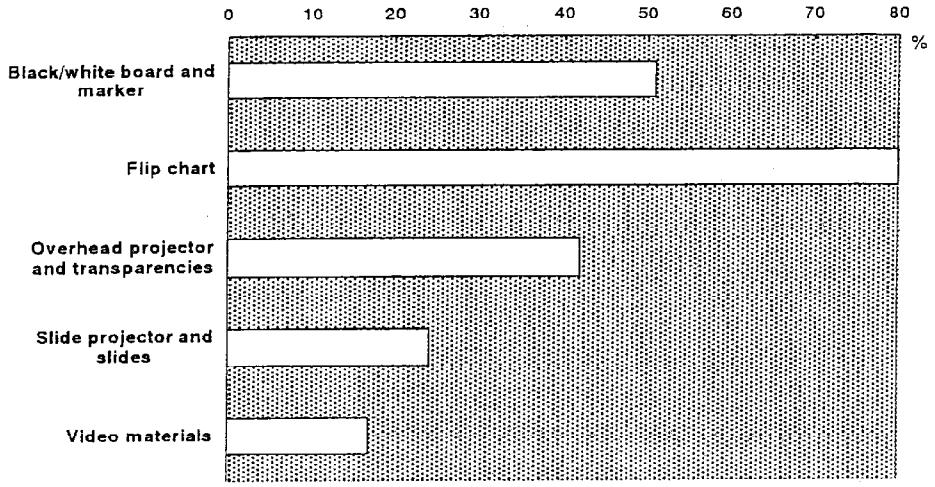
18)Figure 1 shows the topics that were usually discussed during the seminar. Most often discussed topic was basic facts on STD/AIDS. Other similarly popular topics were general health issue, demonstration of condom use and anatomy of genital organs.

Figure 1 The topics of the seminar (multiple-choice)



19)Figure 2 shows how often the SHC uses audio-visual equipment or material during the seminar. The most commonly used was a flip chart. However, it does not necessarily imply that this is the most useful and handy material. It means rather that many of them did not have IEC materials other than the flip chart because of a lack of budget. Although the frequency of using slide and video were actually low, many SHCs signified their need for such an equipment.

Figure 2 The frequency of equipment use



20)Finally, when asked in multiple-choice question about the problems which they encountered in the conduct of the seminar, 94% said they lack materials and equipment. Others said, they did not have available guide/module(68%), while there was no available venue(37%) to conduct such a seminar.

3. The questionnaire study for the clients of SHC and male sex workers

The present study sought to reveal the general socio-demographic attributes of the respondents, the level of knowledge, attitude and practices on STD/AIDS, and communication channel of them. There was a total of 1, 259 respondents consisting of 1, 159 females (295 from Pasig SHC based and 864 from Makati SHC), and 100 males. The data were, if necessary, divided into four sub-group such as female, male, Pasig based and Makati based.

(1) The general socio-demographic attributes of the respondents

21)The average age of the respondents was 23.6 ± 4.3(mean±standard deviation)years with a range of 17 and 45. For males it was 22.5 ± 4.0, which was a little younger than those for females at 23.7 ± 4.3. There was no significant difference between Pasig based(23.5±3.9)and Makati based(23.8±4.4).

22)The majority of the respondents was Roman Catholic(95%).

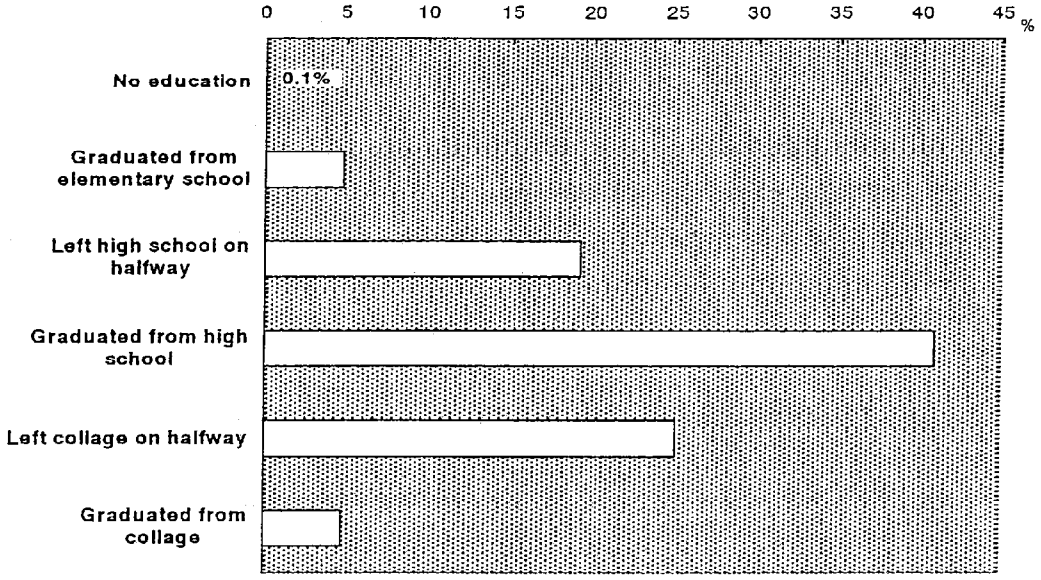
23)There were respondents born in NCR at 31%, followed by those born in the Visayas area (Region 6, 7, and 8) at 24%, those from Mindanao (Region 9, 10, 11, 12, and ARMM) at 15%, and from Southern Luzon (Region 4 and 5) at 15%. The data from Pasig and Makati showed almost the same result.

24)Sixty-two percent (62%) of the respondents were familiar with Tagalog while 29% identified Visayan dialect. Both dialects covered 90% of all the respondents.

25)One third of female respondents(31%)were single without a regular sexual partner at present, while 44% of male respondents were single without a sexual partner. There was 26% of female and 29% of male respondents who were single but had regular sexual partner. 15% in female and 18% in male were married with a live-in spouse. Almost half of female respondents(47%)had no child and 72% of male respondents also did not have a child. The average number of child was 0.9 ± 1.1(mean±S.D.)in female and 0.5±1.0 in male.

26)Figure 3 shows the educational attainment of the respondents. Forty-one percent (41%) have graduated from high school, while 25% reached college level. Educational attainment of Makati-based respondents was higher than those of Pasig(data not shown).

Figure 3 The educational attainment (Total population)



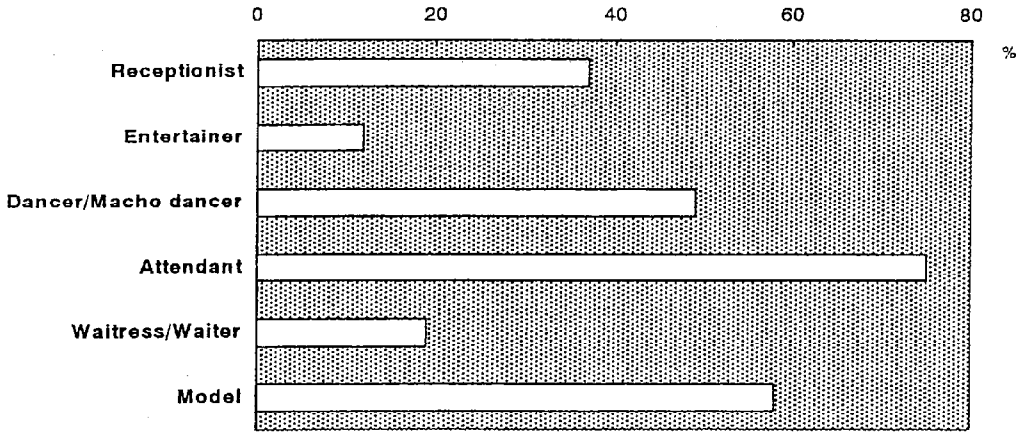
27)Table 2 below shows the respondents' job in the establishments. It should be noted that the proportion in Table 2 indicates not the actual ratio of the types of job in the establishments but simply the ratio in the investigated population.

Table 2 Type of job at the establishment

type of job	female (%)	male (%)
Receptionist	52	21
Entertainer	18	9
Dancer/Macho dancer	18	53
Attendant	8	0
Waitress/Waiter	4	2
Model	(-)	12

28)We inquired of the respondents if they have had sexual contact with their customer in the past. More than one third(37%)had such a experience. Even among male group, the rate reached 62%. Such experience among the female respondents varied depending on their job. Figure 4 below shows that the experience rate of attendants, meaning the proportion of attendants with such an experience out of all attendants, was the highest (75%). The rate of receptionist and dancer was 37% and 48%, respectively. On the other hand, there was only 12% and 19% in entertainer and waitress, respectively. These data are suspected to be lower than actual percent, because some of the respondents maybe reluctant to give the true answer due to some feeling of embarrassment. For example, if we take account of the characteristics of the massage attendant's job, such rate of attendant must reach almost 100%. Nevertheless, the actual rate gained were quite low.

Figure 4 Rate of ever experiencing having sex with a customer by type of job (Total population)



Note: Percent of persons with such experience among persons in the same job

29)The average period of working in the present job was 11.2 months with a range from one day to fourteen years in female group and 20.8 months with a range from one day to twenty years in male group. Both groups have two clusters, the bigger one was within one year and the smaller shaped the peak around two years between 1.5 and 3 years. It means many of them were likely to quit the job within one year. Those who could stay on the job for more than one year tend to continue to work in the same establishment for one or two more years.

30)The average period of the past jobs was 11.3 months in female and 11.7 months in male. When asked what jobs they have had prior to becoming sex workers, female respondents were formerly employed as, sales lady, factory worker or maid. Male respondents were formerly employed as waiter, construction worker or gym instructor.

31)We asked what the nationality of their customers were in order to compare the stratum of customers at the establishments located in Pasig and Makati. The most frequent customers of female respondents were Japanese (42%). It means 42% out of all female respondents have encountered Japanese customers at least once, while 34% have encountered Americans, 18% Koreans, 15% Chinese, and 13% Australians. Makati based GROs had experienced more encounters with foreigners than those based in Pasig.

32)When asked why the respondents chose their present job, 69% replied they were in this job "for money", 14% said "no other job", 6% said they found the job interesting. Among male respondents, 11% answered "for pleasure" and 5% did it just "for experience". It was revealed that one of ten respondents prioritized personal enjoyment rather than earning.

(2)Knowledge level

33)Although most of the respondents(99%)have heard of HIV/AIDS in the past, the rate of those who have heard of STD was 87% in total population, but only 77.0% in the male respondents.

34)The rates of correct answer on the questions assessing their knowledge are shown in Table 3.

Table 3 The rates of correct answer on the questions on STD/AIDS

unit : %

question	total	female	male	Pasig	Makati
Q1, Can a person be protected against HIV/AIDS through....					
(1) having a good diet	44	43	54	50	40
(2) being faithful to one's partner	92	93	83	95	93
(3) avoiding the use of public toilet	54	53	68	61	50
(4) using condom during a sexual intercourse	95	95	93	97	94
(5) avoiding touching a person with HIV/AIDS	70	70	68	82	66
(6) avoiding sharing food with a person with HIV/AIDS	65	65	58	79	61
(7) avoiding being bitten by mosquitoes or other insects	52	53	44	66	49
(8) using new and sterile needles for injection at all time	87	88	80	87	88
Q2, Can you see symptoms to a person with HIV ?	45	44	51	66	37
Q3, Is AIDS the terminal stage of syphilis ?	16	15	30	22	13
Q4, If you have STD, have you a higher chance to acquire AIDS ?	88	88	83	84	89

35)Table 3 shows that there existed misconceptions among the respondents. A great number of them believe that AIDS is the terminal stage of syphilis. Although most of them know AIDS is one of the STDs, there were very few who could distinguish AIDS from syphilis.

36)When asked to enumerate the three modes of transmission of HIV, majority of them (95%) answered sexual intercourse. However, 64% identified blood and blood products and only 18% identified perinatal mode.

37)Considering the results of Table 3 together with their knowledge on transmission, we can see that the infectious route of HIV via sexual contact was well understood by the respondents.

38)When the respondents were required to list at most five types of STDs which they knew, there were on average only two types of STDs that were most identified.

39)Finally, we computed a score to evaluate their level of knowledge on STD/AIDS. If the respondent answered correctly at the questions regarding knowledge, she or he could gain one point. The score was summed up over all the questions. The mean and standard deviation of the score was 11.09 and 3.37 in total population with a range from 0 to 18. There were no significant differences between female and male, and between Pasig and Makati based respondents.

Table 4 Score of knowledge on STD/AIDS

group	score (mean ± S.D.)
Total population	11.09 ± 3.37
Female group	11.09 ± 3.34
based on Pasig	11.96 ± 3.45
based on Makati	10.80 ± 3.25
Male group	11.04 ± 3.77
In total population	
Receptionist	11.10 ± 3.11
Entertainer	10.98 ± 3.62
Dancer/Macho dancer	10.63 ± 3.64
Attendant (only in female)	13.40 ± 2.71
Waitress/Waiter	9.12 ± 3.25
Model (only in male)	10.50 ± 2.78
In total population	
Sex worker	11.42 ± 3.30
Non-sex worker	10.90 ± 3.41

40)However, when responses were compared by type of job, the attendants showed the highest score, while the waitress/waiter were lowest. The score of those who have had sexual contact with their customer, that is, sex workers, was 11.4, while those who had no such experience, non-sex workers, was 10.9. Sex workers felt more vulnerable to STD/HIV, hence they might be more aware of the diseases and might have much more knowledge on STD/AIDS than non-sex workers, but there was only a slight difference as shown by their scores.

(3)Attitude level

We probed on their attitude towards a person with HIV/AIDS by asking "Can you take care of a family with AIDS? " and "Should the community be informed that a person is HIV positive? ".

41)At the former question, 72% of the total population showed positive attitude(saying they will take care of somebody who has HIV/AIDS). The rate of positive attitude was higher for respondents from Pasig with 84% than those from Makati with 68%. At the latter question, 76% of Makati-based respondents said that the community should be informed if there is an HIV infected person, while only 67% said the same thing in Pasig. Taking account of these two results together, we can say that although they have positive attitude and can sympathize with persons with HIV/AIDS, they were also afraid of them.

42)We also tried to compute for the score of the attitude by doing the following, If the respondents answered "Yes, I can take care" in the former question, they gain two points. If they answered "No" or "I don't know", they gain none or one point, respectively. At the latter, if they answered "Yes", "No" or "I don't know", they gain none, two or one points, respectively.

43)The score of total popuration was 1.88 with a range from 0 to 4. There were significant differences both between female and male, and between Pasig and Makati. Using the simplest measurement of attitude similar to computing for knowledge on STD/AIDS(Table 4), shows the differences among the scores by the type of job and by sex or non-sex workers.

Table 5 Score of attitude toward a person with HIV/AIDS

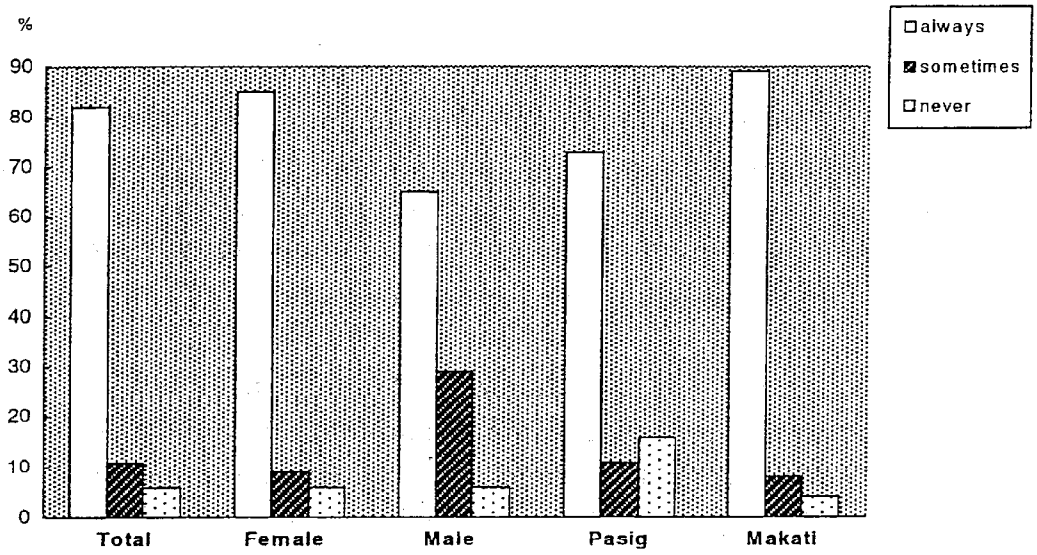
group	score (mean ±S.D.)
Total population	1.88 ± 1.14
Female group	1.87 ± 1.14
based on Pasig	2.23 ± 1.16
based on Makati	1.74 ± 1.10
Male group	2.02 ± 1.23
In total population	
Receptionist	1.87 ± 1.12
Entertainer	1.71 ± 1.09
Dancer/Macho dancer	1.93 ± 1.22
Attendant (only in female)	2.39 ± 1.14
Waitress/Waiter	1.77 ± 1.07
Model (only in male)	1.50 ± 1.00
In total population	
Sex worker	2.03 ± 1.14
Non-sex worker	1.79 ± 1.14

(4)Practice Level

44)The rates of condom use is shown in Figure 5. The rates were higher in female (always, 84.9%) than male (always, 65.1%), and in Makati (always, 88.6%) compared to Pasig (aiways, 73.2%). One third of the male group have not always used condom. Similarly, one fourth of Pasig have not also done so.

45)One of the reasons why there was higher rate of condom use among Makati-based respondents may be due to their having more frequently foreign customers who tend to use condom.

Figure 5 The rate of condom use



46)According to current behavior change theories, it is important to enhance self-efficacy which is defined as a self-confidence to enable oneself to take a specific behavior. Hence, we inquired of the respondents whether they could convince their customers to use condom, and if they could avoid having sex with customers who refused to use condom.

47)Table 6 shows the respondents' confidence to convince their customers to use condom. Although their confidence in being able to convince customers to use condom seemed to be high, they might not have the confidence to refuse sex with customers who did not want to use condom. Even if they requested their customer to use condom and the customer refuses to do so, majority of the sex workers would still have sex without condom. This expresses how customer demand can alter the sex workers' confidence. Since the customer pays money, he is always more dominant than the sex worker in terms of leading sexual play.

Table 6 Self-efficacy

	total (%)	female (%)	male (%)
Q, Confidence of condom use			
Yes, I am sure	88	89	81
Not so sure	11	10	19
No, I am not sure	1	1	0
Q, Confidence of refusing sex with customer who do not use condom			
Yes, I am sure	5	3	19
Not so sure	10	8	25
No, I am not sure	85	89	56

48)Although many of the respondents used condom during sexual intercourse with the customer, most did not use it in sexual contact with a regular sex partner like husband/wife or boyfriend/girlfriend. For the total population, only 15% always used condom, while 20% sometimes used condom and 66% never used condom with their regular sex partner.

49)More than half (60%)of female respondents bought their own condoms while 30% got it from the SHC or health center, and 22% got their supply from the establishment where they worked. More than three-fourths (78%) of male respondents were in their own supply, 14% said their customer provided the condom, 13% got their supply from the club where they worked and 9% from the health center.

[50]Most of the respondents (93%) always practiced washing their sex organ after sexual intercourse, while only 5% answered they sometimes did this. More than one third of the female group(36%)had experienced oral sex in the past, and more than half (60%) of the male group had the same experience. When asked whether they have been reminded to practice HIV prevention, a very high percentage (93%) of the total population replied "yes".

[51]A score for practices was computed as follows. In condom use and washing sex organ, two points is given to those who always did this, one point for those who did this sometimes, and null point when the response was "never". The two questions on self-efficacy were scored by assigning two points to a "yes" response, one point to "not so sure", and null point to "no". For oral sex, one point is assigned to those who had no experience, and null point when they have had experience in oral sex. Conversely, practice of HIV prevention was scored with one point when they have tried, and null point when they did not practice such behavior. The score of practices range from zero to ten. The score is an indicator of having practiced prevention activities to avoid getting STD/AIDS infection. Since those who have never experienced having sex with customer were not interviewed about condom use and self-efficacy, they did not gain the scores on such items. Thus, the score of non-sex workers is in range of zero to four and can not be simply compared with the score of sex workers(who had an experience to have sex with customer in the past).

52)Table 7 shows the score of practices. Although the difference between female and male groups was not detected, there was a significant difference between Pasig and Makati based sex workers. Again, it may be partly due to having more foreign customers in Makati than in Pasig. The score also varied by type of job.

Table 7 Score of practices

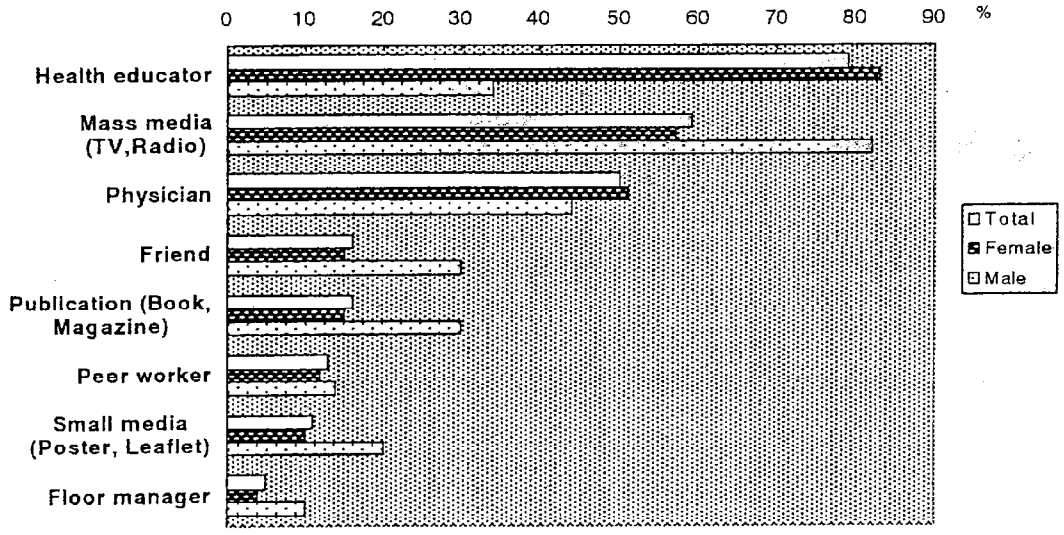
group	score (mean ± S.D.)
Total population of sex workers	7.05 ± 1.41
Female sex workers	7.05 ± 1.36
Sex workers based on Pasig	6.48 ± 1.83
Sex workers based on Makati	7.24 ± 1.11
Male sex workers	7.02 ± 1.68
In total population of sex workers	
Receptionist	7.06 ± 1.36
Entertainer	7.22 ± 1.69
Dancer/Macho dancer	6.96 ± 1.56
Attendant (only in female)	7.10 ± 0.97
Waitress/Waiter	6.75 ± 2.43
Model (only in male)	7.57 ± 1.13
In total population	
Non-sex worker	2.76 ± 1.39

(5)Communication Channel

53)As a source of general information, TV was the most popular media for the respondents(97% replied in multiple-choice question). Newspaper came next at 73%, radio at 66%, and 54% for magazine. For female respondents the most favorite or popular TV programs were drama (20%), comedy followed at 19%, love story at 15% and action at 11%. For male respondents, action ranked first at 37%, comedy followed at 12%.

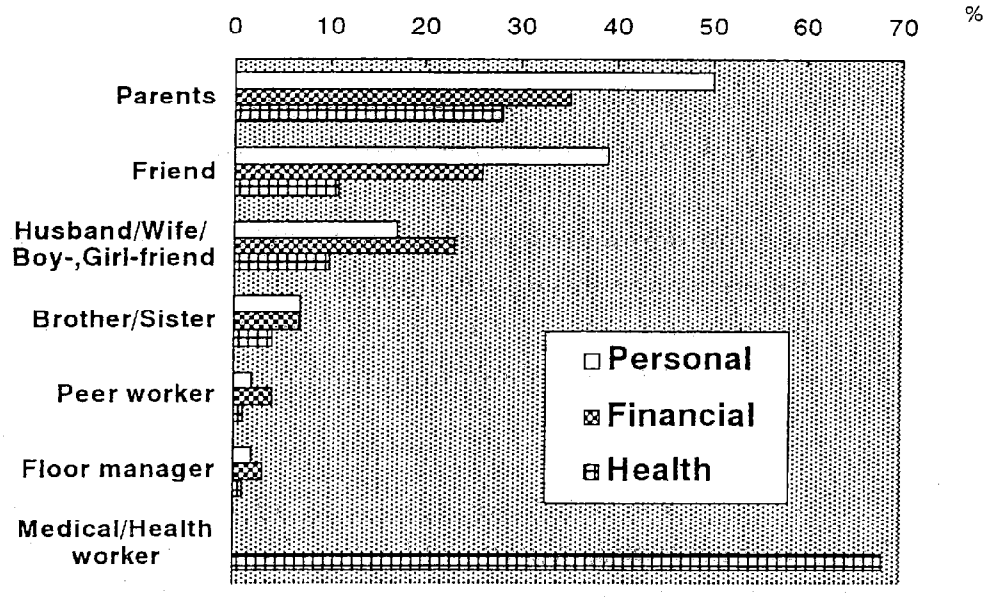
54)Sources of information on STD/AIDS are shown in Figure 6. As expected, health educator was the main information source for the female group because they had opportunities to attend the seminar on STD/AIDS prevention and control performed by health educator and physician at the SHC. On the other hand, it was not mandatory for the male respondents to go to the SHC so that many of them could not gain the information on STD/AIDS through health educator. Replacing it, the male respondents were likely to rely on friend, publication and small media. It was found out from Figure 6 that mass media such as TV and Radio was an effective means to disseminate the information on STD/AIDS for the both sex groups.

Figure 6 Sources of information on STD/AIDS



55)We also asked whom the respondents usually went to when they encountered some problem. Figure 7 enumerates the type of person they would usually consult when they had specific types of problems. In case of health problems, they sought the help of medical/health worker, but parents, friend and spouse or boyfriend/girlfriend were their best reliable advisors no matter what kind of problem they had. Contrary to our expectation, there were only a few who would consult floor manager of the establishment where they were working.

Figure 7 An advisor in total group



(6)Cross sectional analysis

a) Correlation between educational attainment and knowledge level

It is well known that knowledge level of a certain person is generally associated with his/her educational attainment especially in developing countries. We undertook a Student's t-test to compare the averages of the knowledge score between the high group and the low of educational attainment.

56)The total population was divided into two subgroups, one group consisted of those with elementary school level and the other with higher educational attainment(high school level and higher). The average of the score was 9.10 in the former group(sample size of 89)and 11.24 in the latter (sample size of 1,170). The t-value was 4.695(df=96.19). This shows a significant difference ($P<0.001$) between the averages of the scores of the two groups.

57)Thus, we can say that those who had higher educational attainment were likely to obtain higher scores on knowledge on STD/AIDS.

b) Correlation between the type of job and level of knowledge, attitude

By means of one-way analysis of variance(ANOVA), we examined the correlation in female group between the type of job and the scores of knowledge, attitude that we measured in the study. Bonferroni test was used following the ANOVA.

58)First, there was statistically significant differences($P< 0.05$)between the knowledge score of attendant group and that of the other types of job group, and between the knowledge score of waitress group and that of the other types of job except the dancer group. Secondly, there was statistically significant differences($P< 0.05$)between the attitude score of attendant group and that of the other types of job group.

59)These results mean that female attendants might have a high level of correct knowledge on STD/AIDS and also an appropriate attitude toward AIDS. On the other hand, it is doubtful whether female waitress had proper knowledge on STD/AIDS.

c) Multivariate analysis on condom use

We probed which factor was significantly associated with condom use. The total population as the target was classified into two categories, a group who has always used condom, and a group who has sometimes and never used condom, and then four factors(Age, Period of working at the present job, and the scores of knowledge and attitude) were entered into the logistic regression model.

60)The result of logistic regression analysis is shown in the Table 8. Consistent condom use were statistically associated with age($P<0.01$) and attitude($P<0.05$), but can not be associated with the period of working at the present job and knowledge. In other words, those who were older in age and who had more appropriate attitude were likely to always use condom. However, knowledge level and period of working at the present job had nothing to do with consistent condom use.

Table 8 The result of logistic regression analysis on condom use

Variable (unit)	Regression coefficient (B)	Standard error (SE)	Significance (P)
Age (year)	0.0621 **	0.0152	< 0.0001
Period (month)	0.0047	0.0034	0.1702
Knowledge (score)	0.0304	0.0198	0.1257
Attitude (score)	0.1372 *	0.0575	0.0171

Note ; ** = P < 0.01, * = P < 0.05

d) Multivariate analysis on self-efficacy of condom use

61)Like the above analysis, we also probed which factor was significantly associated with confidence of convincing customer to use condom. The total population as the target was put into two categories, a group who had a somewhat full confidence to convince customer to use condom, and a group who had no confidence. Then the same four factors were also entered into the logistic regression model. According to the results in Table 9, those who were older, those who have been working for longer period in the present job, and those with appropriate attitude tended to have stronger confidence to convince customer to use condom. However, knowledge level had no correlation with the confidence.

Table 9 The result of logistic regression analysis on self-efficacy

Variable (unit)	Regression coefficient (B)	Standard error (SE)	Significance (P)
Age (year)	0.0438 **	0.0148	0.0031
Period (month)	0.0081 *	0.0035	0.0209
Knowledge (score)	0.0284	0.0191	0.1368
Attitude (score)	0.1366 *	0.0556	0.0140

Note; ** = P < 0.01, * = P < 0.05

4. The detailed survey on sex workers

(1)Focus group discussion(FGD)

We conducted FGD participated by the sex workers who had experienced to have sexual intercourse with their customers. From April to August, 1998, FGDs were conducted four times with eight to ten female sex workers per FGC. One FGD was also attended by six male sex workers. The participants were picked up at random among the clients who came to the Pasig and Makati SHC for health check-up, or six gay bars located in Manila and Queson city.

a)Mental / psychological aspects

62)All of the participants felt that the term "sex worker" was offending to them and they prefer to be called entertainers, stage performers or dancers. The primary reason for working in entertainment establishments or in the sex industry was to earn large amount of money easily in order to support their family and themselves. This shows that they could consciously justify being in such job.

63)When asked to identify typical problems they encountered as sex workers, they complained about ill-mannered customers, fear of getting infected with STD and HIV, or relationship with their co-workers. Not all have experienced customers who were drunk, sadistic, or did not pay. Among male sex workers, there were not a few who had suffered sexual abuse by their customers. Both female and male sex workers were often worried about getting diseases such as skin rashes, and getting infected with STD and AIDS from the customers. Moreover, many of them had experienced being bothered by envious co-workers. These often happened due to competition in getting customers.

64)In terms of the participant's attitude toward a person with HIV, they had a feeling of ambivalence, sympathy and antipathy. The antipathy might be derived from a scare against the disease. In case a relative or friend would be infected with HIV, all of the participants replied that they would support and continue to interact with said friend or relative. When asked how they would feel if they would find out to be HIV positive, their responses were mostly desperate. However, some of them answered that they might need enough time to accept it, or that they would go into counseling.

b)Behavioral aspects

65)Regarding the practice of AIDS-preventive actions, we thought that the participants had generally understood this, because they said they used condom, they had regular health check-up and so on. However, we found out that some of them still had misconceptions, for example, HIV can be transmitted through saliva and unclear toilet bowl.

66)Most of the participants indicated the effectiveness of consistent condom use when they had sexual intercourse with the customers. There were two types of skills in order to have their customer use condom. One was simply putting on the condom to the customer without his knowledge, by using their mouth without requesting the customer beforehand to do so. The other was by first talking it out with the customer and finally convincing him by sharing a joke, or caressing and romancing him. The former way was adopted mainly by massage attendants, while the latter was mostly practiced by the other types of sex workers.

67)In most of cases, except in massage parlors, if the customer persistently refuse to use condom, the sex workers were likely to be unable to deny sexual intercourse (vaginal or anal sex) even without using condom.

c)Environmental and other aspects

68)The participants often bought condom at drugstores and similar shops by themselves. Sometimes they could also get condom from the club where they were working. According to the participants, the establishments where they worked were supportive and cooperative to them in terms of AIDS-prevention activities. The involvement of the clubs in doing STD/AIDS prevention activities was likely to convince customers that the club was safe and clean.

69)When female respondents were asked what they would like to request the SHC, they replied they hoped for a more speedy release of check up results.

70)Finally, when asked what they most value at present, most of them answered their family (parents, brother/sister and child).

(2)In-depth individual interview

We individually interviewed eight female sex workers in July and four male sex workers in August, 1998. All female interviewees were picked at random among the clients who visited the Makati SHC. The male interviewees were selected from the different gay bars in Manila, Quezon and Pasay cities by the owner's recommendation.

a)Personal information

71)The average age of the interviewees was 24.3 years old with a range from 19 and 36 in female, and 21.0 years old with a range of 18 and 24 in male. Five of those interviewed were from central Luzon and the other five came from the southern Luzon. There was one from Mindanao and one from Visayas. Five out of the twelve interviewed were single and had no child, while half were single-mother or -father with children. Five reached high school level and four graduated from high school. There were three who reached college but had to quit halfway. Prior to becoming a sex worker, in case of female, some had experience to work as a helper or a waitress. Three of the four male interviewees had worked as a construction worker or a waiter. Five of the female respondents had worked 2 to 5 years in the present job and the rest had only been working for 2 to 4 months. Male interviewees have been in the job for 1 to 2 years. When asked how old they were when they first had their full sexual intercourse, the average age was 17.8 years old with a range of 16 and 20 for females, and 15.5 with a range of 13 and 17 for males.

72)The number of customers that female interviewees entertained per night was 1 up to 4 and they went out with the customer once a week on average. In male cases, they received 2 to 3 customers a night.

73)For female sex workers, allowance of performance as a dancer was 200 pesos as of the date when the interview was conducted, and 65 or 85 pesos per drink as a commission. Female interviewees earned 2, 000 to 3, 000 pesos per night on average, and a minimum of 500 pesos per night. If they went out with the customer, they could get 3, 000 to 5, 000 pesos per service.

74)On the other hand, the charges in the gay bar were 150 to 200 pesos per a performance on stage, 10 to 50 pesos as commission for one drink and 100

pesos per hour as table charge. So male sex workers could earn 500 to 1, 000 pesos for entertaining customers inside the bar. In addition, they could be paid 1, 500 to 2, 000 pesos by the customer whom they went out with.

75)Five out of the eight female interviewees had experience of deliver a baby and only one among the five had ever had induced abortions twice in the past.

b)Mental / psychological questions

76)When the interviewer inquired what motivated them enter their present job, most of them replied that in this job it was quite easy to gain a lot of money. Since almost all had to support their family financially as well as themselves, sex work was the most attractive job for them. Moreover, some answered that they liked and enjoyed the interaction with people from other countries.

77)On being asked how they felt about being a sex worker, half of them said they were contented with the job because this work enabled them to earn a lot of money. However, the other half answered they also felt ashamed and were not proud of being a sex worker because of the stigma attached to the job.

78)In terms of problem which the interviewees had encountered recently, their reply was the same as the responses in the focus group discussions. They had sometimes encountered ill-mannered customers and had been involved into conflict among other co-workers who got envious and jealous. As a special problem, some female complained they suffered from genital lesions and pain after having sex with customers who have big penis.

79)When the interviewer asked them how they would react to a person with HIV/AIDS, they said they would feel sad and would pity a person with HIV/AIDS. But there were some who also would be scared of such person although they knew how HIV is transmitted. If their relatives or closed friend would get infected with HIV, most of them replied without hesitation that they would support and give encouragement to the patient.

80)On being asked whether they thought there was a chance that they might be infected with HIV or not, all but one answered "yes". It means that they had a risk perception of getting infected with HIV if they would not practice pro-

tective behaviors. If they would find out that they are HIV positive, many replied they would feel hopeless and would be really scared. Some said they had to find ways to continue living for themselves and the people they love.

81)They reported the same response as those in the focus group discussions when asked what they value most. The most important for them were their family including mother, father, siblings and children.

c)Behavioral questions

82)When the interviewees were asked to answer questions on how they protect themselves from getting infected with HIV, all of them reported condom use. Moreover, some enumerated avoiding sharing injection and avoiding contact with blood. However, there were still some misconceptions such as selecting customers who looked "clean" apparently so as to avoid HIV positive person, that HIV patients were fat, and that you could get infected through feces especially when performing anal sex.

83)They were asked a series of questions regarding practice of using condom. First, they were asked whether they agree or not that they should always use condom during sexual intercourse. Many agreed and replied that they actually use condom. However, some of them reported they did not use condom in the following instances, first, when the customer was a regular partner because they assumed he/she must be "clean", meaning he/she is free from STD/AIDS, second, when they forgot to bring condom with them, third, when the customer doubled the payment, and last in the case of male sex worker, when their customer was female.

84)From the interviews it could be seen that they negotiated for condom use by saying the following to their customers, "Are you sure I am clean?", or "I am married so I don't want to get pregnant", "We have our private doctor in the club who examines us for STD but I don't want to get pregnant". In addition they also had the skill to put the condom on orally to their customer without the customer's knowledge while romancing and caressing him.

85)When asked what reason their customer usually gave them for refusing to use condom, most said loss of pleasure or enjoyment in sexual inter-

course. There was an instance reported by an interviewee when her customer could not ejaculate when using condom.

86)Only three of the interviewees reported they had never performed oral sex, while the other three had some experience in performing oral sex. Among those who had performed oral sex in the past, there were two cases who did it while putting on the condom to the customer using her mouth without the customer's knowledge, and one who did it during sexual contact only with boy-friend.

87)Finally, when they were asked whether they would still go for check-up at the SHC even if it will no longer be required from them, all of female interviewees responded they would still go for check-up because they valued their own health.

5. The study for probing the influence of floor managers

We conducted focus group discussions(FGD)with floor managers twice, one in Pasig and another in Makati in July, 1998. There were a total of 16 floor managers who participated in the FGD from establishments located in both cities.

(1)Concern of floor managers on STD/AIDS

88)All participants have heard of STD/AIDS issues mainly through the seminar the SHC has conducted. According to them, the GROs in the past did not give importance to the use of condom because all they want was money and their customers resisted the use of condom. However, after AIDS came into the picture, the use of condom had been recognized by the GROs.

89)Floor managers were all concerned on STD/AIDS prevention. This might be due to the fact that if a GRO get infected with STD, the floor manager would be reprimanded by the owner for his/her negligence in taking care of the GRO's health.

(2)Relationship between floor managers and sex workers

90)The participants have had regular communication with the GROs, assuming different roles to them such as their mother, elder sister, mediator or adviser. Therefore, they sometimes encountered a number of the following problems of the GROs.

91)When a GRO was detected to be positive of STD, she was banned from working in the club. It often made her move to other establishment changing her name, or went free lance for a while. The floor manager really had to pertinently deal with the GRO so as to direct her in the right way and advise her to protect herself from STD. If the check up at the SHC is not a requirement, the floor manager estimated that only 20% of the GROs would still go to the SHC regularly, because the GRO were too tired or quite lazy during day-time and their residence might be far from the SHC.

92)If the GRO get pregnant, the floor manager would encourage her to continue the pregnancy and allow to work while her tummy is still small. The floor manager discouraged abortion so that they reiterated to the GRO the need

of protecting themselves and the need of using condom as a contraception. However, there were GROs who would take her leave suddenly from the club. During instances like this, the floor manager would usually suspect that she had the pregnancy aborted.

93)Since some of the GROs were married and had children, they sometimes raised emotional problem with a spouse. For example, they had a fight because of not having enough time with children, and mostly often they fell in love with the customer either married or unmarried.

94)The floor manager noticed that some GROs took drug(shabu) so as to be slimmer. The floor manager estimated about 20% of GROs used the drug. The use of drug was something the floor manager could not stop. Although the users did not show themselves using drugs, when the floor manager noticed, they made an effort to remind the users about the harm that drugs would do to them.

95)To avoid violence from a customer, the floor manager taught the GRO to establish good communication with the customer. However, in case violence from customer arise in the club, the floor manager would interfere and settle the issue. They said violence was something they did not allow to happen inside the club.

96)There were often rift or misunderstanding among GROs especially when the customer who used to be a regular customer of a particular GRO would get another one. Envy or jealousy caused misunderstanding and conflict among the GROs.

(3)Role of floor managers on STD/AIDS prevention

97)The floor manager acted as adviser, mother, sister and at the same time recognized that these roles were quite difficult. Thus, they were willing to take additional role given the skill. They would want to enhance skill in communication, improve relation with the GROs and help the GRO empower themselves.

98)To practice STD/AIDS prevention activities, they reminded the GROs about hygiene and the importance of regular check-up at the SHC. Sometimes they went to the extend of using fear tactics in encouraging the GROs to go on

regular check up to the SHC. They told GROs, "if you do not go, you would get sick". Or they banned them from working in the club.

(4)Other issues

99)The participants requested to produce a comics in full color or a video like an MTV which they thought were the most appropriate materials for GROs.

V. Process Evaluation

1. Questionnaire study for health educators

We defined the term "seminar" as a regular IEC activity that the SHC convenes for the clients(sex worker) and includes lecture / vidual aids presentation on STD/AIDS, when we assessed the IEC activities of the several SHCs in NCR prior to the basic survey. After collecting the questionnaires from SHCs nationwide, however, we noticed that the term "seminar" was variously used in different SHCs. Some of them meant that the seminar was a regular routine lecture held for a couple of times per week. Others said that it was an occasional event. Thus, there were no overt definition on seminar.

Still under no correspondence, the result of the situation of implementing a seminar has been analyzed. However, such data is potential even in gaining an overview of the situation.

2. Questionnaire study for sex workers

On conducting epidemiological survey, it is significant to consider validity and pay attention to reducing a bias.

In the questionnaire study for sex workers, the population consist of all clients of SHCs nationwide because the main purpose of the survey is to gain pertinent information in order to produce an effective Package targeting all clients. There were sampling bias and selection bias in the study due to a selection of sample from Pasig and Makati. The limitation of sampling was caused because the pilot sites were already selected as the study field. This matter indicates the survey could not identify external validity. Thus although, strictly speaking, the information gained in the study could not be generalized into all clients of SHC nationwide, the data included a lot of suggestive information so that we may be able to produce the Package using such results.

In addition, there may also be a measurement bias in the study because of insufficient training of the interviewers which may have led to differences on how to interview.

3. Focus group discussion of sex workers

Some of focus group discussion were conducted by convening some participants from the same establishments because of difficulty of selection of the participants. Being influenced by the presence of co-workers in the FGD, some responses in the discussion may not be totally true.