

Prostitutes and Transmission of AIDS/ HIV: Implications on Disease Control Management

MA. CECILIA GASTARDO-CONACO*

The mounting number of reported AIDS cases in the Philippines cannot be neglected nor ignored. This is largely due to hetero- and homosexual contact prevalent among hospitality girls, especially in areas where foreigners abound, such as Angeles and Subic where the military bases were used to be situated. In this study where 225 hospitality girls were interviewed, a positive correlation was derived between knowledge and awareness of condoms and its use, the latter being one of the several preventive measures in AIDS/HIV transmission. This therefore, calls for strict government intervention in providing proper and effective channels through which information on AIDS and its transmission can be adequately disseminated.

Introduction

In the middle ages, plagues and diseases periodically decimated the population. With the advent of modern medicine, however, such problems have been largely eliminated except perhaps in extremely poor and underdeveloped countries. Yet despite the advances of twentieth century medicine, we have today in our midst a new plague— Acquired Immune Deficiency Syndrome more popularly known as AIDS, the “hidden epidemic.”

As of 1 August 1989, the World Health Organization (WHO) reported 172,143 estimated infected cases in 152 countries; half a million more were estimated to have the disease; and 5-10 million are believed to be infected with the Human Immunodeficiency Virus (HIV) with no symptoms. In the Philippines, the Department of Health National Aids Prevention and Control Program reports a total of 158 cases of HIV+ and 41 full-blown AIDS cases in the country as of October 1990. In addition, 25 cases of AIDS are reported to have died already. Of the total 199 HIV+ and AIDS cases, 167 cases are Filipinos, 113 of whom are females. In a breakdown of the distribution of HIV infection/AIDS by routes of transmission in the Philippines, one discovers that only 18 percent is due to homosexual or bisexual contact whereas 65 percent, 100 cases of which are females, is due to heterosexual contact. Only four percent of the total reported cases are clearly specified as due to parenteral

*Professor, Department of Psychology, University of the Philippines, Diliman, Quezon City.

This study is part of the larger “KABP on AIDS Project,” an interdisciplinary, collaborative effort investigating the knowledge, attitudes, and behaviors of four different subgroups of the Metro Manila population regarding AIDS/HIV.

or perinatal transmission. Statistic-takers are quick to point out, however, that the estimates are probably extremely conservative owing to the difficulties in detection, diagnosis, and reporting and one would be well-advised to exercise caution in utilizing these figures.

According to the WHO global epidemiological report on AIDS, the transmission pattern found in the Middle East, Asia, and the Pacific, is based on what is believed to be foreign sexual exposure, both heterosexual and homosexual, and imported blood products. The Philippine statistics would seem to indicate that the local cases are predominantly due to sexual exposure, possibly largely due to sexual contact with foreigners. Several of the initial documented cases were among hospitality girls in the vicinity of the American bases in the country.

The WHO report indicates that AIDS in Asia and the Pacific is largely a foreign import. The possibility of female prostitutes as one of the major conduits in the introduction of AIDS in the country cannot be ignored.

Acting as a facilitatory factor in the domestic spread of the HIV/AIDS virus is the double standard of sexuality still prevalent in this country. This means that while women are encouraged to be virgins until marriage and to be faithful to their husbands within marriage, men are encouraged to be "macho" and freely exercise their sexuality. Massage parlor attendants and various categories of hospitality workers are often the typical partners in the male exercise of sexual freedom. The potential for the widespread local dissemination of the HIV/AIDS virus via this route is great and cannot be ignored.

These considerations provide the major rationale for this study. Given the strong link between HIV/AIDS transmission and prostitution in the country, it is imperative that one looks at the prostitute subculture and investigate the factors that may possibly facilitate or inhibit the further rapid spread of this modern-day plague in our world. The results of a study of this nature are particularly relevant and impactful in devising effective anti-AIDS campaign strategies among hospitality workers and their clientele.

Methodology

The Participants

Being one of the high-risk groups in AIDS transmission and spread, "hospitality girls" (a local euphemism for prostitutes) served as the population for the study. Purposive sampling was used being the most appropriate and useful strategy in the selection of the high-risk samples. Instead of random selection, qualified respondents needed to be identified and asked to participate in purposive sampling.

To facilitate the identification of respondents, the aid of the Department of Health which has a network of Social Hygiene Clinics in the Metro Manila area was enlisted. These clinics deal mainly with the diagnosis, treatment and prevention of sexually transmitted diseases. A sizable majority of their clientele are hospitality workers who need a clean bill of health in order to obtain a license to operate. Clinic personnel of these places were thus in the best position to help identify respondents as well as to provide references for interviewers to any prospective respondents. All the interviewers recruited were women to minimize problems pertaining to cross-sex interactions and rapport establishment.

The respondents were hospitality girls operating in the Metro Manila area who visited a Social Hygiene Clinic during the fieldwork period from the third week of April to the first week of June 1990. These included bar girls, dancers, receptionists (a euphemism for someone who receives and entertains men), and massage parlor attendants. These girls were "passed on" to the interviewers by the attending doctor/nurse after their gynecological checkup. Except for four (Taguig, Pateros, Muntinglupa and Valenzuela), all Metro Manila municipalities and cities were represented in the study.

A total of 225 hospitality girls were included in our sample. It should be noted that fewer respondents were interviewed from clinics with a smaller clientele. There were 22 women who were interviewed but were ultimately dropped from the sample because they denied engaging in any form of sex with their clients. Thus, they failed to meet eligibility criteria which specified that respondents should be only women actively engaging in sexual activities with clients.

Although the respondents' ages ranged from 15 to 42 years, they were generally young with a mean age of 23.7 years (Table 1). Majority had gone through school but had low educational attainment. About 62.2 % of them have gone only through some elementary schooling. Those who have gone as far as college composed only 1.3%. Nonetheless, literacy level was quite high with only 2.2% admitting they could not read at all and 18.2% of those who could read saying they read only with difficulty. Media exposure was also relatively high. Only 11.4% said they never read the papers and 18.7% who never listened to the radio. Those who said they never watched television constituted 14.2% with 12% admitting they had not watched a movie at all in the past four weeks.

Exactly 96% of the respondents were Catholic and women showed a remarkable level of religiosity. Some 72% said that religion was very important to them and 65.3% said they prayed daily. Going to church at least once a week (probably for Sunday mass) was even reported by 54.2%.

The respondents came from all over the country with over half coming from the Visayas. However, 82.5% of them had lived in Metro Manila for more than a year.

The mean number of years on their job as hospitality girls is 1.7 years.

Various reasons were cited by the women for joining the profession: poverty (28.2 %), need to help the family (17 %), desire to improve one's lot (1.8 %), forced by circumstances (23.8 %), influence of peers (13.5 %), and one's personal choice (15.7%).

The number of customers entertained per day varied greatly among the women. The range was from a low of one to a high of 36, with a mean of 11.6 men serviced each day. The nationality of the clients included Filipinos and foreigners.

Service was not necessarily sexual, however, and the women who entertained a large number said theirs was purely a massage job. Only 12.9% of the sample admitted they had sex with all of their customers. Compensation for the service rendered ranged from 100 pesos to higher, depending on the nature of the service rendered. One woman claimed she received 23,000 pesos for surrendering her virginity to a Japanese client.

Close to 5.2% were single while 19.6% were either currently married or unmarried but had a regular partner. The widows and the separated constituted 28.5%.

Table 1. Profile of the Metro Manila Hospitality Girls Who Served as Respondents of the Study (April-June 1990)

<i>Item</i>	<i>Data</i>
Mean age of respondents	23.7 years
Percentage distribution of respondents by level of education	
None	2.2 %
Some elementary education	62.2 %
Some high school/vocational education	34.2 %
Some college education	1.3 %
Percentage of respondents with reported reading ability	97.8 %
Percentage of respondents never exposed to the media in the past for weeks	
Newspaper	11.4 %
Radio	18.7 %
Television	14.2 %
Movie	12.0 %
Percentage of respondents who professed Roman Catholicism	96.0 %
Percentage of respondents who reported to pray daily	65.3 %
Percentage of respondents who went to church at least once a week	54.2 %
Percentage of respondents who had been in Manila for more than a year	82.5 %
Reasons for joining the profession:	
Poverty	28.2 %
Need to help the family	12.0 %
Desire to improve one's lot	1.8 %
Force of circumstances	23.8 %
Personal choice	15.7 %
Average no. of customers daily	11.6 men
Percentage distribution of respondents by marital status	
Single with no regular partner	52.0 %
Married or unmarried w/ regular partner	19.6 %
Widows and separated w/ no regular partner	28.5 %

The Instrument

The survey questionnaire was divided into 11 major sections: individual characteristics; sexual partners and relationships; knowledge of and attitudes towards the use of condoms; sexual practices; symptoms/experience of STD; knowledge of AIDS; beliefs, attitudes and behavior; sources of information about AIDS; injection practices; locus of control; IV drug use; and drinking habits.

On the average, an interview lasted for about 35 minutes. Subject response to the interview situation was reported as generally favorable although nine cases were noted wherein the response was one of dislike. Respondents were perceived as mainly cooperative although, again, two cases were noted as being uncooperative. A few problems/complaints were noted about the interview. These included question difficulty, respondent's lack of education, respondent's lack of skill in the language of the interview, conditions under which the interview took place, interviewer difficulty with the respondent's language, and length of the questions. There were also some questions that some respondents refused to answer despite discrete and repeated probes made by the interviewer. Interviewers were instructed to desist from forcing an answer out of the respondent in those situations and to leave the question unanswered. This resulted in missing cases for some of the variables. These problems were minor, however, and do not serve to invalidate the results obtained.

Results and Discussion

A descriptive approach was used mainly in laying out the research results. The manner in which the data was obtained (i.e., purposive as opposed to random sampling) and the small sample size (final $n = 225$) set rather severe limits on the applicable statistical analyses. The data speak for themselves, nevertheless, and provide many insights into the world of the hospitality girls. These insights are useful for policymakers and other groups interested in planning intervention programs on HIV/AIDS for this particular high-risk sample in the population.

Awareness of AIDS

AIDS awareness among the respondents was relatively high. Some 66.7% had heard of AIDS with the rest admitting ignorance (Table 2). Of the 150 respondents who had heard of AIDS, however, only one person claimed to having personally known someone who had contracted the disease. About 80% of those who had heard of AIDS felt it was a serious threat to their "profession" at present and 75.3% felt that AIDS poses an even more serious problem to the profession in the future. Nonetheless, 66.6% felt that AIDS was very rare or not common in the Philippines, but 60% said they stood either a strong or very strong chance of contracting AIDS. The major reason given was that AIDS is a natural hazard of the trade. For this reason, 61.3% were

very worried about getting AIDS, and 29.3% were moderately worried. Only 8.7% were not worried at all. There were 14 respondents who voiced out the fear that they may already have contracted the disease but do not know it.

Table 2. Selected Data on the Awareness and Knowledge of the Respondents on AIDS (April-June 1990)

<i>Item</i>	<i>Data</i>
Percentage of respondents who heard of AIDS	66.7 %
Percentage of respondents who felt AIDS is a serious threat to their profession:	
At present	80.0 %
In the future	75.3 %
Percentage distribution of respondents by opinion on the spread of AIDS in the Philippines	
Very rare/not common	66.6 %
Moderately common	28.0 %
Very common	4.7 %
Not determined	0.7 %
Percentage distribution of respondents by perceived chances of getting AIDS	
None/very small	22.0 %
Moderate	12.7 %
Strong/very strong	60.0 %
Not sure	5.3 %
Percentage distribution of respondents by degree of worry about getting AIDS	
Not worried	8.7 %
Moderately worried	61.3 %
Very worried	61.3 %
Not determined	0.7 %
Percentage distribution of respondents by degree of knowledge about AIDS	
Nothing	5.3 %
Just a little	60.6 %
Moderate amount	28.7 %
A great deal	4.7 %
Not sure	0.7 %

Knowledge on AIDS

When the 150 respondents who had heard about AIDS were asked how much they knew about it, only 4.7% claimed they knew a great deal. Around 28.7% said they knew a moderate amount of information, and 60.6% admitted they knew just a little. But only 5.3% claimed total ignorance.

Various factors, a number of which have no scientific basis, were named as causes of AIDS: heterosexual sex, sex with gays, engaging in lewd sex, promiscuity, sex with foreigners, blood transfusion, kissing, sharing things with AIDS victims, being near someone with AIDS, and internal infection. Some 24% of the respondents did not know or could not say for sure what the possible causes of AIDS are. From

the causal factors cited, one can see that these women were to some extent knowledgeable about AIDS although the information they have may be insufficient. The respondents demonstrated a similar knowledgeability when asked to say how they thought AIDS was transmitted. The means of transmission cited were the same factors already mentioned as causal factors.

Majority of the respondents (70%) were aware that one can have AIDS without symptoms, that one can in fact look healthy and still be an AIDS carrier (89.7%). Respondents also seemed quite informed as to the level of AIDS-riskiness of certain behaviors. Table 3 lists the behaviors and their perceived riskiness by the subjects. The respondents were aware that a woman can pass AIDS to her baby (74.7%) through the transfer of blood while the child is in the womb and possibly through breastfeeding later on. Another 76% believed that AIDS is incurable and 54% said that all of those with AIDS will die from it (54%).

Table 3. Percentage of Respondents' Perception of Riskiness of Certain Sexual Behavior (n=225) (April-June 1990)

Type of Behavior	Riskiness Estimates (in %)					
	no risk	small risk	moderate risk	great risk	very great deal	unsure / don't know
	1	2	3	4	5	6
Shaking hands with someone who has AIDS	66.0	10.0	13.3	4.7	4.0	2.0
Playing with a child who has AIDS	67.3	7.3	10.7	9.3	1.3	4.0
Going to a dental clinic used by people w/ AIDS	50.6	10.7	16.0	13.3	6.7	2.7
Kissing a person w/AIDS on the cheek	50.0	12.7	15.3	12.7	8.0	1.3
Deep kissing with someone who has AIDS	25.3	6.7	16.7	18.7	29.3	3.3
Sexual intercourse with someone who has AIDS	2.7	4.0	12.0	18.0	62.0	1.3
Mutual masturbation with customers	30.0	8.7	16.0	16.7	26.6	2.0
Oral sex with customers	11.3	4.0	16.0	20.0	46.7	2.0
Anal sex with customers	8.0	3.3	14.0	24.0	46.7	4.0
Sexual intercourse with a callboy	9.3	2.7	16.7	18.0	48.6	4.7
Using public toilets	39.3	15.3	21.3	14.0	7.3	2.7
Using public pools	38.6	22.7	16.0	12.7	7.3	2.7
Injecting drugs like heroin	24.7	10.0	16.7	22.0	21.3	5.3
Using uncleaned used syringe	13.3	9.3	22.0	20.0	30.0	5.3
Donating blood	27.3	10.0	18.7	16.0	24.0	4.0
Sexual intercourse with a person who injects drugs	16.0	8.0	15.3	23.3	34.0	3.3

There were, however, a few interesting stereotypes about the kinds of people likely to contract AIDS. These included promiscuous people, people with weak resistance, any adult, foreigners, people who don't practice certain measures, prostitutes, homosexuals, people who don't practice good hygiene, people who engage in lewd

sex, and others. It should be noted that several of these stereotypes have already been addressed in various media campaigns about AIDS.

Sources of Information

Given the relatively high information level of the respondents, one wonders how that wealth of information was acquired. An overwhelming majority of the women said they obtained their health information from the clinic and hospital doctors (72.4%:Table 4). Considering that our sample was obtained through the STD clinics, this comes as no great surprise. About 70.5% of the women attributed greatest reliability to the clinic and hospital doctors as information sources. Television was the second highest source of information (45.8%) and was also ranked second in terms of reliability (26.4%). The third most popular source of information was print media (i.e., newspapers, magazines, books) with 31.1% of the respondents claiming it, as their source and 19.1% rating it the most reliable source. A close fourth was radio (30.7%) with 17.7% of the respondents labelling it as their most reliable source. Other sources included friends, neighbors and acquaintances, co-workers at the workplace, family, rumors heard, public posters and handouts, teachers at school, government officials and authorities, and others.

Table 4. Selected Data on the Sources of Information of Respondents (April-June 1990)

<i>Item</i>	<i>Data</i>
Percentage distribution of respondents by health information sources (multiple response)	
Clinic/hospital doctors	72.4 %
Television	45.8 %
Newspapers/magazines/books	31.1 %
Radio	30.1 %
Percentage distribution of respondents by information source deemed reliable (multiple response)	
Clinic/hospital doctors	70.5 %
Television	26.4 %
Newspapers/magazines/books	19.1 %
Radio	17.7 %
Percentage distribution of respondents by AIDS information source (multiple response)	
Clinic/hospital doctors	31.3 %
Television	40.7 %
Newspapers/magazines/books	24.0 %
Radio	22.0 %
Percentage distribution of respondents by preferred AIDS information sources (multiple response)	
Clinic/hospital doctors	80.1 %
Television	7.1 %
Newspapers/magazines/books	8.0 %
Radio	4.0 %

When asked about the sources of their AIDS information specifically, the mass media and the medical doctors were the most common cited. Some 40.7% said they got it through television. Those who obtained it through the clinic/hospital doctors constituted 31.3%, 24% from print media, and 22% from radio. Other sources are from rumors and teachers, workplaces, government posters, and neighbors. When asked about their AIDS information source preference, 80.9% stated they preferred the doctor. Only 8% preferred print media, 7.1% wanted television, 4% wanted radio. Education campaign planners should take note that medical practitioners and mass media have greater effectivity and success in making out the hospitality girls on this subject than any other.

Beliefs, Attitudes and Behavior

The awareness and knowledge on AIDS levels of the respondents have impact on their beliefs, attitudes, and behaviors. Several questions in the interview looked into these factors.

One question asked the respondent if a person can avoid AIDS by changing her behavior. Around 60% of those who had heard of AIDS answered yes to this question. The rest either did not know or felt there was no way to avoid AIDS. When asked about specific behavior changes, several suggestions were given. Abstaining from sex (23.3%), leaving their present job (22.2%), and practicing monogamy (14.4%) were the most frequently mentioned (Table 5). These suggestions meant that they must leave their job altogether to avoid AIDS. Smaller portions of the respondents mentioned measures which can be implemented as one continues to practice their profession: (1) be selective of one's customers (10%); (2) use condom (6.7 %); (3) refrain from having sex with an AIDS-infected person (6.7%); (4) have regular checkups (3.3%); (5) don't engage in lewd sex (3.3%); (6) practice withdrawal, maintain a healthy body, take care of personal hygiene, give up vices, and use antibiotics (1.1% each).

But of the 60% who answered this question, 61.1% said none of their friends had changed their behaviors whereas 24.4% said they had changed. When asked about their own behavior, 77.8% felt a need to change their behavior. The behavioral changes they wish to undertake reflect their earlier suggestions: (1) abstaining from sex (27.1%); (2) practicing monogamy (24.3%); (3) leaving their job (17.1%); (4) being more selective with customers (10%); (5) refraining from sex with an AIDS-infected person (7.1%); (6) using condom (2.9%); (7) refraining from lewd sex (1.4%); and (8) maintaining a healthy body, practicing personal hygiene, and using antibiotics. The reasonableness and practicability of the first two alternatives given are questionable considering the kind of profession they are in and considering the fact that this is their sole source of subsistence.

Table 5. Distribution of Respondents by Suggested, Desired, and Intended AIDS-Preventing Behavioral Changes (April-June 1990)

<i>Behavioral Changes</i>	<i>% of Respondents who Suggested the Behavioral Change</i>	<i>% of Respondents who Desired to Implement Change</i>	<i>% of Respondents who Intended to Implement Change</i>
Abstaining from sex	23.3 %	27.1 %	15.4 %
Leaving the job	22.2 %	17.1 %	42.3 %
Practicing monogamy	14.4 %	24.3 %	6.5 %
Being selective of customers	10.0 %	10.0 %	4.9 %
Using condom	6.7 %	2.9 %	11.4 %
Refraining from engaging in sex with an AIDS-infected person	6.7%	1.4%	-
Having regular checkup	3.3 %	-	4.1 %
Avoiding lewd sex	3.3 %	1.4 %	2.4 %
Practicing withdrawal	1.1 %	-	-
Maintaining a healthy body	1.1 %	1.4 %	-
Giving up vices	1.1 %	-	1.6 %
Using antibiotics	1.1 %	1.4 %	-

In spite of this widespread feeling of the need to change, mere 34% of the women claimed having actually changed some of their behavior. The remaining 66% just declared their intention to change; 42.3% announced that they were leaving their jobs; 15.4% said they would abstain from sex; 11.4% said they would use the condom regularly; 6.5% would practice monogamy. The rest intended to start being selective with customers, having checkups, being more hygienic, abstaining from lewd sex, and giving up all vices. It is encouraging to note that 92% of these women felt that they would be able to change their behavior.

A high percentage of the respondents had a clear idea of the action to be undertaken to prevent AIDS. Around 69.3% declared they knew where to go for an AIDS test. Almost all were willing to take an AIDS test (92.7%) and to know whether the results were good or bad (97.1%). If results turned out positive, 36.7% said they would seek medical help. A lower portion of 17.3% said they would distance themselves from people while 11.5% said they would commit suicide. Some 9.4% said they would lose hope and just be resigned to their fate. The rest said they would practice preventive measures (although this would really be too late and futile), turn to prayer, abstain from sex, or try other measures which they did not elaborate upon. But still, 13.7% said they would not know what to do.

Social networks are often very important in information dissemination and for support. These networks include one's family and close friends. To look into the possible mechanics of the respondent's social networks, a couple of questions were asked on the discussion of the AIDS issue in these networks. The issue is generally not discussed in a family setting with 86.7% of the respondents never doing so. The situation seemed a little more open among friends. About 32% discussed the AIDS issue at least once or twice with friends, and 30.7% discussed it more often. Only 37.3% never discussed it. Thus if one were to try to reach a person for AIDS information, it may be more effective to utilize the network of one's friends rather than one's family. Or, possibly, one can work at making the family network more effective as a means of conveying information on AIDS.

Knowledge of and Attitudes Towards the Use of Condoms

A large number of our respondents were already familiar with the condom. It was reportedly used by 63.1% to avoid pregnancy and by 73.8% to avoid sexually transmitted diseases (STDs) (Table 6). Of all the methods provided for avoiding STDs, the condom seemed the most popular among the respondents.

Table 6. Selected Data on the Respondents' Knowledge of and Attitudes Towards Condoms (April-June 1990)

<i>Item</i>	<i>Data</i>
Percentage of respondents who use condom	
to avoid pregnancy	63.1 %
to avoid STD	73.8 %
Percentage of respondents who agree to certain statements about condom	
Condoms are easy to use	75.5 %
If used properly, condoms are good at preventing pregnancy	88.4 %
The price of condom is not high for regular use	56.0 %
Condoms can prevent VD if used properly	92.0 %
I would use condom if my partner asked me to	89.7 %
Condom use is not against my religion	60.4 %
Men prefer to have condoms put on by their partners	47.1 %
Condoms make sex less enjoyable	57.8 %
Condoms are most appropriate for casual partners	84.9 %
Lack of condom is not a reason to refrain from sexual activity	64.4 %
Condoms can cause men to lose his erection	41.3 %
Percentage of respondents who experienced condom breakage or slippage	39.8 %

Contraceptive use is often contingent on who is perceived to be responsible for it, who takes the initiative in its use, and how easily one can obtain the necessary materials. A series of questions were asked to obtain precisely such information with

reference to the condom. Close to 48% of the respondents said the woman is responsible for providing the condom and 63.6% said it was the woman's responsibility to initiate condom use. Almost everybody knew where to obtain a condom (88.8%). Condoms were easy to obtain (modal travel time to get one was only 5 minutes) and were relatively inexpensive. The major stumbling block to consistent condom use was apparently the male client. In 42.7% of the cases, the women declared she could get, at most, only 5 out of every 10 clients to use the condom.

Respondent attitudes toward the condom were generally positive with majority agreeing that condoms are easy to use, are effective against pregnancy and STDs, and are relatively inexpensive. However, there was also the inconsistent view that condoms cause a man to lose his erection, result in less satisfying sex, and are offensive to regular partners. Thus 64.4% were of the opinion that lack of condom is definitely not a reason to refrain from sex. The condom is a man's contraceptive and if the man chooses not to use it, it appears that the less powerful woman has to accede. Insisting that a customer uses it could result in the loss of a profitable arrangement for the hapless hospitality girl.

It should also be noted that out of the 166 condom-users, 39.8% reported having experienced condom breaking or slipping while in use. This unfortunate experience could only contribute further to a negative attitude towards the condom.

The condom, if it is to be effective, needs a better marketing strategy, one that would make more salient its finer points and tone down its less positive features. The hospitality girls could also be taught ways and means of making the condom a sexier gadget.

Sexual Practices

A noteworthy element regarding our sample was the relative conservatism in their sexual behavior although perhaps one should be cautious in accepting this self-description by the women. There is after all a taboo against explicitly talking about one's sexuality, especially to a total stranger. The interviewers were instructed to establish rapport and probe as much as possible but there is only so much one can do in a 35-minute interview.

Majority of the respondents (87.1%) said they did not have sex with all of their customers. Only 12.9% admitted having sex with all of their clients. The most common type of sexual behavior engaged in was straight intercourse (Table 7). Fewer women admitted engaging in oral sex and even fewer still admitted to anal intercourse. The opinion was expressed that sex other than straight intercourse was lewd and resulted in more infections (i.e., *gasgas*). Table 7 presents the distribution for various categories of sexual behaviors engaged in by the respondents.

Table 7. Percentage Distribution of Respondents Engaging in Particular Sexual Behaviors (n=225) (April-June 1990)

<i>Sexual Behavior</i>	<i>Percent</i>
mouth to mouth kissing (in past four weeks)	77.3 (89.6)
fondled a man's genitals (in past four weeks)	83.6 (95.7)
had man fondle your genitals (in past four weeks)	61.3 (92.0)
oral sex (fellatio) (in past four weeks)	98.7 (88.5)
vaginal sex (cunnilingus) (in past four weeks)	25.3 (84.2)
anal sex (in past four weeks)	2.2 (20.0)
had licked a man's anus (in past four weeks)	1.3 (66.6)
had the man lick your anus (in past four weeks)	2.2 (40.0)

After each sexual encounter, the women were very particular about cleansing themselves. Various cleaning strategies were mentioned: antibiotics, douching, washing with plain water or warm water, using suppositories, cleaning the vagina with toothpaste on cotton. Unfortunately, none of these are effective in preventing AIDS transmission.

Injection Practices, Drug Abuse, Drinking Habits

Based on their responses, our sample seemed like a conservative lot in terms of drug and alcohol use. It is possible that they were not presenting a true picture of their lives. It is possible, too, that due to our sampling procedure of getting subjects through the STD clinics, the study had a biased sample of health-conscious and aware women. Results in this section, therefore, ought to be treated cautiously.

While 33.3% of the women admitted having customers who took drugs, and 25.8% said they had had sex with a man using drugs, only 29.8% confessed to drug use. Unfortunately, they were not too careful when having sex with a drug injector since only 15.6% claimed using the condom regularly.

Only 34.6% of the respondents admitted they drank before having sex and 21.2% said they usually had sex when they had been drinking. A greater majority therefore did not mix drinking and sex. A majority of 78.2% also claimed they never took drugs like heroin and the like when drinking.

The respondents were equally careful with regard to injections. Majority took their injections only from a qualified doctor or medical personnel, using sterilized needles which were thrown away immediately after use.

Factors Affecting Risk-Taking and Preventive Behaviors

Beyond a mere description of our sample in terms of their knowledge, attitudes, and behaviors, the interest of the study mainly rests on seeing how these factors affect risk-taking and preventive behaviors related to HIV/AIDS. To determine the relationship between the predictor factors of sociodemographic and individual characteristics, knowledge, awareness, and attitudes towards sex, condoms, and AIDS and the criterion factors of risk-taking (sexual behaviors, drug abuse, injection practices) and prevention, indices were created for each factor category and subsequently correlated with each other. For the sociodemographic characteristics, three indices were created: literacy (LITINDEX), media-exposure (MEDINDEX), and religiosity (RELINDEX). For the individual characteristics, we had the locus of control index (LOCINDEX). For the knowledge and attitude factors, we created several indices: knowledgeability about AIDS (KNOAIDS), favorability to condom use (CONAWARE), awareness of the riskiness of certain behaviors (ACTAIDS), and perception of the threat of AIDS (THREATEN). The criterion variables selected for inclusion in the indices created were behaviors established in the literature as positively related to the spread or the prevention of AIDS/HIV. These included two indices of exposure to sexually-risky behaviors (SEXRISK1 and SEXRISK2), an index of consistency in condom use (CONUSE), an index of drug use and sex (SEXDRUG), an index of drinking and sex (SEXDRINK), and an index of risk from injections (INJECTIN).

The results of the correlation analysis are depicted in Table 8. Only CONAWARE and KNOAIDS were significantly positively correlated with CONUSE. These findings are not surprising. The more knowledgeable the respondents were about AIDS and the more positive their attitudes towards the condom, the more consistent their use of the condom. It also came as no surprise to see the positive correlation between literacy and positivity towards the condom, and between knowing about AIDS and perceiving correctly the riskiness of certain behaviors.

Several factors were also cross-tabulated with whether or not the respondent used condoms. Although the results of the chi-square tests mostly came out insignificant, there were a few data trends worth noting. For example, there appears to be a slight percentage increase in condom use with increasing age; the greatest

percentage of noncondom-users is among those who have lived in the city longest; the greatest percentage of condom users is among those who have been in the profession longest; the greatest percentage of nonusers of the condom is among those with a regular partner; and a higher percentage of condom use among those respondents who discuss with their customers the risk of contracting a disease from each other.

Table 8. Correlation Matrix of the Result of the Survey Among Hospitality Girls in Metro Manila (April-June 1990)

	1	2	3	4	5	6	7	8	9	10	11	12	13
1													
2	.23**												
3	.15	.22**											
4	-.05	-.04	.01										
5	.07	-.00	-.00	-.26									
6	.18	.06	-.05	-.08	.44**								
7	.06	.11	.06	-.32**	.21	.07							
8	.28*	.09	.24	-.02	.36	.00	.07						
9	.10	.03	-.01	-.01	.01	-.04	-.10	.11					
10	.07	-.07	-.09	-.03	-.18	.01	.07	-.03	.64**				
11	.10	.03	.01	.00	.27*	.11	-.04	.47**	.00	-.03			
12	-.08	.04	-.06	.03	.21	.07	.47**	.06	-.20	-.20	.03		
13	.00	.08	-.04	-.12	.14	.01	.09	-.20	.18	.20*	-.12	-.06	
14		.43	-.34	.52	-.50	-.29	-.37		.61	.22	-.16		-.13

- tailed Significance: *-.01 **-.001

. tailed is printed if a coefficient cannot be computed

Legend:

Sociodemographic:

- 1 - litindex
- 2 - medindex
- 3 - relindex
- 8 - conaware

Individual Characteristics:

- 4 - locindex

KA Factors:

- 5 - knoaid
- 6 - actaid
- 7 - threaten

Criterion Variables

- 9 - sexrisk1
- 10 - sexrisk2
- 11 - conuse
- 12 - injectin
- 13 - sexdrink
- 14 - sexdrug

The critical roles of communication, the woman's power and decisionmaking role in the relationship are only some of the factors that this study hints at. Certainly, information and information-dissemination are important in the formation of attitudes and, hence, the resultant behaviors relevant to AIDS/HIV. But much current work is already focused on this factor. It is time to look a little more closely into the internal psychological factors and relationship dynamics that may also greatly affect social attitudes and behavior.

Policy Implications

Several useful policy implications may be derived from this study. First and foremost are its implications for designing an AIDS information/education campaign. It is clear that, although more than 50 percent of the sample claimed knowledge about HIV/AIDS, these women actually know very little or know only falsehoods and myths. The need for an intensive information campaign about the virus, its mode of transmission, its incurability at the moment, the effectiveness of the condom alone in preventing its transmission, and the importance of safe sex always among hospitality workers cannot be emphasized enough.

Information sources identified as highly credible by the women should be utilized in information dissemination. Doctors at the clinics and hospitals that these women go to for their health needs and licensing checkup should be trained and enlisted in an HIV/AIDS information campaign. Television, identified as the second major source of information, should be used more extensively for the media campaigns. Print media and radio could also be tapped.

Information and education are not enough, however, to stem the spread of HIV/AIDS. Policies should also be generated which would support behaviors conducive to decreasing the probability of contracting or spreading this dreaded disease.

Cheap, even free, AIDS screening should be made more widely available by the government. Information regarding screening sites should be disseminated. These centers should be provided with enough well-trained staff who can provide potential test-takers with adequate information and psychological support, both before and after the results come out. Counselling should be included as part of the services for people who avail of these screening centers and anonymity for the test-taker should be guaranteed.

The dangers of unsafe sex should be emphasized to our hospitality workers. But without teaching them how to deal effectively with patrons who refuse to use the condom, such knowledge would be useless. Assertiveness training should be provided for our hospitality workers. If the man refuses to use the condom, the woman should be able to firmly put her foot down and refuse him her services.

The women should also be taught effective persuasion strategies for overcoming the client's resistance to condom use. In a few cities, women are already taught special techniques for skillfully and sexily applying the condom such that the man hardly notices that he already has one on. Alternative sexual behaviors that are less risky may also be emphasized (i.e., those that do not involve the exchange of body fluids).

Condoms should be made more easily and cheaply available. Although they probably would not openly admit to the fact that their establishments are being used for purposes other than massage, massage parlor owners should be encouraged to make available free condoms for their patrons, just in case such an event occurs. Condoms should also be visibly available in all establishments where any probability of a sexual encounter exists.

The role of social networks is very important in information dissemination and for support in maintaining desirable behaviors. Among our sample of hospitality workers, friends and fellow workers were identified as potentially the more effective support group. There was more communication within these groups than with one's own family. A support group composed of one's friends and peers, therefore, could be effectively tapped for instigating and maintaining necessary behavior changes in these women's lifestyles. Group members could also be tapped to monitor one another and to provide moral support for ultimately infected members, thus diminishing the probability that infected women go "underground" and pose even greater risks for the general population.

Finally, the hospitality workers and AIDS issue is an economic one. The women are driven into this type of occupation to satisfy basic survival needs. In the long run, government is responsible for providing these women with opportunities and access to opportunities other than selling themselves and their sexual favors. Government is also responsible for effectively and immediately mustering its resources so that research and education regarding HIV/AIDS is given the priority it deserves. If not, the Philippines is just an AIDS time bomb quietly ticking away.

References

- Department of Health (DOH)
1990 Distribution of HIV infection/AIDS by Routes of Transmission (May 1985-October 1990). Manila: Department of Health.
- von Reyn, C. F. and J.M. Man
1987 Global Epidemiology in AIDS—A Global Perspective. *Western Journal of Medicine* (147:694-701).