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## VI. Recommendations for developing the Package

### 1. A health promotion theory

Although a lot of valuable and useful information were obtained from the basic survey, these information alone can not form the intervention program. A health promotion theory shall be to provide the framework for the development of the IEC Package.

There are at present more than fifty health promotion theories from which we have to choose a theory for our purpose. There are two health promotion models that seem to be the most appropriate to guide us in the development of the Package. These are the **Precede-Proceed Planning Model (PPPM)** and the **Health Belief Model (HBM)**. The PPPM shall be used as the overall framework of the Package, while the HBM shall be used to guide in developing the health behavior intervention.

The PPPM is one of the few theoretical robust models that addresses how to comprehensively design a health promotion planning. The HBM on the other hand is one of most frequently used conceptual theories that has not only been considered valid but has been examined empirically by numerous researchers and practitioners. In addition, the HBM has been developed as a socio-psychological model focusing on intra-personal health behavior so that it seems to be effective in guiding an intervention program of sexual behavior.

#### (1) The Precede-Proceed Planning Model (PPPM)

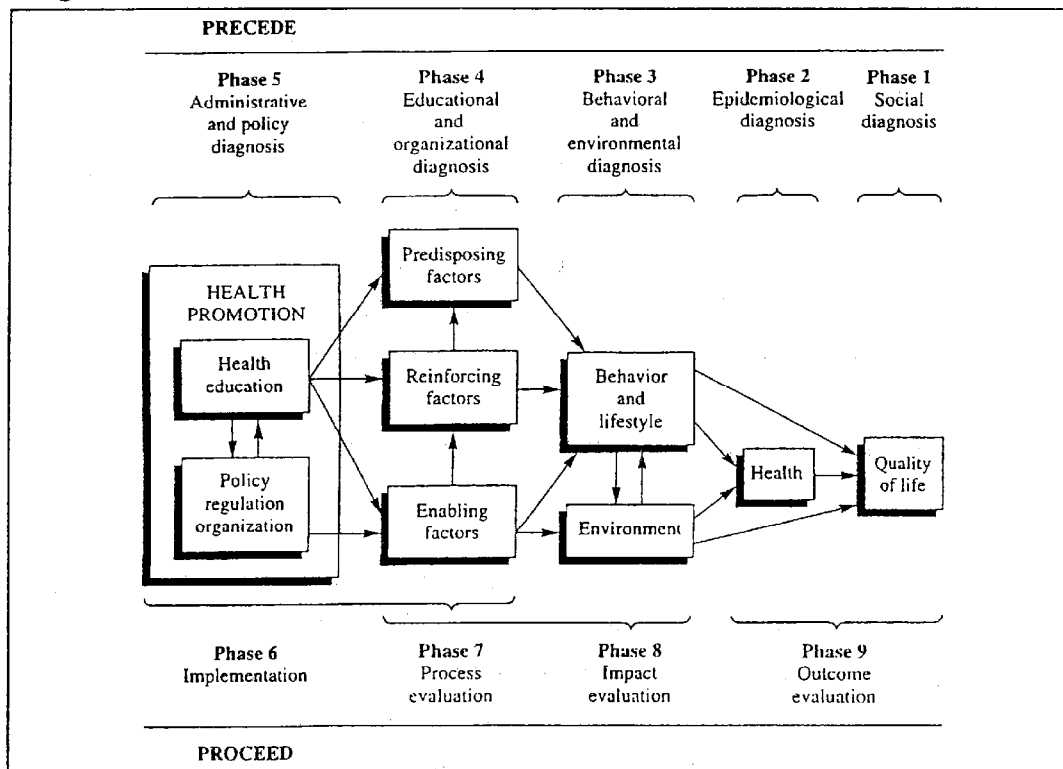
This model was originated in the 1970s by Green and colleagues and has been developed mainly as a planning model. The PPPM comprises of nine-phases as shown in Figure 8. The process from phase 1 through phase 5 is called the PRECEDE phases which stands for "Predisposing Reinforcing and Enabling Constructs in Educational Diagnosis and Evaluation". The following set of procedures from phase 6 to 9 is called the PROCEED phases: "Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development".



The model shows that behavioral (lifestyle) and environmental factors determine health (phase 2 and 3) and these two factors are influenced by three other factors namely: *predisposing*, *reinforcing*, and *enabling* factors (identified in phase 4). These three factors can be intervened through *health education* (phase 5). Thus, a specified behavior change can be promoted in combination with the three factors (shown in phases 7 and 8).

According to the PPPM, these three factors affect individual or collective behavior. But each influences behavior in different ways. Predisposing factors are those antecedents to behavior that provide the rationale or motivation for the behavior such as knowledge, attitudes, beliefs, values and perceived needs and abilities. Reinforcing factors are those that provide continuing reward or incentive for the behavior to persist or repeated such as social support, peer influence, and advice and feedback by health-care providers. Enabling factors are the antecedents to behavior that facilitate a motivation to be realized which include availability, accessibility, and affordability of health-care and community resources.

Figure 8 ; the PPPM



Source: Green and Kreuter, "Health Promotion Planning-Second edition", 1991, p.24.



In developing the IEC Package, we should initially clarify the objectives of the health behavior to be intervened in phase 3. Then we should identify the determinants of the objectives of the health behavior (phase 4). The health educational program in the Package will include intervention modules concerning the three factors.

However, the PPPM can only offer the framework for the educational program. The detailed health behavior intervention program should be designed using the following HBM.

## (2) The Health Belief Model (HBM)

(quoted in part of this chapter from Glanz et al, "Health Behavior and Health Education-Second edition",1996.)

The HBM was developed initially in the 1950s by a group of social psychologists in the U.S. Public Health Service in an attempt to explain the widespread failure of people to participate in programs to prevent or to detect diseases.

The HBM postulates that individuals will take action to screen for or to control an ill-health condition if they regard themselves as **susceptible** to the condition, if they believe that such condition will have potential **serious consequences**, and if they believe that a course of action available to them would be **beneficial** in reducing either their susceptibility to or the severity of the condition, and if they believe that the anticipated **barriers** in taking the action are outweighed by its benefits. Accordingly, the HBM extracted key concepts from the process of behavior change and summarized six components as shown in Table 10.

The following will define each component of the HBM in the context of developing the Package.

The term "*Perceived Susceptibility*" is an individual's subjective perception of his or her risk of getting infected with STD/HIV. The second component, "*Perceived Severity*", means feelings concerning the seriousness of getting infected with STD/HIV or of letting the disease untreated. The combination of susceptibility and severity has been labeled the *perceived threat*.



Although acceptance of personal susceptibility to a condition may produce a force leading to behavior change, the particular course of action taken will depend upon beliefs regarding the effectiveness of the various available actions in reducing the disease threat or the "*Perceived Benefits*" of taking health action (for example, consistent condom use). On the other hand, the potentially negative aspects of a particular health action or the "*Perceived Barriers*" may act as impediments to undertake the recommended behavior (for example, customer's resistance to condom use).

To overcome the perceived barriers, a module of promoting "*Self-efficacy*" should be included in the intervention program. Self-efficacy is defined as "the conviction that one can successfully execute the behavior required to produce the outcomes" (Bandura, 1977). For instance, a program for acquiring interpersonal communication skills is inquired to strengthen the self-efficacy against customer's resistance of condom use.

The term "*Cues to action*" may include health education like a seminar or counseling, appearance of symptoms or illness, and media information.

**Table 10 ; Key components and definitions of the HBM**

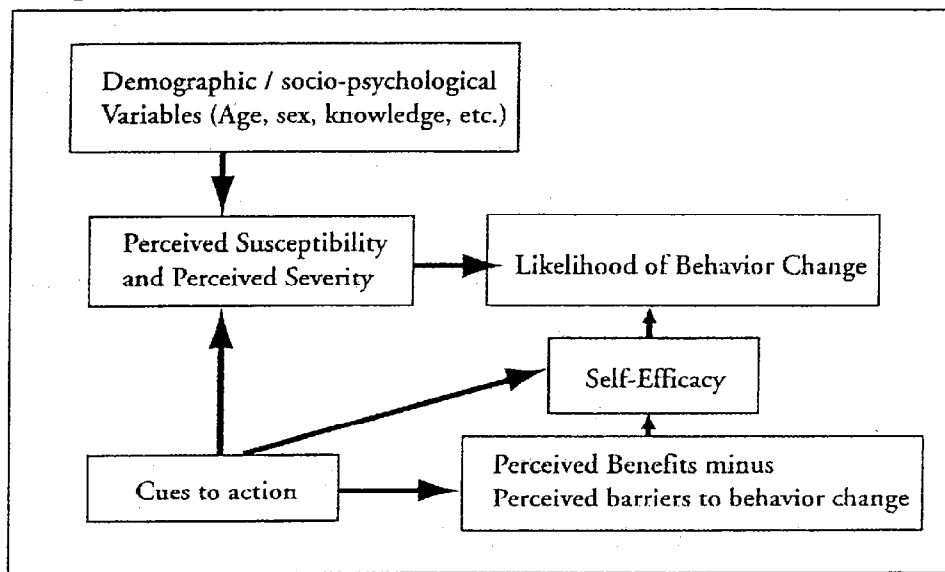
Component	Definition
Perceived susceptibility	One's opinion of chances of getting a condition
Perceived severity	One's opinion of how serious a condition and its sequel are
Perceived benefits	One's opinion of the efficacy of the advised action to reduce risk or seriousness of impact
Perceived barriers	One's opinion of the tangible and psychological costs of the advised action
Self-efficacy	One's confidence in one's ability to take action
Cues to action	Strategies to activate one's "readiness"

Source: Karen Glanz and et al, "Health Behavior and Health Education.

Theory, Research, and Practice-Second edition", 1996, p.45.

Figure 9 summarizes the HBM. For behavioral change to succeed, people must feel threatened by their current behavioral patterns (perceived susceptibility and severity), and believe that change of a specific kind will be beneficial by resulting in a valued outcome at an acceptable cost (perceived benefits minus perceived barriers). Moreover, they must also feel competent (self-efficacy) to overcome the perceived barriers to taking action.

Figure 9 ; Health Belief Model components and linkages

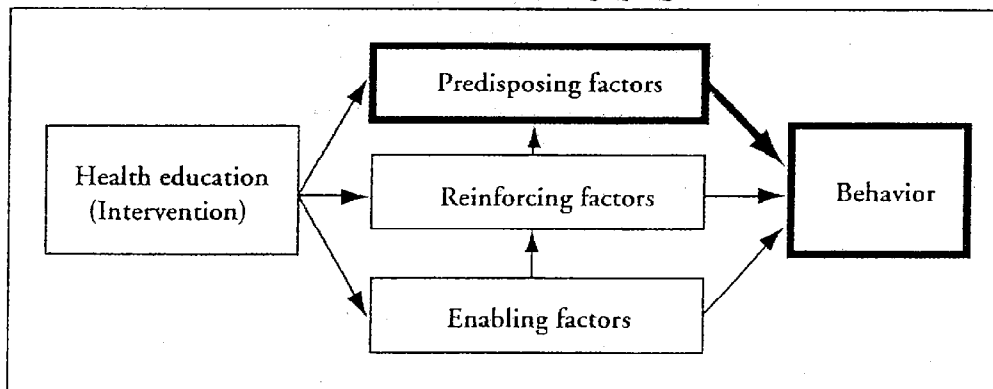




## 2. Overview of compositions of the Package program

The Package program shall consist of two programs; a program for the health educator and a program for the target audience (clients of the SHC). The program for the health educator may be designed using the PPPM while the program for the target audience will be done by the HBM. In other words, the framework shown in Figure 10 is based from the PPPM. This is the program for the health educator and it involves the components on education, predisposing factors, reinforcing factors, and enabling factors. The thick rectangles in Figure 10 and the thick arrow indicates a portion of the program for the target audience which may be formulated using the HBM. The latter portion should consist of all components shown in Table 10.

Figure 10 ; Image of composition of the Package program





### 3. Components of the program for the health educator

The program for the health educator should involve at least the four components. A number in the reference column indicates a serial number in the research findings of the basic survey.

**Table 11 ; Components of the program for the health educator**

Component	Item	Reference
Health education	1. What is health education	
	2. How to conduct effective health education	
	3. How to effectively use the Package	15, 16, 17
	4. How to approach the three following factors	
Predisposing factors	(will be mentioned in Table 13)	
Reinforcing factors	1. How to approach entertainment establishment and involve floor manager into healthpromotion activities	55, 68, 89, 97
	2. How to establish a relationship with owners / floor managers association society	
	3. How to brush up counseling system of SHC	54, 55
Enabling factors	1. How to upgrade health promotion activities of SHC	2-11, 69
	2. How to promote accessibility of condom	49, 68

### 4. Objectives of the health behavior and components of the program for the target audience

Prior to defining the components of the program for the target audience, we have to formulate the objectives of the health behavior. The objectives are as follows:

**Table 12 ; Objectives of the health behavior**

1. Using of condom appropriately and consistently
2. Avoiding oral sex and kissing
3. Douching genital organ
4. Maintaining general health condition



The program for the target audience should include the six components listed below. A number in the reference column indicates a serial number in the research findings of the basic survey.

**Table 13 ; Components of the program for the target audience**

Component	Item	Reference
Perceived susceptibility	1. Define risk behaviors	36, 37
	2. Make perceived susceptibility more consistent with individual's actual risk	40, 63, 80
	3. Make possibility to get infected more realistic	
	4. Inform the fact that a person with STD/HIV is not always in the presence of symptoms	Table 3 (Q2), 82
Perceived severity	1. Inform medical / clinical consequences of STD/AIDS such as transmission to infant, sterility, several symptom, and death	
	2. Inform possible social /psychological consequences of STD/AIDS such as discrimination, prejudice, and discharge of job	64, 80
Perceived benefits	1. Recommend the objectives of the health behavior	44, 50
	2. Inform concretely how to take action of the objectives of the health behavior	
	3. Clarify the positive effects to be expected	
	(1) consistent condom use	44, 66, 92
	(2) avoiding oral sex / kiss	50
Perceived barriers	(3) douching genital organ	
	(4) maintaining health	87, 94
	1. Identify the barriers due to undertaking the objectives of the health behavior	47, 67, 83, 85
	2. Identify the ways to reduce perceived barriers	66
Self-efficacy	1. Train through role-play, discussion, and demonstration	46, 47, 67, 84
	2. Use progressive goal setting	
Cues to action	(mentioned in Table 11)	





## VII Conclusion

### 1. Necessity of development of the Package

The survey (refer to serial numbers 6,9,11 in the chapter "Research findings") revealed that although many SHC have provided health education to their clients, lack of IEC materials / equipment as well as the absence of a guide / module on health education has been a gross impediment to implementing IEC activities. SHC staff assigned to provide health education expressed the need for a guide to enable them to conduct more effective IEC activities. As a result, the NASPCP in cooperation with JICA, is expected to promptly develop and distribute the Package of intervention program with the appropriate materials.

### 2. Special remarks on developing the Package

#### (1) External validity in the questionnaire study for sex workers

As described in the chapter of "Process evaluation", the result of the questionnaire study for sex workers does not ensure external validity to regard it as a generalized data of the clients of entire SHCs nationwide, because the respondents based in Pasig and Makati were located in the metropolis and might be a specific sampled population and may therefore differ from sex workers in the provinces.

In comparison with relevant reports, for example, their educational attainment and their rate of consistent condom use were explicitly higher than sex workers in the provinces. For example, the Philippines national behavioral surveillance reported educational attainment of female sex workers in Angeles city was low (proportion of those with elementary school level was 41%, those with high school level was 58%, while in the result of our study those with elementary school level was 4.7%, that with high school level was 60.4% and those with collage level reached to 29.4%). In addition, the surveillance showed that the rate of consistent condom use of female registered sex workers in Angeles, Cebu, Davao, General Santos, Iloilo, Pasay, Quezon and Zamboanga was 32%, while the rate of our study was 89.4%.

On the process of developing the Package, the external validity should be considered especially the educational level and frequency of condom use of the target audience.

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## **(2) Involvement of floor managers**

Floor managers (owners, pimps) of the entertainment establishment must be a key person in STD/AIDS prevention activities as many researchers and practitioners indicated. We also recognized through the focus group discussions of floor managers that they have close relationship with GROs because they often encounter and deal with lots of private troubles of GROs (refer to serial numbers 90-96 in the chapter "Research findings").

At the same time, we also found out that there were instances. Floor managers have intended to have regular communication with the GROs, but GROs did not consult them (refer to Figure 7).

However, floor managers may be involved in the project and they can play a significant role in establishment based outreach in STD/AIDS prevention. The module of involving floor managers should be included in the Package (refer to "components of the program for the health educator" in the chapter "Recommendation for developing the Package").

## **(3) Not fear but humor tactics**

This report recommends the health belief model (HBM) as a framework to design the program of health behavior change for sex workers (refer to "a health promotion theory" in the chapter "Recommendation for developing the Package").

Although the HBM focus on perceived threat of the diseases as a crucial component to lead to behavior change, the Package program should not emphasize too much the threat of STD, especially AIDS.

Recently, many researchers reported that adding more fear might be rather counterproductive because too much fear tactics cause prejudice and misunderstanding against the diseases and to persons with HIV/AIDS. As Jo Kenny mentioned (edited by Maria Paalman, "Promotion of safer sex", 1990), 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 based on humor and positive stance. In addition, the materials in the Package should be designed colorfully and visually and inclusion of

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materials such as video in MTV format and comics should be considered (refer to serial number 7, 99 in the chapter "Research findings").

**(4) Only knowledge should not be weighed**

In the past decade, there were many reports that have found little or no relationship between people's knowledge about AIDS and risk reduction behavior (Baldwin et al, 1988., Becker et al, 1988., DiClemente et al, 1989., Edelgard et al, 1993.). Likewise, in the result of our study, the knowledge score on STD/AIDS turned out to have nothing to do with the frequency of condom use and also the extent of self-confidence of convincing customer to use condom (refer to serial numbers 60,61 in the chapter "Research findings"). Rather, it had statistically association with the educational attainment and the type of job (refer to serial numbers 57,59 in the chapter "Research findings").

Knowledge may not be able to play a useful role until motivation, skill and self-confidence to practicing safer sex will be all present. Thus, the Package should not only be stuffed with a lot of information to enhance the target audience's knowledge, but should also include modules on promoting motivation, skill and self-efficacy with selected requisite knowledge.



## Annex

### Annex 1: List of topics for Focus Group Discussion of Health Educators

Objectives		Aim
A. To recognize problems on conducting the seminar	Do you have any problems on conducting the seminar ? Logistic, Equipment, Materials, Funding, Manpower, Others	To recognize a subject that the educator has about implementing the seminar.
B. To probe measures to improve the seminar	Do you have any suggestion / recommendation to solve the identified problems ? Logistic, Equipment, Materials, Funding, Manpower, Others	To prove how to support the seminar.



## Annex 2: Questionnaire for IEC activities of SHC -Partly Revised Version-

### Questionnaire for IEC activities of SHC

#### Partly Revised Version

Date : \_\_\_\_\_ / \_\_\_\_\_ / 1998

Province / City / Municipality : \_\_\_\_\_

Informant's Name : \_\_\_\_\_

Designation : \_\_\_\_\_

#### INSTRUCTION

This form has several questions that seek information on seminars of a Social Hygiene Clinic for sex workers. The answers provided in this questionnaire will greatly help the National AIDS / STD Prevention and Control program and the Japan International Cooperation Agency (JICA) develop an educational package on STD / AIDS prevention which would be useful in seminars conducted by a Social Hygiene Clinic.

We will appreciate it if you answer all the questions applicable to your clinic's situation. Kindly CHECK  the statement in the form that corresponds to your answer. For your additional answers, please write them in the space provided for. THANK YOU.

The seminar is a regular IEC activity that the clinic convenes for sex workers. The seminar includes lecture on STD / AIDS and / or video presentation on HIV / AIDS and other STDs.

1 Did you conduct seminars in the past year ?

Yes (Answer Q.2 up to Q.8),  No



2 How often did you conduct the seminar ? (Please indicate number)

( ) times per day ( ) times per month

( ) times per week ( ) times per year

3 How long did the seminar last ?

\_\_\_\_\_ hours (Please indicate number)

one day  two days  three or more days



Annex 2:

4 Where did you conduct the seminar ?

Inside the SHC

waiting room

seminar hall

corridor

others (please specify) \_\_\_\_\_

Outside the SHC

City / Municipal hall / session hall

in the entertainment establishment

others (please specify) \_\_\_\_\_

5 Who conducted the seminar ? (You may check more than one answer.)

Local Government personnel

physician

nurse

midwife

medical technician

health educator

sanitary inspector

others (please specify) \_\_\_\_\_

NGO

Others (please specify) \_\_\_\_\_

6 What are the topics included in the seminar ?

(You may check more than one answer.)

Lecture

City / Municipal ordinance

Basic facts on STD / AIDS

Anatomy of genital organs

General health issues

Gender issues

Others (please specify) \_\_\_\_\_

Demonstration on condom use

Role play on condom negotiation

Making action plan by the participants

Group discussion

Others (please specify) \_\_\_\_\_



Annex 2:

7 What kind of materials / equipment did you use in the seminar ?

(You may check more than one answer.)

- Did not use any materials, just gave the lecture orally
- Black / white board and marker
- Flip chart
- Overhead projector and transparencies
- Slide projector and slides
- Video materials
- Penis model for demonstration of condom use
- Others (please specify) \_\_\_\_\_

8 What are the problems you encountered in the conduct of the seminar ?

(You may check more than one answer.)

- Lack of IEC materials / equipment
- No available guide / module to conduct the seminar
- Stereotyped content of the seminar
- Poor capability of staff to conduct the seminar
- No available venue for the seminar
- Others (please specify) \_\_\_\_\_
- No problem

**THANK YOU VERY MUCH FOR ANSWERING THE QUESTIONNAIRE**

Kindly send this form back to the National AIDS / STD Prevention and Control Program, DOH by mail. We have provided a stamped, self-addressed envelope for your convenience. We will appreciate it if we receive this questionnaire **NOT LATER THAN August 15, 1998.**

*Conducted by DOH and JICA*



## Annex 3-1: Questionnaire for the clients of SHC and male sex workers - Tagalog Version

### Questionnaire on STD/AIDS

No.

Tentative No. ; \_\_\_\_\_

Name of interviewer ; \_\_\_\_\_

Date : \_\_\_\_\_, \_\_\_\_\_, 1998

Place code ; \_\_\_ Pasig, \_\_\_ Makati

Sex ; \_\_\_ Female, \_\_\_ Male

Age ; \_\_\_\_\_

Religion ; \_\_\_ Catholic, \_\_\_ Protestant, \_\_\_ Aglipay, \_\_\_ Iglesia Ni Kristo,  
\_\_\_ Islam, Others ( \_\_\_\_\_ )

1. Saang lugar ka ipinanganak ?

Probinsiya / Siyudad / Munisipyo ; \_\_\_\_\_

2. Anong lengguwahe ang pinaka alam mo ? ; \_\_\_\_\_

3. Ano ang iyong estado ?

\_\_\_ May asawa ;

\_\_\_ Hiwalay : \_\_\_ May regular na katalik ( \_\_\_ lalake, \_\_\_ babae)

\_\_\_ Biyuda : \_\_\_ May regular na katalik ( \_\_\_ lalake, \_\_\_ babae)

\_\_\_ Walang asawa ;

\_\_\_ Dalaga : \_\_\_ May regular na katalik ( \_\_\_ lalake, \_\_\_ babae)

\_\_\_ Binata : \_\_\_ May regular na katalik ( \_\_\_ lalake, \_\_\_ babae)

\_\_\_ May kinakasama

4. May anak ka na ba ? \_\_\_ Meron, \_\_\_ Wala Ilan ? ; \_\_\_\_\_

5. Ano ang naabot mo sa pag-aaral ? ; \_\_\_\_\_

6. Ano ang trabaho mo ? ; \_\_\_\_\_

7. Nagkaroon ka na ba ng dayuhang kliyente ?

\_\_\_ Oo ; \_\_\_ Amerikano, \_\_\_ Hapon, \_\_\_ Taiwanese, \_\_\_ Intsik, \_\_\_ Koreano,

\_\_\_ Australyano, \_\_\_ German, \_\_\_ Singaporeano,

At iba pa ( \_\_\_\_\_ )

\_\_\_ Hindi

8. Nakikipag-sex ka ba sa iyong kustomer ? \_\_\_ Oo, \_\_\_ Hindi

9. Ilang buwan ka na sa ganitong klaseng trabaho ? ; \_\_\_\_\_ buwan

10. Anu-ano ang iyong mga naging trabaho ?

*Saan*

*Kailan*

*Gaano katagal*

_____	_____	_____
_____	_____	_____
_____	_____	_____





## Annex 3-1:

11. Bakit mo pinili ang ganitong klaseng trabaho ?

- Gusto kong kumita ng malaking pera
  - Wala akong mahanap na ibang trabaho
  - Mga magulang/kamag-anak ang pumili ng trabahong ito
- At iba pa ( \_\_\_\_\_ )



12. Narinig mo na ba ang HIV / AIDS ?

- Oo,  Hindi ( → proceed to Q 20 )

13. Sabihin mo sa akin kung tama o mali ang mga sumusunod na pahayag.

**"Ang tao ay mapoprotektahan laban sa HIV / AIDS sa pamamagitan ng ..... "**

- a. pagkain ng tama (  Tama,  Mali,  Hindi ko alam )
- b. pagiging tapat sa isang kapareha (  Tama,  Mali,  Hindi ko alam )
- k. pag-iwas sa paggamit ng pampublikong kubeta (  Tama,  Mali,  Hindi ko alam )
- d. paggamit ng kondom sa pakikipagtalik (  Tama,  Mali,  Hindi ko alam )
- e. pag-iwas sa paghawak sa taong may HIV / AIDS (  Tama,  Mali,  Hindi ko alam )
- g. pag-iwas sa pakikipagsalo sa pagkain ng taong may HIV (  Tama,  Mali,  Hindi ko alam )
- h. pag-iwas sa kagat ng lamok at iba pang insekto (  Tama,  Mali,  Hindi ko alam )
- i. paggamit ng bagong heringgilya (  Tama,  Mali,  Hindi ko alam )

14. Sa iyong palagay, may sintomas bang nakikita sa taong may HIV ?

- Oo, laging mayroong sintomas
- Hindi, maaring malusog tingnan
- Hindi ko alam

15. Paano naisasalin ang HIV / AIDS ? ~~Multiple choice~~

- Pakikipagtalik
- Pagtanggap ng dugong may HIV / hiraan ng heringgilya at karayom
- Mula sa isang inang may HIV
- Hindi ko alam



Annex 3-1:

16. Kung ang isang tao ay nakikipagtalik kung kani-kanino ng walang proteksiyon, ano ang tyansa niya na mahawa ng HIV ?  
 Wala,  Konti,  Katamtaman,  Malaki,  Hindi ko alam
17. Maaari ka bang mag-alaga ng isang kapamilya na may AIDS ?  
 Oo,  Hindi,  Hindi ko alam
18. Dapat bang malaman ng komunidad ang pagiging positibo sa HIV ng isang tao ?  
 Oo,  Hindi,  Hindi ko alam
19. Sino ang dapat makaalam kung ang isang tao ay positibo sa HIV ? **Multiple choice**  
 Siya lamang,  Medical team,  Pamilya,  Komunidad.
20. Narinig mo na ba ang STD (Sexually Transmitted Disease) ?  
 Oo,  Hindi (→ proceed to Q23)
21. Ano-ano ang mga STDs na alam mo ?  
No. of correct answers ; \_\_\_\_\_ / 5
22. Ako ay magbabasa ng dalawang pahayag tungkol sa STD.  
Sa bawat pahayag pakisabi sa akin kung ano ang iyong akala, tama o mali.  
a. Ang AIDS ay huling yugto ng sipilis (  Tama,  Mali,  Hindi ko alam )  
b. Kung meron kang STD, mas mataas ang tyansa mong magkaroon ng HIV / AIDS  
(  Tama,  Mali,  Hindi ko alam )
23. [Filter question] (See Q8 → if the answer was "Oo", proceed to Q24  
if the answer was "Hindi", proceed to Q25)
24. Gumagamit ka ba nang kondom kapag ikaw ay nakikipagtalik sa iyong mga kustomer ?  
 Oo, palagi,  Oo, minsan,  Hindi, ni minsan (→ proceed to Q27)
25. Kung ang sagot mo sa tanong 24 ay "Oo", sigurado mo bang makukumbinse ang iyong kliyente na gumagamit ng kondom pag kayo ay magtatalik ?  
 Oo,  Medyo,  Hindi
26. Kung ang sagot mo sa tanong 24 ay "Oo", payag ka bang makipagtalik sa iyong kliyente kahit na ayaw niyang gumagamit ng kondom ?  
 Oo,  Medyo,  Hindi
27. Kung ang sagot sa tanong 24 ay "Hindi", bakit hindi ka gumagamit ng kondom ?  
 Hindi kailangan  
 Ayaw ng kustomer  
 Ayaw ng may-ari ng club  
 Walang kondom  
 Bawal sa relihiyon  
At iba pa ( \_\_\_\_\_ )



## Annex 3-1:

28. Gumagamit ka ba nang kondom kapag ikaw ay nakikipagtalik sa iyong regular na katalik (asawa, nobyo / nobya) ?

Oo, palagi,  Oo, minsan,  Hindi, ni minsan

29. Kung ang sagot mo sa tanong 24 o 28 ay "Oo", saan nanggagaling ang kondom?

Bumibili ako lagi

Galing sa kliyente

Minsan sa akin, minsan sa kliyente

Galing sa health center

Galing sa club

Galing sa hotel / motel

At iba pa ( )

30. Nililinis mo ba ang iyong ari pagkatapos makipagtalik ?

Oo, palagi,  Oo, minsan,  Hindi, ni minsan

31. Nag-o-oral sex ka ba ?

Oo,  Hindi

32. [Filter question] ( See Q12 → if the answer was "Hindi", proceed to Q34 )

33. Gumagawa ka ba ng paraan para hindi ka mahawahan ng HIV ?

Oo,  Hindi

34. Mga pinanggagalingan ng mga general information ?  Multiple choice

TV ( )

Radio ( )

Newspaper ( )

Magazine ( )

At iba pa ( )

35. Anong klaseng programa sa TV ang pinapanood mo ?

Comedy,  Action,  Love story,  Drama



## Annex 3-1:

36. [Filter question] ( See Q12 → if the answer was "Hindi", proceed to Q38 )

37. Mga pinanggagalingan ng impormasyon tungkol sa STD / AIDS ? **Multiple choice**

- Mass media (TV, radio, newspaper)
- Publication (book, magazine)
- Small media (poster, leaflets)
- Friends  Husband / wife
- Peer workers (katrabaho)  Floor managers
- Physician (doktor)  Health worker

At iba pa ( )

Walang impormasyon

38. Kanino mo kinokonsulta ang iyong problema ?

a. personal na problema **Multiple choice**

- Magulang
- Kaibigan
- Katrabaho
- Floor manager sa club
- Asawa / nobyo / nobya

At iba pa ( )

b. problemang pangkalusugan **Multiple choice**

- Magulang
- Kaibigan
- Katrabaho
- Floor manager sa club
- Asawa / nobyo / nobya
- Medical / health workers

At iba pa ( )

c. problemang pinansiyal **Multiple choice**

- Magulang
- Kaibigan
- Katrabaho
- Floor manager sa club
- Asawa / nobyo / nobya

At iba pa ( )

■ WAKAS



## Annex 3-2: Questionnaire for the clients of SHC and male sex workers -English Version-

**Questionnaire on STD/AIDS**

No.

Tentative No. : \_\_\_\_\_

Name of interviewer : \_\_\_\_\_

Date : \_\_\_\_\_, \_\_\_\_\_, 1998

Place code ;  Pasig,  Makati,  Others

Sex ;  Female,  Male

Age ; \_\_\_\_\_

Religion ;  Catholic,  Protestant,  Aglipay,  Iglesia Ni Kristo,  
 Islam, Others ( \_\_\_\_\_ )

1. Where is your place of birth ?

Province / City / Municipality ; \_\_\_\_\_

2. What language / dialect do you know best ? ; \_\_\_\_\_

3. What is your civil status ?

Married ;

Separated : \_\_\_\_\_ with regular sex partner (  male,  female)

Widower : \_\_\_\_\_ with regular sex partner (  male,  female)

Single ;

Maiden : \_\_\_\_\_ with regular sex partner (  male,  female)

Bachelor : \_\_\_\_\_ with regular sex partner (  male,  female)

with live-in partner

4. Do you have children ?  Yes,  No How many ? ; \_\_\_\_\_

5. What is your highest educational attainment ? ; \_\_\_\_\_

6. What is your job ? ; \_\_\_\_\_

7. Did you have a foreign client ?

Yes ;  American,  Japanese,  Taiwanese,  Chinese,  Korean,  
 Australian,  German,  Singaporean, Others ( \_\_\_\_\_ )

No

8. Did you have sexual intercourse with your customer?  Yes,  No

9. For how many month have you been in this kind of job ? ; \_\_\_\_\_ month

10. What are your previous jobs ?

*Where*

*When*

*How long*

<i>Where</i>	<i>When</i>	<i>How long</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____



Annex 3-2:

11. Why did you choose this kind of job ?

- I want to earn more money.
- I can not find other job.
- Parents / relatives chose this job.
- Enjoyment (I like it)
- Experience
- Encouraged by friend or somebody
- Easy to get money
- Others ( \_\_\_\_\_ )

12. Have you heard of HIV / AIDS ?

- Yes,  No ( → proceed to Q 20 )

13. Tell me if the following statements are true or false.

"A person can be protected against HIV / AIDS through ....." "

- a. having a good diet (  True,  Not true,  Don't know )
- b. being faithful to one's partner (  True,  Not true,  Don't know )
- k. avoiding the use of public toilets (  True,  Not true,  Don't know )
- d. using condom during a sexual intercourse  
(  True,  Not true,  Don't know )
- e. avoiding touching a person with HIV / AIDS  
(  True,  Not true,  Don't know )
- g. avoiding sharing food with a person with HIV / AIDS  
(  True,  Not true,  Don't know )
- h. avoiding being bitten by mosquitoes or other insects  
(  True,  Not true,  Don't know )
- i. using new and sterile needles for injection at all time  
(  True,  Not true,  Don't know )

14. In your opinion, can you see symptoms to a person with HIV ?

- Yes, there are always a symptoms
- No, may appear healthy
- I don't know

15. How is HIV / AIDS being transferred ? XXXXXXXXXX

- Sexual contact
- Receiving blood transfusion with HIV / sharing of syringes and needles
- From a mother with HIV
- I don't know



Annex 3-2:

16. If a person have sexual intercourse with anybody without any protection, what are his chance of acquiring HIV ?  
\_\_\_ None, \_\_\_ Little, \_\_\_ Moderate, \_\_\_ More, \_\_\_ I don't know
17. Can you take care of a family member with AIDS ?  
\_\_\_ Yes, \_\_\_ No, \_\_\_ I don't know
18. Should the community be informed that a person is HIV positive ?  
\_\_\_ Yes, \_\_\_ No, \_\_\_ I don't know
19. Who should know if a particular person is HIV positive ? ~~Who should know~~  
\_\_\_ Only he / she, \_\_\_ Medical team, \_\_\_ Family, \_\_\_ Community
20. Have you heard of STD (Sexually Transmitted Disease) ?  
\_\_\_ Yes, \_\_\_ No ( → proceed to Q23 )
21. What are the STD that you know ?  
No. of correct answers : \_\_\_\_\_ / 5
22. I will read two statements about STD.  
In each statement, tell me what your opinion is, true or false.  
a. AIDS is the terminal stage of syphilis. ( \_\_\_ True, \_\_\_ Not true, \_\_\_ Don't know )  
b. If you have STD, you have a higher chance to acquire HIV / AIDS.  
( \_\_\_ True, \_\_\_ Not true, \_\_\_ Don't know )
23. [Filter question] (See Q8 → if the answer was "Yes", proceed to Q24  
if the answer was "No", proceed to Q28)
24. Do you use condom whenever you have sex with your customer ?  
\_\_\_ Yes, always, \_\_\_ Yes, sometimes, \_\_\_ No, never ( → proceed to Q27 )
25. If your answer to Q24 was "Yes", are you sure that you can convince your client to use condom during sexual intercourse ?  
\_\_\_ Yes, \_\_\_ Not so sure, \_\_\_ No
26. If your answer to Q24 was "Yes", will you allow yourself to have sex with your client even if he does not want to use condom ?  
\_\_\_ Yes, \_\_\_ Not so sure, \_\_\_ No
27. If your answer to Q24 was "No", why are you not using condom ?  
\_\_\_ It is not needed  
\_\_\_ Customer does not prefer it  
\_\_\_ Owner of the club does not allow  
\_\_\_ No available condom  
\_\_\_ Against religion  
Others ( \_\_\_\_\_ )



## Annex 3-2:

28. Do you use condom whenever you have sexual contact with your regular partner  
(husband / wife, boyfriend / girlfriend) ?

Yes, always,  Yes, sometimes,  No, never

29. If your answer to Q24 or Q28 was "yes", where does the condom came from ?

**Multiple choice**

I always buy

From client

Sometimes from me, sometimes from client

From health center

From the club

From hotel / motel

Others ( )

30. Do you wash your sex organ after the intercourse ?

Yes, always,  Yes, sometimes,  No, never

31. Do you practice oral sex ?

Yes,  No

32. [Filter question] ( See Q12 → if the answer was "No", proceed to Q34 )

33. Do you use precautionary measures to avoid HIV contamination ?

Yes,  No

■  
34. Source of general information ? **Multiple choice**

TV ( )

Radio ( )

Newspaper ( )

Magazine ( )

Others ( )

35. What type of TV program do you watch ?

Comedy,  Action,  Love story,  Drama,  News

36. [Filter question] ( See Q12 → if the answer was "No", proceed to Q38 )





## Annex 3-2:

37. Sources of information about STD / AIDS ? **Multiple choice**

- Mass media (TV, radio, newspaper)
- Publication (book, magazine)
- Small media (poster, leaflets)
- Friends  Husband / wife
- Peer workers  Floor managers
- Physician  Health worker
- Others ( )
- No information

38. To whom do you consult your problem ?

a. personal problem **Multiple choice**

- Parents
- Friends
- Peer workers
- Floor manager of club
- Husband / wife / boyfriend / girlfriend
- Brother / sister
- Cousin
- Others ( )

b. health problem **Multiple choice**

- Parents
- Friends
- Peer workers
- Floor manager of club
- Husband / wife / boyfriend / girlfriend
- Medical / health workers
- Brother / sister
- Cousin
- Others ( )

c. Financial problem **Multiple choice**

- Parents
- Friends
- Peer workers
- Floor manager of club  Husband / wife / boyfriend / girlfriend
- Brother / sister  Cousin
- Others ( )



### Annex 4: List of topics for focus group discussion of sex workers

No.	Topics	Aim
1	How do you feel about yourself as a sex worker ?	To probe self-appraisal by themselves.
2	For what do you work on the present job ?	To probe motivation for sex work.
3	At present, what are problems that you encountered as sex worker ?	To recognize the present concern.
4	How do you feel about a person with HIV/AIDS ?	To probe their discrimination/prejudice against
5	If your friend or relative is infected with HIV, what would you do ?	To probe their discrimination/prejudice against PWHIV/PWA.
6	If you find out that you are HIV positive, how would you feel ?	To probe their response after internalization (imagination) of HIV infection.
7	Do you know how to protect yourself from getting infected with STD/AIDS ?	To probe their misconceptions.
8	Do you require your sex partner to use condom during intercourse ?	To probe the frequency of condom use.
9	How do you negotiate with your client to use condom ?	To collect technique of condom negotiation.
10	If you would fail to negotiate, why ?	To analyze the failed samples.
11	Is it easy or difficult for you to get condom ?	To probe availability of condom.
12	Do you think floor managers are cooperative to proceed prevention activity on STD/AIDS ?	To probe role of floor managers.
13	Do you have any request to social hygiene clinic ?	To gain the participants' requests.
14	What/Who is your most important thing/person at present ?	To recognize their value.

mental / psychological

behavioral

environmental

QOL



### Annex 5: List of questions for in-depth individual interview

	<i>Questions</i>	<i>Aim of Questions</i>
<b>Personal Information</b>	1 How old are you ?	To know the age of the informant.
	2 Where is your hometown ?	To know the birthplace.
	3 Are you married or cohabiting with somebody (regular sex partner) ?	To know her/his status.
	4 What's your highest educational attainment ?	To know her/his educational attainment.
	5 What types of job have you had prior to becoming a sex worker ?	To know her/his working experiences.
	6 How long have you been working as sex worker ?	To know the interval of working each place.
	7 How old were you when you had first full sexual intercourse ?	To know the history of sexuality.
	8 How many clients do you have a day or a week ?	To probe the work condition.
	9 How much do you earn a day ?	To know her/his income.
	* Only female 10 Have you ever been pregnant before ? If yes, how many times ?	To recognize the other sexual matters.
	* Only female 11 Were there pregnancies that did not reach full term ? If yes, how many times ? Were there induced or spontaneous abortions ?	To recognize the other sexual matters.
	12 Did you have sexual intercourse with the same sex ?	To know the homosexuality.
<b>Mental / psychological</b>	1 Why did you choose this kind of job ?	To recognize the motivation about the job.
	2 How do you feel about yourself as a sex worker ?	To probe self-appraisal by themselves.
	3 What problems have you encountered recently ?	To recognize the present concern.
	4 How do you feel about a person with HIV/AIDS ?	To probe her/his discrimination/prejudice against PWHIV/PWA.
	5 If your friend or relative is infected with HIV, what would you do ?	To probe her/his discrimination/prejudice against PWHIV/PWA.
	6 Do you think there is chance that you might be infected with HIV ?	To probe her/his risk perception.
	7 If you find out that you are HIV positive, how would you feel ?	To probe her/his response after inter-nalization (imagination) of HIV infection.
	8 What/who is your most important thing/person at present ?	To recognize her/his value.



## Annex 5:

	<i>Questions</i>	<i>Aim of Questions</i>
<b>Behavioral / technical</b>	1 How do you protect yourself from getting infected with AIDS ?	To probe her/his practice for prevention.
	2 Do you think you should always use condom during sexual intercourse ? Why or why not ?	To probe the frequency of condom use and collect their misconceptions.
	3 Do you always require your sex partner to use condom during vaginal or anal intercourse ?	To probe the frequency of condom use.
	4 If the client says no to condom use, how will you negotiate with your client to use condom ?	To collect technique of condom negotiation.
	5 What reasons do your clients give you for refusing to use condom ?	To probe the reasons why refuse a condom.
	6 Have you ever performed oral sex ?	To probe the popularity of oral sex.



**Annex 6: List of topics for focus group discussion of floor managers**

	<i>Topics</i>	<i>Aim</i>
<b>A.</b>	<b>Concern of Floor Managers on STD/AIDS</b>	To probe the level of concern / awareness on STD/AIDS.
1	Did you hear of STD/AIDS ?	
2	If yes, are you concerned with STD/AIDS and health of GRO ?	
<b>B.</b>	<b>Relationship between Floor Managers and Sex Workers</b>	To probe the relationship between floor managers and sex workers.
1	Do you have a regular dialogue (communication) with the GROs ?	
2	Did you encounter the following problems of the GROs ?	
	- drug addiction, pregnancy, abortion, violence from customer, financial troubles	
<b>C.</b>	<b>Role of Floor Managers on STD/AIDS prevention</b>	To recognize their contribution for prevention.
1	What can you contribute in order to prevent GROs from STD/AIDS ?	
2	How do you encourage your GROs to go on regular check up to the SHC ?	

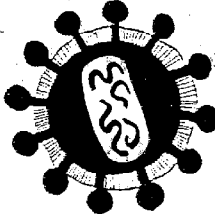
Remedios AIDS Hotline	02-524-0551 02-524-0921 02-523-6338
Women's AIDS Hotline	02-524-4427 02-524-4507
Extelcom "Carelines" Cellular Phone Users	* 933
Other Land-Base Phone Users	109 ( <i>operator assisted</i> )
ReachOut AIDS Hotline	02-895-1160 02-895-1659
Dial-A-Friend	02-734-8903 02-734-8902
Legaspi City AIDS Hotline	0522-447-39
Iloilo City AIDS Hotline	033-798-80
Cebu City AIDS Hotline	032-742-45
Direct Info on AIDS Line (D.I.A.L.)	032-255-0316 032-253-7255
Davao City AIDS Hotline	082-221-0422
Baguio City AIDS Hotline	074-442-8096
Cagayan de Oro City AIDS Hotline	08822-726-476

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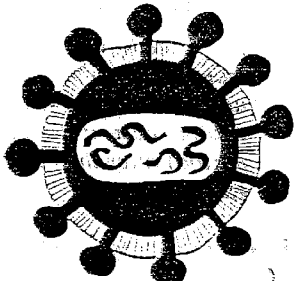

**NATIONAL AIDS/STD  
PREVENTION AND CONTROL PROGRAM**  
Department of Health  
Sta. Cruz, Manila  
Tel/Fax: 711-6693  
E-mail: [aidsunit@pworld.net.ph](mailto:aidsunit@pworld.net.ph)

*in coordination with:*

**Japan International Cooperation Agency**



# **THE HIV ANTIBODY TEST**



## THINGS YOU SHOULD KNOW ABOUT HIV ANTIBODY TEST

### What is HIV Antibody Test ?

- A blood test that will tell us whether a person is infected with **Human Immunodeficiency Virus (HIV)**, the virus that causes AIDS.
- Although the test does not directly identify the virus, HIV Antibody Test detects HIV antibodies. These antibodies are produced by a person who is infected with HIV.
- However, HIV antibodies do not appear immediately after infection: it takes the body from 2 weeks to 6 months to develop antibodies (*Window Period*).

### What do the HIV Antibody Test Results Mean ?

#### Negative or Non-Reactive

A negative result means that HIV antibodies were not detected in your blood because of either two reasons:

- you have not been infected with HIV, or
- you may already have the virus and could already infect anyone but you are still in the window period

( If you have had unprotected sex, blood transfusion or used / shared contaminated or unsterile needles and syringes before, consider taking the test 2 weeks to 6 months (window period) after the last time you think you had an exposure )

#### Positive or Reactive

- you have been infected with HIV

( A positive result does not necessarily mean that you have AIDS, it means the virus is in your body and you could already transmit the virus to others )

### What is HIV Infection ?

### What is AIDS ?

**HIV Infection** is the successful entry of the **Human Immunodeficiency Virus (HIV)** in the body. HIV weakens the body's defense mechanism against diseases and infections.

**AIDS** stands for *Acquired Immune Deficiency Syndrome*. A disease that destroys the body's ability to fight infections. People with AIDS are susceptible to life-threatening disease.

### HIV is found mainly in:

- Blood & blood products
- Semen
- Cervical & vaginal secretions
- Breastmilk

### How is HIV transmitted ?

- Unprotected sexual intercourse
- Receiving infected blood & blood products in a transfusion or organ transplant
- Sharing of contaminated or unsterile syringes and needles among intravenous drug users
- From HIV positive mother to her baby, during pregnancy, delivery and breastfeeding

*You cannot tell if a person is infected just by looking at his / her physical appearance. A person may not even know that he / she is infected. People with HIV can look healthy and feel healthy.*

## What Can You Do To Protect Yourself From Getting Infected With HIV/AIDS ?

- Abstain from sex.
- Maintain a mutual monogamous relationship
- Practice Safer Sex - safer sex is any kind of sexual activity that prevents an exchange of body fluids such as blood, semen and vaginal secretions. Safer sex practices include hugging, kissing, and correct and consistent use of condom.
- Make sure that blood and blood products for transfusion are properly screened.
- Do not share or use contaminated or unsterile syringes, needles and other skin piercing instruments.
- See a doctor or a health worker for other sexually transmitted diseases as soon as possible.

*Be sexually responsible,  
protect yourself and your partner from  
HIV/AIDS.*

\* background illustration - symbolizes the Human Immunodeficiency Virus (HIV).

## Do You Need HIV Antibody Test ?

Assess yourself by answering the following questions:

- Have you had more than one sexual partners for the past ten years ?
- Have you had unprotected sexual activities (vaginal, anal, oral) ?
- Have you received blood transfusion where the blood was not screened for HIV ?
- Were you an organ transplant recipient where the organ or tissue was not screened prior to the transplant ?
- Have you been exposed to blood and blood products in the practice of your profession (occupational exposure) ?
- Have you had any sexually transmitted diseases ?

If you answered YES to ANY of the above questions, you should consider taking the TEST.

### INFORMED CONSENT

*I have understood the meaning of the HIV Antibody Test and the implications of taking one. I hereby consent to have my blood tested for HIV antibodies provided that whatever the result may be, my having taken the test be kept confidential.*

\_\_\_\_\_  
Signature



## What Can You Do To Protect Yourself From Getting Infected With HIV/AIDS ?

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\_\_\_\_\_  
Signature

**FOR ACCURATE, CREDIBLE AND CONFIDENTIAL INFORMATION ON HIV/AIDS, CALL:**

Philippines AIDS Hotline	762-47616 892-9950	Manila AIDS Hotline	762-47616 892-9950
Women's AIDS Hotline	821-1127 821-4507	Davao City AIDS Hotline	447-39
Excelcom "Carolina"		Iloilo City AIDS Hotline	798-80
For Cellular Phone Users		Cebu City Aids Hotline	742-45
For Excelcom		Direct Info on	
Cellphone Users	*933	AIDS LINE (D.I.A.L.)	255-0316
For Other Cellphone		Cebu City	253-7255
Users / DDD	0973-857767	Davao City AIDS Hotline	221-0422
Other Land-based		Baguio City AIDS Hotline	442-8096
Phone Users	109 (operator assisted) 0973-857767	Cagayan de Oro AIDS Hotline	726-476
ReachOut AIDS Hotline	895-1160 895-1659		

Produced by:



in coordination with:

**NATIONAL AIDS/STD PREVENTION  
AND CONTROL PROGRAM**

Department of Health  
Sta. Cruz, Manila



Philippine Information Agency  
Visayas Avenue, Quezon City

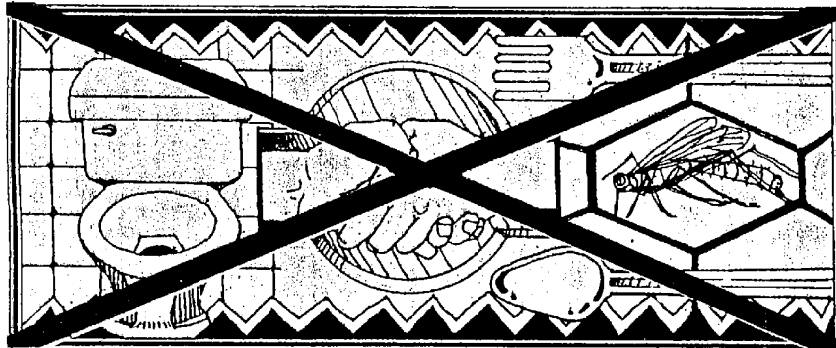
# BASIC FACTS ON HIV/AIDS

## THE FACTS

- HIV WEAKENS THE IMMUNE SYSTEM.
- AIDS HAS NO CURE ... NO VACCINE.
- PEOPLE WITH HIV CAN LOOK HEALTHY AND FEEL HEALTHY.

## HOW IS HIV/AIDS TRANSMITTED ?

- Unprotected penetrative sexual intercourse
- Receiving infected blood and blood products in a transfusion or organ transplant
- Sharing needles and other injecting and skin-piercing instruments
- From HIV-positive mother to her baby during pregnancy, delivery and breastfeeding



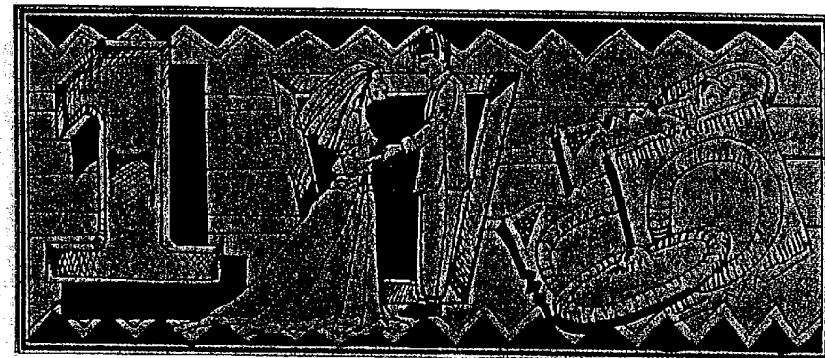
## HOW CAN WE PREVENT HIV/AIDS ?

- Abstain from sexual intercourse  
say NO to pre-marital sex
- Be faithful to one uninfected partner  
say NO to extra-marital sex
- Practice safer sex  
Use condom correctly and consistently
- Treat sexually transmitted disease as promptly as possible



## HOW IS HIV/AIDS NOT TRANSMITTED ?

- Casual contacts such as hugging, kissing, shaking hands, sharing food/eating and drinking utensils
- Mosquitoes and other insect bites
- Swimming in a pool
- Sharing toilet seats



## Mabuhay !!!



Welcome to the Philippines! Whether it's business or pleasure, you will find our country a warm and friendly place to visit.

Explore the beautiful islands... experience the fine weather... and be charmed by the hospitality of our people. Expect your visit to the Philippines to be a memorable one.

And we want your travel to be safe, so that you can return home in the best of health. Thus, we have prepared this leaflet for you to highlight some important facts about HIV/AIDS.

*Knowledge* is the key to prevention. You can protect yourself against HIV/AIDS everywhere in the world. Don't take risk during your travels that could bring HIV/AIDS home with you.

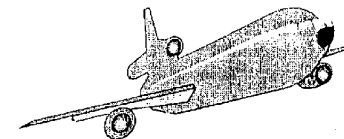
Remember, with no cure nor vaccine for HIV and AIDS, *prevention* is vital!

## For More Information



Visit or Call the...

NATIONAL AIDS/STD  
PREVENTION AND CONTROL PROGRAM  
Department of Health  
Bldg. 12, San Lazaro Compound,  
Sta. Cruz, Manila  
Tel./Fax No. 711-66-93



This leaflet has been prepared by the National AIDS/STD Prevention and Control Program of the Department of Health. Our credits go to the following:

World Health Organization  
Global Programme on AIDS

Australian National Council on AIDS

Travel Safe, Commonwealth Department of Health  
Housing and Community Services, Australia

# Basic Facts on HIV / AIDS For Travellers

## What is HIV/AIDS ?



AIDS stands for Acquired Immune Deficiency Syndrome. It is caused by HIV or Human Immunodeficiency Virus. HIV may live in the human body for years and can be spread to others before any symptoms appear. It primarily affects the body's defense mechanisms, rendering the body unable to fight disease and infections.

People infected with HIV usually look and feel healthy and may not know that they had been infected for many years. When symptoms appear, they can be like those of many common illnesses, such as swollen glands, coughing, fever or diarrhea. These vary from person to person. Only a HIV Antibody Test can confirm if someone is infected with HIV.

## How is HIV/AIDS transmitted ?



HIV can be transmitted through:

- Unprotected penetrative sexual intercourse
- Receiving infected blood and blood products in a transfusion or organ transplant
- Sharing needles and other injecting and skin-piercing instruments
- From an HIV-positive mother to her baby during pregnancy, delivery and breast-feeding.

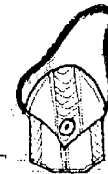
## Is HIV/AIDS spread by casual contact ?



HIV/AIDS is not spread by daily and routine activities or casual contacts, such as:

- Sitting next to someone
- Working with people
- Shaking hands
- Hugging
- Kissing
- Coughing/Sneezing
- Pets/Insect bites
- Sharing eating and drinking utensils
- Swimming in a pool
- Public transportation
- Sharing toilet seats

## How is HIV/AIDS prevented ?



The following practices do not allow HIV/AIDS transmission:

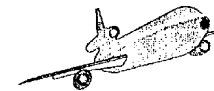
- ◆ Abstinence. Abstaining from sexual intercourse is the best way to protect yourself from HIV/AIDS.
- ◆ Being faithful to one uninfected partner. Maintaining a mutual monogamous relationship reduces your chance of exposure to HIV/AIDS.
- ◆ Safer sex. For people who cannot abstain or maintain a mutual faithful relationship, this remains the only option.
  - Engaging in non-penetrative safer sex practices like hugging and kissing.
  - Correct and consistent use of condoms.

Note that alcohol and drugs affect judgement. If you drink alcohol and take drugs, remember these impair your judgement and lower inhibitions. Do not use alcohol and drugs so as not to forget about safer sex.

- ◆ Using only screened blood for transfusion. If you need a blood transfusion, try to ensure that blood is screened for HIV and other blood borne diseases like Hepatitis B, Malaria and Syphilis.
- ◆ Avoid injections unless absolutely necessary. If you must have an injection, make sure the needle and syringe are new and sterile.
- ◆ Do not inject drugs. But if you do, no matter what kind, never share needles and syringes with others.

## What if you are already infected with HIV/AIDS ?

If you are already infected with HIV/AIDS, consult your doctor for guidance well in advance of your planned travel.



HAVE A  
HEALTHY TRAVEL !  
PROTECT YOURSELF  
AGAINST  
HIV/AIDS.



## 4 KUNG KAILANGAN MONG MAGPASALIN NG DUGO, TIYAKING WALANG HIV ITO.

Kung hindi sigurado sa dugong isasalin sa iyo, huwag magpasalin. Kung sakaling operahan ka, maaaring sariling dugo o isa sa mga kaanak ang isalin sa iyong katawan. O kaya'y bumili ng dugo mula sa mga blood banks na nasa talaan ng Department of Health.



## 5 HUMINGI NG KARAGDAGANG IMPORMASYON.


Huwag matakot o mahiyang magtanong. Mas mapanganib ang kamangmangan.

**NASA IYO ANG DESISYON.  
ANG AIDS AY MAIIWASAN.**

**FOR ACCEPTABLE, CREDIBLE AND CONFIDENTIAL INFORMATION ON HIV/AIDS, CALL:**

Remedios AIDS Hotline	524-0551	Dial-A-Friend	732-7515
	524-6921		732-8959
	532-6338		
Women's AIDS Hotline	521-4427	Legaspi City AIDS Hotline	447-33
	524-4507	Iloilo City AIDS Hotline	798-80
Extelcom "Caroline"		Cebu City Aids Hotline	742-45
For Cellular Phone Users		Direct Info on	
For Extelcom		AIDS LINE (D.I.A.L.)	255-0316
Cellphone Users	933	Cebu City	253-7255
For Other Cellphone		Davao City AIDS Hotline	221-0422
Users /DDD	0973-857767	Baguio City AIDS Hotline	442-8096
Other Land-Based		Cagayan de Oro AIDS Hotline	726-478
Phone Users	109 (operator assisted)		
	0973-857767		
ReachOut AIDS Hotline	895-1160		
	895-1659		

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**NATIONAL AIDS/STD PREVENTION AND CONTROL PROGRAM**  
 Department of Health  
 Sta. Cruz, Manila  
 In collaboration with:  
 **Philippine Information Agency**  
 Visayas Avenue, Quezon City



**ANO ANG  
MAGAGAWA  
KO PARA  
MAINGATAN  
ANG  
SARILI  
LABAN SA  
AIDS ?**

**!** Ang *babasahing* ito ay para lamang sa mga taong nakikipagtalik.

Ang pag-iwas sa AIDS ay desisyong ikaw lamang ang makakagawa. Ang babasahing ito ay naghahangad na makatulong upang matantiya mo ang iyong panganib sa HIV, ang virus na sanhi ng AIDS. Tandaan: maiwasan ang AIDS at kaya MO itong gawin.

## 1 SURIN MO ANG SARILI KUNG MAAARI KANG MAIWAAN NG HIV.

Ikaw lamang ang nakakaalam ng mga gawain mo. Ikaw lamang ang makakatantiya kung mayroon kang ginagawang maaaring daan ng pagpasok ng HIV sa katawan mo. Sagutin ng tapat ang mga sumusunod na katanungan:

- ▶ *Ikaw ba ay nakikipagtalik sa iisang kapareha lamang ?*
- ▶ *Pareho ba kayong hindi nakikigamit o nanghihiram ng karayom o hiringgilya ?*
- ▶ *Pareho ba kayong hindi pa nasasalinan ng dugo mula pa noong 1984 ?*

Kung "oo" ang sagot mo sa lahat ng tanong dito, huwag kang mag-alala at malayo kang mahawaan ng HIV. At kung mananatili ka sa mga gawaing ganito, hindi ka magkakaroon ng HIV.

### NGUNIT

- ▶ *Ikaw ba ay maraming katalik ?*
- ▶ *Nakikigamit o nanghihiram ka ba ng karayom o hiringgilya ?*
- ▶ *Nasalinan ka na ba ng dugo mula noong 1984 ?*

Kung "oo" lahat ang sagot mo sa alinmang katanungan ito, maaaring nasa panganib kang mahawaan ng HIV. Tumawag sa **AIDS Hotlines**.

## 2 HUWAG MAKIPAGTALIK (ABSTINENCE) O KAYA'Y MAKIPAGTALIK LAMANG SA IISANG KAPAREHA (MONOGAMY).

Ang pinakaligtas na paraan para makaiwas sa HIV ay ang walang pagtatalik. Mahirap gawin ito pero makakaya naman, lalo na sa mga kabataan. Pag-isipang mabuti ang paraang ito.

Kung ikaw ay may asawa o kasintahan, maging tapat sa isa't-isa! Lumalaki ang posibilidad ng pagkakaroon ng mga sexually-transmitted diseases (STDs), katulad ng AIDS, kung maraming kapareha sa pakikipagtalik.

## 3 MAG-SAFER SEX.

Para sa mga hindi makakasunod sa "abstinence" o "monogamy", pag-isipan ang mga sumusunod:

- 🕒 **Mag-ingat sa may impeksyong dugo, semilya at hima (vaginal secretions).**

*Ang mga ito ay nagtataglay ng pinakamaraming HIV sa isang taong may impeksyon. Kaya, iwasan ang mga ito, lalo na kung hindi lubos na kilala ang katalik. Sa pagtatalik, iwasan ang masugatan dahil ito ang siyang nagiging daan para makapasok ang HIV sa katawan.*

- 🕒 **Subukin ang mga gawaing sekswal na hindi ka mahahawaan ng HIV.**

*Ang mga gawaing sekswal tulad ng halik, yakap at haplos ay mga paraang hindi ka mahahawaan ng HIV. Hindi naman ito kailangang mauwi sa pagtatalik.*

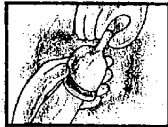
- 🕒 **Laging gumamit ng kondom tuwing makikipagtalik.**

*Ayon sa mga pananaliksik, ang kondom ay nakakahadlang sa pagpasok ng HIV at ibang sakit na nakukuha sa pakikipagtalik. Gamitin ang kondom ng wasto at sa mga palagiang nakikipagtalik, ito'y makapagbibigay ng hanggang 10,000 beses na karagdagang proteksiyon kaysa hindi paggamit nito. (Novell AC et al. mula sa Surgeon General, US Public Health Service, JAMA 269 (22) 2840).*

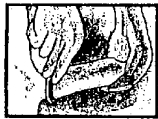
CONDOMS protect against sexually transmitted diseases. Learn to use condom correctly. Correct use of condom is explained below:



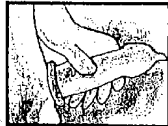
1. Open pack carefully.



2. Hold the tip of the condom, squeeze the air out, and place it on the erected penis. If uncircumcised, pull foreskin back.



3. While holding on the tip, unroll it to the base of the penis. Always put the condom before the intercourse.



4. After ejaculation, hold onto the condom at the base of the penis and withdraw while still hard.



5. Remove the condom. Be careful not to let any semen leak from the condom.



6. Tie or wrap the condom and dispose properly.

Points to remember:

- Check the expiration date.
- Condoms should be kept in a cool dry place.
- Do not use if its package is damaged.
- Do not use baby oil or petroleum jelly as lubricants. These can cause the condom to burst. Instead use a water-based product, (ex. KY Jelly).

*Do not believe that only certain group of people get STD. Individuals and their partners get infected with STD because they engage in high risk behavior such as having multiple sex partner and sex without a condom. Make a decision towards changing your behavior now.*

For accurate and correct information on STDs, call the hotlines:

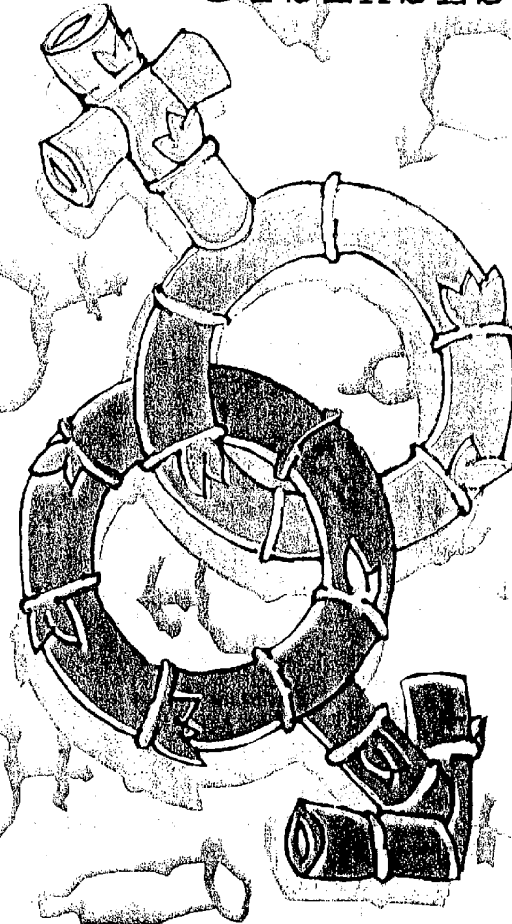
Remedios AIDS Hotline	02-524-0551 02-524-0921 02-523-6338
Women's AIDS Hotline	02-524-4427 02-524-4507
Extelcom "Carelines" For Cellphone Users For Extelcom Cellular Phone Users For other Cellphone Users/DDD Other Land-Base Phone Users	*933 0973-857-767 109 (operator assisted) 0973-857-767
ReachOut AIDS Hotline	02-895-1160 02-895-1659
Dial-A-Friend	02-734-8903 02-734-8902
Legaspi City AIDS Hotline	0522-447-39
Iloilo City AIDS Hotline	033-798-80
Cebu City AIDS Hotline	032-742-45
Direct Info on AIDS Line (D.I.A.L.)	032-255-0216 032-253-7255
Davao City AIDS Hotline	082-221-0422
Baguio City AIDS Hotline	074-442-8096
Cagayan de Oro City AIDS Hotline	08222-726-476

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# STD

## SEXUALLY TRANSMITTED DISEASES





## SEXUALLY TRANSMITTED DISEASES (STD)

- Are commonly passed from one person to another during *sexual contact* (vaginal, anal or oral).
- They can also be passed on by blood, from mother to child during pregnancy, during childbirth or while breastfeeding.
- If not treated, STD can cause serious reproductive health problems such as infertility, or infect an unborn child.
- STD also increase the risks of getting infected with HIV, the virus that causes AIDS.

It is important that we know how STD are transmitted and how we can protect ourselves and our sexual partners from infection.

### SYMPTOMS OF STD IN MEN

Symptoms in men appear within 2-3 days or a few weeks or even months after having sex with an infected partner. They are as follows:



⇐ Pus or discharge from the penis ("tulo")

Burning sensation or pain when urinating ⇐



⇐ Painful sores, blisters around the penis

Lumps and bumps ("bukol") on or near the penis ⇐



⇐ Itchiness in the penis, scrotal and pubic area

⇐ Scrotal swelling ("pamamaga ng bayag")



### SYMPTOMS OF STD IN WOMEN

Symptoms in women appear anytime from days up to several months or even years after having sex with an infected partner, but it is most important to remember that STD in women are often silent or mild and usually unnoticed. Symptoms in women are as follows:



⇐ Increased discharge from the vagina that looks different from usual

Pain and burning sensation before and after urinating ⇐



⇐ Painful or painless sores, blisters on or near the vagina

Lumps and bumps ("bukol") on or near the vagina ⇐



⇐ Lower abdominal pain

Itchiness or discomfort in or near the vagina ⇐



⇐ Pain during intercourse

*It is important to know that the absence of symptoms does not mean you do not have an STD. In fact, of the women who have STD many do not feel anything unusual.*

WHAT *should* you do if you notice signs and symptoms or had unprotected sex with a person whom you think has an STD?

- Consult a doctor or a health worker immediately. Do not self-medicate!
- Take and finish all the medications prescribed, otherwise the infection will not be cured.
- Return for a follow-up to make sure you are completely treated and to avoid complication.
- Have your sexual partner treated and counseled.
- Do not have sex while you and your partner are taking medicines, but if you do, use condom.
- Do not douche. Douching is the washing of the inner part of the vagina with the use of cleansing agents (Note: Douching does not treat the STD).

*If you think that you have STD, do not be embarrassed... do not be scared... seek out the help of a doctor or health worker immediately.*

HOW can you protect yourself from getting STD?

There are different ways to stay safe from STD:

- Learn about STD.
- Abstaining from sex is one way of avoiding STD.
- Maintain a mutually faithful relationship. Ensure that neither of you has other sexual partner.
- Talk and discuss with partner about sex and about STD.
- Use condoms correctly and consistently
- Have a regular check-up or visit a doctor or a health worker.