

# **Understanding the Risks and Vulnerabilities to HIV and AIDS of Filipino Out of School Youth**

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## **Introduction**

The Philippines has a large (11.6 million) and rapidly increasing out-of school youth (OSY) population. The results of the 2003 Functional Literacy, Education and Mass Media Survey (FLEMMS) showed that 34 percent of the 34 million population of six to 24 years old were not attending school. The major causes for this phenomenon are poverty-related. Poor families are less able to afford schooling and children are regarded as support to meet labor and income needs of the family.

In the Philippines, OSY live under the most challenging conditions and are marginalized from mainstream services and society. Street children, adolescent sex workers, orphans, child soldiers, and other such groups are generally, but not always, out of school. Thus, they are highly vulnerable to HIV and other related health risks. Because of their precarious situation, they are exposed to sex trafficking, multiple sex partners and unsafe sex practices. Aside from sexual risk behaviors, there are many other factors that put young people, more vulnerable to HIV infection such as the lack of information and access to health services.

## **Objectives & Methodology**

This research intends to provide baseline information on the knowledge, attitude, practice and behavior towards STI/HIV/AIDS of Filipino out of school youth (OSY) aged 15-24 years old. The study also looked at the social, economic and political environmental factors which affect the lives of these youth.

There are two methods of data collection employed for the study: survey among OSY and qualitative approach (key informant interviews and focus group discussions).

For the survey, a sample size of 453 respondents was drawn from three low income group communities in Quezon City, Cebu and Davao. In each study area, four FGDs were conducted disaggregated by sex and age. Key informants include community officials, NGOs working with youth in the area and other adult officials directly dealing with young people.

## **Summary of Findings**

### ***Family & Peers, Mass Media***

The study indicated that there was lack of good influence (i.e. parental authority) in the lives of Filipino youth, particularly among OSY.

Twenty percent of respondents reported that their parents are no longer living together because of marital break-ups. Such condition at home could have an impact on young people's views and behavior.

Literature on adolescent sexuality has been consistent in pointing out the limited involvement of family as source of information on sexual matters for young people. This is particularly true in the Philippines where sex is still considered a taboo topic for discussion at home. Only about 20 percent of young people discussed sexual matters with their parents.

Problems at home are also likely to compound the matter. The lack of guidance and ideal role models, both at home and outside of it contribute to the limited options open for OSYs. This is supported by interview with key informants who also blamed older members of society for the state of young people in their community. Older people carelessly flaunt their vices and young people tend to take after them. Such situation leads them to turn to friends for company and comfort.

The influence of friends and peers become more prominent during adolescence. As young people go through the transition from childhood to adulthood, they are expected to generate support from different social institutions surrounding them. Generally, though, young people rely on each other in dealing with the different issues they confront as adolescents while authority figures such as parents, teachers and religious leaders are often relegated to the background.

On the other hand, mass media plays pivotal role in young people's education. Eighty percent of the respondents watch television. Most of them said they have become aware of RH issues from mass media rather than from seminars or lectures.

With the development of alternative media forms such as the internet, different venues for communication and expression have been opened for the younger generation. A result of this could be proven by this study which shows that exposure to pornographic material is high, with 78 percent of respondents claiming to have ever-viewed pornographic materials.

### ***Substance Use***

Among OSY, smoking appears to be fairly common, particularly among the males. Forty eight percent of males regularly smoke cigarette while 18 percent do so among females. About eight in 10 OSY had ever drank alcoholic beverages but 43 percent among males and 24 percent among females are regular drinkers. Results show that drinking is more common than smoking among OSY.

Next to smoking and drinking, the use of drugs particularly among young people has been an alarming trend. Two in 10 OSY had ever-used drugs with marijuana and shabu as the most common types of drug used. About four in 10 on the other hand used rugby to get high. Injecting drug use is found in seven percent of OSY, with males exhibiting higher prevalence than the females (8 vs. 3 percent). About 29 percent of OSY admitted to have used drugs to enhance sexual pleasure.

Among OSY who had experienced drug use, 46 percent did not engage in such activity the past month. However, 15 percent admitted to have used drugs on a daily basis.

## ***Knowledge on HIV & AIDS***

In contrast with the general youth population (2002 Young Adult Fertility and Sexuality Survey), OSY's level of awareness and knowledge of sexually transmitted diseases, specifically HIV and AIDS is lower. When asked about correct mode of AIDS transmission for example, majority can be classified as having medium level of knowledge. Misconceptions about the disease are still prevalent among OSY. This also came out during the focus group discussion where majority of OSY associated the risks of HIV and AIDS to bacteria even from the environment.

Only 51 percent of OSY have heard about HIV while 77 percent of AIDS. The discrepancy in awareness about AIDS and HIV is an indicator of the level of knowledge of young people, particularly, the OSY regarding the nature of HIV and AIDS. Majority do not know the difference between HIV and AIDS and among those who know the distinction between the two, most common difference mentioned is that HIV is curable while AIDS is not.

Only 26 percent of respondents identified unprotected sex with HIV-infected person as a way of HIV transmission. When asked if they know of ways to prevent AIDS transmission, only 41 percent said yes while 23 percent don't know at all. Abstinence from sex is the most common cited way of preventing HIV and AIDS, followed by practice of safe sex.

Twenty five percent believed that AIDS exists while only 13 percent know someone who has HIV and AIDS.

Despite young people's knowledge on the threat of HIV and AIDS, most feel that they are less likely to be infected with the disease. This feeling of invulnerability permeates young people's perception on HIV and AIDS. The survey also includes respondents' assessment of the likelihood that they will contract the disease in the coming months. However, 20 percent of the respondents did not answer these series of questions.

About a fourth acknowledged that they are at risk of getting HIV and AIDS within the next 12 months. As expected, males have higher assessment of risk than females. About the same percentage admitted to have done something that may increase their risk of HIV infection. Almost half of respondents worry about the likelihood of HIV infection among their friends while 65 percent said they worry that they may be getting HIV and AIDS.

## ***Sexual Initiation***

Looking closely at the first sex experience of sexually active OSY could provide perspective on the current sexual practices of this group of young adults.

One pattern observed in the sexual practices of young people is the "younging" of sexual initiation. In this study, 57 percent of OSY had engaged in sexual intercourse, more than double the proportion of sexually active youth in the 2002 study (YAFS). This highlights the precarious conditions of those who are out-of-school due to limited opportunities to engage in other productive activities.

Majority of both males and females reported that their first sexual partner is that of opposite sex: 88 percent among males and 92 percent among females. But more males compared with females have experienced first sexual contact with the same sex (12 percent vs. 7 percent). Far from being an indication of homosexuality, this may suggest the more adventurous nature of men when it comes to their sexuality. This was confirmed by the reasons given by males on their first sexual experience – five percent claimed it happened because of their need for money, food or school fees, a third said they had sex the first time because they wanted to have fun or wanted to be pleased, they were aroused or they were curious about sex. In contrast, females tend to hold to the more romantic aspect of engaging in sex, such as out of love for the partner (44 percent) and the desire to be married (10 percent).

Females had their first sexual experience with their boyfriends (81 percent) while six in 10 of young males had theirs with their girlfriends. In addition, 23 percent of males reported that their first partner was their friend and another 10 percent said, their partner was an acquaintance. In fact, a small but substantial number of sexually active males admitted that they did not know their first sexual partner at all.

Notwithstanding the reasons given for having sex, majority admitted that their first sexual experience is something they wanted to happen (61 percent). A third of respondents reported the first sex was something that just happened while six percent said they were forced into it. However, only 13 percent used condom the first time they had sex.

When asked what is the ideal age of sexual initiation for boys and girls, male and female respondents' response varies considerably. On average, male respondents consider 19 as the ideal age for girls to have sex the first time. (Range: 13-28 years old). This is a year younger than the average ideal age reported by female respondents (20.3 years; range: 12-33).

The ideal age for first sexual intercourse among boys on the other hand is 19.4 years (range: 12-27 yrs.) according to the male respondents and 20.3 years (range: 10-39 yrs) for the female respondents. Clearly, both male and female respondents agree that boys in general have earlier sexual initiation than the girls.

Regarding approval of sex before marriage, higher percentage of male respondents than females tend to be tolerant of girls engaging in sex before marriage (37 percent vs. 23 percent). The same pattern is found when approval for boys' premarital sex behavior was asked. Fifty percent of male respondents approved of a boy having sex before marriage compared with 38 percent of female respondents who are approving of such practice.

### ***Sexual Behavior and Practices***

Fifty seven percent of OSY had engaged in sexual intercourse. The proportion admitting sexual experience in the questionnaire is the same as the proportion who responded positively on the sexual experience question on the sealed envelope.

Sexual practices among young people are not limited to heterosexual sex and penile-vaginal sexual intercourse. This mode however is still the most common for both males and female respondents.

More than half have practiced oral sex, both as receiver and giver. Anal sex on the other hand, is slightly higher among males than females. Sex with the same sex is more common among males than females. A fifth of respondents admitted to having had sex with the same sex.

Among respondents with sexual experience, 71 percent reported they had sex in the last six months. Eight in 10 sexually active females had recent sexual activity compared with 6 in 10 among males.

On average, they have 1.2 recent sexual partners, with males having slightly more partners than females (1.5 vs. 1.1). Most of the respondents have known their sexual partners for a while and had established relationships with them. However, about three percent claim that they did not know the person they last slept with.

In terms of their preference for sexual partners, 2.3 percent reported that the sexual orientation of their partner is not important. Equal proportion of both males and females prefer the opposite sex, implying that majority are heterosexuals. Furthermore, males reported to have had an average of 6 sexual partners while women had an average of two. Four percent of sexually active OSY did not know how many sexual partners they have had.

Not all sexual experiences of the youth however are something they wanted. A third of sexually active OSY reported they had ever experienced being forced against their will to have sex, with males having a slightly higher rate than female (35 vs 32 percent).

Seventeen percent of OSY had experienced being paid in exchange for sex. Interestingly, the findings show higher percentage of males than females have engaged in commercial sex. Aside from having been paid for sex, six percent had also experienced paying for sex, with males again exhibiting higher proclivity for this sexual activity. Exchanges involve payment of money (93 percent (ever been paid) and 81 percent (ever paid), gifts and food. A substantial proportion received drugs and alcohol as payment in exchange for sex, and in the same manner, about six percent admitted to have paid drugs or alcohol in exchange for sex

### ***Condom Use***

As pointed out in earlier studies on adolescents in the Philippines (Raymundo and Cruz, 2004; HAIN and UNICEF, 2006; NSO and Macro, 2003), despite the increasing incidence of sexual experimentation among young people, practice of safe sex especially the use of condom is still low. The common explanation for minimal condom use among the young is the lack of information and understanding on the risks involved in early sex. Until recently, young people do not have easy access to contraceptive supplies. Filipino society in general still frowns upon the early sexual practices of young people, thus, providing access to contraceptives is tantamount to encouraging young adults' sexual practices. These realities contribute to young adults' own disapproving view of condom.

Concomitant with young adult's view on condom use is their perception of safe sex practices. Young people tend to associate safe sex with condom use (25 percent). Safe sex is also equated with abstaining from sex (13 percent); avoidance of multiple sex partners (12 percent); and avoiding sex with commercial sex workers (10 percent).

There is universal awareness of condom among OSY (94 percent said they heard about condoms) but only 45 percent know that use of condom during sex can reduce the risk of HIV infection.

More telling is the results of condom use for specific sexual activity that sexually active OSY engaged in. Among OSY respondents with sexual experience, 71 percent reported they had sex in the last six months but only 14 percent are using condom every time they had sex. Eight in 10 said they have never used a condom during sex with regular partner.

Results also show very low level of condom use among the sexually active OSY. Only 14 percent are using condom every time they had sex. In addition, six percent reported that they always carry a condom with them.

### ***STD/STI***

Alarming, OSY feel they are invulnerable to contracting STIs, hence, despite engagement in risky sexual behaviors, only 13 percent had visited a clinic the past six months.

Six in 10 of OSY have heard about sexually transmitted diseases/infections. Gonorrhea is the most commonly cited STD/STI, followed by HIV and AIDS, syphilis, and genital herpes.

About 40 percent of OSY interviewed did not know anything about STIs. These were excluded in the succeeding analysis. The table below shows the commonly cited STD/STIs among those who reported they know about it.

Common symptoms associated with STDs include painful urination (50.4), discharge from penis/vagina (44.3). Loss of weight was also cited by eight percent of respondents as a symptom for STD. Twenty

one percent responded that they did not know any symptom of STD/STI. Other symptoms cited are skin diseases/infection, pain in the abdomen, blood in urine, etc.

When asked of ways to avoid STDs, the most cited ways are: use of condom (31 percent); avoidance of casual sex (23.5 percent) ; avoidance of commercial sex (22.7 percent); and abstinence (18 percent). More males mentioned the use of condom as a way to avoid STD than females. Fifteen percent of OSY however do not know of ways to avoid STD. Other ways cited include use of withdrawal, choosing the right partner, and taking of medicines/antibiotics.

Three percent of sexually active OSY reported they had experienced at least one of the symptoms in the last 12 months (4.8 percent among males and 1.5 percent among females). About the same percentage reported to have had an STD (3.4 percent) or nine out of 262 who answered the question, and most of them are males. This declaration however appears to be mostly self-assessment as half said they just thought they have STD, 37 percent on the other hand were told so by their friends and relatives and only one out of nine was diagnosed by a medical practitioner. Of those who claimed to have STD, only four or (57 percent) received treatment for the STD. Three of the four sought help from clinic or hospital, while one treated himself. One reason cited for not seeking medical help is the fear of detecting an STD or confirming one's self diagnosis. Only two of the seven who reported to have had STD said that they advised their sexual partner to seek treatment for STD. Use of condom and abstinence are the ways cited by respondents who have STDs to prevent spread of STDs.

### ***Access to Reproductive Health Services***

OSY's vulnerability to negative consequences of risk-taking behavior is amplified by their limited access to information. Results of the study showed that only 15 percent of OSY had talked to a peer educator/facilitator or counselor. This opportunity occurs most often in places where OSY usually hang out, as well as in the home which could be part of more proactive efforts of NGOs and local governments to reach out-of-school youth. Clinics and school are also cited as place where young people could talk to a peer counselor or facilitator.

Contraceptives and sex are the main topics discussed by the OSY with the peer counselor. They also talk about relationships and sexually transmitted infections.

When asked if they are aware of persons and places to approach for reproductive health problems, respondents mentioned clinic/hospitals as the main place to approach for RH problem. Curiously, parents were mentioned second as the person to be approached for such problems, followed by the health worker.

Pharmacy is the main source of contraceptives, according to about half of respondents, followed by clinics and hospital. Worth mentioning is the substantial proportion that reported not knowing where and from whom to get contraceptives.

The feeling of invulnerability that permeates young people in general, is also apparent among OSYs. Despite the evident active engagement of OSYs on sexual risk-taking behaviors, only 13 percent had visited a clinic the past six months. This partly explains the low level of contraceptive use found among this group of young people.

Among those who visited a clinic, medical check-up was mentioned as the main reason for the last visit. This is followed by the need to get contraceptives and for pregnancy check-up. Doctors were mentioned as the persons they talked to during their clinic visit.

## Conclusion

In this study, poverty was identified as the underlying factor why a lot of young people are not in school. This alone already puts their social well-being in jeopardy. By not completing their education, their chances for social mobility are also compromised. However, what is more worrisome is the fact that a lot of OSY are not also engaged in any productive activity.

Aside from these external forces, young people's attitude towards sex, their sexual practices and their seeming indifference to possible consequences of their actions require concerted efforts of families, and the state to address young people's needs.

Compared with the general population, OSY appear to be more knowledgeable of consequences of unprotected sex, such as pregnancy and sexually transmitted diseases. This knowledge however does not have an impact on their decision making. To a certain extent, this indifference stems from their lack of optimism to their current condition. Only a small proportion has plans of going back to school and improving their lot.

OSYs are indeed exposed to a wide range of risky options. Compared with the general youth population in the Philippines - they exhibit a more liberal attitude towards sex, with higher percentage engaged in almost all types of sexual practices: multiple sex, commercial sex, sex with the same sex. Experience of non-sexual practices is also high, particularly use of drugs.

Being involved in high-risk sexual behavior, yet, OSYs demonstrate low practice in terms of accessing RH services. OSY need to be aware and develop knowledge on the health issues that pertain to them so that they would decide to practice accessing health services when need arises.

## Recommendations

While government programs have focused on young people in general, there is a need to reach to out of school youth population.

Meanwhile, addressing OSY concerns on sexual and reproductive health cannot be separated from addressing their own social and psychological well-being.

Unlike youth who are enrolled and can be easily accessed in schools, OSY hang out in various places such as in community *tambayan*, street corners, places of work (i.e. factories, markets, small business establishments) and places of entertainment (i.e. pool halls, video arcades, bars). Hence, it is necessary that programs should also be targeted in these locations to ensure that OSY could access these services.

The programs for OSY should not be limited to information campaigns and seminars, but as mentioned by the OSY themselves, they also look for programs that will open more avenues for them to facilitate healthy transition to adulthood. This includes a more general plea for a safer environment free of drugs, livelihood and employment opportunities, alternative learning system, and even sports and recreation activities.

Specifically, the study points to several program and policy directions:

### **Alternative Learning**

- In the long run, there is a need for value change among out-of-school youth. This may require concerted efforts of members of the community to provide OSY with productive activities that will maximize their potentials. The Alternative Learning System of the Department of Education can be explored and institutionalized in the community. Other community-initiated activities may include livelihood skills and training programs which can be conducted in cooperation with the government and NGOs.

- There is a need to promote the holistic development of OSYs with a particular interest in their cognitive-moral development, which determines their ability to discern and make positive or negative choices in life. Programs should target to upgrade their level of discernment in order to lessen their vulnerability to poor judgment and decisions and prevent them from worsening their circumstances. Provide them with formal or informal educational opportunities and intervention programs to increase their cognitive-moral development. The content of the learning curriculum must adapt to their environment and culture to help fast track the development of their full potential.

### ***IEC/Mass Media***

- Communication and information campaigns on healthy sexual and reproductive health are still necessary in reaching the OSY. However, there is a need to reassess the kinds of messages used in order for these campaigns to be more effective. Current campaigns have focused more on highlighting the negative consequences of sexual practices and while there is high recall of such messages among the young, there is no direct link on its effect on subsequent behaviors and practices. One possible strategy is to give emphasis on healthy youth transition, which focuses on the individual's own decision making skills. Aside from providing information and knowledge on sexual and reproductive health, IEC campaigns should also strive to empower the young by recognizing their rights to RH services and information.
- Messages should offer not just factual information, but also offer encouragement to lead a positive life so that OSY could discern on his/her own how to conduct responsible sexual behaviors.
- Because of high usage of the mass media among OSY, it should be used to raise awareness and build knowledge. TV programs should be in local dialect, should contain alternative living lifestyle for out of school, and should not be in a heavy/serious documentary format. Young people are more likely to watch light and fun TV programs. The popularity of soap operas could also be used as vehicle for positive messages on responsible sexual behavior.
- Young people's awareness on safe sex practices should be heightened though greater emphasis on more responsible condom use. IEC materials should address the gap on young people's knowledge on the benefits of condom use, specifically, that it is not only for pregnancy prevention, but more importantly, to prevent transmission of sexually transmitted diseases.
- IEC materials could also be in the form of comics and pamphlets.
- Internet have become very popular among the youth. Circulating RH messages through Friendster, Facebook, chatrooms and blogs and websites would heighten awareness.
- Hotline and TV or radio call-in shows would be popular because of anonymity they can give to OSY without being judged. The hosts for this kind of programs should be emphatic to young people's values, motivation and feelings.

### ***RH Services***

- Primary health care should not be limited to married women but should be extended to young people who are also in need of RH services. This may require retraining of health workers on dealing with young people.
- Having trained RH service provider could easily build rapport and comfort to discuss RH with the youth. There should be no psychosocial barriers that would prevent OSY from seeking services, opening up and participate in discussions.



- A separate Teen Center in the community that caters to young people's concern may be the more ideal set-up. Aside from RH services, the Teen Center can provide a venue for OSY to congregate and learn skills. The Teen Center can also be a venue for training programs and seminars on livelihood skills.
- Schedule services and outreach activities in the afternoon until early evening, or even Saturdays, so that even OSY who are working can visit the center or attend the activity. Peer educators would be the most effective people to run such teen centers.

### ***Community Role***

- OSY still carry a lot of misconceptions about HIV and AIDS. In the absence of a formal learning structure, it is the responsibility of community to address this gap in knowledge on HIV and AIDS among OSY.
- The prevalence of drugs in depressed community further puts OSY at more risks. Programs should address the higher vulnerability of OSY on drug use and the perils it bring not only to their health but more importantly, to their future. This demands greater involvement of the community, including its leaders and law enforcers.
- The study shows that OSY are not able to gather information from lectures and seminars in the community because there are none. Community seminars could provide venue for in-depth discussions. Activities like this should have lots of activities, participatory and use multi-media audiovisual materials.
- Mobilize community support. Involve the parents, leaders and other stakeholders. They could participate in social marketing such as sports sponsorship.

### ***Family Role***

- Involve parents in RH education. Parents too should develop communications skills to respond to the youth's questions and convey sexual values and attitudes. Parents should be able to discuss issues on sexuality and debunk negative myths.
- Engage parents to examine their connectivity with their own children and to reflect on their values relative to their children's sexuality. This can be done through conducting seminars among parents and establishing parents-support group.

### ***Research***

- On research, replicating this study to a larger population that could represent both rural and urban population of OSY may be done.
- This research have an important methodologic finding --- that face-to-face interviews on sensitive sexual topics will yield equally reliable (and most likely) valid results as more discrete procedure of using self-administered questionnaire in sealed envelopes. This means that researchers can use face-to-face interviews in collecting sensitive sexual information from young people like OSY.