Male Sexual Risk Behavior and HIV/AIDS: A Survey in Three Philippine Cities

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EXECUTIVE SUMMARY

The main objective of the survey was to assess the level of HIV/AIDS risk behavior among general population males in three major urban areas in the Philippines particularly Quezon City, Cebu City, and Davao City. These cities were part of the Department of Health's National HIV Sentinel Surveillance System. Specifically, the study obtained information about the men's (a) background characteristics, (b) marriage and live-in partnership, (c) sexual experiences, (d) level of awareness, access to and use of condoms, (e) level of awareness and experiences regarding sexually-transmitted diseases (STDs), (f) level of awareness, information source, and knowledge about transmission routes and protection against the disease as well as views about HIV/AIDS, and (g) exposure to HIV/AIDS information and intervention programs.

The survey utilized the individual face-to-face interview with three age categories of urban men—15-24, 25-34, and 35-44 years old. A total sample of 3,615 men were selected (960 for the 15-24, 960 for the 35-44, and 1,695 for the 35-44 years old) with the use of a two-stage cluster sampling technique, particularly random sample of clusters with probability proportional to size. A questionnaire which contained 103 questions served as the survey instrument. The questionnaire was translated in the appropriate languages and pretested in the three cities. Informed consent was sought from the respondents and the parents of the respondents who were below 18 years old. Locally-recruited men whose ages approximated those of the respondents served as the survey interviewers. The survey took place from October 1999 to January 2000. SPSS version 9 was utilized in processing and in analyzing the data.

The average age of the respondents was 31.2. The majority were Catholics who attended religious services regularly. They had an average of 11 years of formal education. They were highly exposed to television and radio. The majority lived with their relatives and they hardly traveled outside of their cities in the past 12 months preceding the survey. Three fourths of the men took alcohol four weeks prior to the survey. One half had ever tried drugs, mainly marijuana. About two thirds of the men particularly those 25 years old and above, had work. The respondents were mostly engaged in blue-collar and unskilled types of occupations. Their median monthly income was P5,000. One half of the men were married. Their mean age at first marriage was 25.5. One tenth of the respondents who were mostly unmarried, disclosed that they had live-in partners.

Generally, the survey found that a great majority of Filipino urban men—particularly in the cities of Quezon, Cebu, and Davao—were not at risk of acquiring and transmitting HIV. The men who practiced safer sex behavior were greater in number than those with unsafe sex behavior. Unsafe sex was measured by three indicators—intercourse with (a) sex workers or strangers, (b) the foregoing partners without the use of condoms, and (c) multiple partners. Use of injecting drugs, one transmission route for HIV, was also utilized as an indicator of risky behavior.

At their first sexual experience, the sexual partner of a majority of the sexually-experienced men (four fifths of the sample) was a woman who was well known to them. The stability of this sexual behavior was further shown in the men's sexual activity in the past 12 months prior to the survey. Men whose sexual partner in their coital debut was a woman they knew well continued to have sex with the same type of woman in the past 12 months. During this period, only 12.9% of the sexually- active men had multiple (two or more) partners. Less than one tenth (7.1% or 175 men) had exchanged money for sex. Of this number, 154 men had paid their sexual partners while 21 men had accepted payment for sex. Over one half (89 men) of the foregoing had also engaged in unpaid sex. More men were non-users (80.7%) than users of condoms in the past 12 months, a finding that was not surprising because a majority of the men had only one sexual partner who was a woman they knew well. A majority of the men knew one or more STD symptoms but very few (45 cases or 1.2%) had STD infections in the past year. Exposure to injecting drugs was quite low at 6.1%.

Although few men were lifetime users of condoms or were not condom users in recent months, the majority had approved the propositions that condoms should be made available and for free at the public health centers. They also approved the notion that 15-19 year-old men should be allowed to procure condoms.

The men in this study had moderate to high knowledge concerning HIV transmission routes and about the means of protection from the disease. Despite these, erroneous views about the transmission modes of HIV persisted to include mosquito bites and use of facilities and equipment of an infected person. Bias against an infected but not yet sick student and worker also persisted. Those with better education and knowledge about HIV transmission routes were inclined to have less bias against infected persons. Few men also believed that a mother could prevent the transmission of the disease to her baby in her womb.

Over three-fourths (78.2%) of the respondents assessed that they had zero or small chance of contracting HIV.

A majority of the men had learned about HIV/AIDS prior to the survey from television, radio and newspapers/magazines and books. They hardly discussed the disease with their spouse or with other sexual partners. More than a quarter of the men could name two organizations in their cities that provided information and services for HIV/AIDS.

Among the three age categories of men, the youngest age group (15-24) exhibited substantial risky sexual behavior which may have potentials in spreading the virus to the general population. Proportionally, more men in this category had multiple partners and had paid for sex. Although most of them thought that they had little or no chance of acquiring HIV, a substantial proportion among those who had several partners and who had paid for sex thought that they had moderate to greater probability of acquiring HIV.

Among the three cities, Cebu and Davao had the most and least number of men with substantial risky behavior.

PREFACE

This report is the first of a four-volume final research report of the sexual risk behavior and HIV/AIDS survey among 3,615 Filipino men in three Philippine cities. It integrates the findings from the survey of three age categories of men (15-24, 25-34, and 35-44 years old) in the cities of Quezon, Cebu, and Davao which was conducted from October 1999 to January 2000.

To ensure that current local data are available to the three cities that participated in the survey, the research data were disaggregated and individual city reports were written. Volume two is the report for Quezon City while volume three is the Cebu City research report. The fourth volume presents the survey findings in Davao City.

This survey would not have been possible had it not been for the support and assistance of several institutions, agencies, and individuals. We would like to express our deepest gratitude to them. In particular, we want to cite:

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CHAPTER I

INTRODUCTION

Male sexual behavior has received considerable attention in the past decade because of the major role that men play in the HIV epidemic. Current global statistics show that there are more men who are afflicted with the disease. Of the 33 million adults who have been living with HIV/AIDS as of December 1999, men comprised 17.3 million while women constituted 15.7 million. In the coming years, however, HIV infections in women are expected to surpass those in men. Men continue to contribute to the rapid spread of HIV because in many societies their dominant position often gives them the power to decide when and with whom to have sex, and whether or not protection against HIV will be utilized. Thus, men, particularly those who are engaged in risky sexual and drug-taking behavior, are most likely to infect women as well as other men. Currently, men direct the course of the HIV pandemic and in order to reduce the rate of rapid spread, prevention programs should address men's risky sexual and drug-taking behavior (Foreman, 1999).

The spread of HIV, however, is uneven among the world's regions. As of December 1999, UNAIDS reported that the African continent exhibited the highest rates of infection particularly in countries of Sub-Sahara with a total estimate of 24.5 million adults and children who were living with HIV/AIDS. South and Southeast Asia ranked second with a total number of 5.6 million reported HIV/AIDS cases. Cambodia, Thailand, Myanmar, and India exhibited the highest HIV/AIDS prevalence rates among adults in this region (4.04, 2.15, 1.99, and 0.70, respectively). Despite the high rates of infection in many parts of Asia, several countries continue to exhibit low prevalence rates (below 1%). One of these countries is the Philippines with an HIV prevalence rate of 0.07 percent (UNAIDS, 2000).

From January 1984 when the first HIV case was identified until June 2000, the Philippine Department of Health's (DOH) Field Epidemiology Training Program (FETP) had registered a total of 1,390 HIV Ab seropositives. Of this number, 464 persons had AIDS. Among the terminally ill, 206 had died. The slow transmission of HIV/AIDS in the country in the past 16 years has been attributed to a number of factors to include (a) female sex workers having few sexual partners; (b) low exposure rate of Filipino men to female sex workers; (c) STDs in the country are generally the non-ulcerative types; (d) very few injecting drug users (IDUs); (e) men who have sex with men tend to engage in oral rather than in anal sex; and (f) late male coital debut since this often takes place at around 18-19 years old. Furthermore, circumcision, a practice which may have a role in protecting men from STDs, is widely observed in the country (Lim-Quizon-FETP, 2000; Chin, et al., 1998). Most of the foregoing observations, however, were drawn largely from studies that were conducted on so-called "high risk" groups (e.g., registered and freelance sex workers, truck drivers, men who have sex with men, injecting drug users), because there had been few population-based researches on sexual behavior.

Although the Philippines is a low-prevalence country, understanding men's sexual behavior is vital because of the need to identify the level of general male population that is engaged in risky behavior which may potentially trigger the rapid spread of the virus. The research agenda of the USAID-supported AIDS Surveillance and Education Project (ASEP) had called for a "cross-sectional study of male sexual and condom use in selected cities in the Philippines, which could be useful in estimating the number of men who regularly have sex with commercial sex workers (CSWs) and the rate of condom use." In its five-year strategic plan (1999-2004), the Philippine National AIDS Council (PNAC) expressed the need for " research on the general population to determine the level of risk factors for HIV transmission."

It is in this light that Family Health International (FHI), a USAID-cooperating agency, commissioned De La Salle University's Behavioral Sciences Department (DLSU-BSD) in 1999 to undertake a male sexual risk behavioral population-based survey which involved three age categories of Filipino men (15-24, 25-34, and 35-44) in three Philippine cities. The survey followed current international guidelines, which recommended that a general population behavioral survey should be carried out every four to five years as part of the overall HIV surveillance in low-prevalence countries.

Objectives of the survey

The major objective of the survey was to assess the level of HIV/AIDS-risk behavior among 15-44 year old general population males in three Philippine cities.

Specifically, the survey sought to obtain from general population urban males aged 15-24, 25-34, and 35-44 years old, the following information:

- background characteristics, marriage and live-in partnerships;
- sexual practices;
- level of awareness, access to and use of condom;
- level of awareness and experiences regarding sexually-transmitted diseases (STDs);
- level of awareness, source of information, knowledge regarding transmission and opinions about HIV/AIDS; and
- exposure to STD/HIV/AIDS intervention programs.

Importance of the study

The Philippine male sexual-risk behavior survey is important because the results may provide useful information for policy and program planning. To ensure that the survey findings are relevant to various sectors that are engaged in HIV/AIDS prevention and control programs in the country, the research team collaborated with several partner organizations particularly the

- Department of Health's (DOH) National AIDS/STD Prevention and Control Program;
- Philippine National AIDS Council (PNAC);
- Field Epidemiology Training Project (FETP);
- Program for Appropriate Technology on Health (PATH);
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The partner organizations had provided technical input and advice in various aspects of the survey design such as the development of criteria for study sites, survey instrument, and the review of research outcomes.

Another value of the survey is that the findings can be compared with few population-based sexual behavioral studies in the country. It is noted, however, that these studies are not directly comparable to this survey because these were undertaken with different goals and objectives, sampling designs, sample sizes, and research instruments. These studies are as follows.

The first major study was the Knowledge, Attitudes, Beliefs and Practices (KABP) survey which was conducted in 1990 by T.V. Tiglao, S. B. Tempongko, and D. E. Gust of the College of Public Health of the University of the Philippines. It covered 1,617 male and female respondents between the ages of 15-59 in Metro Manila. The survey examined the sexual behavior of men and women particularly their sexual partners,

condom use, and knowledge and beliefs about AIDS. The 1991 survey report did not disaggregate sexual behavior by sex but in the re-analysis of the data, sex differentials were considered (Tiglao, et al., 1996).

The Young Adult Fertility and Sexuality Survey or what is popularly known as YAFS-II was a major research that was undertaken in 1994 by the University of the Philippines Population Institute. It had a national sample of 11,000 males and females between the ages of 15-24. The survey examined various aspects about the modern Filipino youth particularly their dating behavior, union formation and premarital sex, childbearing, reproductive health, smoking, drinking and drug use, as well as their knowledge and beliefs about HIV/AIDS (Raymundo, et al., editors, 1999).

The Trends MBL or Project Minuet 2 conducted a four-city (Greater Manila area, Cebu, Iloilo and Davao) survey in 1996 and it assessed the DOH mass media and public relations campaign that was aimed at preventing the transmission of HIV. It had a baseline sample of 1,200 and post campaign sample of 900 men between the ages of 15-45.

Methodology

This section describes the survey's sampling domains, the sampling design and size, research instruments, interviewers' selection and training, and fieldwork experiences.

Sampling domains

Three major Philippine cities -- Quezon City in Metro Manila, Cebu City in Central Visayas, and Davao City in Southern Mindanao -- were chosen as the sampling domains for the survey. These cities are part of the surveillance sites of the National HIV Sentinel Surveillance System (NHSSS) of the Department of Health (DOH).

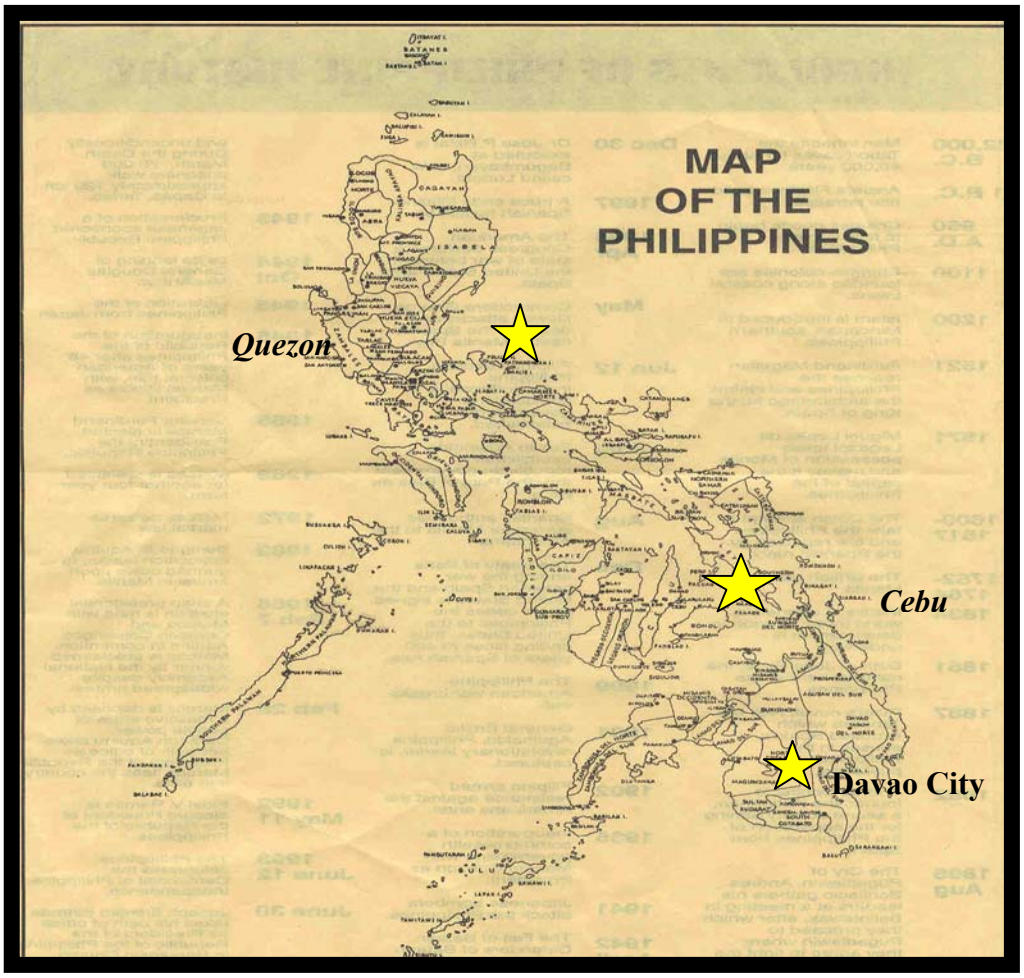

Figure 1.1 Three Philippine cities (sampling domains) in the survey

Sampling design and sample size

A two-stage cluster sampling design was utilized in the survey. Cluster sampling is one of the widely-used types of sampling design for this form of behavioral survey because it is less time-consuming and less expensive while maintaining reliability and accuracy of the data. The primary sampling unit or cluster for this survey was the *barangay*, the lowest level of political administration in the country. In each cluster, a pre-determined number of men who fell between the ages of 15-44 were randomly

selected with the use of "the walk-through" method. A total sample of 3,615 men was drawn from the three sampling domains. Each sampling domain had a sample size of 1,205 men. The following formula was utilized to arrive at the sample size in each domain.

$n = pq/s^2$ where
p = is the proportion
$q = 1 - p$
s = standard error

The sample was distributed into three age categories: 15-24, 25-34, and 35-44. These categories highlight important differences between older and younger men that may be obscured by mixing all ages together. The young men, who included adolescents and young adults between the ages of 15-24, were assessed separately because they were in the early stages of becoming sexually active. Thus they were not likely to be in stable sexual relationships, and they may be prone to high-risk behaviors. The hypothesized proportion of young men who were likely to have engaged in sexual intercourse with sex workers in the past 12 months was estimated at 10 per cent.

The older men are classified into two categories for the following reasons. Men who fall between the ages of 25-34 are likely to utilize their energy and resources in raising their families and building their career. The hypothesized proportion of these men who have had contact with sex workers in the past 12 months is around 10 per cent.

The oldest category of men or those who fall between the ages of 35-44 are inclined to have more stable families and careers and may have more resources to engage in multiple sexual relationships or the services of sex workers. Thus the proportion of men in this age group who may have sex with sex workers in the past year is estimated at 20 per cent.

A standard rate of 10 per cent was utilized as the refusal rate in the estimates.

The following table shows how the sample size was estimated for each age category of males.

Table 1.1. Estimated sample size for each age category

Age group	Hypothesized proportion	Sampling error	Design effect	Level of confidence	Refusal rate	Sample Size
15-24	10%	2.5%	2	95%	10%	320
25-34	10%	2.5%	2	95%	10%	320
35-44	20%	2.5%	2	95%	10%	565
Total per sampling domain						1,205
Total for 3 sampling domains						3,615

Number of clusters and respondents per cluster in the sampling domain

The number of clusters per city or domain was determined by dividing the population over the desired number of respondents. In previous cluster surveys such as those that were designed by the World Health Organization for the assessment of the performance of the Expanded Program for Immunization, it had been established that the minimum number of respondents in a cluster was seven. With due consideration to time and resources, the researchers decided on the following number of respondents per cluster, which was used as basis for calculating the number of clusters per domain.

Quezon City = 1,205/24 respondents = 50 clusters

Davao City = 1,205/30 respondents = 40 clusters

Cebu City = 1,205/35 respondents = 35 clusters

Refer to Appendix A for the list of barangays and clusters

Selection of clusters

The probability proportionate to size (PPS) method was utilized in selecting the clusters. In choosing the clusters, all the barangay and the individual population of each barangay were listed. The list served as the basis for calculating the cumulative or total population. Afterwards, the sampling interval was determined by dividing the total population by the number of clusters needed.

$$\frac{\text{Total population to be surveyed}}{\text{no. of clusters needed}} = \text{Sampling interval}$$

To draw the first cluster or barangay, a random number between one and the sampling interval was chosen. The barangay within the cumulated population where the random number falls, was the first cluster. Subsequent clusters were chosen by adding the sampling interval to the number identified for the previous cluster. This procedure was followed until all clusters had been identified. A barangay with a huge population would have more than one cluster.

Selection of respondents in each cluster

After the selection of the clusters, households and respondents in each cluster were chosen through the *random walk* method. To do this, the interviewers were instructed to stand in front of the barangay hall's façade and to spin a bottle or pen in order to identify the direction of the neighborhood where they would select the households and respondents. Afterwards, the number between one and the last number of the desired sample size per cluster, was randomly drawn to know which household would be chosen to start the selection of respondents. Because of the nature of the study, only one qualified respondent (whose age fell between 15-44) was chosen from one household. In the event that there would be more than one qualified respondent in a household, the

interviewer would randomly select from the list of names. If there would be no qualified respondent, the interviewer proceeded to the next household. If the qualified respondent was not at home during the first visit of the field interviewer, the latter was required to make an appointment. After three interview attempts, the eligible respondent would be dropped and replaced.

In the event that the desired number of respondents in each block was not obtained, the interviewer would move on to the nearest block of houses. When confronted with two or more blocks of houses, the field interviewer would spin a bottle or ball pen to determine the direction of the field.

Inter-cluster weight

The study utilized the random walk method as the sample selection procedure. This method may result in non-self weighting samples, which may possibly result in estimation bias. Thus, sampling probabilities and sampling weights were calculated to determine whether estimation bias might have ensued. The computation showed that the differences between the clusters were small to warrant weighting of the sample.

Research method and instruments

The survey utilized the individual face-to-face interview with the use of a structured questionnaire. A total of 103 questions were developed and these were distributed in seven blocks. The cover page of the questionnaire included items regarding the interview arrangement and situation as well as the introductory and informed consent statements. (Refer to Appendix B for the research instruments).

The table below shows the blocks and variables that were covered by the survey.

Table 1.2. Interview questionnaire blocks and variables

Block	Block heading	No. of questions	Variable
1	Background characteristics	24 questions	Age, education, occupation, income, migration, exposure to media, use of alcohol, drug use
2	Marriage and live-in partnerships	6 questions	Marital status, age at first marriage, living arrangement with spouse, live-in partnerships
3	Sexual history	27 questions	Whether sexually-active or not, types of sexual acts experienced, coital debut (vaginal and anal), first sexual partner, condom use (entire life), sex in the last 12 months, number of partners, condom use in last 12 months, three most recent sex partners
4	Condom Use	9 questions	Accessibility to condom, reasons for inaccessibility, opinions about government providing condoms in health centers, about allowing 15-19 year- old men to procure condoms
5	STDs	15 questions	Knowledge about STDs, STD experience in the last 12 months, health-seeking behavior
6	Knowledge, opinions, and attitudes about HIV and AIDS	17 questions	Knowledge about HIV/AIDS, particularly prevention, modes of transmission, views about mother-child transmission and transmission, HIV testing, opinions allowing HIV infected persons to continue schooling or working, perceived chance of getting HIV
7	Exposure to interventions	5 questions	Sources of information about HIV/AIDS, additional information needed about HIV/AIDS, knowledge of organizations that provide HIV/AIDS services

A total of 38 flashcards were developed to facilitate the cooperation and understanding of the respondents, especially for questions that were sensitive or quite personal.

The questionnaire was first developed in English. This was then reviewed by the representatives of the partner organizations before it was translated into two languages: Tagalog for Quezon city respondents and Cebuano for the Cebu and Davao City respondents. The Tagalog and Cebuano translations were back translated into English. The questionnaire was pretested in Manila to twenty 15-44 year-old men. The pre-tested instrument was subjected to a final review by partner organization representatives. The Cebuano version of the protocol was pre-tested in the cities of Cebu and Davao. Although Cebuano is spoken in the two cities, variations or differences were noted in some terms or colloquial expressions. To ensure a common understanding and interpretation of the terms of sexual behavior in the questionnaire, the project leaders and field supervisors reviewed these concepts with the male interviewers in each sampling domain during the survey training.

Recruitment, selection, and training of the interviewers

Because of their familiarity with the local language and the social environment, male interviewers were recruited from each sampling domain. It was vital that the interviewers were of the same sex to ensure the cooperation and comfort of the respondents in such a sensitive study. Interest in the topic, previous research experience, and willingness to be trained were the criteria used in selecting the interviewers. The ages of the interviewers were matched with those of the prospective respondents. A total of 26 male interviewers were hired for the survey: 8 in Quezon City, 10 in Cebu City and 8 in Davao City. Each project had a field supervisor who did consistency check and spot-checking. A majority of the interviewers were college graduates. About two thirds had social science training while one third had health and other academic background.

The training of the interviewers was conducted in each sampling domain for about one week. The topics in the training covered the following: (a) background of the study; (b) basic information about STD/HIV/AIDS; (c) sensitization about gender and sexuality; (d) sampling procedures; (e) interviewing techniques; (f) the interview schedule; (g) ethical requirements, (h) field procedures and (i) administrative matters. A one-day fieldwork was integrated into the training. The practicum was conducted in a community that was not part of the survey areas. The trainors were the project leaders and the field supervisors.

The training was undertaken in an interactive and participatory manner. In the discussion regarding STD/HIV/AIDS, the field supervisor who was a nurse and a medical anthropologist, utilized the latest films that were provided by the DOH-STD/HIV/AIDS Prevention and Control Program and various reading materials and flyers by some non-government organizations (NGOs). Exercises and lecture cum sharing regarding experiences on gender issues and gender relations were also conducted. The trainor had lectured about the various aspects of sexuality and sexual behavior and had conducted exercises that made the interviewers more comfortable about these topics. The interviewers were asked to utter loudly in the local language the terms for male and female sexual organs and sexual acts since they were going to utilize or refer to these during the face-to-face interview. While the exercise had elicited laughter and discomfort at the beginning, the interviewers had eventually learned to say the terms with less embarrassment during the review of the questionnaire and during the field practicum.

Fieldwork procedures and experiences

Preparatory activities for the survey were conducted in September 1999. Permission to conduct the survey was sought from the mayor of each sampling domain by the project leaders. The city mayors provided endorsement letters to the project leaders which were useful in facilitating the entry of the field supervisors and interviewers in the sample barangays. The project leaders also met with city health officials to inform them about

the survey. Updated political maps for each study site were obtained to assist the researchers in locating the selected clusters.

Prior to the field interviews in each cluster, courtesy calls to barangay officials were made by the field supervisors and interviewers. The barangay officials were supportive of the survey. A number expressed interest in obtaining copies of the research results. The interviewers thanked the barangay leaders after finishing the interviews in each community.

In general, the survey went well because the interviewers and the respondents had good rapport. The interviews took place in the respondents' homes or in their front or backyard. Because of the sensitive nature of the study, the interviewers requested the respondents that other household members should not be present or within hearing distance during the face-to-face interviews. The interviewers claimed that the use of flash cards helped in obtaining the trust of the respondents because they did not have to utter all the sensitive sexual terms. They were also viewed as "professional researchers" because they had utilized such devices. Several respondents even offered snacks to the fieldworkers during the interview.

However, the refusal rate turned out to be three times higher than what was anticipated (which was only 10%). This situation was attributed to the fact that men were not always in their homes especially during weekdays because they were engaged in some gainful activity, i.e., older men were at work while younger men were mostly in school. In addition, qualified respondents particularly those who resided in exclusive neighborhoods were not very cooperative and interested in the survey compared to the men from low-income communities. To overcome these difficulties, the interviewers had conducted interviews in the evenings (even as late as 11 P.M.) or on weekends to suit to the schedules of the respondents.

The interviewers also encountered other difficulties in the field. In Quezon City, the chairperson of one barangay did not allow the interviewers to conduct the survey because he thought that his community had had too many surveys. This barangay was replaced. Some Quezon City respondents also thought that the interviewers were agents of the Bureau of Internal Revenue (BIR). The identification card, letter of introduction from the project leaders were presented by the interviewer to the respondents who had the foregoing impression about them. In Davao City, the residents in some barangays suspected that the interviewers were communist organizers who were recruiting members for the New People's Army (NPA). In Cebu City some community members suspected that the interviewers were narcotic agents of the National Bureau of Investigation (NBI) since the survey took place at the time when several barangays were raided by the NBI because some residents were suspected as drug pushers. Although the interviews generally took place at the respondents' homes, few respondents were interviewed in nearby locations where privacy could be obtained. In Cebu City, one fieldworker conducted an interview with a young male adult in a dark, small cave-like place where the respondent and his peers had intravenous drugs. The researcher claimed that he was extremely nervous and he had feared that he might not come out alive from that interview situation. The interview turned out to be a pleasant educational experience to the researcher.

Another interesting difficulty encountered by the Cebu City interviewers was associated with the Metropolitan Basketball Association (MBA) competition. At the time of the survey, the Cebu City's basketball team was vying for the national championship. The basketball games took place in the evenings and these were on national television. Since many of the interviewers made appointments with their respondents in the evenings, there was difficulty in confirming these because the respondents preferred to watch the basketball games rather than participate in the interviews. The Cebu interviewers were relieved when the city's basketball team finally lost to Manila's team.

Ethical considerations

Prior to the approval of the research project, the Ethics Committee of De La Salle University's College of Liberal Arts had conducted an ethical review of the proposed study. A major examination of the ethical aspects of the project was likewise reviewed by FHI's Protection of Human Subjects Committee in Washington, D.C. to ensure that informed consent statements were incorporated in the interview questionnaire.

As earlier mentioned, the survey questionnaire's front page included statements of informed consent. Three informed consent forms were prepared—one for young men who were below 18 years old, another was for the parents/guardians of the young men and the third was for the respondents who were 18 years old and above. The informed consent forms which were translated into the local language basically introduced the project to the appropriate respondents and had requested for his/her consent (if he/she were a parent/guardian) to allow her /his son or (if he was a prospective respondent) to participate in the study. For the respondent, the informed consent also specified that there was no penalty if he refused to participate in the interview. He also did not have to answer the questions that would make him uncomfortable. After reading the informed consent statements to each parent/guardian or respondent, the interviewer signed his name at the lower portion of the questionnaire's front page. The respondents of the survey were not paid for voluntarily participating in the survey.

Data processing and analysis. A codebook which incorporated responses to the closed and open-ended questions was developed and utilized in processing the data. The SPSS version 9 was the software for data processing and analysis. Descriptive statistics particularly frequency, percent, average, chi-square, and T-test were used in the data analysis.

Analytical framework. A schematic framework was developed to serve as an analytical guide for the study (see Figure 2). This framework attempts to synthesize all the possible factors related to risky sexual behavior among three age categories (15-24, 25-34, and 35-44 years old) of Filipino males in three cities. The variables were drawn from a compilation of relevant literature and from consultation with knowledgeable persons.

As the framework indicates, the study seeks to identify the linkages between socioeconomic and demographic variables, lifestyle factors (particularly alcohol use in the past 12 months and drug use experience), media exposure in the past year (TV and radio)--to sexual history and practices, condom use, STD experience in the past 12 months, knowledge of protection and transmission as well as opinions/views/beliefs about HIV/AIDS. In the process of examining these linkages, it was hoped that the major factors that most affect the respondents' risky sexual behavior would be estimated.

Organization of the report

The report is divided into eight chapters. This chapter provides an overview of the entire project.

Chapter II presents the socioeconomic characteristics, demographic profile, lifestyle, and media exposure of the respondents. Chapter III, on the other hand, describes the respondents' sexual history, the sexual acts that they had experienced, their coital debut, their sexual activities in the past 12 months, and their three most recent sexual partners.

Chapter IV provides information about the respondents' views and opinions about condoms, while Chapter V describes the respondents' knowledge of sexually transmitted diseases (STDs) and their experiences regarding these infectious diseases.

Chapter VI presents the knowledge, opinions and attitudes about HIV/AIDS of the respondents and information about the exposure of the respondents to the intervention programs for STD/HIV/AIDS. Chapter VII, on the other hand, discusses and compares the survey results with selected findings of available population-based studies of male sexual behavior studies and assesses which age category of men in the 1999 survey had more substantial risk behavior. It also identifies the sampling domain with the most substantial risky sexual and drug taking behavior. The last chapter presents the summary and conclusions of the study.

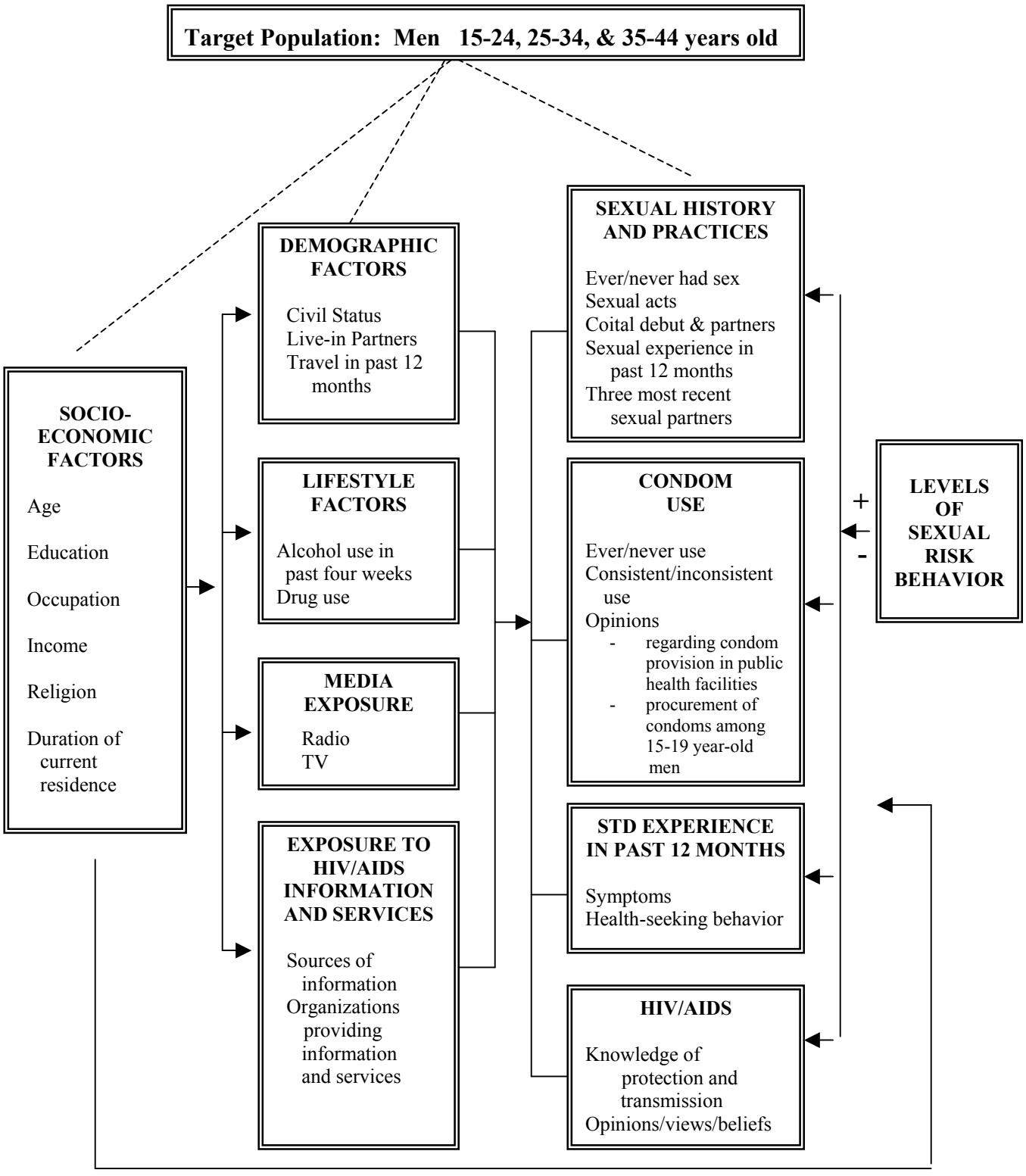

Figure 1.2. Analytical Framework

CHAPTER II

RESPONDENTS' PROFILE

This chapter presents information regarding the respondents' social, demographic and economic characteristics that may have a bearing on their sexual behavior---particularly their age, education, residence, physical mobility, marriage, live-in relationship, work and income profile. It also includes information about some aspects of the respondents' lifestyle specifically their exposure to television and radio, their alcohol intake in the past four weeks prior to the survey, and their lifetime use of prohibited drugs.

Age, education, religion, residence, and physical mobility

The mean age of the 3,615 male respondents was 31.2 years (range 15-44 years old). The average age of the men in each category is as follows: 19.5 (15-24); 28.9 (25-34); and 39.2 (35-44).

The respondents had an average of 11.1 years of formal education. In the Philippine system, this is equivalent to first year of college/university education. A student usually had 10 years of preparatory education (six years in elementary school and four years in high/secondary school) prior to enrolment in the university. A majority (85.9%) of the respondents at the time of the interview were no longer in school. Only 14.4 per cent were still studying and most of them were adolescents and young adults (15-24 years old). They were either high school or college students. Over two thirds (68.8%) of all the respondents went to private schools for their education. Less than one third (31.29%) studied in public schools.

The majority (87%) were Roman Catholics while over one-tenth were followers of other Christian or Protestant religions. Close to two-thirds (64.9%) of the respondents participated in religious services once or more than once a week.

The majority (93.4%) of all the respondents had lived in their communities for an average duration of 16 years (range, 1-44). Four fifths (81.5%) of the men were not mobile because they did not leave their respective barangay or communities in the past 12 months prior to the survey. The few men (about one fifth) who had left their barangay visited other urban or rural places within the country. A large majority (93.4%) were living with their relatives at the time of the survey.

Table 2.1 Respondents' age, education, religion, residence and physical mobility

Variables	Age category (%)			
	15-24 (n=960)	25-34 (n=960)	35-44 (n=1,695)	Total (N=3,615)
Mean age	19.5	28.9	39.2	31.2
Highest level of education completed/reached				
College	46.2	50.4	41.1	44.9
High school	45.4	34.0	39.2	39.5
Elementary	5.5	8.2	15.2	10.8
No education	0.2	0.2	0.2	0.2
Graduate school	0.2	2.2	1.2	1.2
Vocational/vocational and some college	2.5	4.9	3.0	3.3
No response	-	0.1	0.1	0.1
Mean years of schooling	11.0	11.6	10.8	11.1
Religion				
Roman Catholic	87.4	86.4	86.9	87.0
Protestant/other Christian faith	11.3	12.1	11.5	11.6
Islam	1.0	1.3	1.4	1.2
None	0.3	0.2	0.2	0.2
Participation in religious services				
Once/more than once a week (except daily)	67.7	62.3	65.0	64.9
Does not attend	13.2	17.1	13.9	14.5
Rarely	8.4	11.1	11.9	10.8
1-3 times/month	8.5	8.2	7.2	7.8
Daily	1.4	0.6	1.2	1.1
Not applicable/no response	0.8	0.7	0.8	0.9
Companions at home				
Living with relatives	92.3	91.5	95.1	93.4
Living with friends/co-workers/classmates/boarders	4.5	3.5	1.6	2.8
Living alone	1.7	3.3	2.6	2.6
Living with employer	1.4	1.7	0.6	1.1
No response	0.1	-	0.1	0.1
Duration of community residence (mean years)	11.3	14.9	19.2	16.0
Range	1-24	1-38	1-44	1-44
Whether Rs left community in the past 12 months				
Yes	19.8	20.5	16.0	18.2
No	79.9	79.3	83.7	81.5
Cannot remember/no response	0.3	0.2	0.3	0.3
Rs' destination in the last 12 months	(n=190)	(n=197)	(n=272)	(n=659)
Within the country	97.9	90.9	87.2	91.4
Rural	(56.3)	(41.1)	(44.5)	(46.9)
Urban	(41.1)	(49.8)	(42.3)	(44.2)
No response	(2.6)	(9.1)	(13.2)	(8.9)
Outside the country	1.6	8.1	12.4	8.0
No response	0.5	1.0	0.4	0.6

Marriage and live-in relationship

One half (49.8%) of all the respondents were married. This was particularly true among the men whose ages were between 25 to 44. A majority (95.4%) of the 960 adolescents and young adults, however, were single.

The married respondents' mean age at first marriage was 25.5. The mean age at first marriage of the oldest category of men (35-44 years old) was slightly higher, i.e., 26 years old. Refer to Table 2.2.

Table 2.2. Percentage of respondents who were married and mean age at their first marriage

Variable	Age category			
	15-24 (n=44)	25-34 (n=453)	35-44 (n=1,286)	Total (n=1,801)*
Marriage (%)	4.6	47.2	76.7	49.8
Mean age at first marriage	20.4	24.3	26.0	25.5

**Eighteen respondents could not remember or had no reply.*

Around one tenth (9.7%) or a total of 352 men said that they had live-in partners with whom they had sexual relations. Their live-in partners were largely females. Refer to Table 2.3.

In the Philippines, "live-in relationship" refers to an arrangement between two adults to live together under a household, without the benefit of legal marriage. In most cases, the cohabiting couple are regular residents of one household, but in others, the woman – especially if she were a mistress – would be the regular resident while her male partner is the occasional resident. Despite the irregularity of the male partner's residence, the

arrangement can still be considered a live-in partnership, as the renting or owning of a dwelling unit represents a behavior that unites two persons. Live-in partners usually have sexual relations, but the reasons to live together transcend the couple's sexual desire for each other.

Of the 1,666 married men who were living with their wives at the time of the interviews, only 23 (1.4%) admitted that they had live-in partners or mistresses. Sixteen of the 133 married men (12%) who no longer lived with their wives said that they had live-in partners. Proportionately, there were more single men (313 out of 1,814 single men or 17.3%) who disclosed that they had live-in partners.

Table2.3. Respondents' live-in partnership by marital status and age category

Category	*%/no. with live-in partnership*	Distribution by age category(f) 15-24 (n=960)	25-34 (n=960)	35-44 (n=1,695)
Single men (n=1,814)	17.3 (313)	53	114	146
Married men (n=1,799)*				
	1.4 (23)	1	4	18
• Living with wife (1,666)*	12.0 (16)	0	2	14
• Not living with wife (133)*				

**The total should be 1,801 but two respondents had no reply.*

Older, unmarried respondents (25 years old and older) were likely to have more live-in partner.

Work and income

Close to two thirds (62.5%) of the respondents had sources of livelihood. Work status was significantly associated with age. Older respondents (25 years old and older) were inclined to have work than younger men. The majority (72.6%) of the adolescent and young adult respondents (15-24 years old) did not have jobs or work.

The respondents who had livelihood came from a variety of occupations (see Table 2.4). Over one third (36.7%) of the men had work within the category of production and related workers, transport equipment operators and laborers. About a quarter (24.4%) claimed that they were businessmen. One fifth (19.5%) were in service-types of occupation, e.g., waiters, security guards, traffic enforcers, house helpers.

Four fifths (80.4%) of the men with gainful occupations had a monthly income of P9,000 or less. The median monthly income of the respondents was P5,000 (range P150-P1 million). Working adolescent and young adults had the lowest median monthly earnings (P3,500) while the two older age categories had the same monthly income, i.e., P5,000. Overall, the monthly median income of the respondents was way below the 1997 Philippine poverty threshold of P11,319 (NCSB-NSO 1997).

Two thirds (66.9%) of the working respondents gave their monthly earnings to their families while about one fifth (22.1%) left some amount for their needs and shared the rest with their respective families.

Table 2.4. Respondents' work and income

Variable	Age category (%)			
	15-24 (n=960)	25-34 (n=960)	35-44 (n=1,695)	Total (n=3,615)
Rs with work*	27.4	68.9	78.9	62.5
Rs' occupational groups	(n=263)	(n=661)	(n=1,337)	(n=2,261)
Production and related workers, transport equipment operators and laborers	33.5	36.2	37.5	36.7
Businessmen	20.9	21.9	26.3	24.4
Service workers	32.3	22.1	15.8	19.5
Professional, managerial and technical workers	5.0	9.5	11.3	10.0
Clerical workers	3.8	4.0	4.3	4.1
Agricultural, animal husbandry and forestry workers and fishermen	1.1	3.0	3.0	2.8
Sales workers	3.4	3.3	1.8	2.5
Monthly income				
3,000 and below	44.9	24.8	20.5	24.6
3,001-6,000	42.9	45.2	41.9	43.0
6,001-9,000	7.2	11.0	14.7	12.8
9,001-12,000	1.5	9.0	9.5	8.4
Over 12,000	0.8	7.3	8.8	7.4
No response	2.7	2.7	4.6	3.8
Median (in pesos)	P3,500	P5,000	P5,000	P5,000
Range	P300-34,000	P300-70,000	P150-1,000	P150-1,000
What Rs did with their income				
Gave to family	39.5	61.7	74.8	66.9
Kept for self/gave to family	32.7	25.1	18.5	22.1
Kept for self	27.4	12.4	6.1	10.4
Saved it	0.4	0.2	0.1	0.2
No response	-	0.6	0.5	0.5

**Significant at p<0.00*

Lifestyle behavior

Mass media utilization

The respondents were well exposed to mass media facilities four weeks prior to the survey because a majority had watched television and had listened to the radio everyday. Table 2.5 indicates the frequency with which respondents had utilized radio and television. There were more men who had watched television compared to those who had listened to the radio everyday (91.7% vs. 81.2%). Four fifths of the respondents who listened to the radio had also watched television everyday or once/more than once a week.

Table 2.5. Respondents' utilization of radio and television in the last four weeks before the survey

Response	Age category (%)			
	15-24 (n=960)	25-34 (n=960)	35-44 (n=1,695)	Total (n=3,615)
Number of times Rs listened to radio				
Daily/often/more than once a week	82.0	79.0	82.2	81.2
Once a week	8.5	8.0	8.3	8.3
Rarely/never	9.3	12.8	9.3	10.2
Cannot remember/no response	0.2	0.2	0.2	0.3
Number of times Rs watched TV				
Daily/often/more than once a week	93.5	91.6	90.7	91.7
Once a week	3.4	3.9	4.5	4.0
Rarely/never	2.9	4.5	4.7	4.2
Cannot remember/no response	0.2	-	0.1	0.1

Alcohol and drug use

Alcohol and drug use are two lifestyle indicators that are known to be highly related to risky sexual behavior. Injecting drugs, in particular, are another direct transmission route of HIV.

Over two thirds (69.7%) of the men said that they took alcohol within the past four weeks prior to the survey. There is a significant relationship between age and alcohol use. Table 2.6 shows that the percentage of men who had taken alcohol increased with age. Adolescent and young adults had the lowest proportion of alcohol drinkers (55.3%) while the 25-34 and 35-44 year old men had the second (72.8%) and the highest (76.1%) proportions of alcohol users.

Close to one half (47.8%) of the men who had taken alcohol had taken this once a week while over two fifths (42.5%) did this daily/often/more than once a week. The home was a common venue (84.9%) among alcohol drinkers.

One half (50.5%) of the respondents had ever tried drugs. A large proportion of the ever users fell between the ages of 25-34 (59.3%) and 35.44 (50.2%). Marijuana was the common drug ever tried (88.9%), while shabu or metamphetamine hydrochloride was ever tried by over one third (37.7%). About a quarter (27%) of the ever drug users cited cough syrup (e.g., Corex). Older men (25 years old and older) were inclined to use this type of drug.

A total of 111 men (6.1%) disclosed that they had used injecting drugs in their lifetime. The injecting drug users (IDUs) were mostly from Cebu City which had a total of 74 men.* There is a significant relationship between age and IDU - older men (25 years old and older) were inclined to have ever tried this type of prohibited drug.

** In 1992, the Department of Health (DOH)-Field Epidemiology Training Program (FETP) noted that Cebu City had a malaria outbreak. This was traced to a considerable number of persons in the city who were using injecting drugs.*

The majority (58%) of all the respondents who had ever taken drugs (1,825 men) had ever tried one kind of drug; around a quarter (23.1%) had ever tried two kinds; and about one fifth (18.9%) had used three kinds of drugs.

Table 2.6. Respondents' use of alcohol and drugs

Lifestyle behavior	Age category (%)			
	15-24 (n=960)	25-34 (n=960)	35-44 (n=1,695)	Total (n=3,615)
Rs who used alcohol in the past 4 weeks*	55.3	72.8	76.1	69.7
Number of times Rs took alcohol	(n=531)	(n=699)	(n=1,289)	(n=2,519)
Once a week	48.4	47.6	47.6	47.8
Daily/often/more than once a week	39.4	43.1	43.6	42.5
Rarely/sometimes	5.8	6.7	5.1	5.7
Once-thrice a month	6.4	2.6	3.7	4.0
Where Rs took alcohol**				
At home	73.1	87.6	88.4	84.9
Bars/restaurants	17.5	14.2	15.6	15.6
Neighborhood, corner stores, markets	16.0	9.7	7.9	10.3
Relatives and friends' homes not in the neighborhood	10.4	6.6	4.7	6.4
Workplace/school	1.7	1.6	2.1	1.9
Cannot remember/no response	-	0.1	0.4	0.3
Rs who ever used drugs*	42.0	59.3	50.2	50.5
	(n=403)	(n=569)	(n=853)	(n=1,825)
% who ever injected drugs****	3.7	7.9	5.7	6.1
Drugs ever taken**				
Marijuana	81.9	87.2	93.4	88.9
Shabu	47.6	41.7	30.4	37.7
Cough syrup	21.3	30.2	27.5	27.0
Solvent	3.2	3.7	3.3	3.4
Rugby	8.7	5.8	4.9	6.0
Nubain and Sosegon	2.0	4.9	3.5	3.6
Other drugs	0.0	0.2	0.5	0.3
Number of different drugs taken				
One	57.0	55.0	60.4	58.0
Two	25.1	23.5	21.8	23.1
Three or more	17.9	21.5	17.8	18.9

** Significant at p<0.0*
*** Multiple response*
**** Significant at p<0.0*
***** Significant at p<0.02*

Summary

The mean age of the 3,615 respondents was 31.2. They had an average of 11.1 years of formal education. They were living with their relatives at the time of the survey. They were mostly Roman Catholics who participated in religious services regularly. They lived in their communities for an average duration of 16 years and they hardly traveled outside their cities in the past 12 months. One half (49.8%) of the respondents were married. This was true for the men whose ages were between 25-44. A majority (95.4%) of the 960 adolescents and young adults, however, were single. Except for the adolescents and young adults most of the older men had livelihood and these were mostly in blue-collar types of occupation in the formal and informal economic sectors. Their monthly average earnings which they shared with their families, were way below the urban poverty threshold. They were highly exposed to radio and television. The majority took alcohol within four weeks prior to the survey. One half had ever tried prohibited drugs and the top three drugs ever tried were marijuana, shabu, and cough syrup. A small proportion (6.1%) of the respondents had ever tried injecting drugs.

CHAPTER III

Sexual Experience

Knowing the sexual history of the respondents can provide useful information about their risky sexual practices that may predispose them to acquiring HIV/AIDS. This chapter provides a description about the respondents' lifetime or overall sexual experiences, the sexual acts that they had ever experienced, and their coital debut. It also covers their sexual experiences in the past 12 months preceding the survey, including experiences with their three most recent sexual partners.

Overall sexual experience

Among the 3,615 respondents, the majority (84.1% or 3,042 respondents) were sexually experienced. However, close to one half (45.7%) of the adolescents and young adults had had no sexual experience.

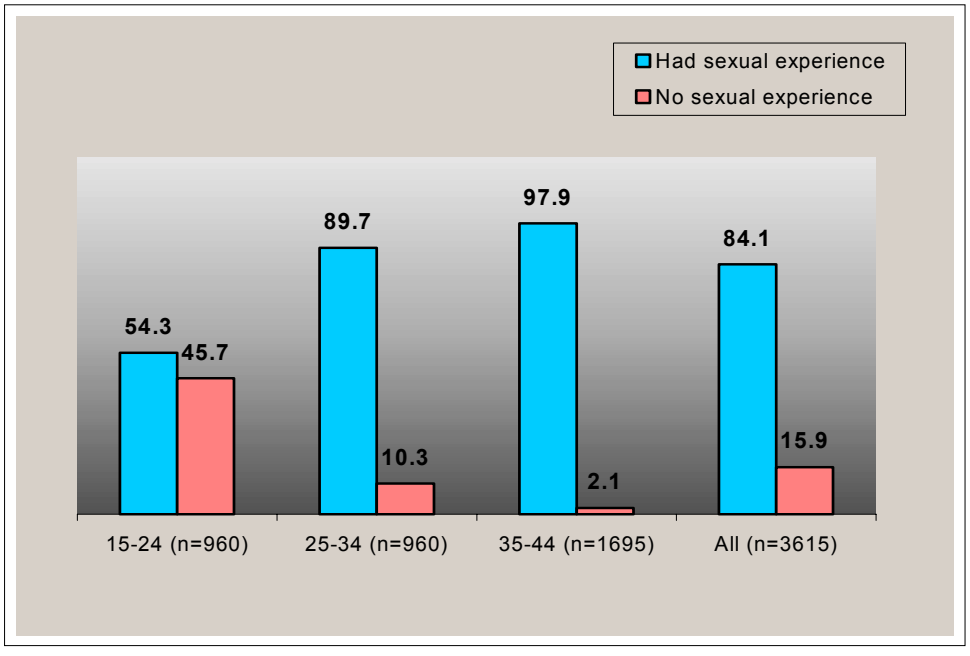

Figure 3.1. Percentage distribution of respondents with and without sexual experience

Sexual experience is significantly associated with age, civil status, work status, and lifetime/ever drug use. This means that the older men (25 years old and above), those who were married, those who had work, and had ever used drugs were more sexually experienced than the adolescents and young adults, the unmarried, the unemployed, and those who had never used drugs.

Sexual acts ever experienced

Table 3.1 presents the sexual acts ever experienced by the sexually-experienced respondents. The sexual acts are classified into three major headings: heterosexual acts only, bisexual or heterosexual and homosexual acts, and homosexual acts only. The foregoing classification refers to sexual acts rather than the respondents' sexual identity and orientation.

The overall survey findings indicate that the sexual acts ever experienced by the respondents were mainly heterosexual (86.1% or 2,620 men). Over one tenth (12.1% or 367 men) had had bisexual relations and very few (1.7% or 53 men) had experienced homosexual relations.

Table 3.1. Sexual acts ever experienced by respondents

Sexual act*	Age category (%)			
	15-24 (n=521)	25-34 (n=861)	35-44 (n=1,660)	Total (n=3,042)
Rs having ever experienced Heterosexual acts only of any kind (n=2620)**	80.6	84.7	88.6	86.1
Vaginal intercourse only	63.3	56.2	53.0	55.6
Vaginal + oral insertive + cunnilingus	13.3	19.1	25.8	21.9
Vaginal + oral insertive	16.4	13.6	9.2	11.6
Vaginal + cunnilingus	5.2	11.1	12.1	10.6
Rs having experienced both heterosexual and homosexual acts of any kind (n=367)**	16.1	13.3	10.1	12.1
Vaginal + oral insertive (woman) + oral insertive (man) + cunnilingus	13.1	31.3	43.5	32.7
Vaginal and/or anal insertive or anal receptive	26.2	27.8	20.8	24.3
Vaginal + oral insertive (man)	21.4	15.7	7.7	13.4
Vaginal + oral insertive (woman) + oral insertive (man)	15.5	9.6	12.5	12.3
Vaginal + oral insertive (man) + cunnilingus	10.7	9.6	10.1	10.1
Rs having ever experienced homosexual acts only of any kind (n=53)**	3.3	1.9	1.2	1.7
Oral insertive		2	2	11
Fellatio + anal receptive	7***	2	5	11
Fellatio	4	3	1	6
	2			
No response	-	0.1	0.1	0.1

**Includes only the most dominant sexual acts, either singular or plural. Respondents who had other combinations of sexual acts but were negligible in number and those who had no response were excluded.*

***significant at p<0.00*

**** Absolute number*

Age is significantly associated with type of sexual act. The adolescents and young adults (15-24 years old) were likely to have experienced bisexual and homosexual acts. More of the older men (25 years old and above) tend to engage in heterosexual acts.

The survey found that the respondents had experienced several sexual acts in their lifetime (see Table 3.1). Among the men who had solely experienced heterosexual acts, the most common act mentioned was vaginal intercourse (55.6%). One fifth (21.9%)

claimed that they had ever tried the following combination of heterosexual sex--vaginal intercourse, oral insertive sex with a woman (i.e., a man inserts his penis into a woman's mouth or what is popularly known as a "blow job") and cunnilingus.

About one third (32.7%) of the men who had experienced bisexual relations, mentioned that they had tried four kinds of sexual acts particularly vaginal + oral insertive sex with a woman + oral insertive sex with a man + cunnilingus. A quarter (24.3%) mentioned that they had experienced two sexual acts—vaginal and anal insertive/receptive.

Among the few men (53) who had had homosexual sex, eleven had experienced oral insertive sex with a man and the same number had fellatio and anal receptive sex.

First sexual experience

This section describes the coital debut or first sexual experience of men who ever had vaginal and anal sex.

Men who ever had vaginal sex. The respondents who were included in this section were men who had experienced vaginal sex (in both heterosexual and bisexual relations) in their lifetime. They comprised 97.5 per cent of all men who had sexual experience (2,967 out of 3,042 men).

The mean coital debut or age at first sex among the men who ever had vaginal sex was 18.8 (Table 3.2). There is a significant relationship between age and coital debut. Younger men were likely to have earlier coital debut than older men. Adolescents and young adults had their first sexual experience at 17 while men between the ages of 25-34 had theirs at 18.8 years old; the oldest men (35-44 years old) had their coital debut at 19.4 years old.

Overall, the sexual partners of the respondents across the three age categories were adolescents but these women were slightly older than them (19.3 vs. 18.8). The men who were below 35 years old had slightly older women as their first sexual partners while the oldest men (above 35 years) had sexual partners whose ages were similar to theirs.

Four fifths (79.5% or 2,359 men) of the respondents knew their first female sexual partner. These were mostly their girlfriends (65.3%). Less than one fifth (17.1%) mentioned a friend while about one tenth (9.2%) mentioned a spouse-- implying that this was the proportion of men who were virgins at the time of their first marriage. A majority (89.5%) of the respondents (n=2,967 men) claimed that no money was involved in their first vaginal sex. Less than one tenth (9.8%) paid their first sexual partners. Only 12 men said that they were the ones who were paid by their first female sexual partner.

Table 3.2. Respondents' and their partners' mean ages at coital debut

Variable	Age category			
	15-24 (n=487)	25-34 (n=820)	35-44 (n=1,583)	Total (n=2,890)*
Respondents' mean age **	17.0	18.8	19.4	18.8
	n=465	n=779	n=1492	n=2,736*
Partners' mean age ***	18.3	19.4	19.5	19.3

**77 and 231, respectively, could not remember or had no reply thus the totals instead of 2,967.*
*** $p<0.01$*
**** $p<0.01$*

Pre-teen coital debut among men who had vaginal sex. There were 39 men in the survey who disclosed that they had their first vaginal sexual experience when they were 12 years old or below. Twenty men who reported this experience belonged to the oldest age category (35-44 years old) while 10 were from the middle age category (25-44 years old). Nine were adolescents and young adults. Twenty men were married and 19 were single. Only six men had live-in partners.

One half of the men said that their sexual partners were girls who were below 14 years old. Seven men (2 each for the two younger age categories and 3 from the 35-44 year old category) reported that their first sexual initiation was with women who were older than them (20 years old and above). Four fifths (33 men) had sex with women or girls who were known to them—they were either girlfriends or friends.

Table 3.3. Respondents' familiarity with their first female partner, and whether or not money was exchanged for sex

Variable	Age category (%)			
	15-24 (n=492)	25-34 (n=839)	35-44 (n=1,636)	Total (n=2,967)
Familiarity of the respondent with partner*				
A woman R knew well	72.9	79.6	81.4	79.5
A woman R did not know well	27.1	20.4	18.6	20.5
Whether or not money was exchanged for sex				
No money was involved	87.8	90.2	89.7	89.5
R paid partner	12.0	9.5	9.4	9.8
R were paid	0.2	0.2	0.6	0.4
Cannot remember/no response	-	0.1	0.3	0.3

**Significant at p<0.00*

Men who had anal sex. There were few respondents who reported that their coital debut was anal sex with a man (4.1% or 124 men). Among 124 homosexual men, 87 (70.2%) had first experienced insertive anal sex (i.e., the respondents penetrated the male partner through the anus). Only 24 (19.4%) men first had receptive anal sex (i.e., the male partners anally penetrated the respondents). Thirteen respondents who experienced both insertive and receptive anal sex, were counted twice for each category of anal sex.

There is a significant relationship between age and anal sex. Men who were below 35 years old, single, and who were lifetime/ever users of drugs, were inclined to have engaged in anal sex.

Table 3.4. Respondents' and their partners' mean ages at first insertive anal intercourse

Variable	Age category			
	15-24 (n=22)	25-34 (n=37)	35-44 (n=37)	Total (n=96)*
Respondents' mean age	16.2	18.7	19.4	18.4
Partner's mean age	22.8	27.9	24.5	25.4

**Four respondents did not reply or could not remember thus the total instead of 100. Computation for the partner's age was based on 91 respondents instead of 100 because nine could not remember or did not reply.*

The mean age at first insertive anal sex of the 100 men who had experienced this type of sexual act was 18.4. Adolescents and young adults had their coital debut at 16.2 while the 25-34 year-old men had theirs at 18.7; the oldest men (35-44 years old) had their sexual experience at 19.4 years old. On the average, the first sexual partners of respondents were older than them by around seven years. Refer to Table 3.4.

Fifty-nine respondents claimed that their first partner for insertive anal sex was a man who was well known to them. Forty respondents said that he was a stranger. Two-thirds of the well-known partners were a friend while about one-fifth was a boy friend. Refer to Table 3.5.

More than two thirds of all the respondents who ever had anal sex claimed that money was exchanged during their first sexual experience. The majority (63 men) were paid by their partners while five were the ones who paid their partners.

Table 3.5. Respondents' familiarity with their first insertive anal sex partner, and whether or not money was exchanged for sex

Variable	Age category (%)			
	15-24 (n=24)	25-34 (n=37)	35-44 (n=39)	Total (n=100)
Familiarity of the respondent with partner	78.3	54.1	53.8	59.6
A man R knew well	21.7	45.9	46.2	40.4
A man R did not know well				
Whether or not money was exchanged for sex				
R were paid	65.2	67.6	57.9	63.3
No money was involved	30.4	24.3	39.5	31.6
R paid partner	4.4	8.1	2.6	5.1

The coital debut of the few men (37) who had receptive anal sex was 18.5. Men below 35 years old had earlier coital debut than the older men. On the average, their sexual partners were older than them by two years. Refer to Table 3.6.

Table 3.6. Respondents' and their partners' mean ages at first receptive anal intercourse

Variable	Age category (f)			
	15-24 (n=12)	25-34 (n=10)	35-44 (n=15)	Total (n=37)
Respondent's mean age	17.6	17.6	20.0	18.5
Partner's mean age	20.4	20.6	21.2	20.7

Twenty-one (out of the 37) men knew their male partner well while 15 had sex with a stranger. The well-known partner was either a friend or a boyfriend. Unlike the homosexual men who were engaged in insertive anal sex—most (23) men who had receptive anal sex claimed that no money was involved in their first sexual experience.

Table 3.7. Respondents' familiarity with their first receptive anal sex partner and whether or not money was exchanged for sex

Variable	Age category (f)			
	15-24 (n=12)	25-34 (n=10)	35-44 (n=15)	Total (n=37)
Familiarity of respondent (R) with partner				
A man R did not know well	6	4	5	15
A man R knew well	6	6	9	21
Cannot remember/no response	-	-	1	1
Whether or not money was exchanged for sex				
R paid partner	3	2	3	8
R were paid	2	1	2	5
No money was involved	7	7	9	23
No response	-	-	1	1

Sexual experience in the past 12 months

The men were asked about their sexual experience in the past 12 months prior to the survey. The total number of men who were covered in the survey (3,615) served as the denominator in computing the percentage of men who had sexual activity in the past 12 months. The outcome was the population that was at risk from acquiring HIV/AIDS in the past year (Behavioral Surveillance Survey, FHI 2000).

Sexual experience and sexual acts. The findings showed that over two-thirds (68.2% or 2,467) of the 3,615 respondents had sexual experience in the past 12 months (see Figure 3.2). Sexual experience in the past 12 months is significantly associated with age, civil status, and work status. Older (25 years old and above), married and working men were likely to have more sexual experience in the past 12 months.

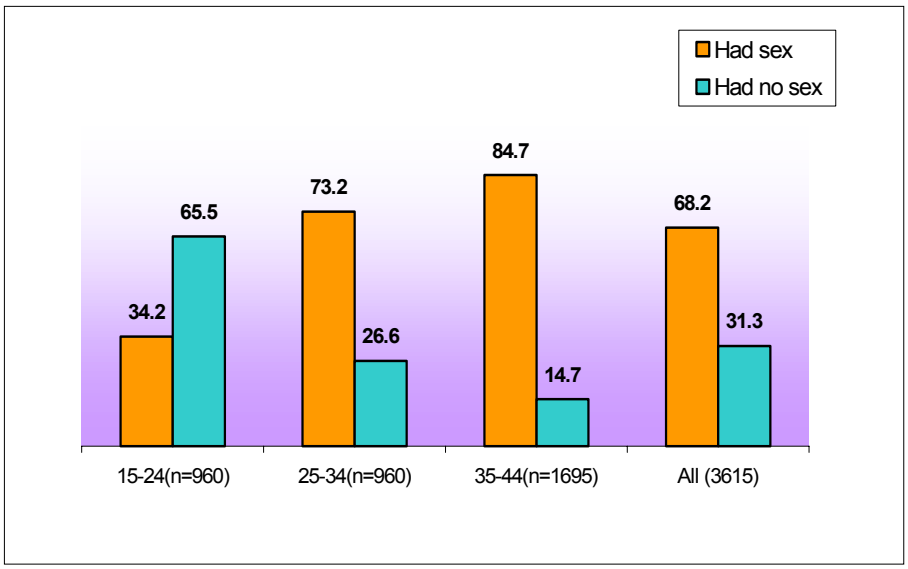

Figure 3.2. Percentage distribution of respondents who had sex in the past 12 months

Almost all of the sexually-active respondents (98.3% or 2,425 men) reported that they had engaged in vaginal sex/heterosexual relations. Only 42 men had other sexual experiences—14 bisexual and 27 homosexual (insertive or receptive anal sex) relations. Men who had engaged in bisexual and homosexual relations were 35 years old and below.

Table 3.8 Sexual acts experienced by respondents in the past 12 months

Sexual act	Age category (%)			
	15-24 (n=328)	25-34 (n=703)	35-44 (n=1,435)	Total (n=2,466)*
Rs who had vaginal sex only (n=2,424)	96.3	97.6	99.2	98.3
Rs who had both vaginal and anal sex, insertive and/or receptive (n=14)	1.5	0.9	0.2	0.6
Rs who had anal sex only, insertive and/or receptive (=27)	2.1	1.6	0.6	1.1

**One respondent did not reply.*

Number of sexual partners. A large majority of all the sexually-active men (87.1% or 2,149) said that they had only one sexual partner in the past 12 months. Over one tenth (12.9% or 318 men) had two or more sexual partners.

Among the men who had multiple sexual partners (318), over two fifths (43.4 %) had two partners; about a quarter (23.3%) had three; and one third (33.3%) had four or more sexual partners. The average number of sexual partners was 1.48. Refer to Table 3.13.

Age, civil status, and work status are associated with number of sexual partners. Adolescents and young adults (15-24 years old) were inclined to have multiple sexual partners than older men. Single and non-working men tend to have several sexual partners in the past 12 months.

Whether money was involved in sex. A large majority (92.9%) of the sexually-active men claimed that no money was exchanged in their sexual relations in the past year. Only 7.1 per cent (175 men) said that money was involved. If all the men in the survey would serve as the denominator, the proportion of men who had exchanged money for sex in the past year was 5.8 per cent.

Among the 175 men who had exchanged money for sex, 154 (88%) respondents disclosed that they had paid their sexual partners while 21 were the ones who were paid. Adolescents and young adults and single men were more inclined to engage in sexual relations for money than older men.

Out of 175 men who had exchanged money for sex, 89 (57.8%) men were also involved with other unpaid sexual partners.

Table 3.9. Whether or not money was involved in respondents' sexual partnerships in the past 12 months by age category

	Age category (%)*			
	15-24 (n=325)	25-34 (n=701)	35-44 (n=1,433)	Total (n=2,459)**
No money was involved	84.9	90.7	95.7	92.9
	n=49	n=65	n=61	n=175
Money was involved in some or all of the sexual partnerships	15.1	9.3	4.3	7.1

**Significant at p<0.00*
***Eight respondents did not provide answer thus the total instead of 2,467.*

Table 3.10. Respondents who were engaged in paid and unpaid sex in the past 12 months

	Age category (f)			
	15-24 (n=49)	25-34 (n=65)	35-44 (n=61)	Total (n=175)
Rs who paid their sexual partner/s	41	55	58	154
Rs who were paid	8	10	3	21
Number of men who had paid and unpaid sexual partner	20	38	31	89

Sexual experience with three most recent partners in the past 12 months

The respondents who were sexually active in the past 12 months (2,467) were asked to provide some information about their three most recent sexual partners prior to the survey. For men who had multiple partners, the following procedures were observed.

The respondents were asked to give the number of sexual partners that they had in the past 12 months. If a respondent had four different sexual partners–e.g., one partner in each of the months of March, April, May, and June – the last three partners (April-June)

would be chosen because these sexual relations took place prior to the survey which began in October 1999. The first most recent sexual partner would be the April partner while the second would be the May partner. The June partner would be the third most recent sexual partner.

The respondent was asked to provide information about each most recent partner particularly (a) how well known the partner is to him/her, (b) the type of the known sexual partner, (c) the partner's age, (d) whether or not money was exchanged for sex, (e) places where he met the sexual partner that was not well known, (f) his assessment of whether or not the sexual partner was having sex with others, (g) frequency of sexual intercourse in the past three months, and (h) condom, alcohol, and drug use during sex.

A large majority (87% or 2,148 men) of the sexually-active men mentioned that they had only one sexual partner in the past year; 138 men disclosed that they had two, while 180 had three sexual partners.

Respondent with only one sexual partner

A large majority of the respondents had only one female sexual partner and they knew them well (97.4%). The percentage of adolescents and young adults who were familiar with their sexual partners was lower (88.9%) than the two older categories of men. Refer to Table 3.11.

Type of well-known sexual partner. Three fourths (76%) of the men who knew their partner well (2,091 men) mentioned that this person was their spouse. Over one tenth cited a girlfriend and the same proportion mentioned a live-in partner. Older men (25 years old and above) were likely to mention their spouse as their only sexual partner (25-34 years old, 70.5%; 35-44, 86.5%), while adolescents and young adults mentioned that they had sex mostly with a girlfriend (53.4%). One fifth of the adolescent and young adults also mentioned a spouse (20.7%). The few respondents (64 men) who had

mentioned a male partner cited that their sole most recent partner was either a boyfriend or a friend. Over two thirds (69%) of all respondents' only partner was younger than they were. One fifth (20.3%) said that their partner was older; while one tenth said that their partner had the same age as them. Men who were 35-44 years old were more inclined to have a younger partner while men who were below 35 years old had older sexual partners. The adolescents and young adults were likely to engage in sex with a partner of the same age.

A large majority (96%) of the respondents believed that their sexual partner did not have sexual relations with others. Slightly more (11.6%) adolescents and young adults than the older men had assessed that their only sexual partner had sex with others. Four fifths (81.1%) of the respondents claimed that their only sexual partner lived in their community. It is interesting to note that one half of the only sexual partner of the adolescents and young adults were from their communities, while the other half were outsiders.

In the past three months, four fifths (79.5%) of the respondents had sexual contact with their only partner for three or more times. Around four fifths of the older respondents (25 years old and older) were likely to engage in more sexual episodes than adolescents and young adults. Around a quarter had sex about once or twice within this period.

A large majority did not take alcohol (74.0%) and did not use prohibited drugs (98.6%) when they had sex with their female or male partner. Those who had used illegal drugs were likely users of condoms when they had sex with their partners.

Sexual partners who were not well known to the respondents. Few men (49 respondents) claimed that they were not familiar with their only sexual partner. In general, the respondents' unfamiliar sole sexual partner was reportedly younger than them, was often paid, and was sought from a variety of places: streets, bars, sauna, hotels, discothèques or parks. Very few (32 men) had paid their sexual partners. The respondents disclosed that three months before the survey, they had only one sexual episode or had no sexual contact with their not well-known sole male/female partner. The respondents were inclined not to use condoms. One half took alcohol while the other half did not. They also did not use drugs when they had sex with their only partner. Refer to Table 3.11.

Table 3.11. Information about the sole most recent sexual partner in the past 12 months

Variable	Age category (%)			
	15-24 (n=218)	25-34 (n=597)	35-44 (n=1,333)	Total (n=2,148)*
Familiarity with partner (%) **				
A woman Rs knew well	88.9	98.0	98.6	97.4
A woman Rs did not know well*	9.2	1.3	1.2	2.1
A man Rs knew well	0.5	0.5	0.2	0.3
A man Rs did not know well	1.4	0.2	-	0.2
Type of partner if woman was known well (%)* (n=2,091)**				
Spouse	20.7	70.5	86.5	76.0
Girlfriend	53.4	12.2	4.2	11.0
Friend/boyfriend	8.8	1.7	0.8	1.8
Live-in partner/fiancee	17.1	15.6	8.5	11.3
Age level of male/female partner (%)**				
If Rs knew him/her well (n=2,098)				
Partner was younger	45.1	63.6	75.0	69.0
Partner was older	32.1	25.7	16.1	20.3
Partner was the same age	22.8	10.7	8.9	10.7
If Rs did not know him/her (n=49)***				
Partner was younger	10	6	15	31
Partner was older	10	1	1	12
Partner was the same age	2	1	-	3
If male/female partner was not known well, whether Rs paid or were paid (n=49; frequency)				
I paid him/her	12	7	13	32
I was paid	1	-	-	1
No money was involved	9	2	3	14

Table 3.11. (cont'd) Information about the sole most recent sexual partner in the past 12 months

Variable	Age category (%)			
	15-24 (n=218)	25-34 (n=597)	35-44 (n=1,333)	Total (n=2,148)*
If male/female partner was not known well, where Rs sought him/her (n=49; frequency)				
Streets	7	4	8	19
Bars, hotels, sauna and discotheques	6	-	6	12
Others (park, shopping centers, school, through a friend, workplace, and parties)	8	2	2	12
If male/female partner was perceived by Rs as also having sex with others (%) ***				
If Rs knew him/her well (n=2,098)				
No	88.4	96.1	97.1	96.0
Yes	11.6	3.9	2.9	4.0
If Rs did not know him/her (n=49)***				
Yes	19	7	13	39
No	3	1	2	6
If male/female partner lived in Rs' community (%) ***				
If Rs knew him/her well (n=2,098)				
Yes	49.7	79.7	86.2	81.1
No	50.3	20.3	13.8	18.9
If Rs did not know him/her (n=49; frequency)				
No	17	6	14	37
Yes	5	3	2	10
In the past 3 months, how many times Rs had sex with male/female partner ***				
If Rs knew him/her well (n=2,098)				
None/zero	16.0	7.5	3.9	6.0
Once	13.4	3.8	2.7	4.0
Twice	12.9	3.8	3.0	4.1
Three or more	54.1	79.7	83.1	79.5
No response	3.6	5.2	7.3	6.4
If Rs did not know him/her (n=49)***				
None/zero	12	6	7	25
Once	8	1	6	15
Twice	1	2	1	4
Three or more	2	-	2	4
If condom was used with male/female partner ***				
If Rs knew him/her well (n=2,098)				
No	84.3	83.8	88.5	86.8
Yes	15.7	16.2	11.5	13.2
If Rs did not know him/her (n=49; frequency)				
No	13	5	9	27
Yes	5	3	7	15
If Rs or partner took alcohol				
If Rs knew him/her well (n=2,098)				
No	77.6	74.6	73.2	74.0
Yes	22.4	25.4	26.8	26.0
If Rs did not know him/her (n=49; frequency)				
Yes	8	3	11	22
No	3	5	5	20
If Rs or partner took drugs ***				
If Rs knew him/her well (n=2,098)				
No	97.3	97.9	99.1	98.6
Yes	2.7	2.1	0.9	1.4
If Rs did not know him/her (n=49; frequency)				
No	17	6	15	38
Yes	1	2	1	4

** One respondent did not reply*
*** Significant at p<0.00. Chi-square test was applied only to women partners because there were few men with male partners.*
**** Significant at p<0.00*

Respondents with two sexual partners

Because there were few respondents (n=138) who had two sexual partners, the age categories were not considered in the analysis of the data. The format of the analysis was to compare the information and experiences of the respondents concerning their first and second sexual partners in the past 12 months.

The first partner of a majority of the respondents was a woman that was well known to them (75.4%). This pattern persisted for the second sexual partner, but the percentage had declined to 55.8 percent. Needless to say, the respondents' had more less well-known women among their second sexual partners than their first sexual partners (39.1% vs. 21%). Among the respondents with well-known first sexual partner (a total of 104 men), over two fifths (42.3%) mentioned that this was their spouse and over one third (34.6%) claimed that this was a girlfriend. On the other hand, over one half (55.8%) of the second sexual partner was a girlfriend and close to a quarter (23.4%) was a friend. The respondents' who had male first and second sexual partners claimed that these were either a boyfriend or a friend.

The respondents perceived that their first (66.4%) and second partners (73.3%) were younger than them. Most respondents claimed that they had given money for sex to their first (70.9%) and second (67.9%) well-known sexual partners

Compared to the men with only one sexual partner who perceived that their partners were faithful to them – fewer men with two sexual partners assessed that this was the case among their first sexual partner. While over one half (54.4%) thought that their first sexual partner was not having sex with others, over two-thirds (69.5%) of the respondents perceived that their second partner was having sex with other people.

One half of the respondents perceived that their first sexual partner either hailed from the same community while the other half mentioned that she/he was from outside their community. The second partner, on the other hand, was mostly from a different

locality. In the past three months, over one half of the respondents (52.2%) had three or more sexual episodes with their first partner. The same proportion of men (52.2%), however, claimed that they did not have sex with their second male/female partner in the last three months.

A majority of all the respondents did not use condoms with their first (72.4%) and second (73.2%) sexual partners. Close to two thirds (62.1%) and over one half (54%) of the respondents did not take alcohol prior to having sex with their first and second sexual partners, respectively. Very few respondents took drugs when they had sex with the first and second sexual partners.

The respondents sought their not well-known first and second partners from several places. Most of the respondents with less well-known first and second partners had paid money for sex, 22 and 38 men for first and second partners, respectively. Refer to Table 3.12.

Table 3.12. Information about the first and second most recent sexual partners in the past 12 months

Variable	Sexual partner (%)	
	First (n=138)	Second (n=138)
Familiarity with partner		
A woman Rs knew well	75.4	55.8
A woman Rs did not know well	21.0	39.1
A man Rs did not know well	1.4	2.2
A man Rs knew well	2.2	2.9
Type of partner if woman was known well	(n=104)	(n=77)
Spouse	42.3	14.3
Girlfriend	34.6	55.8
Friend	12.5	23.4
Live-in partner/fiancée	10.6	6.5
Age level of male/female partner, known well or not		
Partner was younger	66.4	73.3
Partner was older	20.4	20.0
Partner was the same age	13.2	6.7
If male/female partner was perceived by Rs as also having sex with others		
Yes	38.4	69.5
No	54.4	30.5
No response	7.2	-

Table 3.12. (cont'd) Information about the first and second sexual partners among respondents with sexual partners in the past 12 months by age category

Variable	Sexual partner (%)	
	First (n=138)	Second (n=138)
If male/female partner lived in Rs' community		
No	48.6	75.9
Yes	50.0	24.1
In the past 3 months, how many times Rs had sex With male/female partner, well known or not		
Once	18.8	52.2
Twice	18.8	18.9
Twice	7.3	10.1
Three or more	52.2	18.1
No response	2.9	0.7
If condom was used with male/female partner, known well or not		
No	72.4	73.2
Yes	27.6	26.8
If Rs or partner took alcohol		
No	62.1	54.0
Yes	37.9	46.0
If Rs or partner took drugs		
No	87.7	95.9
Yes	8.0	4.1
No response	4.3	-
If male/female partner was not known well, whether Rs paid or were paid	**(n=31) f**	**(n=56) f**
I paid him/her	22	38
I was paid	2	2
No money was involved	7	16
If male/female partner was not known well, where Rs sought him/her	(n=31) f	(n=56) f
Streets	14	16
Bars, hotels, sauna and discotheques	6	17
Others (park, shopping centers, school, through a friend, workplace, and parties)	11	23

Respondents with three sexual partners

Similar procedures in analyzing the data of the respondents with second partners were followed in examining the findings of the respondents' three sexual partners.

A majority of the respondents who had three sexual partners (a total of 180 men) were also familiar with their three sexual partners. However, the proportion of men who knew their partners well declined as the number of partners increased. The findings on Table 3.13 show that two thirds (66.5%) of the men were familiar with their first partner but the proportion went down to 57.4 and 52.3 per cent for the second and third sexual partners, respectively.

The reduction of well-known partners imply that as the proportion of sexual partners increased, the number of less-known sexual partners also went up.

Men with three sexual partners mentioned that these partners were mostly a girl friend and a friend and they were generally younger than them. About a quarter (26.5%) of the men had mentioned that their first partner was their spouse.

The majority of the men with three sexual partners believed that all their partners were having sex with other men. However, two fifths (42.6%) of the men believed that their first sexual partners did not have sex with others. The majority also claimed that their three sexual partners were from outside their communities. However, about two fifths of the first sexual partners came from their own places.

In the last three months, it appeared that the respondents had three or more sexual intercourse only with their first sexual partners (50.6%). The number of sexual episodes declined with the second and third partners. In fact, the respondents did not have sex with around one third (30.1%) of their second sexual partner and close to one half (47.1%) of their third sexual partner.

A majority of the men did not take alcohol nor used drugs when they had sex with their three most recent sexual partners. However, the proportion of alcohol drinkers tend to rise with the number of sexual partners.

The less-known three sexual partners were sought from various places particularly bars, hotels, sauna, and discotheques.

Two thirds (49 out of 76) of the men with less-known sexual partners had paid these partners. The proportion of men who paid for sex was higher for the second and third less-known partners.

Table 3.13. Information about the first, second, and third sexual partners among the men with three sexual partners in the past 12 months

Variable	Sexual partner (%)		
	First (n=180)	Second (n=180)	Third (n=180)
Familiarity with partner			
A woman Rs knew well	66.5	57.4	42.3
A woman Rs did not know well	26.7	35.8	39.7
A man Rs knew well	4.5	5.1	5.7
A man Rs did not know well	2.3	1.7	2.3
Type of partner if woman was known well	(n=120)	(n=101)	(n=94)
Girlfriend	43.6	52.5	55.4
Friend	18.8	37.6	34.8
Live-in partner/fiancée	11.1	7.9	5.4
Spouse	26.5	2.0	4.4
Age level of male/female partner, known well or not			
Partner was younger	72.2	75.0	68.2
Partner was older	16.5	17.6	19.3
Partner was the same age	10.8	5.1	10.2
No response	0.6	2.3	2.3
If male/female partner was perceived by Rs as also having sex with others			
Yes	51.7	69.3	65.9
No	42.6	22.7	25.0
No response	5.7	8.0	9.1

Table 3.13. (cont'd) Information about the first, second, and third sexual partners among the men with three sexual partners in the past 12 months

Variable	Sexual partner (%)		
	First (n=180)	Second (n=180)	Third (n=180)
If male/female partner lived in Rs' community			
No	57.4	76.7	70.5
Yes	39.2	19.9	25.0
No response	3.4	3.4	4.5
In the past 3 months, how many times Rs had sex with male/female partner, known well or not			
None/zero	5.1	30.1	47.1
Once	31.8	25.6	25.6
Twice	10.8	11.9	5.7
Three or more	50.6	30.7	18.8
No response	1.7	1.7	2.8
If condom was used with male/female partner, known well or not			
No	75.0	67.6	63.1
Yes	24.4	24.4	25.0
No response	0.6	8.0	11.9
If Rs or partner took alcohol			
Yes	45.5	43.8	46.6
No	53.4	47.7	40.3
No response	1.1	8.5	13.1
If Rs or partner took drugs			
No	85.8	74.4	69.9
Yes	11.9	15.4	15.3
No response	2.3	10.2	14.8
If male/female partner was not known well, whether Rs paid or were paid	(n=52) f	(n=68) f	(n=76) f
I paid him/her	27	45	44
I was paid	3	1	5
No money was involved	22	22	27
If male/female partner was not known well, where Rs sought him/her	(n=52) f	(n=68) f	(n=76) f
Streets	8	14	17
Bars, hotels, sauna and discotheques	23	23	33
Others (park, shopping centers, school, through a friend, workplace, and parties)	21	31	26

Summary

This chapter has provided data about the respondents' sexual experiences in their lifetime, the types of sexual acts that they had ever experienced, their coital debut, and their sexual experiences in the past 12 months prior to the survey. It also included a description of the respondents' three most recent sexual partners in the past 12 months.

Sexual experience and sexual acts

A majority (84.1% or 3,042 men) of all the respondents had reported that they were sexually experienced. Older (25 years old and above), married, and working men were likely to have more sexual experience. A large majority (86.1%) of the respondents were heterosexual. Over one tenth had experienced bisexual acts, and only 1.7 per cent had had solely homosexual sex (anal insertive or receptive). Adolescents and young adults were likely to have experienced bisexual/homosexual acts. Older men (25 years old and above), on the other hand, were inclined to engage in heterosexual relations.

The respondents had experienced a variety of sexual acts. Vaginal sex was experienced by over one half (55.6%) of the respondents. About one fifth (21.9%) had disclosed that aside from vaginal sex, they had also experienced other heterosexual acts particularly oral insertive sex and cunnilingus. One third (32.7%) of the bisexual men had experienced vaginal, oral insertive sex with a woman, cunnilingus and oral insertive sex with a man. About a quarter (24.3%) mentioned that they had had vaginal and anal sex with a man (either insertive or receptive). Among the few homosexual men—11 had experienced oral insertive sex and 11 had also tried receptive anal sex and fellatio.

Coital debut

The mean coital debut among all the respondents who ever had vaginal sex (2,967 men) was 18.8. Adolescents and young adults tend to have earlier coital debut (mean age, 17) than older men (18.8 for the 25-34 years old and 19.4 for the 35-44 year-old men).

Few men (a total of 39) had their coital debut with a female partner at 12 years old and below. Most of these men (a total of 20) were 35 years old and above and were married. Their sexual partners were girls who were below 14 years old.

The female sexual partners of the respondents across all age categories were adolescents but the former were slightly older than they were (19.3 vs. 18.8 years old). Men who were 35 years old and below tend to have older first sexual partners than the

men who were 35 years old and above. The latter's likely partners were women whose ages were similar to theirs. The girlfriend was the most common well-known person mentioned by two-thirds of the respondents with whom they had their first sexual experience. Less than one-fifth (17.1%) cited a friend.

Money was generally not involved in the coital debut of 89.5 per cent of the sexually-experienced men. Only about one-tenth (9.8%) had paid their first sexual partner. Twelve respondents had received payment during their coital debut.

Among the 124 men who had their first anal sex with men, 87 (70.2%) had first experienced insertive anal sex; 24 had experienced receptive anal sex and 13 had tried both types of anal sex. The coital debut of men who had experienced insertive anal sex (a total of 100 men), was 18.4. The adolescents and young adults coital debut was 16.2; the middle age category was 18.7 and the oldest men was 19.4 years old. The sexual partners of the men who had first experienced insertive anal sex were older (by about seven years). Over one half of the men (59) had sex with a well-known man or a friend while two fifths (40 men) had sexual intercourse with a stranger. Money was often exchanged in the coital debut of men who were engaged in insertive anal sex. Of the foregoing proportion, close to two thirds (63 men) were paid by their sexual partners.

Men who were engaged in receptive anal sex (a total of 37 men) had their coital debut at 18.5 years old. Men who were below 35 years old had their first receptive anal sex at the average age of 17.6 while the older men were 20 years old. The sexual partners were older by two years. Most of the respondents knew their first sexual partners well—they were either a friend or a boyfriend. One third of the men claimed that money was involved in their sexual relations. They either paid their partners or they were paid by them.

Sexual partners in the past 12 months

Over two thirds (68.2% or 2,467) of all the respondents were sexually-active in the past 12 months prior to the survey. This proportion represented the men who were at risk of acquiring HIV in the past year.

Older men (25 years old and above), those who were married, and had work were likely to have engaged in sexual relations in the past year. A large majority (98.3% or 2,425 respondents) of the sexually-active men were engaged solely in vaginal or heterosexual sex during this period. Only 27 men had experienced anal sex (insertive or receptive) while 14 were engaged in bisexual relations. Men who were below 35 years old were likely to have engaged in bisexual or homosexual relations.

Over four fifths (87.1% or 2,149) of the sexually-active men had only one sexual partner. Over one tenth (12.9% or 318 men) had two or more sexual partners. Among the 318 men who had multiple sexual partners, over two fifths (43.4%) had two partners;

almost a quarter (23.3%) had three; and one-third (33.3%) had four or more partners. On the average, the respondents had 1.48 sexual partners. Adolescents and young adults, single, and non-working men were inclined to have several sexual partners.

A large majority (92.9%) of the sexually-active men claimed that no money was involved in their sexual relations. Less than one tenth (7.1% or 175 men) said that there was. The majority (154 out of 175) claimed that they were the ones who had paid their sexual partners. Twenty-one men were the ones who were paid by their sexual partners. Over one half of the men who claimed that money was exchanged in their sexual relations disclosed that they also had sex with unpaid partners. Adolescents and young adults and single men were engaged in sexual activities where money was involved.

Sexual experience with the three most recent sexual partners in the past 12 months

The men were asked to describe their three most recent sexual partners in the past 12 months prior to the survey. A majority (87% or 2,148) of the men had only one sexual partner. One hundred thirty-eight (138) men mentioned that they had two sexual partners while 180 had three. For each of the sexual partner, the respondents had provided the following data: their familiarity with their sexual partner, their partner's age, their assessment whether the partner had sexual relations with others, the residence, frequency of sex, condom use, alcohol intake as well as drug use during sex.

Respondents with only one sexual partner

A large majority (97.4%) of the men who had mentioned only one sexual partner claimed that they knew their sexual partners well. These were mainly their spouse/wife. Few mentioned a girl friend or a live-in partner or fiancée. Older men (25 years old and above) mentioned their spouse as their only sexual partner. More adolescents and young adults mentioned their girl friends. The few respondents (64 men) who had well-known male partners mentioned that their sexual partner was either a boyfriend or a friend.

Over two thirds (69%) of the men assessed that their sole sexual partner was younger than them. One fifth (20.3%) said that she/he was older. The oldest age category of men claimed that their partners were younger than them while men who were 34 years old and below said that theirs were older than they were.

An overwhelming majority (96%) believed that their sole sexual partner did not have sexual relations with other men. They also reported (81%) that their sexual partners came from their communities. One half of the adolescents and young adults' sexual partners, however, lived outside their areas while the other half came from the respondents' communities.

In the past three months prior to the survey, four fifths of the respondents had sex with their sole partners from three or more times. Older men (25 years old and above) were likely to engage in more sexual episodes than younger men. The majority did not use condoms, take alcohol, and used drugs when they had sex with their only partners.

There were few men (49 respondents) who did not know their sexual partners well. Their partners were generally younger and were often paid. They met these partners in the streets, bars, hotels, sauna, discotheques, or parks. Within three months prior to the survey, the respondents reported that they had little (0-1) sexual contact with their sole partners. Most of these men did not use condoms and drugs when they had sex with their lone partner. However, one half of the men had taken alcohol.

Respondents with two most recent sexual partners

There were only 138 men who claimed that they had two sexual partners in the past 12 months. The characteristics of these sexual partners were compared. Three fourths of the respondents' first sexual partner was a woman who was well known to them. The second sexual partner was also well known but the proportion declined to 55.8 per cent. This indicates that there were more strangers among the respondents' second sexual partner than their first (39.1% vs. 21%).

The respondents' first sexual partner was mostly a spouse and a girl friend while the second partner was mostly a girlfriend. The first and second sexual partners were younger than the respondents.

The respondents sought their first and second partners whom they did not know from various locations. Most of the less-known first and second sexual partners were paid by the respondents.

Over one half (54.4%) of the respondents believed that their first sexual partner did not have sex with other men. However, more than two thirds (69.5%) assessed that their second sexual partners had sex with others.

The respondents claimed that their first sexual partner was mostly from their community but the second partner hailed from other places.

In the past three months prior to the survey, one half of the respondents (52.2%) disclosed that they had sex with their first partner three or more times. The same proportion of men reported that they did not have sex with their second partner.

Most men did not use condoms nor drugs while they had sex with both partners. More men took alcohol when they had sex with their second partner.

Respondents with three sexual partners

A majority (66.5%) of the respondents knew their first sexual partner well. There were still more men who were familiar with their second sexual partner but the proportion declined to 57.4 per cent. The third sexual partner was the least known because only over two-fifths (42.3%) of the respondents said that they were familiar with this person. This indicates that sex with strangers tend to rise with the number of sexual partners.

Among the respondents who knew their first sexual partner well—the most common type of partner which was mentioned by over two fifths of the respondents was a girl friend; a quarter mentioned a spouse and about one fifth mentioned a friend. The familiar second and third partners were mostly a girl friend and a friend. The three sexual partners tend to be younger than the respondents.

The respondents sought their less-known sexual partners from many places. About one half of the respondents had paid their less known first sexual partner. Almost two thirds and over one half had paid the second and third less-known sexual partners, respectively.

Over one half of the respondents believed that their first sexual partner had sex with others. This perception rose to over two-thirds for the second and third sexual partners. A majority of the three sexual partners lived outside the communities of the respondents. However, compared to the second and third sexual partners, there were more first partners who lived in the same community as the respondents.

The respondents had more sexual contact with their first partner than the other two. A majority of the men did not use condoms, alcohol and drugs when they had sex with their three most recent sexual partners.

CHAPTER IV

AWARENESS, USE, SOURCES AND OPINIONS ABOUT CONDOMS

Condoms are generally accepted as a major preventive method against sexually-transmitted diseases (STDs) including HIV/AIDS. This chapter presents the respondents' awareness and use as well as their sources and access to condoms. It also provides findings about the respondents' views concerning the provision of condoms to male adolescents in public health centers and the procurement of condoms by adolescent males.

Condom awareness and use

Almost all (98.5%) of the 3,615 had heard of condoms. The respondents who had ever experienced vaginal and anal sex (3,042 men) were asked whether they had ever used condoms. If they had used condoms in their lifetime, they were queried whether these were used always, frequently (or more than 50% of the time), or sometimes (or less than 50% of the time). Refer to Table 4.1.

Among the men who had ever tried vaginal sex (2,964 men), over one-third (37.2%) had ever used condoms. Older men (25 years old and above) were likely ever-users of condoms than adolescents and young adults. Among the few ever-users of condoms (1,103), four fifths (79% or 871 men) had used these sometimes or less than 50 percent of the time. Over one-tenth (12.6% or 139 men) claimed that they had used condoms frequently or 50 percent of the time. Less than one-tenth (8.4% or 93) disclosed that they had always or consistently used condoms in their lifetime.

Adolescents and young adults were inclined to be frequent condoms users than older men.

Table 4.1. Condom use and frequency among respondents who ever had vaginal sex

Behavior	Age category (%)			
	15-24 (n=492)	25-34 (n=839)	35-44 (n=1,633)	**Total** (n=2,964)***
Condom use*				
Had never used	68.9	59.8	62.5	62.8
Had used	31.1	40.2	37.5	37.2
Frequency of condom use **	(n=153)	(n=337)	(n=613)	(n=1,103)
Always	20.9	9.5	4.7	8.4
Frequently (more than 50% of the time)	14.4	15.7	10.4	12.6
Sometimes (less than 50% of the time)	64.7	74.8	84.9	79.0

** Significant at p<0.00*
*** Significant at p<0.00*
**** Three respondents had no reply, thus the total is 2,964 instead of 2,967.*

The respondents who had ever engaged in anal sex (115 men) exhibited similar pattern of condom use as the men who had ever engaged in vaginal sex. Less than one-third (29.6%) were ever users of condoms. Proportionally, the 25-34 year-old men had the fewest number of lifetime users of condoms (8 out of 42). Over one-half (68) of the respondents had used condoms sometimes.

Table 4.2. Condom use among respondents who ever had anal sex

Behavior	Age category (f)			
	15-24 (n=28)	25-34 (n=42)	35-44 (n=45)	Total (n=115)*
Condom use				
Had never used	18	34	29	81
Had used	10	8	16	34
Frequency of condom use				
Always	11	11	14	37
Frequently (more than 50% of the time)	3	5	3	10
Sometimes (less than 50% of the time)	14	26	28	68

* Nine respondents had no reply. Thus, the total is 115 instead of 124.

Condom use among men who had vaginal sex in the past 12 months. Among the men who had engaged in vaginal sex in the past 12 months (2,425 heterosexual and 14 bisexual men or a total of 2,439) prior to the survey, around one fifth (19.3% or 469 men) had used condoms. Refer to Table 4.3. Men who were below 35 years and those who had multiple partners were likely users of condoms in the past year.

Table 4.3. Condom use among respondents who had experienced vaginal sex in the past 12 months

Behavior	Age category (%)			
	15-24 (n=319)	25-34 (n=691)	35-44 (n=1,425)	Total (n=2,435)***
Condom use*				
Had not used	73.7	76.9	84.2	80.7
Had used	26.3	23.1	15.8	19.3
Frequency of condom use **	(n=84)	(n=160)	(n=225)	(n=469)
Always	29.6	25.1	13.3	20.7
Frequently (more than 50% of the time)	17.9	15.6	15.8	16.1
Sometimes (less than 50% of the time)	52.5	59.3	70.9	63.2

* Significant at $p<0.00$
** Significant at $p<0.00$
*** Four respondents had no reply. Thus the total of 2,435 instead of 2,439.

Among the 469 condom users in the past 12 months, close to two-thirds (63.2%) had used condoms sometimes. Only one-fifth (20.7%) had used condoms consistently or always while only one-sixth (16.1%) had frequently used condoms. Age and paid sex were significantly associated with condom use. The oldest category (35-44 years old) had the highest proportion (70.9%) of men who seldom utilized condoms. Adolescents and young adults, on the other hand, had the highest proportion of men who had consistently or always used condoms in the past 12 months. Consistent and frequent condom users were men who had paid their female sexual partners in the past year. Refer to Table 4.3.

Reasons for non-use of condoms. Several reasons were provided by all respondents who had engaged in vaginal and anal sex (a total of 1,999) for not using condoms.

The two most common reasons were: condoms were not sexually gratifying/had reduced erection (32.1%), and spouse/wife used other contraceptive methods (19%). Other reasons given were: partner/spouse and respondent had no intention/plans of using condoms (10.9%), partner/spouse was clean/had no STD (9%) and condoms irritated partner's sexual organ (8.5%).

Table 4.4. Reasons for non-use of condoms in the past 12 months

Reason	% (n=1,999)*
Condoms were not sexually gratifying/reduced erection	32.1
Spouse/wife used other contraceptives	19.0
Spouse/partner and respondents had no intention of using condoms	10.9
Spouse/partner was clean/had no STD	9.0
Condoms irritated partner's sexual organ	8.5
Wanted children/no wish to plan pregnancy/will marry anyway	7.3
Had only one partner/monogamous	3.7
Condoms were expensive	2.1
Did not know how to use condoms	2.1
Against religion	1.9
Others (condoms could easily break, emit unpleasant smell, had self control, no available stock at home/ health center, embarrassed to ask/buy, respondent had no STD, used condoms with other partners/sex workers, sex was unplanned)	4.8
Could not recall/NA	6.8

* multiple response

With whom (sexual partners) condoms were used. Among the few men (469) who had used condoms with female partners, the majority claimed that they had used these with unpaid (76.9%) partners; less than one-fifth (17.1%) had utilized these with paid partners. Less than one-tenth (6%) had used condoms with paid and unpaid sexual partners. Refer to Table 4.5. The most common sexual partner of the respondents with whom they had used condoms was their spouse/wife (60%). Around a quarter (23%) said that they had used condoms with their girlfriends. Refer to Figure 4.1.

Table 4.5. Condom use in the past 12 months with paid and unpaid female sexual partner

Type of female sexual partner respondents had used condoms	Age Category (%)			Total
	15-24 (n=84)	25-34 (n=160)	35-44 (n=219)	% (n=463)*
Paid partner	25.0	15.0	15.5	17.1
Unpaid partner	69.0	75.6	80.8	76.9
Paid and unpaid partners	6.0	9.4	3.7	6.0

* *Six respondents had no reply. Thus the total is 463 instead of 469.*

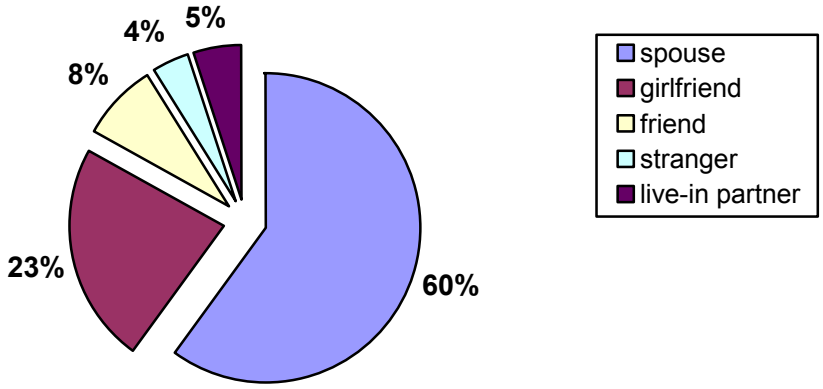

Figure 4.1. Types of women with whom respondents had used condoms in the past 12 months

Sources of condoms

Among the men who had heard of condoms (3,561 respondents), over four-fifths (85.4%) knew where these could be obtained. Older men (25 years old and above), men who had secondary or more years of formal education, and those who were lifetime users and users of condoms in the past 12 months knew where to obtain condoms.

Four-fifths of the respondents mentioned the pharmacy as a major source of condoms. Almost a quarter (23%) cited the family planning center while one-sixth (16.9%) mentioned the shopping center. Other less popular sources were the clinic, friends, hospital, bar/guesthouse/hotel/sauna and city health. Refer to Table 4.6.

Table 4.6. Sources of condoms

Source	% (n=1,137)
Pharmacy	85.9
Family planning center	23.0
Shopping center	16.9
Clinic	7.4
Friends	6.8
Hospital	4.5
Bar, guest house, hotel, sauna	4.2
City health/health center	3.5
Others (e.g., market, workplace, relative, NGO, sex worker, girlfriend, peer educator)	5.8

During the interview, the respondents were asked if they had a condom with them. Among the men who had heard of condoms, a large majority (95.5%) replied that they

did not carry one with them. The few respondents who said that they had a condom were requested to show this to the interviewers. The men who had a condom during the interview were below 35 years old. They were ever-condom users and users of condoms in the past 12 months.

Condom access among ever-condom users

When all the respondents who had used condoms in their lifetime (a total of 1,137) were asked whether they could avail of condoms anytime they wanted to, the majority (85.2%) said that they could. Only over one-tenth (11.2% or 127 men) said that they could not. Over-four fifths of the ever-condom users said that they could procure condoms from their house to the source in less than an hour.

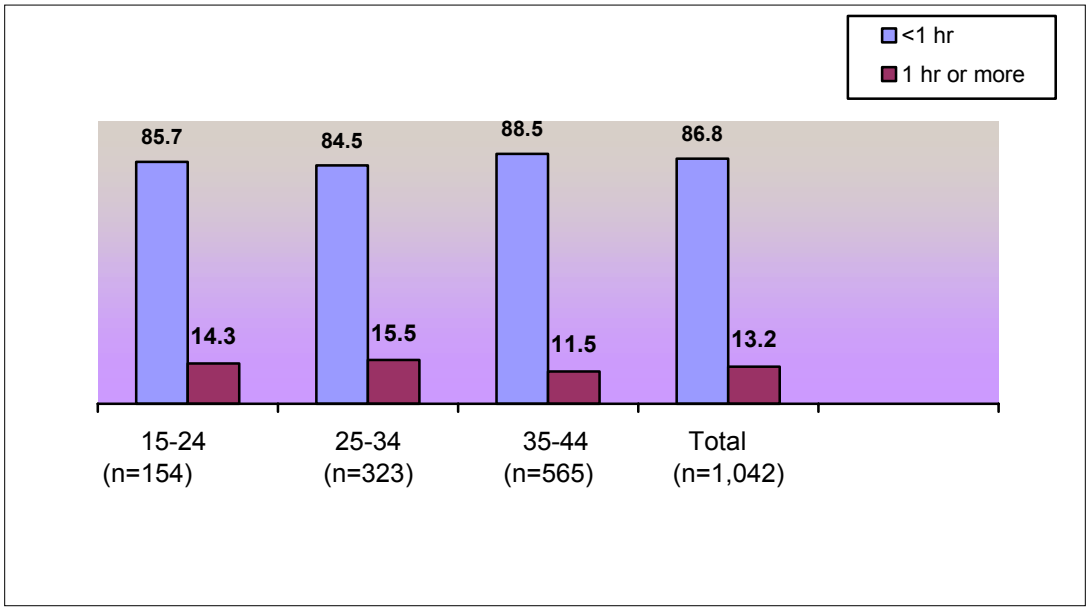

Figure 4.2. Percentage distribution of lifetime condom users and their duration to obtain condoms

Among the few men who could not obtain condoms anytime, over one fifth (22.4%) claimed that these were too expensive, while about one sixth thought that the source was too far (15.2%). Over one tenth (12.8%) said that they were too embarrassed to procure condoms. Refer to Table 4.7.

Table 4.7. Reasons why condoms could not be obtained anytime

Reason	% (n=127) *
Too expensive	22.4
Source was far	15.2
Embarrassed to buy condoms	12.8
Did not know the source	9.6
No permanent supply/or no personnel who distribute condoms	6.4
No money	5.6
Did not know when to have sex	1.6
DK/NA	7.1

* *Multiple response.*

Views about condoms

Three questions regarding condom provision were presented to the respondents who had ever heard of condoms (n=3,560). They were asked to give an answer of either "yes" or "no" to each query. They were also given the option to give a "don't know" response.

The first question that was posed to the respondents was: "In your opinion, should a government health center be made a source of condoms to single men aged 15-19? Over one-half (57.5%) of the respondents expressed their approval to this query, while one-third (33.1%) did not. The second question was: "In your opinion, should a government health center provide free condoms to single young men aged 15-19? The percentage of

approval declined to 51.9% percent, while the percentage of disapproval went up to 38.9 percent. When asked whether it was acceptable for single men aged 15-19 to buy condoms, over one-half (52.4%) gave their approval, while almost two-fifths (38.4%) did not. Around one-tenth did not respond to each of the three statements.

Among the various variables, only ever-drug use was found to be significantly linked with one proposition --- i.e., public health center should be made a source of condoms for unmarried 15-19 year old men.

Table 4.8. Views about condom use of 15-19 year old men

Question	Response (%)		
	Yes	No	No response/ do not know
• In your opinion, should a government health center provide condoms to single young men aged 15-19?*	57.5	33.1	9.4
• In your opinion, should a government health center provide free condoms to single young men aged 15-19?	51.9	38.9	9.2
• Is it acceptable to you if young men aged 15-19 buy condoms?	52.4	38.4	9.2

** Significantly associated with ever-drug use. P<0.00*

Summary

Almost all (98.5%) of the 3,615 respondents had heard of condoms. Only over one-third (37.2%) who had ever tried vaginal sex had ever used this method. Older men (25 years old and above) were likely ever-users of condoms. Among the few lifetime condom users (1,103 men), four-fifths had used these sometimes or less than 50 percent of the time. Adolescents and young adults were inclined to use condoms frequently (50% of the time) than older men. Less than one-third (29.6%) of the few men (115) who had ever engaged in anal sex had ever used condoms. The middle age category of men who had engaged in anal sex had the least number of lifetime users. Over one-half (68) of the respondents had used condoms sometimes. They were likely ever-users of condoms than men who had ever engaged in vaginal sex.

Among all the men who had ever used condoms, only one-fifth (19.3%) had used condoms in the past 12 months. Men who were below 35 years and those who had multiple partners were likely users of condoms in the past year. Close to two-thirds (63.2%) of the few men (469) who had used condoms in the past year had used these sometimes. Only one-fifth (20.7%) had used condoms always. Adolescents and young adults had the highest proportion of men who had consistently (always) used condoms. Those who paid their female sexual partners were likely consistent users of condoms in the past 12 months.

The two most common reasons for non-use of condoms by 1,999 men were -- these were not sexually gratifying/had reduced erection (32.1%) and their spouse/partner had used other contraceptive methods (19%). A majority of the men who had used condoms had utilized these mostly with unpaid partners (76.9%), particularly with their spouses and girlfriends.

A majority (85.4%) of all the respondents knew where to obtain condoms. The most common source of condoms was the pharmacy. Other less popular sources were the family planning clinic, shopping center, private clinics, friends, relative, peer educators, sex workers and girlfriends. Few men (less than 5%) carried condoms with them at the time of the interview. Over four fifths (85.2%) of the men said they could have access to condoms anytime they wanted to. Among the ever-condom users, over four-fifths said that they could procure condoms from their house in less than an hour. Only over one-tenth (11.2% or 127 men) said that it would be difficult for them to obtain condoms anytime they wanted to. Expense, distance, and embarrassment were the main reasons for the difficulty in obtaining condoms.

A majority of the men had agreed that condoms should be provided and for free at the public health center for 15-19 year old men. They also approved the proposition that 15-19 year old men should be allowed to procure condoms.

CHAPTER V

STD KNOWLEDGE AND EXPERIENCES

This chapter provides information about the respondents' knowledge and experiences concerning sexually transmitted diseases (STDs) as well as their STD treatment-seeking behavior in the past 12 months prior to the survey.

Awareness and knowledge of STDs

The majority (96.5%) of all the respondents had heard of STDs. There were more of the older men (25 years old and above) who were aware of these infectious diseases.

Among the men who had heard of STDs, the majority (88.1%) were able to give one or more correct STD symptoms. Two fifths (40%) were able to name two correct symptoms, while one third (34%) gave only one symptom.

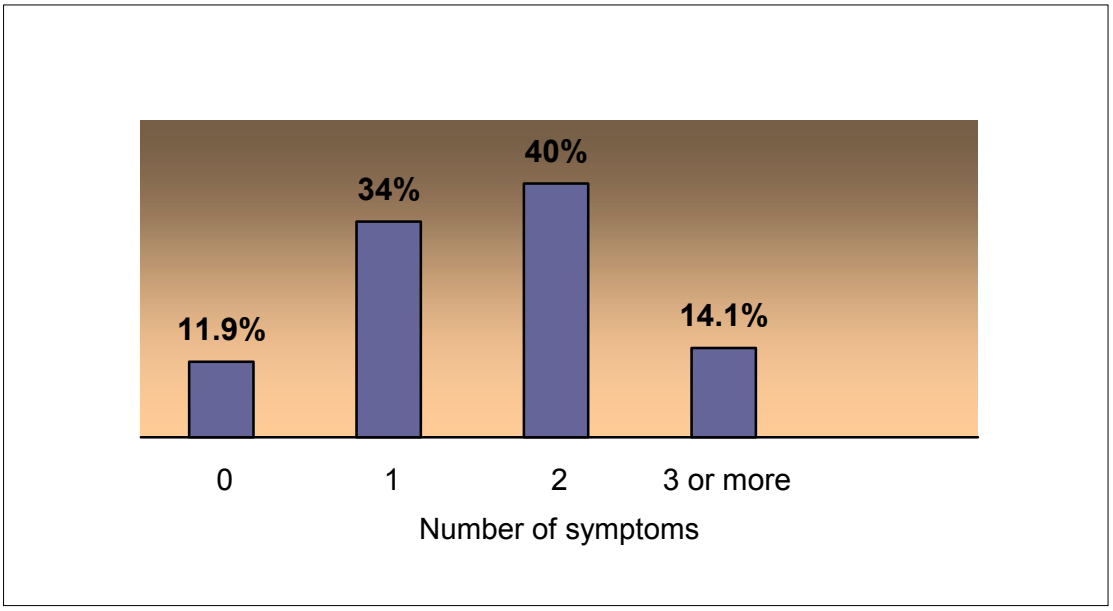

Figure 5.1. Percentage of respondents who reported STD symptoms in the past 12 months prior to the survey (n=3,475)

Three variables were found to be significantly associated with the respondents' ability to identify a sexually-transmitted disease – age, frequency of radio listening (in the past four weeks prior to the interview), and ever-drug use.

Older men (25 years old and above), those who had listened to the radio once or more often in a week within four weeks preceding the interview, and men who had ever tried drugs could identify one STD symptom.

Further analysis showed that older respondents compared to adolescents and young adults were able to name two or more STD symptoms. Men who had ever tried drugs and lifetime users of condoms were also inclined to identify two or more STD symptoms.

Table 5.1. Reported STD symptoms

Symptom	% (n=3,061)*
• Genital discharge/"tulo"	71.9
• Difficult, painful and frequent urination	66.6
• Swollen genitals	16.7
• Pubic lice	5.7
• Skin diseases (sores and wounds)	4.7
• Paleness, over-fatigue, and weight and sleep loss	4.7
• Pain in the lower abdomen (hypo-gastric pain)	4.0
• Itchiness in the genitals	2.4
• Others (difficulty in retracting skin, foul smell, yellowish and red eyes, wart, fever, non-erection)	3.5
• DK/NA	13.1

**Multiple response.*

The respondents were asked about the specific STD symptoms that they knew. The unprompted responses showed that genital discharge or "tulo" in the local language (78.3%) and difficult/painful/frequent urination (42.3%) were the two most common STD symptoms mentioned by the respondents. Less than one fifth (16.7%) mentioned swollen genitals.

Personal experience with STDs

Only 45 respondents had disclosed that they had a STD in the past 12 months. Thirty-six men had either genital discharge or genital ulcers. Nine men had both symptoms.

General profile of the men who reported that they have had STDs in the past year. The respondents were mostly heterosexual men (n=32), unmarried (n=32), better educated (high school or more formal years of schooling), who either had no income or their monthly earnings were below the monthly median (n=39). Most of these men were alcohol drinkers (n=41) in the past four weeks preceding the interview and lifetime drug users (n=30). Of the 38 who reported their number of sexual partners in the past 12 months, 17 had three or more partners, while five had two. Sixteen men claimed that they only had one sexual partner. Most of them (n=27), however, said that they knew their partners well and no money was involved in their sexual relations (n=33). Most (n=34) men did not use condoms in the past 12 months.

Of the 45 STD-infected men who responded to the question of whether they would have a chance of getting AIDS, 17 respondents said that they had none or zero chance. Nine claimed that there was a great chance and the same number said that it was moderate. Only six respondents perceived that they had small chance of getting AIDS.

STD treatment-seeking behavior

About one third (15) of the respondents with STDs sought advice and medicine from friends/relatives; a similar proportion (14) also sought assistance from a health worker/provider.

Seven respondents sought advice for medication at the pharmacy and seven self-medicated. The majority (37) took medicine for their ailment. The source of medicine was the pharmacy (17), health worker (12), and a friend/relative (10).

It took sometime for 14 respondents to approach a health worker for their STDs. In particular, it took about a week for six respondents to seek the assistance of a health worker; less than a month but more than a week for four respondents and more than a month also for four respondents.

Thirteen respondents said that medicine was prescribed to them. Of this number, eight said several drugs were prescribed; four claimed that only one kind of drug was prescribed. Almost all respondents procured the drugs that were prescribed to them. It was not known whether they had completed their treatment.

Affordability of STD treatment

When asked whether they could afford to pay for the treatment of STDs, the majority (60.3%) of all the respondents who had heard of STDs (3,475 men) answered positively. Two-fifths (41.7%) said that they could not afford it. Age, civil status, income, and education were significantly associated with the capacity of the respondents to pay for STD treatment. This means that older (25 years old and above), married men, those who earned higher than P5,000 a month, and with secondary or more formal education could afford to pay for the treatment of STDs.

Summary

The majority (96.5%) of all the respondents had heard of STDs. Over four fifths (88.1%) of the STD-aware respondents could name one or more STD symptoms. Two fifths of the respondents could give two correct STD symptoms while about one-third could give only one correct symptom. Knowledge of one correct symptom was associated with age, frequency of radio listening in the past four weeks prior to the survey, and ever-drug use. The three variables plus ever condom use were also significantly related with the ability of the respondents to name two or more correct STD symptoms.

Genital discharge/"tulo" and difficult/painful/frequent urination were the two most commonly mentioned STDs by the respondents. There were only 45 men who disclosed that they had STDs in the past 12 months prior to the survey. Most of these were heterosexual men, single, with high school or more education but with no or little income. They were alcohol drinkers, and mostly lifetime drug users. One half of these men had multiple partners. Most men claimed that they knew their partners well and money was involved in most of their sexual relations. Most STD-infected men did not use condoms when they had sex in the past year.

The men also reported that they either sought medical advice from friend or from health provider. Most of them took medicine for their ailment.

A majority (60.3%) of all the respondents said that they could afford to pay for STD treatment. Older, married men who earned beyond the monthly average income, and those who had high school or more education were likely to pay for STD treatment.

CHAPTER VI

KNOWLEDGE, VIEWS AND EXPERIENCES ABOUT HIV/AIDS

This chapter presents findings regarding the respondents' knowledge about AIDS and HIV, and the transmission routes of the virus. The respondents' knowledge regarding protection from HIV and their views regarding certain HIV-related issues are also covered. Finally, sources of HIV/AIDS information and organizations that provide HIV/AIDS services in their cities are included.

Awareness and knowledge of HIV and AIDS

Almost all (99.4%) of the 3,615 respondents had heard of the term "AIDS" (Acquired Immune Deficiency Syndrome). The term "HIV" (Human Immuno-deficiency Virus) was also popular but it was less well-known (87.6%) than AIDS. A majority (87% or 3,146) of the respondents had heard of the two terms.

The respondents who had heard of HIV/AIDS were asked what they thought was the difference between the two terms. Over two-fifths (45.9% or 1,447) said that these concepts were not different. Only over one-third (35.1% or 1,102) had perceived that there was a difference. About one-tenth (10.7%) could not recall the difference, while 7.9% admitted that they did not know.

Among the 1,102 respondents who had claimed that they knew the difference between AIDS and HIV, over one half (54.2% or 597 men) gave correct answers. Over two-fifths (45.8% or 505 men) gave incorrect responses.

Age, education, and ever condom use were significantly associated with knowledge about the difference between HIV and AIDS.

The respondents who were able to correctly identify the difference between the two terms were below 35 years old, who had college education, and who were ever-users of condom. Among the three variables, years spent in school was found to be highly significant across the three age categories.

The answers of the 597 respondents who accurately differentiated HIV from AIDS, are organized into one core theme: "HIV is the virus; the beginning, or the first or early stage of the disease; while AIDS is the worse or very serious part of the infection; or the full blown disease."

The answers of the 505 respondents who incorrectly compared HIV and AIDS were divided into two categories: those that focused on sources, channels and the transmission routes and those that described the features of AIDS and HIV. Below are examples of these incorrect responses. Except for the notion that "HIV can be cured or prevented while AIDS is incurable or can kill" which was cited by over one-half (58.8% or 287 men) of the respondents, each of the following examples garnered at least fifteen answers.

Perceived incorrect sources, channels and ways of transmission

- HIV is from mosquitoes while AIDS is from people and animals.
- HIV is having dirty blood, while AIDS is a disease women often get.
- HIV cannot be obtained through sex while AIDS can be obtained.
- HIV grows in the body while AIDS is obtained from women.
- HIV can be contracted from female sex workers or male-to-male sexual relations, while AIDS is from male homosexuals or female sex workers.
- HIV is communicable while AIDS is sexually transmitted.
- HIV is only for women, and AIDS is for both men and women.
- HIV is passed on through saliva or blood transfusion, while AIDS is acquired through sexual intercourse.
- HIV is from monkeys while AIDS is sexually transmitted.
- HIV is sexually transmitted, while AIDS is derived from eating the wrong food.

Perceived incorrect characteristics of HIV and AIDS

- HIV is the symptom, while AIDS is the curse of God.
- HIV is not infectious and you can still approach an infected person who has the virus; while AIDS is infectious and you should avoid contact with an infected person.
- HIV is in the blood while AIDS is in the sex organ.
- HIV can be cured or prevented, while AIDS is incurable or can kill.
- HIV is worse than AIDS because it cannot be cured.
- The person with HIV is often feverish, while the person with AIDS is someone who is losing his hair.
- The person with HIV is weak and is losing his hair, while the person with AIDS has dry skin, yellow complexion.
- The person with HIV has scabies, while the one who has AIDS has a skin disease.
- HIV is the scientific name of AIDS.

Modes of HIV transmission

The respondents' knowledge of the transmission routes of HIV was gauged through a 13-item quiz. This exercise was administered only to the respondents who had heard of AIDS (n=3,592). Seven of the 13 items were correct modes of HIV transmission while six were incorrect. The correct HIV transmission routes were: (1) having sexual intercourse with female sex workers without using condoms; (2) having sexual intercourse with women you don't know much without using condoms; (3) having sexual intercourse with multiple partners without using condoms; (4) injecting drugs using the syringe used by others; (5) having sexual intercourse with people you don't know without using condoms; (6) having insertive anal sex with men you don't know much without using condoms; (7) having insertive anal sex with men without using condoms.

The incorrect transmission routes, on the other hand, were: (8) if bitten by mosquitoes; (9) using a drinking glass used by someone with AIDS; (10) sharing food with someone with AIDS; (11) swimming in the pool used by someone with AIDS; (12) using public toilet and (13) holding someone with AIDS.

For each item, the respondents were asked to give either a yes or no response. They were also given the option to give a 'don't know' answer or not to reply.

A majority of the respondents knew the correct modes of HIV transmission. The percentage of agreement to the seven items ranged from 80.6 per cent for item 7 to 93.5 percent for item 1. Refer to Table 6.1.

Despite the high levels of knowledge regarding the HIV transmission routes, erroneous notions and beliefs persisted. These include mosquito bite and the use of objects and facilities that were utilized by an infected person. Refer to Table 6.1.

Table 6.1. Percentage of respondents who said that HIV can be transmitted through the identified routes

Route of transmission	% (n=3,592)*
Correct	
1. Having sexual intercourse with female sex workers without using condom	93.5
2. Having sexual intercourse with women you don't know much without using condoms	92.9
3. Having sexual intercourse with multiple partners without using condom	90.8
4. Injecting drugs using syringe used by others	90.3
5. Having sexual intercourse with people you don't know without using condom	89.9
6. Having insertive anal sex with men you don't know much without using condoms	81.2
7. Having insertive anal sex with men without using condoms	80.6
Incorrect	
8. If bitten by mosquitoes	53.7
9. Using glass used by someone with AIDS	50.0
10. Sharing food with someone with AIDS	43.7
11. Swimming in the pool used by someone with AIDS	39.0
12. Using public toilet	32.6
13. Holding someone with AIDS	23.4

**For each route, the percentage of respondents who did not reply or said they did not know ranged from 1.5 to 9.0%.*

To determine the level of the respondents' knowledge regarding HIV transmission routes, the total correct scores of each of all the respondents who had heard of AIDS (3,592 men) were computed. The highest total knowledge score was 13 and the lowest was zero. The scores of the respondents were categorized into: high (10-13 correct answers), moderate (7-9), and low (0-6).

Figure 6.1 illustrates the distribution of the respondents' scores and their knowledge level. Around 90.0 per cent of the respondents had moderate to high scores, and only about a tenth (10.4%) had low scores. The mean and median scores were 9.4 and 9.0, respectively. The mean and median scores were almost identical across the respondents' age categories.

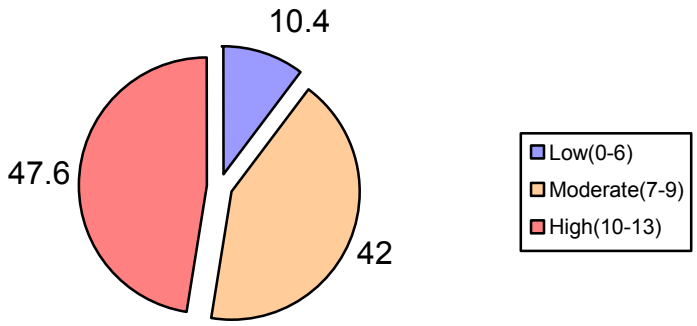

Figure 6.1. Respondents' level of knowledge of HIV transmission routes

The HIV knowledge level regarding transmission routes were found to be significantly associated with age and years of formal education. Older men (35 years old and above) were inclined to have a moderate level of HIV knowledge while adolescents and young adults (15-24 years old) and middle-aged men (25-34 years old) appeared to

have high knowledge of the disease's transmission modes. Those who had secondary or higher education were inclined to have moderate to high levels of knowledge regarding how HIV is contracted.

Awareness and knowledge of people with AIDS

A majority (85.3%) of the respondents did not know of someone who was afflicted with HIV or who had died of AIDS. The few (14.7%) men who knew of such a person claimed that the HIV/AIDS-infected person was someone who was not related to them.

The oldest category of men, the respondents whose monthly income was more than the median and those who were not Catholics, were inclined to know someone who had died of AIDS.

Views about protection against HIV

The respondents were presented with six different ways that could help protect a person from acquiring HIV. They were asked whether they would agree or disagree with each of these propositions. These were: (1) be faithful to one partner; (2) avoid injecting drugs with a used syringe; (3) avoid having sexual intercourse with strangers; (4) always use condoms; (5) decrease number of sexual partners; and (6) abstain from sexual intercourse.

Table 6.2 shows that a large majority of the men had approved the first five ways of protecting oneself from acquiring the disease. Only about two-fifths (43.3%), however, agreed that abstinence from sex could help protect a person from contracting HIV.

Knowledge of transmission routes, education, and participation in religious services were significantly associated with several or one of the ways a person could protect himself from acquiring the disease.

Men who had moderate to high knowledge about the transmission routes of HIV were more inclined to agree with the following propositions: (1) be faithful; (2) avoid injecting drugs with a used syringe; (3) avoid sex with a stranger; (5) decrease the number of sexual partners; and (6) abstain from sexual intercourse. Men who had college or higher education were inclined to favor statement 3 (avoidance of sex with a stranger), while the men who had attended religious services one to three times a month tend to approve proposition 6 (abstinence). Men who had ever used condoms were also inclined to favor abstinence from sexual intercourse.

Table 6.2. Respondents' knowledge about protection from HIV infection

Suggestions	Age category (%)			
	15-24 (n=952)	25-34 (n=953)	35-44 (n=1,687)	Total (n=3,592)
1. Be faithful to one partner	90.2	93.6	94.8	93.3
2. Avoid injecting drugs with a used syringe	85.7	87.4	91.2	88.8
3. Avoid having sexual intercourse with strangers	81.8	85.3	87.8	85.6
4. Always use condoms	76.8	76.8	73.9	75.4
5. Decrease number of sexual partners	72.8	75.6	77.6	75.8
6. Abstain from sexual intercourse	49.3	45.3	38.8	43.3

**In each suggestion, between 1.5 and 7.0% of respondents had no reply.*
*** Significantly associated with education, p<0.00.*
**** Significantly associated with religious attendance, p<0.00 and with ever condom use, p<0.00.*

Questions on HIV and AIDS-related matters, which dealt with the following situations, were presented to the respondents: (1) the possibility of contracting AIDS by a healthy-looking person, (2) a mother who had AIDS and the risk of infecting her baby; allowing an infected but not yet ill (3) student to school and (4) a worker to work; (5) full protection of a condom user from the disease; and (6) care for a family member with AIDS. The seventh and final question was on the respondents' personal assessment of their risk of contracting HIV. Refer to Table 6.3.

Table 6.3. Respondents' views on seven HIV and AIDS-related matters

Issue	Age category (%)*			
	15-24 (n=952)	25-34 (n=953)	35-44 (n=1,687)	Total (n=3,592)
1. Can a person who looks healthy contract HIV?**	90.3	93.3	93.6	92.7
2. Can a mother who has HIV or AIDS do something to minimize the risk of infecting her baby in the womb or her newly born baby?	24.4	21.4	24.7	23.7
3. If a student has HIV but who is not yet ill, should he/she be allowed to go to school or not anymore?***	50.9	47.2	40.1	44.8
4. If an employee or worker has HIV but who is not yet ill, should he/she allowed to report to work or not anymore?	40.9	38.9	37.4	38.7
5. A man has full protection against AIDS if he uses condoms whenever he has sexual intercourse with a woman or man. In your opinion, is this true or not true?	63.6	65.9	67.0	65.8
6. Are you prepared to take care of a family member who has AIDS?**	87.9	86.7	83.4	85.5
7. What is the possibility that you will get HIV? In your opinion, is your chance: nil, small, moderate, or great?**				
None	58.7	61.0	61.6	60.7
Small	18.0	17.6	17.2	17.5
Moderate	8.8	8.1	7.6	8.0
Great	8.7	7.3	4.7	6.5

**For items 1-6, percentages reflect the number of respondents who said "yes". In all of these statements, respondents also had the option to say "don't know" or not to answer. Percentage of respondents who did not reply or did not know ranged from 2.8 to 9.6%.*

***Significant at p<0.00.*

**** Significant at p<0.02*

Table 6.3 shows that the majority of the respondents (92.7%) had assessed that "a person who looks healthy can contract HIV." Older respondents (25 years old and above) were more predisposed to agreeing with this statement.

Only about a quarter of the respondents (23.7% or 852) had agreed that "a mother with HIV or AIDS could do something to minimize the risk of infecting her baby in the womb or her newly-born baby." Several suggestions were given by the few respondents who agreed with the foregoing. Refer to Table 6.4. The top three suggestions were: do not breast-feed (34.5%), take medicine (32.8%), and have a regular medical check up (24.4%).

Over two-fifths (44.8%) of the respondents had agreed to allow an infected student who was not yet ill to go to school. However, the proportion of respondents who had agreed to let an infected worker but who was not yet ill to return to work, was less than two fifths (38.7%). Men who were below 35 years old were more favorable in allowing an infected student to return to school.

Almost two-thirds (65.8%) of the men had agreed that condoms could provide full protection against HIV if these were used every time a man had sex with a woman or with a man. There was no difference in the answers of the men who belonged to the three categories.

When asked whether they would take care of a family member with AIDS – over four-fifths (85.5%) of the respondents said that they would. Younger men (below 35 years old) were more inclined to respond to this query positively.

Table 6.4. Respondents' suggestions on what a mother with HIV or AIDS can do to minimize risk of infection to her baby in the womb or her newly-born baby

Suggestion	% (n=852)*
• Do not breast feed	34.5
• Take medicine	32.8
• Have a regular check up with doctors, in hospitals and health centers	24.4
• Isolate herself or mother and child	14.2
• Consult government or telephone hotlines	2.5
• Have proper nutrition, exercise and the will to cure the disease	2.3
• Pray to God	2.1
• Others: Isolate her things from the baby, have a caesarian operation, abort the baby, drink coconut milk and water, avoid blood transfusion	3.4

**Multiple response.*

The majority (60.7%) of the respondents perceived that they had zero or no chance of acquiring the virus. Less than one-fifth (17.5%) thought that they had a small chance of getting infected. Only one-sixth (14.5%) assessed that they had a moderate to great chance of contracting HIV. There were more adolescents and young adults who were inclined to think that they had moderate to greater probability of acquiring the disease.

Only one variable, i.e., moderate to high level of knowledge of HIV transmission route, was found to be consistently associated with four of the seven questions (questions 1,3,4,and 6; see Table 6.3). Men who had higher monthly income (above P5,000) and those who had better formal education (high school or more) were inclined to allow an infected student and a worker to go to school and return to work, respectively.

HIV test

All the respondents were asked whether they knew where to obtain the HIV test in their cities. Those who were aware were asked whether they had ever tried the test and for what reasons.

Close to three-fourths (70.5%) of the respondents did not know where to obtain the HIV test in their cities. Over a quarter (28.5%), however, were knowledgeable about the source. Age, education, lifetime condom use, condom use in the past 12 months, and knowledge level of HIV transmission routes were significantly associated with the knowledge of the source of the HIV test. Thus, (a) older men, (25 years old and above), (b) men who had more years of formal education (high school and higher), (c) men who had used condoms in their lifetime, and (d) men who were condom users in the past 12 months, as well as those (e) who had moderate to high levels of knowledge of HIV transmission routes—were inclined to know where to access the HIV test.

Older men (25 years old and above), lifetime or ever-users of condoms, and condom users in the past 12 months were likely to have tried the HIV test. The major reasons why few men had the HIV test were: (a) it was a requirement in their jobs (61.4%); (b) it was part of a blood donation/transfusion; and (c) they wanted to know whether they had the virus (14.6%). All the men who had the HIV test got the results.

Exposure to HIV/AIDS information and intervention

Since the entry of HIV/AIDS in the country in the eighties, national and local government health care systems and other agencies as well as non-government organizations have developed and implemented intervention programs at various levels of society. These programs include direct provision of health care services, capability building and information dissemination through various media channels.

All the respondents were asked whether they had received information about STDs/ HIV/AIDS prior to the face-to-face interview. They were also asked about their sources of information and to suggest other facts that they would like to know about HIV/AIDS. The men who had received information prior to the survey were also queried whether they had ever discussed these infectious diseases with their spouses and with other sexual

partners. Finally, all the respondents were asked to cite at least some organizations in their cities that provide services for STD/ HIV/AIDS.

Information about STDs/ HIV/AIDS and sources

Close to two-thirds (62.8% or 2,270 men) of all the respondents stated that they had received information about STDs/ HIV/AIDS in the past 12 months prior to the survey.

Education, radio listening, lifetime/ever use of condoms, and knowledge of HIV transmission routes are significantly associated with receipt of information. Thus, more men with college education, those who had listened to the radio everyday or once a week in the last four weeks, lifetime and users of condoms in the past 12 months as well as men who had high levels of knowledge regarding HIV transmission routes, were likely to have received information about the virus.

The major sources of information were the media particularly television shows and advertisements (82.6%), as well as newspapers/magazines/books (49%). About one fifth cited the radio (22.4%), and friends/co-worker and peer group (20.7%).

Age is significantly associated with HIV/AIDS information source. More older men (25 years old and above) had mentioned television shows and advertisement and newspapers/ magazines/books as sources of HIV/AIDS information. Adolescents and young adults, on the other hand, were inclined to cite the movies/films/cinema advertisement, doctors/nurses/health workers and schools/classroom lectures. The youngest and oldest categories of men mentioned friends/co-workers/peer groups as another information source.

The majority (55.0% or 1,249) of the men who had heard of STD/ HIV/AIDS assessed that the information that they had received from these various sources were adequate.

Over two-fifths (44.2% or 1,003) of the respondents had given suggestions about what else they wanted to know about HIV/AIDS. These were: (a) general information about the disease (29.5%), e.g., rates of HIV infection, where to get treatment; (b) causes and transmission of HIV/AIDS (23.5%); (c) treatment for AIDS (21.5%); (d) STD/AIDS prevention (16.5%); (e) signs and symptoms of AIDS (16.1%); (f) origins of AIDS (10.6%); and (g) others (3.4%), e.g., care for persons with AIDS, "image" of persons with AIDS.

Discussion with spouse and other sexual partners about HIV/AIDS in the past 12 months

Among the men who had received information about HIV/AIDS prior to the survey (2,270 respondents), less than two fifths (38.2% or 867 men) said that they had discussed the disease with their sexual partners. Close to three fourths (70.5% or 611 men of the 867 men) claimed that they had discussed the topic with their spouse only, while over one fourth (28% of 243 men) discussed this with other sexual partners. Only 13 men stated that they talked about these infectious diseases to both their spouse and other sexual partners.

Organizations providing HIV/AIDS information and services

Among the 2,270 respondents who had received HIV/AIDS information before the interview, about a quarter (26.9% or 612 men) could cite at least two organizations or agencies in their cities that provided information and services concerning the disease. Local public health agencies, non-government organizations, the Department of Health, and hospitals were the often-mentioned organizations.

Table 6.5. Sources of HIV and AIDS information respondents had received in the past year

Source	Age category (%)			
	15-24 (n=588)	25-34 (n=605)	35-44 (n=1,077)	Total (n=2,270)*
1. Television shows and advertisements**	78.6	85.8	83.1	82.6
2. Newspapers/magazines/books**	39.1	48.9	54.5	49.0
3. Radio	20.2	23.6	22.8	22.4
4. Friend/co-worker/peer group**	22.3	17.2	21.8	20.7
5.Pamphlets/brochures/signboard/mall posters	14.8	15.7	12.1	13.7
6. Doctors/nurses/health workers**	9.0	12.9	16.2	13.4
7. School/classroom lecture**	26.5	9.6	2.3	10.5
8. Movies/films and cinema advertisements**	4.6	11.6	11.9	9.9
9. Seminar/workshop/briefing	11.1	8.6	9.6	9.7
10. Office/government and non-government organizations/ clinic/hospital/health center	6.1	5.1	4.5	5.5
11.Others (parents/girlfriend/ partner/siblings/church/ neighbors/concert)	4.9	5.1	4.2	4.6

** Multiple response.*
***Significant at p<0.00.*

Summary

Awareness and knowledge about HIV and AIDS

Almost all the respondents (99.4%) had heard of AIDS. HIV, however, was slightly less popular (87.6%) than AIDS. Over two fifths (45.9%) of the men thought that AIDS and HIV were not different. Over one third (35.1% or 1,102 men) had perceived that these two terms were not the same. Among the men who said that AIDS and HIV were different, over one half (54.2% or 597) were able to provide correct answers about the difference. Men who were below 35 years old, who had college education, and were lifetime condom users were able to differentiate AIDS from HIV.

The knowledge level of the respondents regarding the transmission routes of HIV was gauged with the use of a 13-item quiz. The findings showed that the knowledge level of around 90 per cent of the respondents was from moderate to high, and the mean and median scores were 9.4 and 9.0, respectively. Older men (25 years old and above) were likely to have moderate level of knowledge while those with high level of knowledge were adolescents and young adults. Men with more years of formal education had moderate to high levels of knowledge regarding the disease's transmission routes.

Misconceptions about the transmission routes of HIV persisted, particularly mosquito bites, use of drinking glass of an infected person, sharing of food, swimming in the pool used by someone with AIDS, using the public toilet, and holding an infected person.

Few men knew of someone who had died of AIDS. They were not related to the respondents.

Six propositions were presented to the respondents on what people could do to protect themselves from HIV. These were: (a) must be faithful to one partner; (b) avoid injecting drugs with a used syringe; (c) avoid having intercourse with stranger; (d) always use condoms; (e) minimize the number of sexual partners; and (f) abstinence. The majority (75 to 93%) of the respondents responded favorably to the first five suggestions. A little over two fifths, however, agreed with abstinence as a preventive measure against the disease. Moderate to high knowledge of HIV transmission routes was consistently associated with five of the six preventive measures of the disease.

Questions were presented to the respondents to identify their views regarding HIV/AIDS— (1) the concern that a healthy-looking person could contract HIV, (2 and 3) a student and a worker who were infected but not yet ill should be allowed to go back to school or to work, (4) a mother with AIDS and how transmission of the diseases to her

child/baby could be avoided, (5) the effects on regular condom use, and (6) care for a sick relative. The seventh question focused on the respondents' assessment of their risk of acquiring the disease.

The majority (92.7%) agreed that a healthy-looking person could acquire HIV. Older men (25 years old and above) were inclined to agree with this statement. Only about a quarter of the men agreed that a pregnant mother with HIV or AIDS could do something to minimize the risk of infecting her baby. The specific suggestions made by the few men who thought that something could be done were: avoidance of breast feeding, use of medicine, and regular medical check up.

Less than one half (44.8%) of the men agreed to the proposition that an infected student who was not yet ill should be allowed to go to school. The percentage of approval was even lower (38.7%) for letting an infected worker to return to his job. Men who were below 35 years were more favorable to allowing students and workers to return to school and to work, and in caring for a sick relative. A majority of the respondents (85.5%) agreed that they would take care of a relative who has AIDS.

A majority (65.8%) agreed with the statement that "a man had full protection against AIDS if he was using condoms during sex with women and men". Over three fourths (78.2%) of the men assessed that they had zero to small chance of contracting HIV while 14.5 percent said that they had a moderate to great chance. Among the three age categories of men, the adolescents and young adults assessed that they had a moderate to greater probability of acquiring the disease.

Over a quarter (28.5%) of the respondents knew where to obtain HIV test in their cities. Older men (25 years old and above), those with more years in school, ever-users and users of condoms in the past 12 months, and those with moderate to high knowledge of HIV transmission routes were more inclined to know where to obtain HIV test.

Few men (8.8% or 316 respondents) ever had HIV test. They had similar characteristics as the men who knew where to obtain the test. About two thirds of the men who took the test did this because it was a requirement in their jobs.

In the past 12 months prior to the survey, almost two thirds of the persons who had heard of HIV/AIDS received information about the topic. The men who were inclined to have received more information had college education, had listened to the radio every day or more than once a week, were lifetime users of condoms, and had high level of knowledge of HIV transmission modes. The sources of information were mainly TV shows and advertisement, as well as newspapers/magazines/ books. Older men (25 years old and above) were inclined to cite the TV, print media, movies/films/cinema commercials, and health providers as their information sources. Adolescents and young adults, on the other hand, were likely to refer to schools. The friend/co-worker/peer group

appeared as information source by the youngest and oldest categories of men in the survey.

More than one half (55%) of the men thought that the information that they had received from the various sources were adequate. More adolescents and young adults, respondents with low level of knowledge of HIV transmission routes and those who could not distinguish the difference between HIV and AIDS assessed that the information they had received were not sufficient.

Few (38.2% or 867 men) of the men who had received information before the survey claimed that they had discussed HIV/AIDS with the sexual partners who were mostly their spouses.

Among the men who had received information about HIV/AIDS, only a quarter (26.9% or 612) knew of at least two organizations in their cities that provided information and services about HIV/AIDS. The often-cited organizations were local public health agencies, NGOs, the DOH, and hospitals.

CHAPTER VII

DISCUSSION

The participation of the 1999 FHI-USAID-DLSU survey in the second round of the HIV/AIDS surveillance activities in the Philippines took place at an opportune time. At the start of 2000, the Global Program on AIDS had revitalized its call for male participation in STD/AIDS prevention. The call had a firm basis. According to the Population Reference Bureau (PRB), men are four times more likely to infect women than the other way around. The pivotal role that men play in the transmission of STDs including HIV has been addressed in the country with the use of a variety of intervention strategies. From 1994 to 1998, 65 community and workplace interventions which were led primarily by non-government organizations (NGOs) were documented in a national study. Of the 65 interventions, 15 were centered on men. However, the men belonged to the so-called "groups with risky behaviors" such as men who have sex with men, clients of sex workers, long-distance truck drivers, seafarers, male sex workers, and injecting drug users. Mainstream and household-based male population had attracted sporadic attention.

This survey was a recent attempt that gave attention to the general male population in three cities that are part of the National Health Sentinel Surveillance Program for STDs/HIV particularly Quezon City in the National Capital Region, Cebu City in Central Visayas, and Davao City in Southern Mindanao. It took place from October 1999 until January 2000. A total number of 3,615 men from three age categories were covered: 15-24, 25-34 and 35-44. Stratifying men into three age categories was most appropriate. Filipino men are not a monolithic population. Norms, relative opportunities and resources, values and attitudes determine men's sexual lifestyles. The core question of the survey was: are the sexual lifestyles of population-based urban Filipino men conducive for STD/HIV transmission?

Having sexual experience is a natural course of men's life process. It is part of their transition to and assumption of adult status and roles. Having or not having this experience is contingent, however, upon age as the findings of this study showed: as men grow older, they become sexually experienced, they try out various sexual acts, predominantly within the context of heterosexual intercourse. But sexually-experienced men, can be divided into two subgroups: those having safer sex practices; and those with unsafe sex practices. 'Unsafe' is measured by three indicators—(a) intercourse with sex workers or strangers, (b) intercourse with the foregoing partners without the benefit of condom use, and (c) intercourse with multiple sexual partners. The inclusion of male participation in reproductive health is undertaken with the notion that unsafe practices do not only pose risk to men but they also have serious implications to women's health.

Given these indicators, the survey outcomes showed that men who had safer sex behavior were greater in number than those with unsafe sex behavior. At their first experience of heterosexual intercourse, for example, men whose sexual partner was a woman they knew, far outnumbered those who had intercourse with strangers or with paid partners. The stability of sexual behavior of these two categories of men was further shown in their sexual activity in the past 12 months prior to the face-to-face interviews. Men whose sexual partner in their first intercourse was a woman they knew well continued to have sex with the same type of woman in the last 12 months. Similarly, many of those whose first sexual partner was with a stranger or with someone that they had paid reported to have intercourse with women who were known to them, among their one or more partners in the past 12 months. It must be emphasized that the number of men who had sex with women who were well known to them was greater than those who had sex with strangers or with women whom they had paid.

In addition, more men had only one sexual partner in the last 12 months against those who had more than one: 9 to one. But more men were non-users than users of condoms in the past 12 months: 8 against 2, a finding that was not surprising since many of them

had sexual intercourse with a woman they knew well. STD infections were reported although the number of men who experienced these diseases was quite low, at 1.2 per cent. Exposure to injecting drugs, one transmission route for HIV, was also low at 6.1 per cent.

From the foregoing survey outcomes, one thing is clear: a great majority of Filipino men - at least in the cities of Quezon, Cebu, and Davao - are not at risk of acquiring and transmitting HIV. Has this pattern of male behavior changed in the past decade? Who among the three age categories of urban men had exhibited substantial levels of risky sexual behavior? Overall, which sampling domain has the most men with substantial risky sexual behavior?

The subsequent sections of this chapter will discuss the concerns raised in the foregoing questions. The first section will compare the outcomes of risky behavior in the 1999 FHI-USAID-DLSU survey (from hereon this will be referred to as the 1999 survey) with the findings of selected population-based sexual behavior surveys conducted in the past 10 years. The next section will compare the levels of risky behavior of the three-age categories of men in the 1999 survey to identify the age category of men that had substantial risky practices. The third part of the discussion will focus on the levels of risky behavior among the men in the 1999 survey's three sampling domains.

Comparison between the 1999 survey outcomes with earlier population-based behavioral surveys

Utilizing the behavioral indicators for 'unsafe' sex practices including injecting drug use that were mentioned earlier, it appears that the levels of risky sexual behavior among Filipinos had remained low and stable in the nineties.

Multiple sexual partners in the past 12 months. Table 7.1 shows that in the first major sexual behavior survey which was conducted in Metro Manila in 1990 by UP-CPH among 1,617 women and men aged 15-59, a majority of the 644 men had only one sexual

partner because only seven per cent had disclosed that they had multiple (two or more) sexual partners in the past 12 months. Six years later, Trends MBL found in its four-city assessment of the DOH media campaign on HIV/AIDS that the men who had several sexual partners within six months prior to the interview had gone up to 12 per cent in the post baseline interview. This proportion hardly changed (12.9%) in the 1999 survey.

Table 7.1. Selected behavioral indicators for 'unsafe' sex practices and injecting drug use (IDU) among Filipino men in selected Philippine sexual behavior surveys

Indicator	1999 FHI-USAID DLSU Three-City Survey 3,615 men 15-24, 25-34, 35-44 years old	1996Survey Trends MBL 1,205 baseline, 900 post (15-45 years old)	1990 UP-CPH-KABP n=1,617 (men, 644) 15-59 years old
	%	%	%
Past 12 months			
Multiple sexual partners (two or more)	12.9	12.0	7.0
Money was exchanged for sex	7.1*	7.0	NA
Condom use	19.3	35.0	20.0
IDU (ever use)	6.1	5.0	NA

**The denominator for this percentage included all sexually-active men in the past 12 months. If the denominator would take into account all men (3,615) in the survey, the percentage of men who exchanged money for sex in the past year goes down to 5.8 per cent.*

Of the 175 men who said that money was involved in some or all their sexual relations, 21 men claimed that they were the ones who were paid by their sexual partners; the rest paid their sexual partners. Thus, among sexually active men in the past 12 months, 6.2 per cent paid for sex and .9 per cent were the ones who were paid. Over one half (89 out of 175) of the foregoing had also engaged in unpaid sex.

Who were the men who were inclined to have two or more sexual partners?

Young men ("teeners" according to the 1996 Trends MBL survey) or adolescents and young adults, (in the case of the 1999 survey), and men who were single and were not working tend to have two or more sexual partners in the past 12 months preceding the surveys.

Paid sex in the past 12 months. One major explanation for the slow transmission and low prevalence rate of HIV in the Philippines is that Filipino men have low exposure to female sex workers (UNFPA, 1999). Information about men who had paid for sex in the past 12 months prior to the interview were not available in the 1990 UP-CPH survey. This was, however, measured in the 1996 Trends MBL survey which showed that only seven per cent of the sexually-active men had purchased sex in the past six months prior to the interview. It is interesting to note that the proportion of sexually-active men who claimed that money was exchanged for sex within the past 12 months in the 1999 survey had remained stable at 7.1 per cent (see Table 7.1). A majority (154 of 175) of the men that exchanged money for sex in 1999 were the ones who had paid their sexual partners. Twenty-one men claimed that they were the ones who were paid. Over one half (89 men out of 175) of the foregoing men, were also engaged in unpaid sexual relations indicating that there is a small segment of men whose sexual behavior can potentially trigger the spread of the virus.

What may account for the very low patronage of sex workers among Filipino urban men? Can this be attributed to the early recognition and response of the Philippine government to HIV/AIDS? Have the various intervention programs for STD/HIV/AIDS that were developed by the Department of Health (DOH) and by a number of committed NGOs—which were initially introduced to the so-called "high risk groups" and later expanded (albeit limited) to other sectors of the population—contributed to this behavioral phenomenon? Have the various information campaigns on STDs/HIV/AIDS through the media, seminars, workshops, and conferences played a role in further reducing the exposure of men to sex workers? Has religion, particularly Catholicism which espouses monogamy and loyalty to spouse, influenced men's behavior, values, and attitudes since the majority frequently participated in religious services? Have the low median monthly earnings of the respondents as well as the economic downturn experienced by the country from the Asian economic crisis at the time of the 1999 survey, affected the men's capacity to pay for sex?

The explanation for the low levels of paid sex among Filipino urban men may include some, if not all of the above factors. There is, however, a need to closely examine these factors in future research.

Views and experiences about condoms. Condoms have been introduced in the country as a family planning device over thirty years ago. The advent of HIV/AIDS in the mid-eighties added another value to this method because it became a prophylactic tool against STD/HIV/AIDS. Thus, it is not surprising that a large majority of respondents in the earlier and 1999 surveys had heard of condoms. Although awareness of condoms had been high—in general, their use (whether always, frequent, i.e., 50 per cent or more of the time, or sometimes, i.e., less than 50 per cent of the time)—had been consistently low not only in the foregoing population-based surveys but also in the sentinel behavioral surveillance surveys. As of 1999, less than 50 per cent of the risky sectors (registered female and freelance sex workers, and men who have sex with men, injecting drug users, and deep sea fishermen) had used condoms (DOH-FETP, 1999).

Studies in family planning have shown that condoms have had low user rates compared to other modern methods which are offered in public health facilities. For example, the National Demographic and Health Survey (NDHS) in 1998 found that condom ever users among all women and currently married women were 8.8 per cent, and 14.2 per cent, respectively. Current users were only one per cent among all women, and 1.6 per cent among currently married women.

The 1994 Young Adult Fertility and Sexuality Survey (otherwise known as YAFS-II) which covered a nationwide sample of over 11,000 urban and rural young men and women aged 15-24, noted that only 22 per cent of all the male respondents (which comprised about one half of the sample) who had heard of condoms—had used these in their lifetime. It was also estimated that about 23 per cent of the sexually-active men had ever used condoms (Balk, et al., 1999).

The outcomes of the 1999 survey as well as the other population-based studies had shown a similar pattern. Table 7.1 indicates that condom use had fluctuated from one fifth of the male respondents in the 1990 UP-CPH survey to over one third (35 %) in the 1996 Trends MBL assessment study. The proportion of condom users in the past 12 months went down to 20 per cent among the sexually-active men of the 1999 survey. Information obtained from the 1990 UP-CPH, however, were for ever condom users because data for users in the past 12 months prior to the survey were not available. The rise of condom users in the 1996 Trends MBL may be associated with the fact that behavioral change was measured six months after the DOH conducted a major information campaign on HIV/AIDS.

As stated earlier, low usage of condoms may be attributed to the fact that a majority of the men had only one sexual partner in their lifetime or in recent months prior to the interviews. It is interesting to note that the few men in the 1999 survey who had used condoms tend to utilize these with unpaid (who were often their spouse and girlfriend) rather than with paid partners. The youngest category of men, the better educated, and those who had high knowledge of the HIV transmission routes, were inclined to use condoms in the past year. The 1990 UP-CPH survey found that the younger, formerly married and single men were likely to use condoms often than older men and men in stable marital relationships.

Although the YAFS-II did not see any difference in condom use between married and single men, it noted that the men with urban exposure, with college education, with parents who had population education including training on STDs, and with greater regular exposure to media, were likely users of condoms (Balk, et al., 1999).

Despite low condom use, respondents in the few population-based surveys had recognized the importance of condoms. In the 1990 UP-CPH survey, for example, the respondents, (no sex differentiation) perceived that condoms could prevent pregnancy, venereal disease, and HIV. A large proportion also thought that they were easy to use.

They disagreed that condoms made sex less enjoyable. The 1996 Trends MBL survey respondents, on the other hand, viewed condoms as trendy, accessible, and as tools for "worry free sex." "If used correctly and if not torn or broken, condoms can prevent pregnancy, sexually transmitted diseases, and AIDS" (Balk, et al., 1999). Similar views were shared by the men in the 1999 survey.

Low condom use can be partly explained by the respondents' negative views and experiences about them. The unfavorable views were directed at condoms' physical attributes, their effects on the users and on the users' relations with their sexual partners, as well as on the respondents' economic capability to purchase these for regular use.

As regards condoms' physical attributes—there were experiences that these were unreliable because these could easily break; they also emit unpleasant smell (1999 survey; 1996 Trends MBL). They were also perceived as inconvenient to use because no training was provided about the correct way of using them (1996 Trends MBL).

What had been consistently found in most population-based surveys was that men did not like condoms because their use made sexual intercourse less pleasurable and gratifying.

Condoms had also evoked certain views among men. For example, in the 1990 UP-CPH study, respondents were not sure whether the use of condoms were against their religion. They were also uncertain that these were proper to use with their spouse. Condoms could also convey, "reduced trust" with the sexual partner (1996 Trends MBL). A large number of male and female respondents in the 1990 UP-CPH survey believed that condoms were most appropriate for use with non-regular partners.

Condoms had been perceived as a family planning method because in the 1999 survey, about one fifth of the non-users mentioned that their spouse/partners were using

other contraceptives. Unlike most Metro Manila respondents of the 1990 UP-CPH survey who thought that condoms were expensive for regular use, very few men in the 1999 survey had this reason for non-use.

Urban men had relatively shorter time (less than an hour) in accessing condoms and they knew where their sources were. The pharmacy, the public health center, and family planning clinic were the three main sources of condoms. In the 1990 UP-CPH survey respondents mentioned that condoms could be obtained mainly from the pharmacy. Very few mentioned public health centers and family planning clinics. A decade later, the men in the 1999 survey could not only identify the foregoing sources—they had also mentioned a variety of other condom outlets—shops/shopping center, private clinics, hospitals, bar/guest house/hotel and sauna, the market and workplace. NGOs, friends, relatives, sex worker/girl friend, peer educators were also cited—implying that major cities now have much wider distribution of condoms than before.

Injecting drug use (IDU). IDU, one transmission route for HIV, has become a concern in the country ever since the DOH's Field Epidemiology Training Program linked the malaria outbreak in Cebu City to injecting drug use (Tan, 1994). While no HIV cases were identified from earlier studies that took place right after the foregoing discovery, the government and some NGOs had closely monitored this risky behavior because in other neighboring countries in the region, IDUs have become a major transmitter of the disease.

The 1999 survey attempted to find out the number of men who were IDUs by asking them about their lifetime experience in using drugs. However, very few (6.1%) men admitted that they had ever tried injecting drugs. The YAFS-II also found that fewer (around 2%) adolescents and young adults ever had "turok" or injecting drugs (Balk, et al., 1999).

Views and experiences about STDs. From the various studies, it appears that a majority of the men had heard of STDs and could name at least one symptom. AIDS and gonorrhea (or "tulo") were the top two STDs cited in the 1990 UP-CPH and YAFS-II (Balk, et al., 1999). The 1999 survey respondents hardly mentioned AIDS—the top two symptoms cited were genital discharge/gonorrhea and painful/difficult urination. The study further noted that there was a significant association between the frequency of radio listening in the past four weeks prior to the survey and ever-drug use with the ability of the respondents to state at least one STD symptom.

Very few population-based survey respondents had disclosed that they had experienced STDs in their lifetime or in recent months. The 1990 UP-CPH survey found that only 23 men (2.1%) ever had STDs—of this number, only five men had an STD in the past 12 months prior to the interview. In a study of two urban poor communities in the cities of Muntinlupa and Cebu, a little over a quarter of the 200 married men who were interviewed claimed that they ever had STDs. It is interesting to note that one half (out of 100) of the Cebuano men experienced STDs in their lifetime. A handful of single men in Cebu had these infectious diseases but no unmarried men in Muntinlupa City ever mentioned an STD episode (Jimenez, et al., 1996).

In the past 12 months prior to the interview, the 1999 survey found that only 45 men (1.2%) had experienced STDs. These men either had gonorrhea or genital ulcers or both. The men who had STDs were mostly single, had low or no monthly income, had secondary to college education, were ever drug users, and had sexual relations with multiple partners who were mostly unpaid. In addition, the men were mostly non-users of condoms and they could name two or more STD symptoms.

Awareness, knowledge and views about HIV/AIDS. Since the identification of the first HIV case in the country in 1984, surveys had been conducted to determine the awareness level of the general population regarding HIV. In 1988, the Asia Research Organization (ARO) in a national survey (as cited in Tan, 1994) found that 78 per cent of

its respondents had heard of HIV with some variations in the regions. Four years later, the Department of Health conducted the National Health Survey and noted that 84 per cent of the respondents were aware of HIV although no regional differences were identified (Tan, 1994). The other population-based surveys in the nineties including the 1999 survey found that awareness about HIV/AIDS was almost at a saturation point because the great majority (over 95 %) of the respondents had heard of the disease.

This survey and several others had also found that the media particularly television, radio, and magazine/newspapers were the top three major sources of information about HIV/AIDS. Few had mentioned friends/peers and schools.

In his review of social and behavioral studies in 1994, Michael Tan noted that the terms HIV and AIDS were not clear to many Filipinos. The 1999 survey corroborated Tan's observations. Although a large majority of the respondents were familiar with the terms AIDS and HIV, their ability to differentiate the two concepts was rather poor. A substantial proportion (over two fifths) perceived that these terms were not different. Only over one third thought that there was a difference—yet close to one half of this proportion gave incorrect answers. Men who were below 35 years old, who had spent more years in school and had ever used condoms were more knowledgeable about the distinction between AIDS and HIV.

A common finding that the current survey had with other population-based surveys concerned the notion that a physically-healthy person could acquire HIV. In the 1990 UP-CPH, the proposition was extended by specifying that an infected person can look and feel healthy over the years. It was noted that among the respondents of the 1999 survey, older men (25 years old and over) were more inclined to agree with the foregoing.

Because of the low levels of HIV prevalence rate in the country, it was not surprising that very few men knew of someone who had HIV/AIDS (less than 5%). The majority

of the men, however, also expressed willingness to take care of a relative who would be infected with the disease (1996 Trends MBL; 1999 survey).

The knowledge level regarding the routes of HIV transmission and the means of protection from the disease appeared as generally moderate to high in the various surveys. In the 1999 survey, it was found that the better-educated and younger men (below 35 years old) were inclined to know more about the transmission routes and protection from the disease.

Despite high awareness and moderate to high knowledge about HIV/AIDS transmission and prevention, erroneous notions and beliefs about the routes of transmission of the disease had persisted in the current and previous population-based surveys, e.g., proximity to an infected person, sharing of food, use of same utensils and facilities (such as toilets, swimming pool), and mosquito bites. Bias against persons with HIV which was observed in previous studies (Tan, 1994) was also noted in the 1999 survey. This was reflected when over one half of the men were against the idea of allowing an infected but not yet sick student to school or a worker with HIV who was not yet ill to report for work. Men below 35 years old had more favorable perceptions about the situation of students. Those who had higher education and income were also inclined to have more favorable views regarding the plight of an infected worker and student.

The view that their risk in acquiring HIV/AIDS was zero or even small persisted among a majority of the men in the various surveys (1990 UP-CPH, 1996 Trends MBL, 1999 study, YAFS-II in Balk, et al., 1999). This may be understandable in light of the fact that a greater proportion of the sexually-active men had only one partner in their lifetime or in recent months prior to the interview. There was a tendency for younger, single men and among those with several partners to assess that they were moderately to greatly vulnerable to acquiring the disease.

In earlier population-based surveys, the men had expressed interest in obtaining access to HIV test. Despite the presence of such a service in the three sampling domains,

three fourths of the men in the 1999 survey did not know where to get the test. Only about one tenth, particularly those who needed this for their jobs, had actually obtained HIV test. The men with secondary or more education, who were older (25 years old and above), lifetime and users of condoms in the past 12 months, with better knowledge about HIV transmission routes, knew where to obtain HIV test in their cities; they were the ones who were likely to have themselves tested as well.

The men in this study as well as in previous surveys hardly discussed HIV/AIDS with better known and less known sexual partners. Men prefer to talk about this subject matter with friends and peer groups than with their intimate sexual partners (1996 Trends MBL).

Despite the presence of government and a number of NGOs that are extending services on STD/HIV/AIDS in the three cities, few men in the 1999 survey were able to identify specific organizations that offered such services. This may be attributed to the fact that most public and private intervention programs in the country had concentrated their efforts on the so-called high-risk sector rather than on the mainstream male population.

Men who had engaged in anal (receptive and insertive) sex. The findings of the 1999 survey indicated that a few of the men (4.1% or a total of 124 men) had ever engaged in anal sex. This finding is akin to the outcomes of other population surveys which noted similar number of men who were engaged in homosexual relations. The 1999 survey as well as two earlier studies (the 1990 UP-CPH, Balk, et al., 1999 in YAFS-II) noted that a considerable number of men who were engaged in same-sex relations were also involved in heterosexual sex or were bisexual. Such sexual networks may potentially spread the virus in the general population. Few of these men were ever and consistent condom users as well. In the 1999 survey, a substantial proportion (about two thirds) of men reported that during their first sexual experience they were paid by their male partners who they claimed were mostly well known to them.

Comparison of sexual risk behavior of three age categories of men

In the preparation of the sampling design for the 1999 survey, it was decided that the sample size of the oldest category of men should be double those of the younger categories of respondents. This was done with the assumption that the oldest men would be more predisposed to paying for sex because they were stable in their careers and family life and they would have the resources to engage in paid sex. Based on the survey outcomes, is this assumption valid?

Among the 3,615 men who were interviewed in the 1999 survey, over two thirds (68.2% or 2,467 men) disclosed that they had sex in the past 12 months. This proportion is considered the male population at risk of HIV for that period. In absolute number, this can total to 632,159 men out of a total 926,920 men aged 15-44 in the three cities (NSO, 1997). The majority (98.3%) reported that they had had vaginal sex while the remaining number had bisexual and homosexual relations.

From Table 7.2, it can be surmised that among the three age categories of men in the 1999 survey, the adolescents and young adults (15-24 year-old men) appeared to be at greater risk of acquiring HIV because they had the highest percentages and mean number of men who had multiple partners in the past twelve months (taking into account all 15-24 years old and those who were sexually active at that time period). Needless to say, the oldest age category exhibited the lowest sexual risk behavior.

In absolute numbers, there were more older men (25 years old and above) who had paid for sex because they were the ones who had more work and sex experience but the proportion of sexually-active adolescents and young adults who had paid for sex in the past 12 months were substantial at 15.1 per cent. It is worthwhile to note that a substantial number of respondents (89 out of 175 men) who had exchanged money for sex had sexual relations with unpaid partners. This sexual network may have serious implications

in the rapid spread of HIV. Only about a quarter of the sexually-active adolescents and young adults had used condoms. These men were likely to have multiple partners and had engaged in paid sex within the past 12 months.

Ever users of injecting drugs for all age categories were low. The youngest men exhibited the lowest proportion of men who had ever tried this risky behavior.

Table 7.2. Selected behavioral indicators of 'unsafe' sex practices of 1999 FHI-USAID-DLSU male respondents by age categories

Indicator	AGE CATEGORY			
	15-24 (n=960)	25-34 (n=960)	35-44 (n=1,695)	TOTAL (n=3,615)
Had sex in the past 12 months (%)	34.3	71.9	81.9	66.0
In the past 12 months				
Multiple partners				
All men in each category (%)	11.5	11.0	6.0	8.8
Sexually-active men (%)	33.5	15.0	7.1	12.9
Mean number of sexual partners	1.93	1.63	1.30	1.48
Exchanged money for sex (%)	15.1	9.3	4.3	7.1
	(n=49)	(n=65)	(n=61)	(n=175)
Rs paid sexual partner (f)	43	58	58	154
Rs were paid (f)	8	10	3	21
Had paid and unpaid sexual partner (f)	20	38	31	89
Condom use (%)	26.3	23.1	15.8	19.3
IDU (ever use) %	3.0	7.9	5.7	6.1

A closer examination of the findings of the adolescents (15-19 years old) and the young adults (20-24 years old) showed a marked difference in their sexual behavior. Among the 15-19 year-old respondents (a total of 506), only over one third (37.9% or 192) were sexually experienced. The proportion of men who had sexual experience

doubled (72.5%) among the 20-24 year-old men (329 out of 454). A majority of the men (477 with sexual experience were single, implying that a large proportion of unmarried men had engaged in premarital sex. Only one and 43 from 15-19 years old and 20-24 year-old respondents, respectively, were married.

Coital debut of the sexually-experienced young men were at 16-17 years old. Although most of adolescents and young adults had said that their first sexual experience was with girlfriends or women who were well known to them – over one tenth disclosed that they had paid for their first sexual experience (most of these were with women and few were with men).

Twelve months prior to the interview, about one third of the 15-24 year-old respondents had had sex. About one sixth reported that they had paid for sex. A small number of these young men also engaged in unpaid sex with women they hardly knew. Although there were few men (124) who had engaged in bisexual and homosexual relations, most of them tend to be adolescents and young adults. In their first sexual experience, there were more men in this age category who received payment for anal (insertive and receptive) sex. Most of them did not think of themselves as at risk in acquiring HIV/AIDS. They were, however, the age category that were likely to assess that they had moderate to greater chance of getting the disease.

Similar trends were noted among the male respondents of YAFS-II. The study stated that by age 25 or before they marry, over one third (37%) of Filipino men would have engaged in sex with a partner other than their spouses, and a considerable proportion--around 20 per cent, would have paid for sex with a female partner. More urban (22.8%) than rural men (14.9%) would have paid for sex at age 24. About one third of all single men at the age of 24 would be engaging in activities with potential for HIV transmission. It had also predicted that by that age, a small proportion of young men would have had five or more sexual partners, which had potentials for HIV epidemic. Similar to the

findings of the 1999 survey, there were strong evidences of overlap between unpaid and paid casual sexual networks which could have serious implication for the general spread of the virus. The perception of acquiring HIV remained low, even among men who had paid for sex. The study further noted that although the level of awareness about AIDS was high, knowledge appeared somewhat more limited. There was a strong association that HIV could be obtained from sex workers and from several sexual partners which raised the question as to whether young men perceived their sexual relations with their girlfriends as a potential risky venture (Balk, et al., 1999).

Sexual risk behavior of men in the three domains of the 1999 FHI-USAID-DLSU survey. Among the three sampling domains, which city had the most men with risky sexual behavior?

Table 7.3. Selected behavioral indicators of 'unsafe' sex practices in the cities of Quezon, Cebu, and Davao, the sampling domains of the 1999 FHI-USAID-DLSU survey

Indicator	Total (n=3,615)	Quezon City (n=1,205)	Cebu City (n=1,205)	Davao City (n=1,205)
Had sex in the past 12 months	68.2	66.0	66.2	72.5
Multiple partners in past 12 months				
All men in each age category (%)	8.8	8.5	10.3	7.6
Sexually active men (%)	12.9	12.8	15.6	10.6
Mean number of sex partners	1.48	1.55	1.59	1.31
Exchanged money for sex (%)	7.1 (n=175)	5.3 (n=42)	9.3 (n=74)	6.8 (n=59)
Rs paid sexual partner (f)	154	39	66	52
RS were paid (f)	21	3	8	7
Had unpaid sexual partner (f)	89	27	37	25
Condom use (%)	19.3	15.0	21.4	21.5
IDU (ever use, %)	6.1	5.2	11.10	1.3

Generally, the men from the three sampling domains had low levels of sexual risk behavior. However, Cebu City appeared to have the most number of men who were engaged in risky sexual behavior—it exhibited the most number of men who had several sexual partners in the past 12 months and close to one tenth of the sexually-active males had paid for sex on that period. It also exhibited the highest ever users of injecting drugs (16.6%). It comes as no surprise that Cebu had a substantial number of IDUs because this was the city where IDUs were first identified by the Field Epidemiological Training Program of the Department of Health in 1992. One fifth of its sexually-active men had used condoms in the past year.

Davao City, on the other hand, had a greater proportion of sexually-active men in the past year but it had the least number of men who were engaged in risky sexual behavior. It had lowest percentages and mean number of men with multiple partners, and the fewest injecting drug users. The proportion of condom users was just about the same as Cebu's respondents. The sexual risk behavior of Quezon City men was between the members of respondents of the two cities. However, Quezon City had the lowest proportion of men who had exchanged money for sex. It had also the lowest percentage of men who had used condoms in the past 12 months.

Needless to say, a substantial number of men who had exchanged money for sex in all three cities were also engaged in unpaid sexual relations. This overlap of paid and unpaid sexual network has serious implications for the spread of the virus in the three urban centers.

CHAPTER VIII

SUMMARY AND CONCLUSION

The Family Health International (FHI) and the USAID Impact Program for AIDS commissioned De La Salle University's Behavioral Sciences Department on the third quarter of 1999 to undertake a population-based sexual behavior survey because of an articulated need by government and non-government agencies concerned with the prevention and control of HIV/AIDS, to identify the level of general male population that are engaged in risky behavior which may potentially trigger the rapid spread of HIV/AIDS in the country. The conduct of such a survey was in keeping with current international guidelines, which recommended that a general population behavioral survey should be undertaken every four to five years as part of the overall surveillance in low-prevalence countries such as the Philippines.

The main objective of the survey was to assess the level of HIV/AIDS risk behavior among general population males in three Philippine cities particularly Quezon City, Cebu City, and Davao City. These cities were part of the National HIV Sentinel Surveillance System of the Department of Health. Specifically, the study obtained information regarding the men's (a) background characteristics, (b) marriage and live-in partnership, (c) sexual experiences, (d) level of awareness, access to and use of condoms, (e) level of awareness and experiences regarding STDs, (f) level of awareness, information source, and knowledge about transmission routes and protection against the disease as well as views regarding HIV/AIDS, and (g) exposure to HIV/AIDS information and intervention programs.

An ad hoc advisory committee composed of representatives from government and private agencies engaged in STD/HIV/AIDS control and prevention programs was established to link up the outcomes of the survey to their program and planning efforts.

The survey utilized the individual face-to-face interview with three age categories of urban men—15-24 (adolescent and young adults), 25-34 (the middle-aged men) and the 35-44 (older men). A total sample of 3,615 men were selected (960 for the 15-24 year old men, 960 for the 25-34, and 1,695 for 35-44 year old) with the use of a two-stage cluster sampling technique, particularly random sample of clusters with probability proportional to size. The selection of the three-age categories of men was intended to highlight differences between old and younger men that may be obscured by mixing all the ages together. There were more older men in the sample because of the assumption that their stability in their family life and career could enable them to pay for sex.

An interview schedule or questionnaire, which contained 103 questions, served as the research instrument. It had 38 flash cards to help facilitate the interview on sensitive questions. The questionnaire was translated and pre-tested in the appropriate local languages of the men in the three cities. Informed consent was sought from all the respondents in the survey, as well as from parents of respondents who were below 18 years old respondents. Locally recruited men whose ages approximated those of the respondents served as the interviewers. The permission of city and village officials was sought in each city before the conduct of the survey. The SPSS Version 9 was utilized in processing and in analyzing the data.

Summary of the findings

The highlights of the outcomes of the three-city survey are as follows.

Background characteristics. The average age of the respondents was 31.2 years old. The majority were Catholics who attended religious services regularly. They had an average of 11 years of formal education. The respondents had daily exposure to television and radio. They lived with their relatives and they hardly traveled outside of their cities in the past 12 months prior to the survey.

Three fourths of the men took alcohol within four weeks prior to the survey. More older men (25 years old and above) took alcohol than adolescents and young adult (15-24 years old). Alcohol was taken once or more than once a week by most men in their homes. One half had ever tried drugs**,** mainly marijuana. Few (6.1%) had ever used injecting drugs in their lifetime.

Close to two thirds of the men had work. They were mostly 25 years old and above. One half were engaged in blue-collar occupations while a quarter were into unskilled or informal jobs. Their median monthly earnings of P5,000 was way below the 1997 urban poverty line of P11,388.

One half of the men were married. Their mean age at first marriage was 25.5. Almost all the adolescents (15-19) and 91 per cent of the 20-24 year old men were unmarried. Only one tenth had live-in female partners with whom they had sexual relations. These men were mostly unmarried. Very few (1.4%) married men and over one tenth of the men who were separated from their wives had live-in partners.

Sexual experience. The majority of the men (84.1% of the 3,615) had had sexual experience. Older, married, and working men were more sexually experienced. Those who had ever used drugs tend to be more sexually experienced.

The respondents' sexual experience was mainly heterosexual. Few (12.1%) men had engaged in bisexual relations while those who had solely homosexual experience were only 1.7 per cent. Those who had engaged in bisexual relations were mostly adolescents and young adults.

The men experienced a variety of sexual acts but these were mainly in the heterosexual act category. Although vaginal sex was experienced by over one half of the heterosexual men, about one fifth had also experienced a combination of vaginal sex, oral insertive sex (when a man inserts his penis into the woman's mouth) and cunnilingus. In the bisexual category, the most marked sexual practices were a combination of vaginal, oral insertive with a woman, cunnilingus, and oral insertive with a man. Among few homosexual men, the trends were towards oral insertive sex and a combination of receptive anal sex and fellatio.

The average age at first sex or coital debut of men who were engaged in vaginal or heterosexual sex was 18.8. Adolescents and young adults had earlier coital debut than the older men. A few men (a little over one per cent) disclosed that their first vaginal sexual experience took place when they were 12 years old or younger. The first sexual partners of the men were slightly older than them. According to four fifths of them, their first sexual partners were women that they knew very well. These were mainly their girlfriends. About one tenth had mentioned that their first sexual experience was with their spouse indicating that this was the proportion of men who were virgins when they got married. Men below 35 years old were inclined to have sexual partners who were not well known to them. About one tenth paid their first sexual partner while less than one percent had received payment from their first female partner.

Most of the few men (4.1%) who had had anal sex in their lifetime, experienced insertive anal sex and receptive anal sex or both. They were mostly below 35 years old, single, and men who had ever tried drugs. The men who had insertive anal sex (a total of 100 men) had their coital debut at 18.4. Their first sexual partners were men who were older and well known to them. These were either a friend, a boyfriend, a neighbor, co-worker, teacher and live-in partner. Money was involved in over two-thirds of these men's coital debut. The men were mostly paid by their partners.

The men who had experienced receptive anal sex (37 men) had their coital debut at 18.5 with men who were well known to them. No money was involved in most of these sexual relations.

In the past 12 months prior to the survey a little over two thirds (68.2% or 2,467) of the 3,615 respondents were sexually active. This proportion represented the men who were at risk at acquiring HIV during that period. Older, married and working men were inclined to have more sexual experience in the past year. Almost all (98.3%) of the sexually-active men engaged solely in vaginal sex. Only 14 men had bisexual relations and 27 engaged in anal (insertive or receptive) sex. Those who were into the last two types of sexual reactions were men below 35 years old.

A large majority of the men (87.1 % or 2,149) had disclosed that they had only one sexual partner in the past 12 months. In contrast, 12.9 percent had two or more sexual partners. On the average, the men had 1.48 partners. The youngest age category (15-24 years old) had more than one sexual partner. Single and non-working men were inclined to have multiple partners. Among the sexually-active men, less than one tenth (7.1% or 175 men) had exchanged money for sex. Over one tenth (12% or 21 men) accepted money for sex. The rest (154 men) were the ones who had paid their sexual partners. Over one half (89) of the foregoing men also had sex with unpaid partners. Such a sexual

network may have potential in the rapid spread of HIV. The youngest age category and single men were inclined to purchase sex.

The respondents were asked to describe the characteristics and their experiences with first three most recent sexual partners in the past 12 months. The majority of the men disclosed that they had only one sexual partner (87.1 % or 2,149 men only) in the past year; 138 men (5.6%) had two sexual partners while 180 men (7.3%) had three or more sexual partners.

The men who had only one sexual partner claimed that their partners were persons whom they knew very well; these were mostly their spouse and girlfriend/live-in partner/fiancée. More older (25 years old and above) men mentioned their spouse as their sole sexual partner while adolescents and young adults often cited their steady girlfriend. Those who had male partners mentioned a boyfriend or a friend. The heterosexual men's female partners were generally younger than them. Almost all the respondents did not think that their partners had sex with others. They also said that their sexual partners came from the same community. Adolescents and young adults were inclined to suspect that their partners had sex with others, and to have other sexual partners outside of their communities. The sexual contact of the men with their only partner in the past three months was three or more times. The majority did not use condoms, alcohol, and drugs when they had sex with partners who were well known to them. The few who had used condoms and drugs were men below 35 years old.

The few men who had engaged in sex with an only partner who was not well known to them, met these partners in several places such as the streets, bars, hotels, sauna, discotheques or parks. They had one or no sexual contact with this partner in the past three months. They hardly used alcohol, drugs and condoms with this sexual partner.

The 138 men who had two most recent sexual partners said that their first and second partners were women who were well known to them. However, the percentage of the

known partner from the first to the second was considerably reduced from 75.4 per cent to 55.8 per cent, implying that more men had a stranger in their second sexual partner. Men described their first partner as a spouse/girl friend while the second was a girlfriend or friend. Men who had sex with men described their first and second partners as either a boyfriend or a friend. The first and second sexual partners tend to be younger than the respondents.

The respondents were inclined to pay their less known two sexual partners. Few men were paid by their first and second sexual partners. Partners who were not well known were sought from several locations.

The respondents perceived that their first partners were not having sex with others while close to two fifths believed that their second partners had sex with other men. The first sexual partner often came from the respondents' community while the second partner hailed from other places. The majority of respondents had more sexual contact with the first partner while over one half of the men who had a second partner did not have sex with the latter in the past three months. There were also more men who took alcohol when they had sex with the second partner. Few used condoms and took drugs when they had sex with both partners.

The men who had three sexual partners followed a similar pattern as the respondents with two partners. They knew their first partner well but the percentages declined with the second one and further dropped with the third partner. This implies that men would have more less-known partners as the number of sexual partners increased. The percentages of the men who had paid for sex for less-known sexual partners also increased with second and third partners.

The three partners were younger than the men who had this number of partners. The less-known partners were also found in various public and private places. They thought

that most of their first partner was someone who did not have sex with other men but this was not the case for most of their second and third sexual partners. The respondents had more sexual contact with their first rather than with their second or third partners in the last three months. Few men took alcohol and drugs when they had sex with all their partners.

Condom use. A majority of all the men (98.5%) were aware of condoms. Only over one third (37.2%) who had ever tried vaginal sex had used this method in their lifetime. Older men (25 years old and above), those with higher education, and condom users were likely to know where condoms could be obtained. Among the few ever users of condoms (1,103 men), four fifths had used these sometimes or less than fifty per cent of the time. Men who were between 15-24 years old were inclined to use condoms frequently (50 % of the time).

Less than one-third (29.6%) of the few men (115) who had ever engaged in anal sex had used condoms in their lifetime. The middle-aged category of men who had engaged in anal sex had the least number of lifetime users. Over one-half (68) of the respondents had used condoms sometime. They were ever likely ever-users of condoms than men who had ever engaged in vaginal sex.

Among the few men (469) who had ever used condoms, only one-fifth (19.3%) had utilized these in the past 12 months. Men who were below 35 years and those who had multiple partners were likely users of condoms in the past 12 months. Close to two-thirds (63.2%) of the few men who had used condoms in the past year had used these sometimes; one-fifth (20.7%) had used condoms always. Adolescents and young adults had the highest proportion of men who had consistently (always) used condoms. Those who had paid their female sexual partners were likely consistent users of condoms in the past 12 months.

The two most common reasons for non-use of condoms by 1,999 men – these were not sexually gratifying/had reduced erection (32.1%) and their spouse/partner had used other contraceptive methods (19%). A majority of the men who had used condoms had utilized these mostly with unpaid partners (76.9%) particularly with their spouses and girlfriends.

A majority (85.4%) of all the respondents knew where to obtain condoms. The most common source of condoms was the pharmacy. Other less popular sources were family planning clinics, shopping centers, private clinics, friends, relatives, peer educators, sex workers and girlfriends. Few men (less than 5%) carried condoms with them at the time of the interview. Over four-fifths (85.2%) of the men said they could have access to condoms anytime they wanted to. Among the ever-condom users, over four-fifths said they could procure condoms from their house in less than an hour. Only one-tenth (11.2% or 127 men) said that it would be difficult for them to obtain condoms anytime they wanted to. Expense, distance, and embarrassment were the main reasons for the difficulties in accessing condoms.

The respondents were generally inclined to favor the provision of condoms and for free at public health clinics for 15-19 year old men. They also agreed to allowing 15-19 year old men or adolescents to procure condoms. Ever drug-users and ever condom users were inclined to favor the provision of condoms for adolescents in the public health facility.

Awareness and knowledge of STDs. A large majority (96.5%) of the respondents had heard of STDs. Older men (25 years old and above) were more aware of these infectious diseases than the younger men. The majority of the men who had heard of STDs could name at least one correct symptom. Genital discharge and difficult/painful urination were the most popular known symptoms. Older men, those who had listened to the radio regularly and who had ever used drugs tend to give one or more STD symptoms.

Few men (1.2%) had disclosed that they had STDs in the past 12 months prior to the survey. They either had genital discharge or genital ulcers. The men who had STDs were mostly unmarried, had low or no monthly earnings, had high school to college education, were lifetime drug users, and had sexual relations with several and mostly unpaid partners. They sought assistance from a friend or a relative. They also sought help from a health worker or a health facility in less than a week or a month upon learning about their infectious disease. Few sought advice from the pharmacy or had self-medicated. Most of the men who had STDs took medicine for their ailment. The pharmacy, health worker, and a friend/relative were the top three sources for drugs. The majority of the men said that they could afford the treatment for STDs. However, older, better educated men, and those with income higher than the median of P5,000 perceived that they could afford the STD treatment.

Awareness and knowledge about HIV and AIDS

Almost all the respondents had heard of AIDS and HIV. Over two fifths (45.9%) of the men had thought that these two terms were not different. Over one third (35.1% or 1,102 men) had perceived that there was a difference. However, a little over one half (54.2% or 597) of the men who had noted that there was a distinction between HIV and AIDS were able to give correct answers.

With the use of a 13-item quiz, the knowledge of the transmission routes of HIV was identified. The findings showed that the knowledge level of around 90 per cent of the respondents was from moderate (42%) to high (47.6%), and the mean and median scores were 9.4 and 9.0, respectively. Older men (25 years old and above) tend to have a moderate level of knowledge while those with high level of knowledge were younger men (below 15-24 years old). Those with more years of formal education had moderate to high levels of knowledge of the disease's transmission routes.

It is interesting to note that misconceptions about the transmission routes of HIV persisted, particularly mosquito bites, use of drinking glass of an infected person, sharing of food, swimming in the pool used by someone with AIDS, using public toilet, and holding an infected person.

Few men knew of someone who died of AIDS. These were persons who were not related to the respondents.

Six suggestions were provided to the respondents on what people may do to protect themselves from HIV: (a) must be faithful to one partner; (b) avoid injecting drugs with a used syringe; (c) avoid having intercourse with strangers; (d) always use condoms; (e) minimize the number of sexual partners; (f) abstinence. The majority (75% to 93%) of the respondents responded favorably to the first five suggestions. A little over two fifths, however, agreed with abstinence as a preventive measure against the disease. Moderate to high knowledge of HIV transmission routes was consistently associated with five of the six preventive measures

Questions were presented to determine the views of the men regarding HIV/AIDS—situations concerning the possibility of a healthy-looking person contracting HIV, a student and a worker who are infected but not yet ill, a mother with AIDS, a condom user, and care for a sick relative. A seventh question focused on the respondents' assessment of their risk of acquiring the disease.

A majority (92.7%) of all the respondents agreed that a healthy-looking person could acquire HIV. Older men (25 years old and above) were inclined to agree with this statement. Only about a quarter of the men agreed that a pregnant mother with HIV or AIDS could do something to minimize the risk of infecting her baby. The specific

suggestions made by the few men who thought that something could be done were avoidance of breast-feeding, use of medicine, and regular medical check up.

Less than one half (44.8%) of the men agreed to the proposition that an infected student who is not yet ill should be allowed to go to school. The percentage of approval was even lower (38.7%) for allowing an infected person to go back to work. Over two thirds agreed that a man has full protection from HIV/AIDS if he would use condoms whenever he has sex with a women or a man. A majority of the respondents (85.5%) agreed that they would take care of a relative who has AIDS. Men who were below 35 were more favorable to allowing students and workers to return to school and work, and in caring for a sick relative.

Over three fourths (78.2%) of the men assessed that they had zero to small chance of contracting HIV while 14.5 percent said that they had a moderate to great chance. Among the three age categories of men, the adolescents and young adults assessed that they had a moderate to greater probability of acquiring the disease.

Overall, moderate to high knowledge of HIV transmission routes tend to be consistently significantly associated with four of the seven questions, i.e., healthy-looking person can contract the disease, allowing an infected student and worker who are not yet ill to go back to school and work, respectively, and to care for a sick relative. Men with higher income and more years of formal education were inclined to allow an infected student and worker to continue their activities.

Over a quarter (28.5%) of the respondents knew where to obtain HIV test in their cities. Older men (25 and above), men with more years in school, ever and users of condoms in the past 12 months, and those with moderate to high knowledge of HIV transmission routes were more inclined to know where HIV test could be obtained.

Few men (8.8% or 316 respondents) ever had HIV test. They tend to have similar characteristics as the men who knew where to obtain the test. About two thirds of the men who took the test did this because it was required in their jobs; one fifth claimed that they donated blood and about one sixth just wanted to know if they had the disease. Most of them who had the test obtained the results.

In the past 12 months prior to the survey, almost two thirds of the persons who had heard of AIDS received information about it. Men who have received HIV information were those men who had more years of formal education, who had listened to the radio daily or more than once a week, were ever users of condoms, and had high knowledge levels of HIV transmission routes. The sources of information were mainly TV shows and advertisement, newspapers/magazines/books, the radio, and friends/co-worker/peer group. Older men (25 years old and above) were inclined to refer to the TV, print media, movies/films/cinema commercials, and health providers as information sources. Adolescents and young adults, on the other hand, were more inclined to refer to schools. The friend/co-worker/peer group appeared as a source by the youngest and oldest categories of men in the survey.

More than one half (55%) of the men thought that the information received from the various sources were adequate. Over two thirds (43.1%) thought that they were not. More adolescents and young adults, respondents with low knowledge level of HIV transmission modes and those who could not differentiate between HIV and AIDS assessed that the information they received were not adequate.

Among the men who had received information about HIV/AIDS, more than a quarter (26.9% or 612) knew two organizations in their cities that were providing information and services in their communities. The often-cited organizations were local public health agencies, NGOs, the DOH, and hospitals.

Among the 3,592 men who had heard of AIDS, about one fifth had ever discussed this topic with their spouse. Very few (less than one tenth) had ever talked about AIDS with other female or male sexual partners.

Conclusion

The foregoing data, particularly those that directly pertain to unsafe sex practices and injecting drug use, clearly indicate that the great majority of men in the three major Philippine cities are not at risk of acquiring and transmitting HIV. This dispels the widely-held belief that Filipino men are all sexually irresponsible. Perhaps it is time to shift perspectives about Filipino men to one where they are viewed as responsible persons who can support the efforts of the government and non-government entities to eradicate or sustain the slow and low transmission of HIV in the country.

Men's positive behavior can be sustained and utilized to portray to other men alternative sexual behavioral standards. The current standards are rather unidirectional, one that usually illustrates men with their shining sexual armor, running around the streets, looking for sexual partners, and when they would find partners, they would tend to engage in non-stop sex. Such is not really the case in this study. In fact, around 10 per cent of the men in the survey were still virgins when they married.

Prior to involving these sexually-responsible men in the HIV/AIDS intervention programs as partners, perhaps as counselors or motivators, there is a need to address their information, education, and skill needs, including their biases against people with HIV. As shown in the survey, many men disagreed to the proposition that a student or a worker with HIV (but who is not yet ill) should be allowed to go back to school or to work, respectively. When intervention is directed at the mainstream male population, the message that will be sent regarding HIV/AIDS should emphasize that the disease is not group but rather behavior-specific. The current bias for risk groups is communicating the

idea that AIDS is a health concern for certain sub-groups of men, and not for the general male population.

While the positive sexual behavior of the majority of men and those men that did not take alcohol nor drugs are strengthened, there is a need to contend with the numerical minority of men who assessed themselves as at moderate or great risk of HIV transmission. The latter group has subdivisions of men: (a) those who were not only vaginally but also anally active; (b) those who were sexually active and injecting drugs; (c) those who were sexually networking with women they knew and with women or men they hardly knew; and (d) men who engaged in receptive anal sex.

The foregoing men along with the sexually-safe individuals had moderate to high knowledge of STDs and AIDS, including transmission routes and ways of protection. They were also aware of condoms including their sources. There is, however, no congruence between knowledge and the use of condoms. This leads to the question: must the strategy continue to focus on the knowledge dimension of HIV/AIDS prevention? Although the men still harbor misconceptions about how the virus is transmitted, the majority already knew the most risky ways of acquiring the disease. Future interventions must then move beyond the provision of knowledge and information to men. Attention must be provided on skills giving, skills that will help men translate their knowledge into practice. There are some intervention programs in the country that are already providing counseling and skills acquisition workshops to men but these strategies must move forward with vigor. Among the skills that men with risky behavior must learn are: how to learn self-control, how to strengthen their self-esteem or self-worth, and how to be gender or partner sensitive.

Although the provisions of the foregoing skills are crucial and should be given priority, it does not necessarily mean that the media and other sectors should stop providing information to the mainstream population. This effort should be continued to

sustain interest and concern about the seriousness of the disease. However, myths and misconceptions about HIV/AIDS should be taken into account in the provision of information to further reduce or remove erroneous beliefs and bias against infected persons.

Stemming sexual behavioral risks must relate with men's lifestyle including alcohol intake, drug use and religious activities, and with their other significant background characteristics. This notion illustrates the need to integrate men's sexual risks, their lifestyle and other concerns with STD/HIV/AIDS prevention. The interventions are likely to create more impact if they would not deliver solely STD/HIV/AIDS prevention matters.

Studies such as the 1999 FHI-USAID-DLSU survey are required and should be instituted every five years. This will enable the public to assess the stability and instability of men's sexual lifestyle and risk. Proactive rather than reactive measures can also be instituted. The population-based survey can also expand the number of sampling domains to include medium-sized cities and rapidly-growing urban centers to elicit a broader picture of men's sexual behavior. This approach is in keeping with the guiding principle of the DOH STD/HIV/AIDS Prevention and Control -- "we have to be ahead and in control of the pace of transmission, not running after it." This proactive stance is also sound as the country and the people confront dramatic transformation in almost all facets of their lives as a result of rapid modernization, globalization, internal conflict, and economic difficulties. This transformation—along with abundant sexual opportunities in both paid and unpaid contexts—is likely to result in alterations in perspectives that may change sexual lifestyles, including chances of acquiring or transmitting STD and HIV.

Research should not be the only agenda to sustain safer sex or minimize unsafe sex practices among Filipino men. As mentioned, social interventions geared towards skills acquisition should be aspired for. Specific attention should be given to younger men –

those aged 34 and below particularly adolescents and young adults – because this study as well as the other population-based surveys have found that these men were more inclined to engage in risky sexual behavior. A substantial number had engaged in bisexual relations as well as in paid and unpaid sexual partnerships. Most of the young men who had ever experienced anal insertive sex had received payment from their sexual partners. While it is not difficult to accept that there are young men who are engaged in sex work because of factors associated with poverty – it is, however, disconcerting to learn that there is a growing number of adolescents and young adults in urban areas who solicit money in exchange for heterosexual and same-sex relations not because of economic depravity but by the desire for immediate gratification and bottomless materialism.

The goal of involving mainstream Filipino men in the prevention and control of HIV/AIDS as articulated by the Global Program on AIDS poses a tremendous challenge. There is a need for more advocacy to persuade men from the general population to assume greater responsibility for their sexual behavior and to participate willingly in the prevention of the rapid spread of the dreaded disease. From the experiences of various government and non-government organizations that are engaged in HIV/AIDS intervention programs, this task is not easy. With more concerted effort among various sectors at all levels of society, this major challenge can be achieved.

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