



2018 IHBSS

**INTEGRATED HIV BEHAVIORAL
& SEROLOGIC SURVEILLANCE**
TECHNICAL REPORT



2018 Integrated HIV Behavioral and Serologic Surveillance (IHBSS)

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FOREWORD

The continuous rise in HIV cases in the Philippines has been an urgent concern for the Department of Health - Epidemiology Bureau (DOH-EB). Responding to this need, we at the DOH-EB conducted the Integrated HIV Behavioral and Serologic Surveillance (IHBSS).

The IHBSS presents significant data and findings that emphasize the importance of preventive strategies that are specific to each key population. It determines the behavioral dynamics associated with HIV and STI transmission. Results of the IHBSS show that factors such as knowledge on HIV, availability of condoms and lubricants, and access to HIV testing sites and treatment hubs greatly contribute to condom use and HIV testing.

The challenge in flattening the curve continues as our healthcare system creates more proactive programs in managing the HIV epidemic. This warrants an extensive understanding of the behaviors of the different key populations; males and transgender women who have sex with males (MSM & TGW), transgender women (TGW), and female sex workers (FSW).

With continued increase in evidence-based actions toward HIV/AIDS awareness and education, HIV testing, access to treatment facilities, we can reach our goals in achieving better outcomes for the HIV epidemic.



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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral drugs
DOH	Department of Health
EB	Epidemiology Bureau
FFSW	Freelance female sex worker
FSW	Female sex workers
HIV	Human Immunodeficiency Virus
HBSS	Integrated HIV Behavioral and Serologic Surveillance
KP	Key population
MSM	Males who have sex with males
NGO	Non-governmental organization
NHSSS	National HIV/AIDS & STI Surveillance and Strategic Information Unit
NRL/SLH-SACCL	National Reference Laboratory/ San Lázaro Hospital STD/AIDS Cooperative Central Laboratory
PLHIV	Person living with HIV
PPS	Proportional probability sampling
RFSW	Registered female sex worker
SHC	Social hygiene clinic
STI	Sexually transmitted infection
TGW	Transgender women
TLS	Time location sampling
UNAIDS	Joint United Nations Programme on HIV/AIDS
VDT	Venue-date-time
WHO	World Health Organization
YKP	Young key population

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EXECUTIVE SUMMARY

Background. The Philippines has the fastest growing HIV epidemic in the Asia and the Pacific region as annual new HIV infections increased by 203% between 2010 and 2018. In 2018, a total of 13,400 people were estimated to be newly infected with HIV in the country, of whom around two-thirds were young people between 15 to 24 years old.

Reported cases from the HIV/AIDS and ART Registry of the Philippines (HARP) show that an additional 31,766^a people were diagnosed with HIV since the last IHBSS round in 2015, bringing the total number of diagnosed HIV cases in the country to 62,029 from 1984 to 2018. Sexual contact remains the primary mode of transmission accounting for 97% of diagnosed cases between 2016 and 2018. MSM continue to be disproportionately affected by the epidemic comprising 84% of diagnosed cases between 2016 and 2018. Diagnosed cases among TGW have only been recently tagged in the HARP starting 2018, and reports show that a total of 325 diagnosed cases from January to December 2018 were among TGW. Meanwhile, diagnosed cases among females who regularly accept payment in exchange for sex continue to remain low at only 127 from 2016 to 2018.

The Integrated HIV Behavioral and Serologic Surveillance (IHBSS) is fundamental in understanding the country's concentrated epidemic through the in-depth analyses of the risk and protective behaviors among key populations. The IHBSS aims to determine the prevalence of sexually transmitted infections (STI), including HIV; determine behavioral factors associated with the transmission of HIV and other STIs; determine the outcome of STI-HIV intervention programs, and provide strategic information to guide policies, programs, and services.

Methods. The 2018 IHBSS was conducted three years from the previous implementation, a shift from the two-year gap in between rounds as had been the practice from when the country had its first IHBSS in 2005. This was based on the recommendation of the IHBSS Methods Review in 2017, anchored on the absence of any significant changes to be expected in prevalence and behavior within a two-year period. This longer gap between IHBSS implementation also allowed for more in-depth analyses of the results of the previous round and preparations for the next.

Similar to previous rounds, the 7th IHBSS round employed different methodologies appropriate to the key population of interest. Time location sampling (TLS) was done for MSM & TGW, and systematic sampling for FSW. The number of IHBSS sites were reduced based on the methods review recommendations as well. The IHBSS among MSM & TGW was conducted across 13 cities in the country^b, while the IHBSS among FSW was done within the 10 IHBSS sentinel sites. Sample sizes per city and per key population were recomputed. Statistical adjustments were introduced in the analysis to account for the different sampling designs.

Key Findings among MSM & TGW.

HIV and STI prevalence - The HIV prevalence among MSM & TGW who ever had anal sex across the 13 sites was at 5.9% (95% CI: 4.8% - 7.2%). Higher point prevalence among MSM & TGW was detected in the following cities: Quezon City (11.8%), Davao (10.3%), General Santos (7.3%), Cebu City (6.4%), and Iloilo (6.3%). Syphilis prevalence was at 4.0% (95% CI: 3.2% - 4.9%) among MSM & TGW, and 1.0% (95% CI: 0.7% - 1.5%) among FSW. Hepatitis B prevalence among MSM & TGW was at 4.9% (95%CI: 4.1% - 5.9%). Meanwhile, hepatitis C prevalence among MSM & TGW in Cebu City was at 1.6% (95% CI: 0.8% - 3.0%) while for Mandaue City, it was at 0.4% (95% CI: 0.1% - 2.9%).

Demographics - Most (63%) of the MSM & TGW respondents were young between 15 to 24 years old, and male-identifying (55%). Around 30% were female-identifying, and were thus tagged as TGW in the analysis.

a. reported diagnosed HIV cases from 2016 to 2018

b. including the 10 sentinel sites of the IHBSS which are Angeles, Baguio, Cagayan de Oro, Cebu City, Davao, General Santos, Iloilo, Pasay, Quezon City, and Zamboanga City.

While it is expected that venue-based cruising (59%) remained the primary way of finding sex partners among respondents sampled through TLS, a design which depended on cruising behavior in physical venues, it is notable that almost half (48%) of the respondents used online platforms to find sex partners. Moreover, 38% found sex partners through referral from friends.

Sexual milestones - Among the MSM & TGW sampled, the practice of risky behavior started early at around 16 to 17 years old while condom use started two to three years later. This lag between their first sex and first condom use puts them at risk for various STI, including HIV. Moreover, their first HIV test came much later at around 21 years old, giving a smaller window of opportunity for early diagnosis and treatment.

Risks in the past 12 months - Multiple risks were observed among the surveyed MSM & TGW. In the past 12 months from the survey date, 72% of MSM & TGW had anal sex with a male partner, 62% of whom engaged in condomless anal sex. More than half (52%) of MSM & TGW engaged in sex under the influence of alcohol, and 2% engaged in chemsex or used drugs for sex. Sharing or using injecting equipment that has been used by other people among TGW who inject hormones was high at 38%.

Protective behaviors - Many of the MSM & TGW respondents reported having multiple sex partners with low consistent condom use. Only 38% of MSM & TGW used a condom during their last anal sex with a male. Consistent condom use was even lower at only 13%.

HIV Knowledge - Knowledge on HIV transmission and prevention varied across age groups. In general, comprehensive knowledge on basic HIV prevention and transmission facts was below 50%, and was found to be the lowest among the younger age group (15-17 years old). Apart from common misconceptions on HIV (i.e. that a person can get HIV from mosquito bites, using toilet bowls, and by sharing food with someone who is infected with HIV), the respondents also had misconceptions about sex practices specific to MSM & TGW such as that withdrawal before ejaculation prevents HIV transmission (43%), and that taking the insertive role during anal sex has the greater risk for HIV (26%). Awareness on the availability of HIV treatment in the Philippines was at 33%, while only 35% were familiar with the concept of U=U^a. This can impede access of key populations to essential services such as enrollment to life-saving treatment (antiretroviral drugs).

Access to services - Access to condoms varied by age group. MSM & TGW who were minors (15-17 years old) had the lowest access to condoms at 31% compared to those who were already adults (18-24 years old- 45%; 25 & above-56%). Two in three (66%) MSM & TGW were aware of facilities offering HIV testing. However, this awareness did not directly translate to uptake of service since only 32% of MSM & TGW had an HIV test and were aware of their HIV status within the past 12 months. Further, while most (58%) still prefer to get an HIV test from a medical technologist, some responded that for their next HIV test they prefer to self-test (9%) or be tested by someone they know (19%).

Pre-exposure prophylaxis - Further, only a small proportion (8%) of the MSM & TGW population were aware of HIV pre-exposure prophylaxis (PrEP). Low awareness on prevention modalities such as PrEP may mean low uptake among the key population.

Key Findings among FSW.

HIV and STI prevalence - The prevalence of HIV among FSW ranged from 0.02% to 0.3%. Only Cebu City, Iloilo City and Pasay City had HIV-positive female respondents. Prevalence for syphilis among FSW respondents was at 1% (95% CI: 0.7% - 1.5%). Hepatitis B prevalence was at 4.4% (95%CI: 3.7% - 5.3%). Meanwhile, only Cebu City had Hepatitis C-positive respondents, and had a prevalence of 2.0% (95% CI: 0.5% - 5.0%).

Demographics - Most (62%) of the FSW respondents were 25 years old or older. Majority (92%) of the respondents are registered (RFSW) or those who work in an establishment registered to the local social

a. U=U means Undetectable is equal to Untransmittable, referring to the lowered chance of HIV transmission from a person living with HIV who is on effective treatment and has undetectable levels of viral load.

hygiene clinic, while 8% are freelance sex workers (FFSW) or do not work in an establishment. Considering the data collection for FSW was facility-based, clients who participated in the survey were mostly RFSW who were scheduled for clinic visits during the time of interview. In the past 12 months from the survey date, nearly half (47%) did sex work all throughout the year. Moreover, an FSW worked at least three times in a week with a median number of one customer per day or an average of seven clients in a month.

Sexual milestones - Among the FSW sampled, a two-year lag exists between engagement in first sex at around 18 years old, and first condom use which happens at around 20 years old. This lag between first risk exposure and practice of protective behavior puts them at risk for various STI, including HIV.

Risks in the past 12 months - Multiple risks were observed among the surveyed FSW. Fifteen percent had condomless sex with a male client, and 81% had condomless sex with a non-paying partner. About 17% of FSW engaged in group sex, 8% used drugs in the past 12 month, while 4% engaged in chemsex or used drugs for sex.

Protective behavior - Condom use among FSW during sex with their last client was at 85%. However, consistent condom use with male customers was lower at 64%. Moreover, condom use during sex with their last non-paying sex partner was only at 19%. A great proportion of FSW (93%) had access to condoms, and most (90%) of the FSW respondents who received free condoms and lubricants received them from social hygiene clinics.

HIV Knowledge - Only about half (48%) of FSW respondents had comprehensive knowledge on the five basic facts of HIV prevention and transmission. Moreover, only 57% were aware that there is a way for women living with HIV to get pregnant and have children without transmitting HIV to her baby. There is an even lower level of awareness on availability of free HIV treatment in the Philippines among FSW at only 45%.

HIV Testing - Eighty-four percent of FSW received information on where they can get tested for HIV in the past 12 months. However, only 54% were aware of their HIV status in the past 12 months.

Conclusions and Recommendations. The recommendations from this report put emphasis on continuing, revisiting and strengthening the current local HIV investment and delivery of interventions in the country. The recommendations include addressing gaps in various aspects of program delivery such as knowledge on HIV, exposure to HIV interventions, condom use and access while taking into account its sensitivity, appropriateness, and effectivity among various age groups. Recommendations for future surveillance activities are also included.

Programmatic Recommendations

- Evidence from the 2018 IHBSS reinforces the country's success in curbing the HIV epidemic among FSW, especially those working in establishments. The strong HIV and STI program among establishment-based FSW needs to be sustained in order to continuously control the HIV epidemic among this population and prevent transmission to their clients.
- FSW may benefit from receiving integrated services for HIV, hepatitis B, and other STIs given that a higher hepatitis B prevalence was measured among the respondents compared to those of HIV and syphilis. The program can capitalize on the strength of the current service delivery model for HIV among FSW, and provide integrated services at SHCs where FSW frequent.
- In addition to HIV prevalence, syphilis, and hepatitis B prevalence among the MSM & TGW respondents were also high which signals the need to strengthen the STI program and surveillance among these populations.
- MSM & TGW continue to engage in high risk behavior with minimal protection, especially those who are young (15-24 years old). Interventions specific to young key populations (YKP) need to be strengthened, and access to these interventions ensured. Specifically, YKP would benefit from increased and early access to condoms and HIV testing.
- MSM & TGW are exposed to multiple risks for HIV (i.e. condomless anal sex, chemsex, sharing of needs). Given that our key population groups have varying sexual behavior and risks, expanding options for HIV prevention for our different key populations that would tailor fit their behavior and specific needs

must be made available. There is a need to make them aware of the various options they have to protect themselves, such as PrEP, risk reduction, and getting regularly tested and becoming aware of their status, appropriate to their needs.

- HIV treatment literacy, not only for PLHIV, but for the general MSM & TGW cohort needs to be improved. Particularly, awareness on U=U which promotes HIV prevention.
- Findings point to the need to strengthen behavior change communication among MSM & TGW by including messages relevant to their lived experience. These can address misconceptions that influence the risks MSM and TGW engage in (i.e. believing that withdrawal of the penis prior to ejaculation prevents HIV transmission and incorrect information regarding the risks involved with the different role one takes during anal sex). Messages tackling high risk behaviors less commonly talked about such as chemsex, may also contribute to the adoption of harm reduction strategies and the uptake of services among MSM and TGW at greater risk.
- Leveraging proven online strategies that focus on MSM & TGW who use geosocial networking sites to find casual sex partners can significantly expand the current reach of demand generation for HIV prevention and other services. Since finding sex partners through online platforms is also common even among MSM & TGW in cruising sites, reaching them through these platforms with effective interventions will thereby complement the conduct of outreach activities in physical venues and events. Doing so will also reach those who no longer frequent traditional MSM venues.
- Noting that HIV testing uptake remains significantly below program targets despite higher awareness on HIV testing facilities, MSM & TGW may benefit from differentiated testing. Expanded options for HIV testing may encourage particularly those who expressed that they would prefer to get an HIV test from someone they know other than a health professional, or to self-test for HIV.

Surveillance Recommendations

There is a need to revisit and modify the methods of the IHBSS given the ever dynamic behaviors of the different key populations. Appropriate methods to properly sample and capture the various target key populations must be determined through an IHBSS Surveillance methods and tools review, along with review of the sites of IHBSS implementation.

- *For FSW* - Since the 2018 IHBSS primarily captured establishment-based FSW through its facility-based methodology, there is a need to explore the profile and behaviors among freelance FSW who are less exposed to current HIV interventions.
- *For MSM & TGW* - Given that a significant proportion of a predominantly venue-based cruising sample of MSM & TGW used online platforms to find sex partners, the country may benefit from adding an online component to the IHBSS. This will provide better insights on the risks, sexual networks, and exposure to services of MSM & TGW who primarily find partners online. Moreover, other alternative methods may also be explored under expert guidance given that the TLS methodology has been in use since 2005.
- *For TGW* - To further understand the profile, and risk and protective behaviors of TGW in the country, the conduct of a formative assessment focused on this key population is recommended. The assessment can also provide insights on how best to survey TGW in an actual IHBSS.

INTRODUCTION

The rise in HIV cases in the Philippine is alarming. In 2017, UNAIDS announced that the Philippines has the fastest growing HIV epidemic in the Asia and the Pacific region, which it maintained in 2018 as annual new HIV infections increased by 203% between 2010 and 2018. In 2018, a total of 13,400 people were estimated to be newly infected with HIV in the country, of whom around two-thirds were young people between 15 to 24 years old.

Reported cases from the HIV/AIDS and ART Registry of the Philippines (HARP) show that an additional 31,766* people were diagnosed with HIV since the last IHBSS round in 2015, bringing the total number of diagnosed HIV cases in the country to 62,029 from 1984 to 2018. Sexual contact remains the primary mode of transmission accounting for 97% of diagnosed cases between 2016 and 2018. Other modes of transmission, including sharing of needles and mother-to-child transmission contribute a lower proportion but have also been increasing (HARP, 2018).

Given the concentrated HIV epidemic in the Philippines, it is important for HIV surveillance to gather data among key populations who are at increased risk of HIV due to practice of specific high-risk behaviors such as unprotected sex with multiple partners, unprotected anal sex, and sharing of needles and syringes when injecting drugs. MSM continue to be disproportionately affected by the epidemic comprising 84% of diagnosed cases between 2016 and 2018. Diagnosed cases among TGW have only been recently tagged in the HARP starting 2018, and reports show that a total of 325 diagnosed cases from January to December 2018 were among males who identified themselves as women (TGW) at the time of testing. Diagnosed cases among FSW continue to remain low at only 127 from 2016 to 2018.

Since its establishment in 2005, the Integrated HIV Behavioral and Serologic Surveillance (IHBSS) has been conducted by the DOH-EB NHSSS Unit every three to four years in order to provide an in-depth understanding of the HIV situation among key populations in the Philippines. The 7th round of the IHBSS was conducted in 2018 among MSM, TGW, and FSW in 13 study sites nationwide. The study design was kept nearly the same as previous rounds in order to ensure that trends analysis and data comparisons were possible. Changes in the design for this round were made in response to the recommendations of an IHBSS methods review conducted in 2017 by a team of HIV surveillance experts from WHO-Geneva, WPRO and the Robert Koch Institute. The 2018 IHBSS also considered the need to measure emerging risk behaviors among key population groups (i.e. chemsex), changes in social and sexual networks (i.e. online/social media networks), and innovations in HIV strategies for prevention and testing (i.e. condom access points, community-based HIV screening [CBS], etc.).

This technical report will discuss the methodology, results, key findings, and recommendations of the 2018 IHBSS among MSM & TGW and FSW.

*Reported diagnosed HIV cases from 2016 to 2018

GOALS AND OBJECTIVES

Similar to the previous rounds, the 2018 IHBSS has the following objectives:

1. To determine the prevalence of HIV and other Sexually Transmitted Infections (STI) among the most at risk key populations and establish a trend over time
2. To determine behavioral factors associated with the transmission of HIV and other STIs, and its effect on the HIV epidemic in the country
3. To determine the outcome of intervention programs for HIV and other STIs
4. To provide strategic information to guide policies, programs, and services for HIV and other STIs

The results of IHBSS provide data in planning and strategizing HIV prevention and control programs in the Philippines.

METHODOLOGY

Following the WHO and UNAIDS HIV surveillance guidelines, the IHBSS include a face-to-face behavioral survey and collection of blood specimen for laboratory testing of HIV, Syphilis, Hepatitis B for all respondents, and Hepatitis C among Cebu-based respondents. Further discussion on the sampling and data collection process are discussed in the specific sections.

PHASES OF IMPLEMENTATION

The implementation of the 2018 IHBSS to all the key population groups consisted of five phases (Figure 1).

Phase 1: Pre-implementation phase. This phase involved desk review by the 2018 IHBSS Management Team wherein the following were reviewed to inform revisions in the protocol: site selection, sample size, 2017 IHBSS Methods Review, WHO and UNAIDS HIV Surveillance guidelines. Engagement of stakeholders and gathering pertinent data for IHBSS were also done at site-level. Meetings with stakeholders (e.g. local chief executives, site coordinators, KP engagement) were conducted wherein they were updated on the local HIV situation and the purpose of IHBSS. Also, engagement of key population groups was done in this phase through focus group discussions. This was done to assess the engagement of the community. Local terms related to sex and HIV, and possible venues for mapping were also gathered.

Phase 2: Sampling frame and selection of sampling units. The type of sampling employed depended on the key population group under study. For the IHBSS among MSM & TGW, the IHBSS teams per site were oriented on the mapping protocol and tools. Venues for sampling were identified through the review of previous venues, and the conduct of key informant interviews to identify additional venues and mapping. These venues were validated through on-site visits to mapped venues. Other details will be further discussed in their respective sections.

Phase 3: Data collection phase. The on-site data collection teams were oriented on the data collection protocol, questionnaires, and specimen collection. DOH-EB assisted the teams in finalizing their sampling calendars to schedule data collection. Data was gathered through face-to-face interviews using the standard questionnaire. Blood samples were collected on-site. Questionnaires were also validated on-site for consistency and completeness. Accomplished questionnaires and forms were forwarded to DOH-EB. Processed blood specimens were shipped to NRL-SACCL.

Phase 4: Data processing and analysis. The 2018 IHBSS Management Team at DOH-EB NHSSS Unit validated the questionnaires and forms to ensure completeness. Questionnaires were also scanned centrally by the team through Optical Mark Recognition (OMR) software. Testing and encoding of serologic samples for HIV and STI were done by NRL-SACCL. Data cleaning and analysis were done by the 2018 IHBSS Management Team. Results were synthesized and triangulated with other data sources for better interpretation.

Phase 5: Dissemination and technical report development. This phase involved the creation of the 2018 IHBSS factsheets and technical report with the assistance from an external agency contracted by UNAIDS. Also, pertinent information from the 2018 IHBSS was disseminated to local and national stakeholders for improvement of HIV & STI programs prior to dissemination of factsheets and technical report.

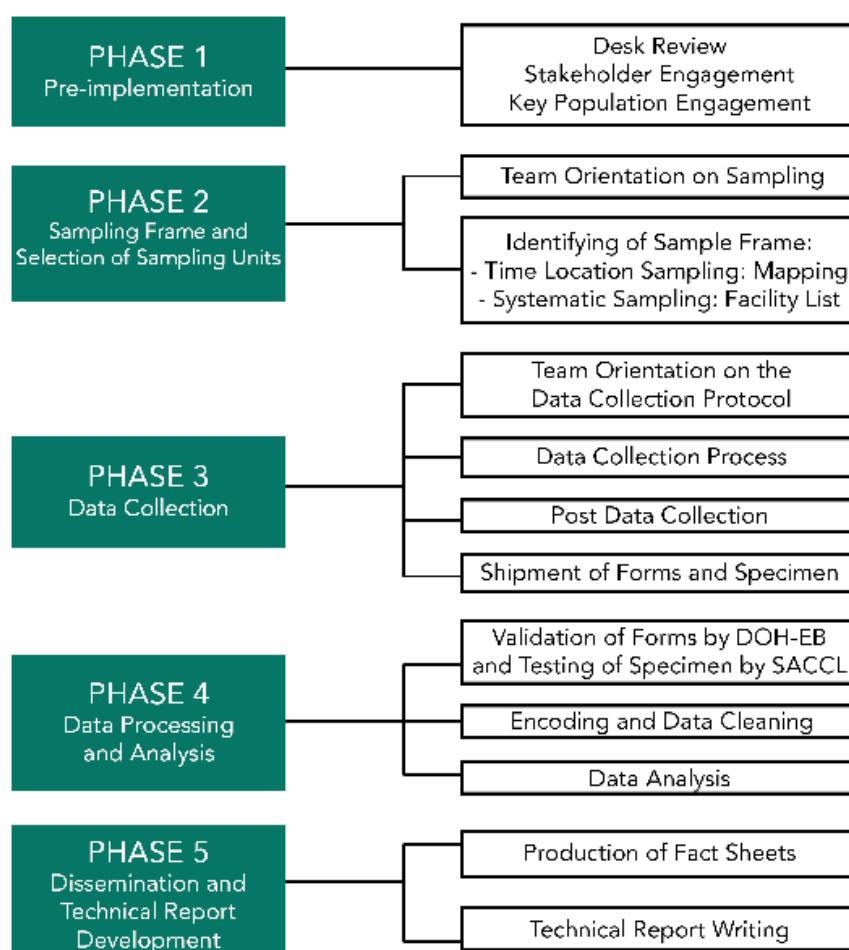


Figure 1. Phases of IHBSS Implementation

SELECTION OF KEY POPULATIONS AND SITES

Key populations and sites surveyed were based on a defined set of criteria following the need to provide strategic information for policy and program development for all stakeholders at the local, regional and national level. Table 1 describes the operational definition of the key populations included in this IHBSS round.

Table 1. Key populations included in the 2018 IHBSS

Key population/vulnerable group	Operational Definition
Males who have sex with males and transgender women (MSM & TGW)	Assigned sex at birth is male 15 years or older Reported having oral or anal sex with another male in the past 12 months
Female sex workers (FSW)	Born female 15 years or older Has accepted payment (cash or kind) in exchange for sex in the past 30 days with a male

Surveillance sites for each key population were selected based on the following criteria:

- High HIV prevalence, and/or increasing number of HIV cases based on the HIV, AIDS, and ART Registry of the Philippines;
- Key population size;
- Consistency of reporting (refers to sites that consistently reports to DOH-EB, which includes sentinel sites, and Global AIDS Monitoring [GAM] sites);
- Presence of a Social Hygiene Clinic (SHC) or a facility that offers STI and HIV services in the city;
- Geographic representativeness; and
- Willingness of the site to conduct IHBSS.

Thirteen (13) cities were selected for the MSM & TGW IHBSS and ten (10) for FSW as shown in Table 2.

Table 2. Selected sites per key population/ vulnerable group

Region	2018 IHBSS sites	MSM & TGW (13)	FSW (10)
NCR	Pasay		
	Quezon City		
	Taguig		
Region 3	Angeles		
Region 6	Iloilo		
Region 7	Cebu		
	Mandaue		
	Talisay City, Cebu		
Region 9	Zamboanga		
Region 10	Cagayan de Oro		
Region 11	Davao		
Region 12	General Santos		
CAR	Baguio		

SAMPLING METHOD AND SAMPLE SIZE

The 2018 IHBSS adapted the same cross-sectional study design as the previous IHBSS rounds to ensure that data would be comparable across rounds. The following sampling methods were used in selecting respondents: time location sampling for MSM and TGW, and proportional probability sampling for FSW. These will be discussed in their respective sections along with the sample size. Summary of the sampling method for each key population by surveillance year is detailed in Annex A.

TOOLS

The 2018 IHBSS utilized questionnaires and forms specific to the key populations sampled. A unique respondent code was assigned to each respondent to ensure anonymity and for linkage of survey questionnaire to blood sample results.

Questionnaires. Specific questionnaires were developed for each key population and were pre-tested prior to data collection. Sections on service delivery (i.e. names of SHC in the locality) were also tailor-fitted to the study site. The questionnaires were made in English-Tagalog and English-Bisaya versions depending on the primary language used by the site.

Revisions to the questionnaire were based on the updated analysis framework (see Annex B) and on the results of the pretest. All the questionnaires contained the following:

- Screening questions that were used to determine the eligibility of the respondent to the study;
- Consent form to participate in the study; and
- Tracking record where a respondent ID (RID) was assigned to each respondent. Names were not asked during the process and the respondents were not requested to sign any document.

The questionnaires were divided into different sections. For all questionnaires, the respondent's background characteristics served as the first section to enable rapport-building between the interviewers and respondents prior to asking the more sensitive questions. The questionnaires for the 2018 IHBSS can be found in the annex portion of the document.

Forms. Different forms were also used per key population following the design of their respective IHBSS. Some of the following forms, however, were used in the implementation for all key populations:

1. Consent Form
2. Event Attendance Sheet
3. Interviewer Tracking Form
4. Laboratory Tracking Form
5. Questionnaire Shipment Form
6. SACCL Shipment Form
7. Shipment Tracking Form

ETHICAL CONSIDERATIONS

Verbal informed consent. Verbal informed consent among eligible respondents were gathered prior to blood draw and interview. All respondents were informed of what the IHBSS is, its purpose, benefits and risks of participating, and who were involved in conducting the survey (i.e. Department of Health and City Health Department). Social workers were part of the data collection team to obtain informed consent for respondents aged 15 to 17 years old who were eligible for the survey.

All the respondents were informed that their participation was voluntary regardless of the sampling methodology, that they may withdraw from the study anytime, and refuse to answer any questions without incurring any penalty or loss of benefits. Respondents were not provided with pre-test counselling as this was conducted in a surveillance setting, but HIV screening results and post-test counselling were provided by a social worker who was part of the data collection team. Minors were also guided by social workers by ensuring that they were safe and referred to appropriate services after the interview.

Confidentiality and Privacy. The confidentiality and privacy of the respondents were ensured during the data collection. However, if the information obtained was life-threatening or an immediate action was required, the team member with the information informed the site coordinator directly for appropriate actions. Each member of the local field surveillance team was asked to sign a confidentiality agreement emphasizing non-disclosure of any information gathered in the IHBSS to outside parties.

Risks. The study involved minimal physical risk as the respondents were asked to participate in a blood draw. The respondents were informed when obtaining consent that the blood draw may involve bleeding, bruising, fainting, or light-headedness. To minimize this risk, the study hired trained medical technologists to draw the blood. An adequate supply of new, sterile, and disposable needles was ensured.

Participants may be put at risk if their identity is revealed. To ensure anonymity, the respondents were assured that the questionnaires and the blood samples will not contain any personal identifier (only an identification number). The respondents' names and other identifiers were not collected. Interviews were conducted in private spaces within the surveillance area to protect the respondents' privacy.

The local chief executive of each site endorsed the conduct and schedule of the IHBSS implementation to the local police to ensure safety of the local IHBSS team and respondents during data collection. Teams were also advised to avoid "unsafe" locations for data collection such as areas with presence of armed conflict, areas under military surveillance, places where a street fight was taking place, areas where a police raid was on-going, sites where the terrain was too treacherous, or areas that cannot be reached by a vehicle.

Benefits to participants. Benefits from participating in the study included receiving information on HIV, and free condoms and lubricants. Misconceptions about HIV were also corrected after the interview. The respondents were also given an appreciation card that provides information on free testing and HIV services. The appreciation card will inform the respondent the following services from the participating social hygiene clinic: (1) free HIV testing, (2) free syphilis test and treatment; and (3) free supply of condoms and lubricants.

Ethical considerations were observed during the conduct of the 2018 IHBSS. The study was approved by the Single Joint Research Ethics Board (SJREB) convened by the Department of Health.

DATA PRESENTATION

Frequencies, estimated proportions, and 95% confidence intervals for the proportions are presented for categorical variables. To improve interpretation and precision of the weighted data, responses to multiple choice questions have been regrouped in some cases. Categories that received only a minimal response were often grouped as “others”, unless considered of special importance. Responses to numerical variables (e.g. age, number of sex partners, etc.) are presented as median and range.

The results section provides weighted data for MSM & TGW that have been aggregated for all 13 sites, while unweighted data aggregated for all 10 sites were presented for FSW. In the tables, the following symbols were used:

- N - refers to the denominator or number of participants who provided a response to the question item (e.g. highest educational attainment)
- n - numerator or number of participants in the given response category (e.g. elementary graduate)
- % - percentage of the population that is estimated to belong to the given response category
- 95% CI - estimated 95% confidence interval for the estimated percentage; the interpretation is that if the survey were repeated many times, 95% of the estimated percentages would fall in this interval

Weighted city-level data for MSM & TGW and unweighted city-level data for FSW are reflected in the Factsheets (Annex).

LIMITATIONS

Findings described in the following sections should be interpreted while keeping in mind the limitations of the estimates. While the 2018 IHBSS applied recommended survey strategies for surveillance studies among hard-to-reach populations - strategies that include time location sampling - there are limitations due to the inherent difficulties of generating representative estimates for these groups.

- 1. Social undesirability bias due to face-to-face interviewing.** The face-to-face method of survey administration may have led to underestimation of socially undesirable behaviors such as multiple sex partners, selling sex, unprotected sex, drug use, or sharing needles, and introduced bias regarding views on HIV and use of health services.
- 2. Sampling bias.** For MSM and TGW, the findings of this survey may be limited to accessible VDTs, and events sampled considering that unsafe venues and venues which did not meet the criteria during mapping were excluded from the sampling frame.
- 3. Representativeness.** Acknowledging that MSM and TGW may use different platforms to socialize and find sex partners such as online applications and websites aside from cruising physical venues, the findings may be limited to the segment of the population who frequents physical venues and events to find sex partners.

Moreover, no separate sampling was done for TGW. An analysis of the IHBSS data among respondents who identified themselves as women during the of interview was done and results were made available through this report and the TGW Factsheet (See Annex). The data, however, represents the TGW from the sampling for the IHBSS for MSM & TGW.

For the IHBSS among FSW, findings are limited to those who visit the social hygiene clinic, who were mostly establishment-based FSW. Freelance female sex workers who do not visit the social hygiene clinic were not captured in the surveillance.

MALES HAVING SEX WITH MALES AND TRANSGENDER WOMEN (MSM & TGW)

SURVEY METHODS AND ANALYSES

SAMPLING METHODOLOGY

Time Location Sampling (TLS) has been used for the MSM & TGW IHBSS in the Philippines since 2005. It is used to recruit “hard to reach” target populations at specific times and in set venues (Karon, 2012). TLS is a probabilistic method where recruitment is done by sampling locations based on the date and time when the location was most frequented by the target population.

SAMPLE SIZE

The sample size for MSM & TGW IHBSS was established at 300 participants per key population per city since 1997. This sample size was computed using Lot Quality Assurance Sampling, with the objective of determining whether HIV prevalence had exceeded 1%. This was an early warning system for HIV prevention and control.

For the 2018 IHBSS, target sample size per site for MSM & TGW was computed using the formula for sample calculation by two-proportions in order to ensure that the sample size per site is sufficient to detect at least a 10-percentage point change in HIV prevalence among MSM & TGW from the 2015 data. Results of the 2015 IHBSS, budget limitations, and feedback from site consultations on the feasible sample size for recruitment were also major considerations in the sample size computation.

For 11 of the 13 sites, the target sample size was set at 300 given the results of the sample size computation. Based on computation, the sites which required more than 300 were Quezon City and Cebu City (600 and 460, respectively).

Table 3. Males who have sex with males and transgender women (MSM & TGW)
target sample size per site

Region	2018 IHBSS sites	Target sample size
NCR	Pasay	300
	Quezon City	600
	Taguig	300
Region 3	Angeles	300
Region 6	Iloilo	300
Region 7	Cebu City	460
	Mandaue	300
	Talisay City, Cebu	300
Region 9	Zamboanga	300
Region 10	Cagayan de Oro	300
Region 11	Davao	300
Region 12	General Santos	300
CAR	Baguio	300

MAPPING

Mapping the venues where MSM & TGW congregate was crucial to TLS data collection as this provided the sampling frame for data collection. Local mapping teams were formed composed of people who were familiar with the cruising venues among MSM & TGW in the community. On-site training was done prior to the mapping process by the 2018 IHBSS Management Team. Guidance was also provided during the actual mapping process.

The process started with a desk review (e.g. list of venues from previous rounds) and group discussions with MSM & TGW to assess their engagement, determine the local terms used, and to identify possible venues and activities where they congregate.

The mapping of activities began by listing the upcoming occasions or events known to the local IHBSS team where MSM & TGW were expected to gather (e.g. eyeballs, beauty contests, sports activity, etc.). Interviews with key informants were conducted to verify the upcoming activities and to identify additional events. The process of interviewing key informants and identifying events was repeated until there were no new events or key informants left. The events identified were confirmed by coordinating with the leader or organizer of the activity and verifying with them the location and date of the activity. The team ensured that all activities listed were within the data collection period.

As for the geographic mapping, the team prepared the list of all venues where MSM & TGW congregate. The list prepared included the venues from the previous IHBSS rounds, results of the pre-mapping activity, and venues of outreach activities. Focus group discussions were conducted with key informants in the community to validate the list compiled and identify additional venues. All the venues identified were visited by the team to identify if the venue still existed. Moreover, one to two potential respondents were interviewed in the venue to determine the peak day and time, number and profile of MSM & TGW, safety of the venue, and ask for additional venues they were aware of.

The final list of validated venues and activities with their respective peak day and time served as the sampling frame from which sampling events were randomly selected for each IHBSS site. Each venue-date-time (VDT) unit in the final list was ensured to have at least 10 MSM & TGW was safe for data collection. VDT units were randomly selected from the final list and plotted in the sampling calendar. The sampling calendar is the 20-day data collection schedule containing all randomly selected VDT units for data collection. In circumstances when a VDT becomes ineligible for data collection (i.e. unexpected closure, cancellation of the event, inclement weather), replacements were allowed. New VDTs from the remaining list were randomly selected to replace those which have been cancelled.

DATA COLLECTION

Prior to data collection, the local data collection teams were trained on-site by the 2018 IHBSS Management Team. The local team was composed of the site coordinator, team leader, medical technologist, interviewers, validator and social worker. An external monitoring and quality assurance officer was also assigned per site to monitor the data collection process.

The data collection process for the IHBSS is called the sampling event. It consisted of four stages.

Pre-recruitment stage. This stage was primarily focused on the preparation of the local data collection team for the upcoming sampling event. The team ensured they have access to the event or venue, coordinated with the specific personnel regarding the activity (e.g. organizers, barangay officials, etc.), and prepared all the materials for data collection. Attendance of each team member was also checked prior to starting a sampling event. Upon arrival at the venue, the team members were placed in strategic positions to ensure effective data collection.

Recruitment stage. At each sampling event, the team leader decided on one type of enumeration (i.e. line-based, area-based, moving line) to recruit respondents. The interviewers approached potential respondents (looks to be born male and 15 years old and above) who crossed into the enumeration line or area. Potential respondents were then screened for eligibility. Consent was then secured from eligible respondents.

Data collection stage. Eligible respondents who provided their consent were accompanied to the blood extraction area for blood draw and then invited to a private location on-site for the interview which took around 45 minutes on average. After the interview, misconceptions on HIV were corrected, and condoms, lubricants, and an appreciation card containing information on HIV services within the areas were provided to the respondent. Results of the HIV screening were released on-site by the social worker to adult respondents who wanted to know their test result. Key messages on HIV prevention were provided to respondents whose screening results were negative. Those with reactive screening results were counselled by the social worker and referred to the local social hygiene for facility-based HIV testing and counselling. HIV screening results were not provided on-site to minor respondents. Instead, they were advised to go to the local social hygiene clinic to get their results and receive proper counselling. The social worker guided them throughout this process.

After each of the interview was done, the accomplished questionnaire was checked by the on-site data validator to check for completeness and consistency of the answers.

Post data collection stage. After the sampling event, the team leader ensured all documents and forms were complete. For each questionnaire, it was ensured that an RID was placed, the consent form was signed, and the number of questionnaires and test tubes or blood specimen matched. Furthermore, the medical technologist prepared the blood samples for storage and shipment.

All forms and questionnaires were shipped to DOH-EB, while blood specimens were shipped to NRL-SACCL for processing.

DATA PROCESSING AND VALIDATION

Questionnaires were reviewed on-site by the local team to ensure completeness and consistency. Once complete, questionnaires were shipped to DOH-EB for central-level validation. At DOH-EB, the team ensured that the questionnaires were properly marked, and unnecessary marks were removed (e.g. pencil marks). The questionnaires were then scanned using Optical Mark Recognition (OMR) software. OMR software then generated tables through the captured markings on the questionnaire which served as the raw behavioral dataset. The behavioral dataset was merged with the lab results. The datasets were further processed using Stata 12.0. Any inconsistencies noted during the data cleaning process were resolved by referring to the actual copy of the questionnaires.

Common data issues include inconsistency of answers to some items with skipping patterns, and blank or missing responses. Skipping pattern issues were resolved by considering the response to the filter question. For blank responses, data were retained as missing.

The 2018 IHBSS Management Team also reviewed if all respondents met the eligibility criteria. Responses of those who did not meet the criteria (e.g. less than 15 years old based on birth date or did not have a male sexual partner in the past 12 months) were excluded from the analysis. Responses from those who were full-time establishment-based male sex workers were also excluded from analysis because of potential bias that may lead to skewness of data (e.g. higher condom use and HIV testing coverage).

WEIGHTING AND STATISTICAL ADJUSTMENT

Statistical adjustments were included in the analysis of the TLS samples for MSM & TGW to make the estimates more representative of the underlying survey populations. These adjustments included applying sampling weights to account for differences in the probability of selection into the study and clustering of participants by venue. The sampling weight for each participant was calculated as the inverse of the probability of selection as shown below:

Stage 1: Probability of enrollment from the recruitment event

The enrollment probability, $P(\text{enroll})$, was not calculated directly from actual counts at each recruitment event because these counts were often unreasonably high, and they reflected all who appear to be born male present rather than being limited to MSM & TGW only. Instead, enrollment probability was approximated by dividing the number enrolled at the event by key informants' best estimates of the number of MSM & TGW typically present at the same venue during the peak times given by the key informants during mapping. Best estimates and a range were provided. When the best estimate was not provided or exceeded the actual number enrolled, the maximum estimate was used instead.

The enrollment probability, $P(\text{enroll})$, was calculated as:

$$P(\text{enroll}) = \frac{\text{Number of participants enrolled at the VDT}}{\text{Key informants' best estimate of MSM \& TGW typically at the venue}}$$

Note that $P(\text{enroll})$ is the same for participants from the same VDT. (2)

Stage 2: Sampling weight for city-level estimates

Finally, the sampling weight for city-level estimates was calculated as:

$$\text{weight}_{\text{trim}} = \frac{1}{P(\text{enroll})}$$

The distribution of the weights in each population were examined by identifying extreme values. To reduce the effect of outliers and given some uncertainty in the weights due to data quality of the mapping counts, 5% trimmed weights were used in the final analysis.

The data were reviewed, and measures were developed using Stata 14.0.

DEMOGRAPHICS

RESPONDENTS

A total of 4,098 respondents were interviewed across 13 sites in the country (Table 4). These cities include the following: Angeles, Baguio, Cagayan de Oro, Cebu, Davao, General Santos, Iloilo, Mandaue, Pasay, Quezon City, Taguig, Talisay City, and Zamboanga City.

Table 4. Number of respondents by site

	N
All sites	4098
Angeles City	194
Baguio City	300
Cagayan de Oro City	298
Cebu City	459
Davao City	301
General Santos City	299
Iloilo City	303
Mandaue City	306
Pasay City	301
Quezon City	427
Taguig City	310
Talisay City, Cebu	300
Zamboanga City	300

CHARACTERISTICS OF THE SURVEYED POPULATION

Majority of the respondents (89%) live in the city where they were interviewed. Respondents' median age was 22 years old (range 15-67), and 50% belong to the 18-24 year old age group (Figure 2).

Almost all (95%) respondents attained at least a high school level education (Table 5). In addition, 32% of the respondents were currently studying, and 53% were currently employed at the time of the survey. Of these respondents, 86% were working in the same city where they were interviewed. Only 3% worked abroad within the past five years.

Ninety-seven percent of the respondents were single, while only 2% were married and living together with a spouse (Table 5). In addition, 16% of the respondents reported living with a partner; among which, 60% were male partners.

PHILHEALTH

Nine in ten (91%) respondents were aware of PhilHealth, of whom 48% reported to be members at the time of the survey as shown in Table 5.

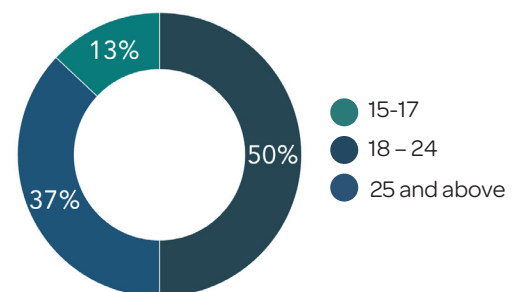


Figure 2. MSM & TGW: Age Group (N = 4098)



Table 5. Background characteristics of MSM & TGW

	N	n	%	95% CI
Age group (years)				
15-17	4098	574	13.1	[11.36-15.04]
18-24	4098	1961	49.6	[46.81-52.35]
≥25	4098	1563	37.3	[34.58-40.16]
Live in same city as interview	4097	3690	88.5	[85.51-90.98]
Enrolled in school year 2017-2018	4093	1238	32.0	[28.46-35.66]
Highest educational attainment				
High school level/graduate	4094	1973	45.4	[42.18-48.65]
College level/graduate	4094	1690	44.5	[40.97-47.98]
Elementary level/graduate	4094	210	4.8	[3.98-5.76]
Vocational course	4094	166	3.9	[3.24-4.65]
Postgraduate level/graduate	4094	41	1.1	[0.74-1.69]
Did not attend school	4094	14	0.4	[0.17-0.79]
Employment status				
Unemployed	4091	1936	47.0	[43.71-50.22]
Employed	4091	2155	53.0	[49.78-56.29]
Among employed respondents, working in the same city as interview	2147	1874	85.7	[82.01-88.70]
Working student	4090	141	4.0	[3.08-5.09]
Worked abroad in the past 5 years	4098	127	3.2	[2.57-3.87]
Civil status				
Never married/single	4094	3975	97.3	[96.56-97.84]
Married & together	4094	90	2.0	[1.57-2.65]
Separated/annulled	4094	19	0.5	[0.31-0.86]
Widowed	4094	10	0.2	[0.09-0.34]
Currently living with a partner	4098	662	15.9	[14.45-17.51]
Sex of partner among those who live with a partner				
Male	651	362	59.2	[53.12-65.01]
Female	651	289	40.8	[34.99-46.88]
Aware of PhilHealth	4095	3723	90.5	[88.98-91.75]
PhilHealth member	3719	1753	48.3	[45.46-51.21]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses.

Percentages and corresponding confidence intervals are weighted.

The Philippine Health Insurance Corporation (PhilHealth) is a DOH-attached government corporation tasked to implement the National Health Insurance Program.

SEXUAL ORIENTATION, GENDER IDENTITY, AND EXPRESSION (SOGIE)

More than half (55%) of the MSM & TGW respondents identified as men, while 30% identified as women (Figure 3). About 14% identified as both man and woman, while 1% did not identify themselves to either gender. In terms of gender expression, 63% expressed as masculine in terms of look, clothing, and behavior regardless of gender identity; 30% expressed as feminine, and 7% expressed themselves both masculine and feminine as shown in Figure 4. Half (50%) of the MSM & TGW were more attracted to males, 28% were attracted to females, while 22% were attracted to both males and females (Figure 5).

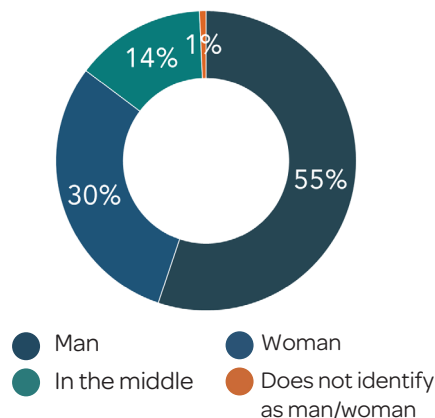


Figure 3. MSM & TGW: Gender identity (N = 4095)

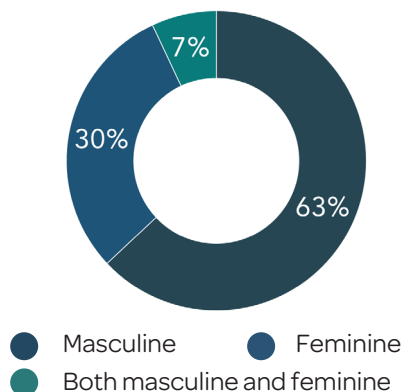


Figure 4. MSM & TGW: Gender expression (N = 4094)

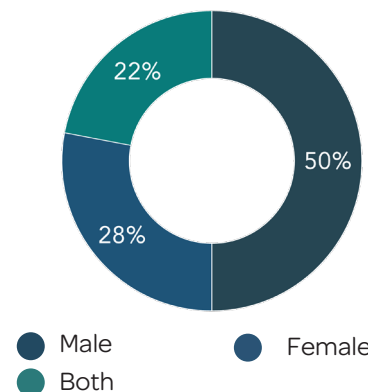


Figure 5. MSM & TGW: Sexual attraction (N = 4083)

FEMINIZING ENHANCEMENTS

Among all the respondents, 18% reported to have ever used feminizing enhancements (Table 6). Among them, 72% identified as a woman, 18% as a man, and less than 1% as non-binary.

Hormonal use, whether orally (13%) or by injection (7%), was the most common method used. Less than 1% of MSM & TGW respondents have undergone a gender reaffirming surgery. Moreover, sharing of needles was observed among MSM & TGW respondents who injected feminizing hormones (35%).



Table 6. Use of feminizing enhancements among MSM & TGW

	N	n	%	95% CI
Use of feminizing enhancements	4098	725	17.6	[15.53-19.87]
Gender identity, among those who used feminizing enhancements				
Woman	724	516	72.4	[68.35-76.11]
Man	724	141	17.9	[14.71-21.52]
In the middle	724	63	9.3	[7.25-11.84]
Does not identify as man/woman	724	4	0.5	[0.16-1.24]
Type of feminizing enhancements				
Take feminizing hormone pills	4098	508	12.6	[10.81-14.59]
Inject feminizing hormones	4098	280	7.0	[5.81-8.36]
Breast padding	4098	78	1.8	[1.34-2.45]
Breast surgery (implants)	4098	43	1.0	[0.68-1.45]
Hip injection/surgery	4098	32	0.9	[0.57-1.33]
Hip padding	4098	41	0.8	[0.56-1.29]
Sexual reassignment surgery/gender reaffirming surgery	4098	4	0.1	[0.03-0.37]
Sharing of needles or syringe among respondents who inject feminizing hormones in the past 12 months	269	95	35.1	[27.80-43.12]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

SEXUAL RISKS AND BEHAVIOR

SEXUAL HISTORY

Two in three respondents (66%) had their sexual debut with male partners (Table 7). First sexual partners were mostly their friend (33%), acquaintance (25%), or intimate partners (33%) (i.e. wives, live-in partners, girlfriends, or boyfriends).

Table 7. History of first sex partner among MSM & TGW

	N	n	%	95% CI
Sex of first sexual partner (oral, anal, or vaginal sex)				
Male	4098	2666	65.8	[62.99-68.55]
Female	4098	1432	34.12	[31.45-37.01]
Relationship with first sex partner				
Friend	4082	1364	33.2	[31.20-35.23]
Wife/live-in partner/girlfriend/boyfriend	4082	1340	32.6	[30.42-34.94]
Acquaintance	4082	998	24.7	[23.02-26.43]
Stranger	4082	186	4.8	[4.07-5.67]
Relative	4082	148	3.6	[2.89-4.35]
Paying sex partner (client)	4082	35	0.8	[0.53-1.27]
Paid sex partner	4082	11	0.3	[0.16-0.61]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

SEXUAL MILESTONES AND PROTECTIVE BEHAVIOR

Generally, the respondents engage in sex early but practice protective behaviors later (Figure 6). Table 8 shows that the median age of first sex was 16 years old, and anal sex with a male was 17 years old. However, the median age of first condom use was 19 years old. This indicates that, on average, there is a 2-year lag between first anal sex with a male and first condom use among MSM & TGW. Moreover, only 27% used a condom during their first anal sex.

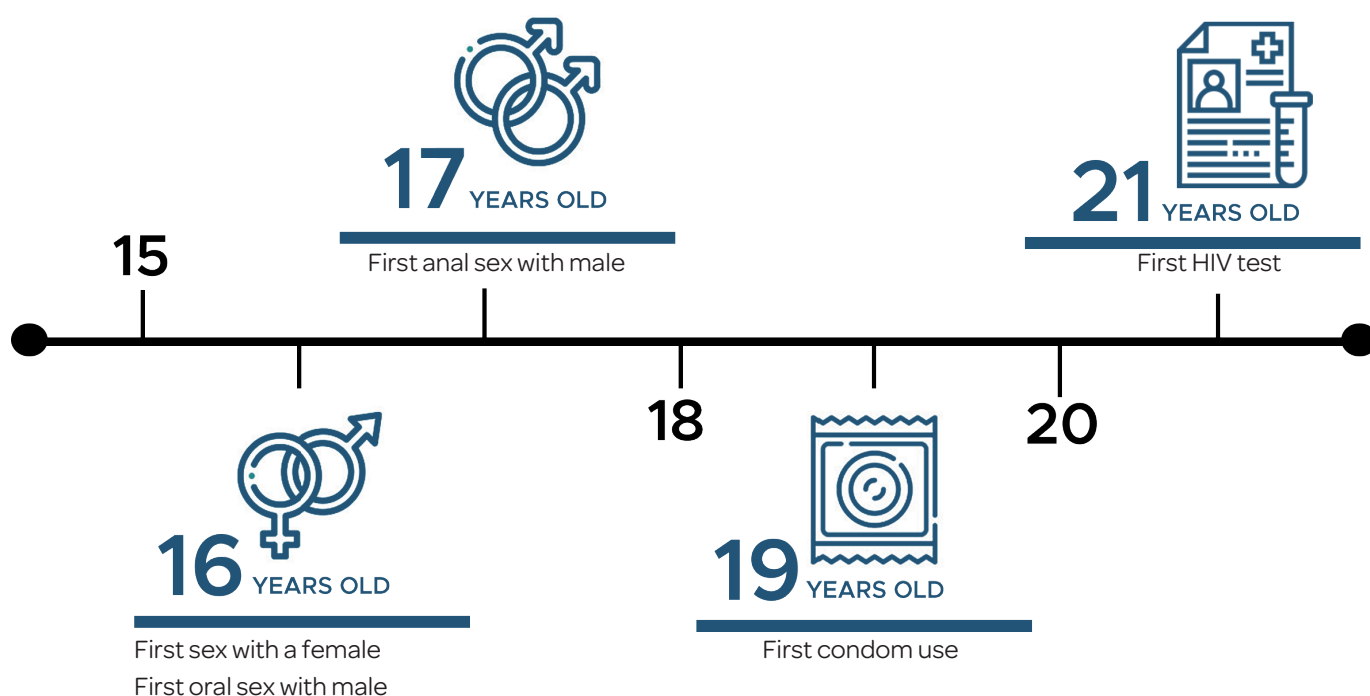


Figure 6. MSM & TGW: Sexual milestones and protective behavior

Table 8. History of first sex among MSM & TGW

	N	Median	Range
Age at first sex	4094	16	[4-37]
Age at first sex with a female	2062	16	[7-45]
Age at first sex with a male	4096	16	[4-51]
Age at first oral sex with a male	4093	16	[4-51]
Age at first anal sex with a male	3063	17	[5-53]
Age at first condom use	2326	19	[8-53]

HISTORY OF FIRST CONDOM USE

Sixty-one percent of MSM & TGW respondents reported to have ever used a condom during sex. Less than a third (27%) used a condom during their first anal sex experience. Among those who did not use a condom at first anal sex, unplanned sex (42%), believing that condoms decrease sensation or sexual arousal (14%) and having no access to condoms due to being a minor at the time of first anal sex (11%) were the top three reasons for not using a condom (Table 9). The primary reason most MSM & TGW used a condom for the first time was to protect themselves from HIV or STI.

Table 9. History of first condom use among MSM & TGW

	N	n	%	95% CI
Ever used a condom	4098	2343	60.64	[58.35-62.87]
Reason for first condom use				
To protect myself from HIV/STI	2298	1852	81.0	[78.87-82.91]
Partner initiated/partner demanded condom use	2298	218	8.9	[7.72-10.28]
It was accessible	2298	112	4.9	[3.94-5.95]
To protect my partner from HIV/STI	2298	97	4.4	[3.38-5.57]
It has no side effects	2298	19	0.9	[0.55-1.53]
Condom use at first anal sex	3065	781	26.7	[24.65-28.90]
Reasons for not using a condom during first anal sex				
<i>Personal preference and attitudes</i>				
No sensation/decreases sexual arousal	2027	276	14.0	[12.17-15.97]
Didn't know how to use condoms	2027	150	8.1	[6.62-9.93]
Didn't want to carry condoms around	2027	75	3.7	[2.92-4.62]
Embarrassed to buy condoms	2027	31	1.4	[0.91-2.06]
Too tight/too small	2027	20	1.1	[0.65-1.91]
Not lubricated enough	2027	12	1.0	[0.44-2.41]
Foul smelling	2027	3	0.1	[0.04-0.34]
<i>Sex episode and partner-related</i>				
Unplanned sex	2027	872	42.0	[39.36-44.66]
Partner did not want to use condoms	2027	133	6.1	[4.98-7.35]
Had condom but caught in the moment	2027	61	2.7	[1.86-3.77]
Trusted partners/convinced partner is safe or HIV-negative	2027	58	3.2	[2.25-4.56]
Only one partner	2027	22	1.3	[0.77-2.09]
<i>Access and availability</i>				
Minor/underage	2027	230	11.2	[9.56-13.05]
Don't know where to get free	2027	48	2.3	[1.64-3.32]
Don't know where to buy	2027	19	1.0	[0.60-1.63]
Too expensive/no money	2027	17	0.9	[0.52-1.62]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weight.

FORCED SEX

Forced sex was reported in under a fourth (23%) of the respondents. Among those who ever experienced forced sex, the median age of their first forced sex experience was at 16 years old (range 4-45) as shown in Table 10. For more than 90%, sex was first forced by a male partner. Moreover, most were forced by an acquaintance (40%) or a friend (27%). Condom use during first forced sex experience was only at 14%. About 18% of the respondents also reported to have forced someone to have sex.



Table 10. Forced sex* among MSM & TGW

	N	n	%	95% CI
Ever experienced having sex against will or ever forced to have sex	4098	883	22.7	[20.84-24.72]
Sex of first forced sex partner				
Male	877	814	93.5	[91.36-95.14]
Female	877	63	6.5	[4.86-8.64]
Relationship to first forced sex partner				
Acquaintance	877	349	39.7	[36.02-43.42]
Friend	877	239	26.8	[23.77-29.99]
Stranger	877	103	11.6	[9.55-14.08]
Boyfriend/girlfriend	877	87	10.6	[8.37-13.44]
Relative	877	75	8.6	[6.46-11.33]
Others	877	24	2.7	[1.59-4.63]
Condom use during first forced sex	883	126	13.5	[10.96-16.53]
Ever forced someone to have sex	4098	680	17.6	[16.10-19.21]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

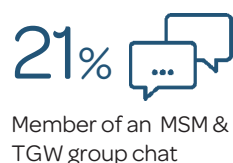
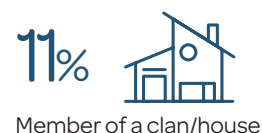
*Forced sex was defined in the interview as having experienced sex against their will or sex without consent, not necessarily involving physical violence.

SOCIAL NETWORKING

Clans and events

One in every 10 respondents reported to be a member of a clan (Table 11). Among clan members, 72% reported that their activities include both chatting online and meeting physically. Nineteen percent socialized in through meet-ups only while the remaining 9% socialized with other clan members through chat only.

One in five (21%) reported to be a member of a local Group Chat (GC) exclusively for MSM & TGW. In addition, 35% of the respondents reported to have attended clan or house events or eyeballs more than three times in the past 12 months (Table 11).



Ways of finding sex partners

As presented in Figure 7, cruising in physical venues such as street parks, convenience stores, cinemas, coffee shops, fast food restaurants, and similar venues was the most common (59%) way of finding sex partners among the respondents. This is followed by use of online platforms (48%), and referral from friends (38%).

Most of the respondents (70%) had an online account in some social networking sites or applications, of which Facebook (65%) was the most popular (Table 11). Other applications commonly in use were Grindr (9%) and Instagram (9%).

Online networks, mobile applications, or websites used to find male sex partners



Table 11. Social networking of MSM & TGW

	N	n	%	95% CI
Member of a clan or house	4098	424	11.5	[9.52-13.80]
Activities in clan				
Meet-up	419	90	19.4	[14.82-24.86]
Chat only	419	32	8.5	[5.71-12.55]
Both meet-up and chat	419	297	72.1	[65.79-77.69]
MSM & TGW group chat member	4087	748	20.7	[18.11-23.51]
Number of times attended clan or house events/eyeballs in the past 12 months				
Did not attend	741	123	15.73	[12.61-19.46]
Once	741	171	24.55	[20.46-29.15]
Two to three times	741	194	24.43	[20.76-28.52]
More than three times	741	253	35.29	[31.11-39.71]
Online networks, mobile applications or websites used to find male sex partners				
Facebook	4098	2602	65.4	[62.77-67.89]
Grindr	4098	390	8.8	[7.56-10.20]
Instagram	4098	332	8.7	[7.20-10.54]
Twitter	4098	313	7.2	[6.12-8.44]
Planet Romeo	4098	212	5.3	[4.42-6.23]
Blued	4098	157	3.7	[2.91-4.66]
Skype	4098	95	2.5	[1.99-3.13]
Tinder	4098	109	2.4	[1.83-3.11]
WeChat	4098	81	1.8	[1.28-2.63]
Viber	4098	72	1.7	[1.31-2.25]
DateinAsia	4098	52	1.3	[0.86-1.88]
Skout	4098	30	0.7	[0.45-1.10]
Hornet	4098	24	0.5	[0.31-0.83]
Tagged	4098	14	0.4	[0.21-0.69]
Badoo	4098	13	0.3	[0.16-0.64]
Bumble	4098	4	0.2	[0.05-0.45]
Others	4098	3	0.1	[0.02-0.17]
No online account	4098	1307	30.0	[27.66-32.39]
Ways and venues used to find male sex partners in the past 12 months				
Going to streets, parks, convenience stores, cinema malls, coffee shops, fast food restaurants	4098	2390	58.5	[55.43-61.49]
Internet/online/mobile applications	4098	1898	48.0	[45.56-50.34]
Referral from friends	4098	1590	38.1	[35.89-40.32]
Going to dance clubs, bars	4098	863	21.3	[19.35-23.29]
Has a regular partner	4098	693	16.0	[14.45-17.66]
Clans, group chats	4098	276	6.9	[5.82-8.18]
Going to entertainment establishments	4098	165	3.8	[3.03-4.80]
Going to massage parlors, spa, bath house	4098	114	2.5	[1.89-3.41]
Through a pimp	4098	102	2.3	[1.78-2.96]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

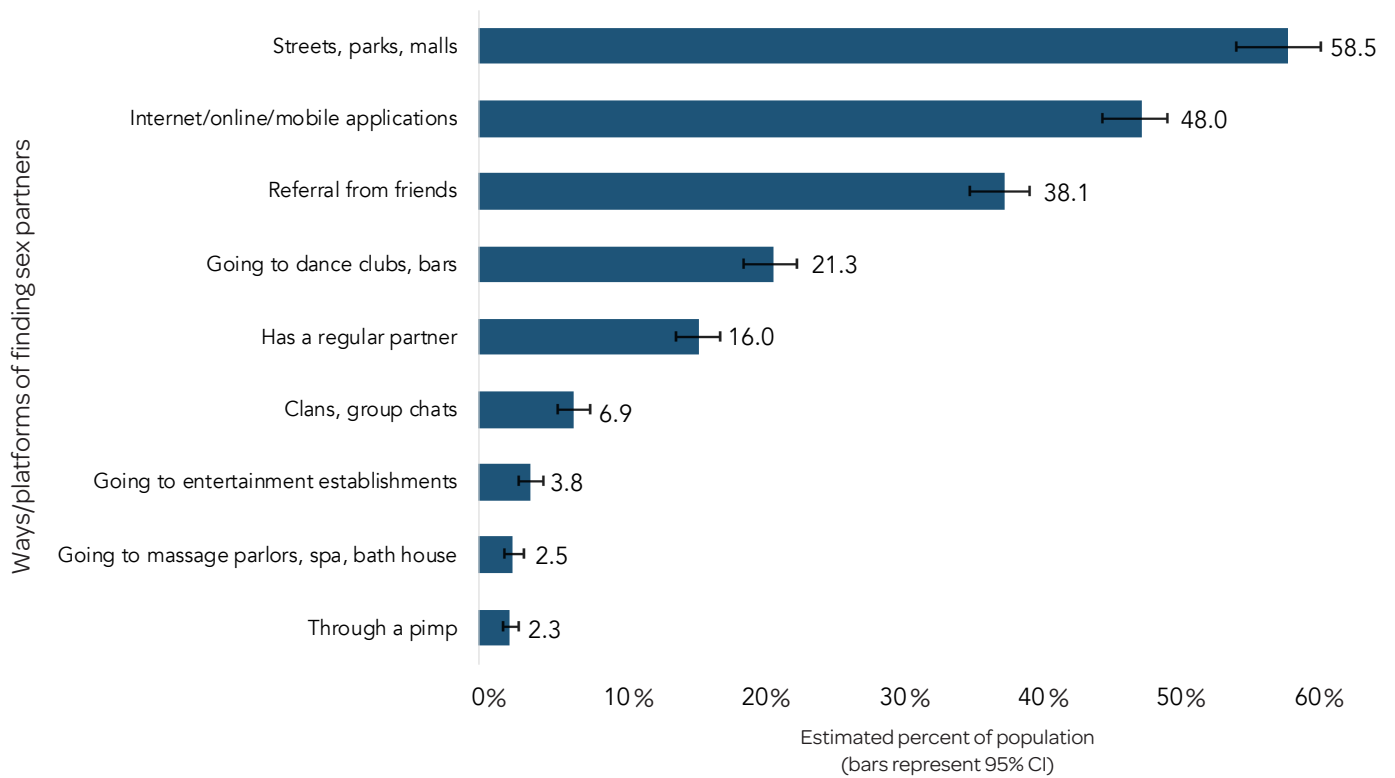


Figure 7. MSM & TGW: Ways of finding sex partners (N=4098)

SEXUAL BEHAVIOR IN THE PAST 12 MONTHS


SEX WITH MALE PARTNERS


Fifty-six percent of the respondents had at least three male sex partners in the past 12 months. Nearly all (99%) engaged in oral sex with their male partners, and 72% in anal sex (Table 12).

Among those who had anal sex, around 44% stated that they assumed the “bottom” or anal receiver position most of the time, while 39% assumed the “top” or anal inserter position. Around 18% reported to take both top and bottom position equally during anal sex (Table 12). Moreover, half of those who had anal sex had three or more anal sex partners in the past 12 months.

The number of anal sex rounds in one night was at a median of one (range 1-25). Consistent condom use during anal sex with their different partners was reported at less than 30% (Table 12).

Furthermore, most MSM & TGW irregularly engaged in anal sex in the past 12 months. Sixty-five percent of the respondents reported having had anal sex for one to three months during the said time period.

03 
Number of male sex partners
(oral or anal) in the past 12
months (1-600)

18 
Median age of youngest male sex
partner (4-53)

02 
Number of anal sex partners
among those who had anal sex in
the past 12 months (1-560)

Table 12. Sex with male partners among MSM & TGW

	N	n	%	95% CI
Number of male sex partners (oral or anal) in the past 12 months				
One	4096	1149	26.6	[24.63-28.56]
Two	4096	738	18.0	[16.62-19.37]
Three and more	4096	2209	55.5	[53.26-57.72]
Had oral sex with a male partner in the past 12 months				
Experienced being an oral inserter with a male partner	4094	3008	72.7	[70.07-75.17]
Experienced being an oral receiver with a male partner	4096	2470	62.2	[59.00-65.24]
Had anal sex with a male partner in the past 12 months				
Experienced being a top or anal inserter with a male partner	4094	1780	43.8	[41.20-46.45]
Experienced being a bottom or anal receiver with a male partner	4094	1842	46.5	[43.59-49.51]
Primary role during anal sex in the past 12 months				
Bottom	2896	1236	43.7	[40.29-47.06]
Top	2896	1145	38.8	[35.73-41.99]
Versa	2896	515	17.5	[15.68-19.57]
Number of male anal sex partners in the past 12 months				
One	2899	893	30.7	[28.45-32.89]
Two	2899	575	19.6	[17.74-21.62]
Three and more	2899	1431	49.7	[47.49-52.05]
Number of anal sex rounds/acts in a night				
One anal sex act	2923	893	69.5	[67.05-71.85]
2-3 anal sex acts	2923	771	26.6	[24.37-29.01]
4 and more anal sex acts	2923	103	3.9	[3.13-4.77]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

Table 12 (Continued). Sexual behavior of MSM & TGW in the past 12 months

	N	n	%	95% CI
Number of months with anal sex in the past 12 months				
1-3 months	2901	1845	64.7	[61.80-67.39]
4-6 months	2901	527	17.8	[15.90-19.90]
7-9 months	2901	322	10.9	[9.35-12.68]
10-12 months	2901	207	6.6	[5.55-7.93]
Anal sex partner				
One-time sex partner	2913	1088	36.7	[34.38-39.10]
Boyfriend	2913	1087	37.7	[35.11-40.33]
Paying sex partner	2913	904	30.2	[27.54-32.90]
Fuck buddy	2913	783	27.9	[25.73-30.23]
Paid sex partner	2913	578	20.5	[18.43-22.64]
Consistent condom use during anal sex with				
One-time sex partner	1085	313	28.7	[25.72-31.97]
Paid sex partner	577	155	27.5	[23.06-32.46]
Paying sex partner	903	246	27.4	[23.52-31.74]
Fuck buddy	782	782	24.9	[21.02-29.25]
Boyfriend	1082	246	21.3	[18.57-24.25]
Practiced withdrawal (removing the penis before ejaculating) with any of the partners among those who had anal sex in the past 12 months	2883	1370	49.3	[46.46-52.19]
Age of youngest male sex partner in the past 12 months				
17 years old and below	3631	1436	37.97	[35.45-40.56]
18-24 years old	3631	1659	46.52	[44.21-48.84]
25 years old and above	3631	536	15.51	[13.87-17.30]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

Relationship with their last sex partner varied among the MSM & TGW respondent. Table 13 shows that twenty-six percent (26%) reported that their last sex partner was their boyfriend or live-in partner, a quarter of the respondents reported that their last male sex partner was a one-night stand, while 23% reported to have a client or paying partner as their most recent sex partner. Nearly 3 out of 10 (27%) said that they met their last sex partner through the use of online platforms such as chat messenger, online social network, mobile application, or website.

Table 13. Most recent sex partner of MSM & TGW

	N	n	%	95% CI
Relationship with last male partner				
Boyfriend/live-in partner	4088	1056	25.8	[23.76-27.95]
One night stand	4088	1039	25.1	[23.33-26.89]
Client/paying partner	4088	976	23.2	[20.94-25.67]
Fuck buddy	4088	569	14.9	[13.45-16.54]
Paid partner	4088	448	11.0	[9.70-12.41]
Met most recent sex partner online	4095	1074	27.4	[25.08-29.94]
Type of sex with most recent partner				
Both	4091	2487	60.87	[58.62-63.08]
Oral sex only	4091	1458	35.43	[33.18-37.74]
Anal sex only	4091	146	3.70	[3.00-4.57]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

TRANSACTIONAL SEX

In the past 12 months, less than a quarter (22%) of the respondents paid to have sex with a man while 38% accepted payment in the form of cash, kind, or both in exchange for sex (Table 14). Most of those who accepted payment for sex did so only at selected times of the year (44%) or only when the need arose (43%). Only 13% reported to do sex work all year round.

Nearly two out of five (19%) of the respondents who had sex with transgender women reported that they paid their TGW partner, while 68% said their TGW partner gave them payment in exchange for sex. Over a third (37%) of respondents who had anal sex with a paying TGW partner used condoms consistently with their respective partner while around a quarter (25%) did so among those who had anal sex with a paid TGW partner.

Table 14. Transactional sex among MSM & TGW

	N	n	%	95% CI
Gave payment (cash, kind, or both) in exchange for sex with a man in the past 12 months	3482	741	21.6	[19.23-24.12]
Accepted payment (cash, kind, or both) in exchange for sex with a man in the past 12 months	3479	1384	38.4	[35.67-41.11]
Frequency of sex work, among those who engage in sex in exchange for cash or kind in the past 12 months				
When need arose only	1348	598	43.0	[39.35-46.8]
Selected times of the year	1348	582	44.1	[40.34-47.94]
All throughout the year	1348	168	12.9	[10.73-15.33]
Had sex with a paid TGW partner in the past 12 months	852	153	18.9	[15.65-22.54]
Had sex with a paying TGW partner in the past 12 months	838	579	68.0	[63.21-72.43]
Consistent condom use during anal sex with paying TGW in the past 12 months	444	162	37.2	[30.56-44.36]
Consistent condom use during anal sex with paid TGW in the past 12 months	128	35	25.5	-

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

Figure 8 shows how the proportion of MSM & TGW who engaged in transactional sex vary across age groups. Significantly, more MSM & TGW aged 25 years old and above (36%) gave payment in exchange for sex compared to the younger age groups. In contrast, accepting payment in exchange for sex was observed more among the younger age groups, and is highest (59%) among those who are 15-17 years old.

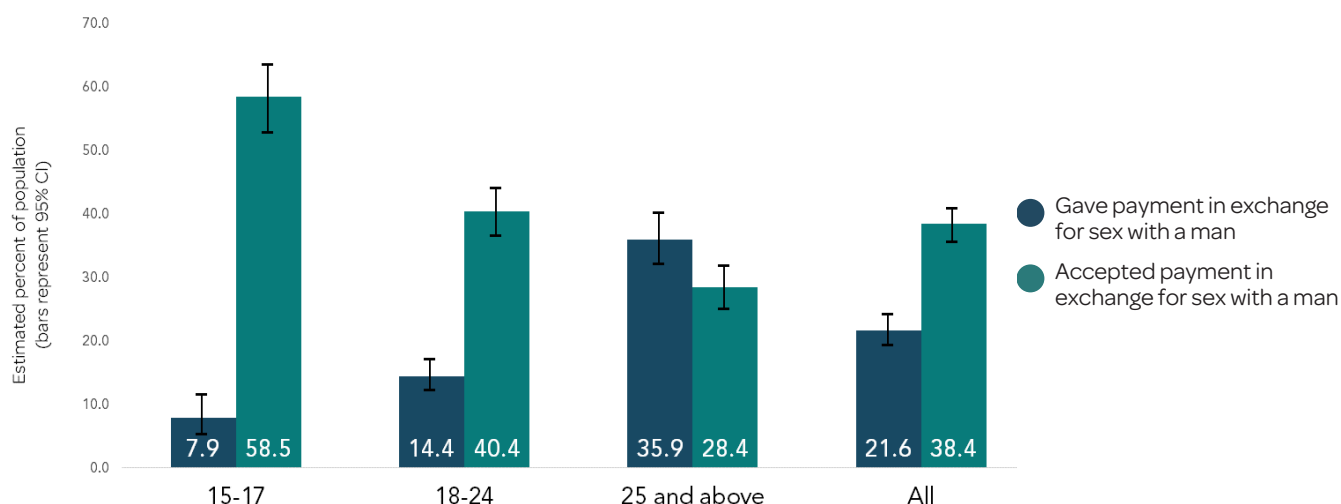


Figure 8. MSM & TGW: Engagement in transactional sex, by age group

SEX WITH FEMALES AND TRANSGENDER WOMEN

Around a third (31%) of MSM & TGW respondents reported that they had vaginal or anal sex with a female partner in the past 12 months while 20% said they had sex with a transgender woman (TGW) as shown in Table 15.



Number of TGW sex partners in the past 12 months (1-125)

Table 15. Sex with females and transgender women among MSM & TGW

	N	n	%	95%CI
Had vaginal or anal sex with a female partner in the past 12 months	4097	1319	31.0	[28.33-33.8]
Had sex with TGW in the past 12 months	4097	875	20.1	[18.29-22.08]
Number of TGW sex partners in the past 12 months				
One	872	376	42.47	[38.31-67.74]
Two	872	214	24.75	[21.96-27.77]
Three and more	872	282	32.78	[29.25-36.52]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

GROUP SEX PRACTICES

Only 3% of the respondents joined an orgy or group sex within 12 months from the survey (Table 16). Orgy was defined as the respondent having sex with two or more partners at the same time. Respondents who participated in an orgy had a median number of three sex partners during the event. Thirty-six percent reported to be drunk while 9% used drugs during orgies. About 47% did not use condoms during orgies.



3%

Joined an orgy or group sex in the past 12 months



3

Median number of partners present in an orgy (2-35)

Table 16. Most recent group sex/orgy of MSM & TGW

	N	n	%	95% CI
Joined an orgy or group sex in the past 12 months	4098	121	3.02	[2.37-3.83]
Type of anal sex engaged during orgy				
Bottom	122	45	34.0	-
Top	122	29	27.1	-
No anal	122	25	23.1	-
Versa	122	21	15.5	-
Drunk during this orgy	122	46	36.3	-
Used drugs during this orgy	122	14	8.6	-
Did not use condoms during anal sex	122	59	44.5	-

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

ALCOHOL AND DRUG USE

Sex and condom use under the influence of alcohol

In the past 12 months, 52% of MSM & TGW respondents had sex while drunk, of whom over half (52%) had sex without condoms while drunk (Table 17).



Table 17. Alcohol use among MSM & TGW

	N	n	%	95% CI
Had sex while drunk in the past 12 months	4097	2122	51.5	[49.29-53.63]
Had sex without condom while drunk in the past 12 months	2116	1107	52.2	[49.41-54.92]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

Drug Use in the Past 12 Months

Eleven percent of the respondents reported to have used drugs in the past year (Table 18). The median age of first drug use was 18 years old (range 7-43 years old). The most common drugs used were shabu (71%) and marijuana (54%). Moreover, four percent injected drugs in the past 12 months. Needle-sharing is low, however, at only less than one percent.



Table 18. Drug use among MSM & TGW

	N	n	%	95% CI
Drug use in the past 12 months				
No	4096	3249	80.5	[78.74-82.17]
Yes	4096	464	11.0	[9.79-12.42]
Refused to answer	4096	383	8.5	[7.28-9.80]
Among those who used drugs in the past 12 months, type of drugs used				
Shabu (crystal metamphetamine)	464	330	70.7	[65.49-75.50]
Marijuana	464	240	53.9	[47.96-59.73]
Ecstasy	464	25	4.8	[3.08-7.36]
Rugby	464	17	3.1	[1.81-5.15]
Poppers (alkyl nitrites)	464	12	1.9	[0.90-4.14]
Nalbuphine (nubain)	464	9	1.4	[0.65-2.91]
Cough syrup	464	8	1.6	[0.68-3.55]
Cocaine	464	5	0.9	[0.28-2.73]
LSD	464	3	0.4	[0.11-1.10]
Heroin	464	2	0.3	[0.08-1.29]
Don't know	464	1	0.3	[0.03-1.75]
Others	464	8	1.3	[0.51-3.09]
Among those who used drugs in the past 12 months, tried injecting any of the drugs used	463	27	4.3	[2.74-6.76]
Among those who used drugs in the past 12 months, shared injecting equipment/syringe	460	3	0.5	[0.15-1.63]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

Chemsex or Party and Play

Around two percent of MSM & TGW respondents engaged in chemsex or used drugs for sex (Table 20) around three times on average (range: 1-20) in the past 12 months. The most frequently cited reasons for engaging in chemsex were to increase sexual sensation (54%) and desire (47%) during sex. Thirty-six percent of the respondents who engaged in chemsex reported that they engaged in it at least three times in the past 12 months. Nearly two-thirds (68%) of MSM & TGW respondents had condomless sex when engaging in chemsex in the past 12 months.



3

Median number of times engaged in chemsex (1-20)

Table 19. Chemsex or party and play among MSM & TGW

	N	n	%	95% CI
Engaged in chemsex or used drugs for sex in the past 12 months	4094	74	1.9	[1.45-2.44]
Drugs used during chemsex in the past 12 months				
Shabu	74	57	78.5	-
Marijuana	74	21	27.3	-
Poppers	74	10	11.2	-
Ecstasy	74	7	10.4	-
Nalbuphine	74	3	3.3	-
Others	74	1	0.7	-
Reasons for using drugs during sex in the past 12 months				
To increase sexual sensation	74	42	53.9	-
To increase desire	74	39	47.0	-
Others	74	18	26.3	-
Number of times engaged in chemsex in the past 12 months				
Once	65	20	29.46	-
Twice	65	26	35.04	-
Three and more times	65	19	35.51	-
Condom use during chemsex or sex while high on drugs in the past 12 months				
No	74	46	68.2	-
Yes	74	21	23.8	-
Not sure	74	3	3.4	-
Refused to answer	74	2	2.4	-

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

CONDOM AND LUBRICANT USE

Among the respondents who had anal sex in the past 12 months, only 38% used a condom with their last partner (Figure 9). Moreover, consistent condom use with their last three anal sex partners was even lower at 13%. Rates of condom use with last anal sex partner vary by age group and was lowest among minors (15-17 years old) at only 28%. The same can be observed with consistent condom use, wherein only 8% of MSM & TGW aged 15 to 17 consistently used condom with their last three anal sex partners in the past 12 months.



38%

Condom use during last anal sex in the past 12 months



13%

Consistent condom use last 3 anal sex partners in the past 12 months

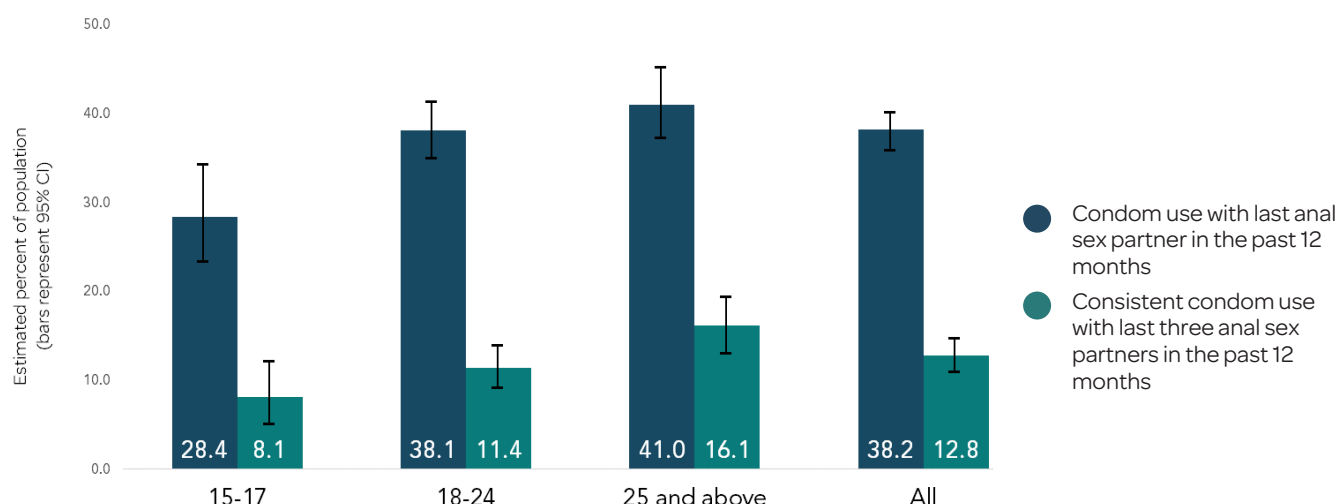


Figure 9. MSM & TGW: Condom use in the past 12 months, by age group

Most respondents reportedly used condoms to protect themselves (49%) and their partners (12%) from HIV or STI (Table 20). On the other hand, lack of sensation or decreased sexual arousal (28%), unplanned sex (38%), and partner refusal to condom use (18%) were the most common reasons MSM & TGW respondents did not use a condom during anal sex in the past 12 months.

Only around 12% of MSM & TGW respondents brought a condom to the site of interview which, given the TLS methodology of the IHBSS, were venues and events where they usually find sex partners.

Eighty-three percent of MSM & TGW respondents used lubricants during anal sex in the past 12 months. Nearly a third (29%) used saliva as lubricants while around a fourth (24%) used lubricants distributed from health facilities such as SHCs, RHCs, and DOH (Table 20).

Table 20. Condom and lubricant use of MSM & TGW in the past 12 months

	N	n	%	95% CI
Condom use with last partner	2841	1046	38.2	[35.55-40.83]
Consistent condom use with last three anal sex partners	2316	281	12.9	[11.13-14.78]
Reasons for using a condom during anal sex in the past 12 months				
To protect myself from HIV/STI	2900	1394	49.4	[46.92-51.83]
To protect my partner from HIV/STI	2900	334	11.8	[10.35-13.51]
Partner initiated/partner demanded condom use	2900	247	8.1	[6.93-9.55]
It was accessible	2900	142	5.2	[4.18-6.38]
It has no side effects	2900	26	0.9	[0.57-1.38]
Reasons for not using a condom during anal sex in the past 12 months				
<i>Personal preference and attitudes</i>				
No sensation/decreases sexual arousal	2900	798	28.2	[26.05-30.38]
Didn't want to carry condoms around	2900	307	10.1	[8.71-11.57]
Embarrassed to buy condoms	2900	193	6.4	[5.11-8.07]
Too tight/too small	2900	91	3.6	[2.70-4.71]
Didn't know how to use condoms	2900	72	2.7	[2.02-3.48]
Not lubricated enough	2900	33	1.2	[0.82-1.81]
Foul smelling	2900	26	0.7	[0.49-1.13]
<i>Sex episode and partner-related</i>				
Unplanned sex	2900	1118	38.0	[35.52-40.49]
Partner did not want to use condoms	2900	534	17.9	[16.14-19.71]
Had condom but caught in the moment	2900	233	7.8	[6.56-9.28]
Trusted partners/convicted partner is safe or HIV-negative	2900	220	7.5	[6.23-9.01]
Only one partner	2900	133	4.5	[3.65-5.59]
<i>Access and availability</i>				
Minor/underage	2900	93	3.3	[2.51-4.21]
Too expensive/no money	2900	85	2.9	[2.20-3.70]
Don't know where to get free condoms	2900	52	1.7	[1.27-2.35]
Don't know where to buy condoms	2900	41	1.5	[1.02-2.09]
On pre-exposure prophylaxis	2900	3	0.1	[0.03-0.37]
Brought a condom during the interview	4098	460	12.6	[11.13-14.27]
Used a lubricant during anal sex in the past 12 months	2870	2381	83.0	[81.25-84.66]
Among those who used lubricants during anal sex in the past 12 months, type of lubricant used				
Saliva	2381	708	29.0	[26.30- 31.70]
Lube from SHC/RHWC/DOH	2381	538	23.6	[21.10- 26.40]
Lotion/moisturizer	2381	412	15.7	[13.80 - 17.70]
Commercially-sold lubes	2381	358	16.2	[14.10- 18.50]
Medical lubes	2381	248	10.9	[9.30 - 12.70]
Oil, petroleum jelly	2381	59	2.2	[1.60- 2.90]
Shampoo, conditioner, soap, toothpaste	2381	49	2.1	[1.50- 3.00]
Others	2381	9	0.4	[0.20- 0.80]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

KNOWLEDGE ON HIV AND STIs

HIV PREVENTION AND TRANSMISSION

While correct knowledge on each of the five basic facts of HIV transmission and prevention reached more than 60%, only one in three (32%) MSM & TGW respondents had comprehensive knowledge on HIV transmission and prevention — meaning they answered all five questions correctly (Table 21). The five basic facts were based on the UNAIDS knowledge index namely that having one faithful partner and condom use prevent HIV transmission, that a healthy looking person can have HIV, and that HIV cannot be transmitted through toilet seats and mosquito bites.

Moreover, some of the respondents also had other misconceptions about HIV transmission (Table 21). Nearly a third (29%) still believed that food can be a vehicle for HIV transmission, and that withdrawing the penis before ejaculation during condomless sex reduces the risk of HIV transmission (59%).

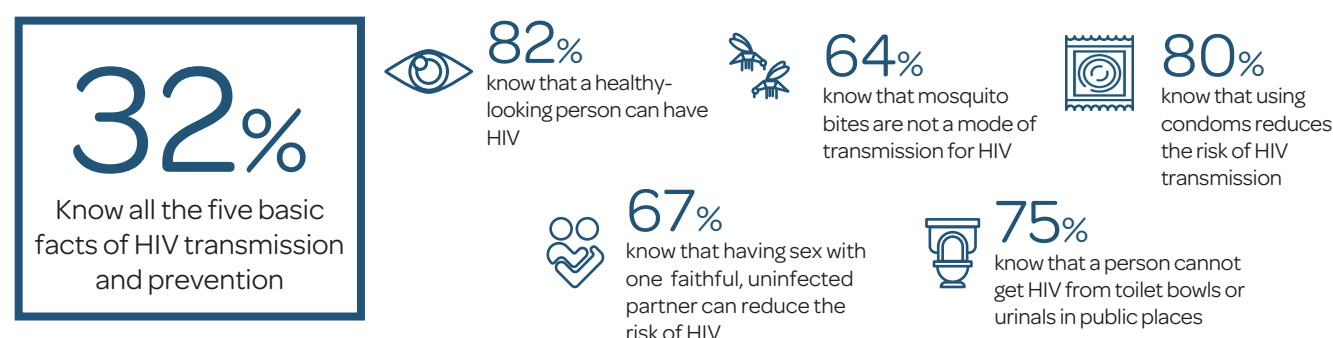


Table 21. Knowledge on HIV prevention and transmission among MSM & TGW

	N	n	%	95% CI
Basic HIV questions				
Correct knowledge on all five basic HIV questions (UNAIDS knowledge index)	4098	1325	32.2	[30.22-34.33]
Know that a healthy-looking person can have HIV	4092	3331	82.2	[80.59-83.74]
Know that using condoms can reduce the risk of HIV transmission	4092	3294	79.8	[78.25-81.33]
Know that a person CANNOT get HIV by using toilet bowls/urinal in public places	4094	3042	74.8	[73.13-76.46]
Know that having sex with only one faithful, uninfected partner reduces the risk of HIV transmission	4091	2708	66.5	[64.61-68.41]
Know that a person CANNOT get HIV from mosquito bites	4095	2606	63.6	[61.79-65.42]
Other HIV knowledge questions				
Know that sharing of needles used by an HIV infected person when injecting drugs increases the risk of HIV infection	4092	3520	86.9	[85.45-88.17]
Know that HIV can be prevented	4094	3357	81.5	[79.82-82.99]
Know that a person CANNOT get HIV by sharing food with someone who is infected with HIV	4092	2842	70.8	[68.76-72.77]
Know that being an anal sex receiver (bottom) has a greater chance of getting HIV	4084	2395	58.9	[56.88-60.89]
Know that during anal sex, the risk of getting HIV is not reduced by withdrawing the penis before ejaculation	4082	1666	41.4	[39.56-43.21]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

HIV TREATMENT

Only a third of the respondents know that there is treatment for HIV (33%) as shown in Table 22. Among them, 65% know where to access treatment, and 61% know that HIV treatment is free. Most (74%) are also aware that people living with HIV must not wait until they are symptomatic before starting treatment, that HIV treatment is life-long (69%), and that compliance to treatment helps people living with HIV become healthier and live longer (78%).



33%

know that there is treatment for HIV

However, only 35% knows that there is a low chance of getting HIV from someone who is correctly taking HIV treatment. Further, only 26% knows that the treatment is called antiretroviral drugs.

Table 22. Knowledge on HIV treatment among MSM & TGW

	N	n	%	95% CI
Know that there is treatment for HIV	4097	1250	32.9	[30.65-35.21]
Know that correctly taking ARV can help people living with HIV become healthier and live longer	1247	987	78.2	[75.34-80.84]
Know people living with HIV must NOT wait for symptom and other infections before they start with their HIV treatment	1247	929	73.9	[70.92-76.65]
Know HIV treatment is life-long	1249	871	68.7	[65.61-71.68]
Know treatment for HIV is for free	1248	766	60.6	[57.25-63.83]
Know the nearest facility where treatment can be accessed	1133	755	64.8	[60.75-68.70]
Know there is low chance of getting HIV from someone correctly taking HIV treatment	1248	435	34.6	[31.05-38.24]
Know treatment is called antiretroviral therapy	1250	354	26.0	[22.92-29.29]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

Knowledge on HIV prevention, transmission, and treatment vary across the different age groups. The lowest knowledge levels were reported among minors with only around a fourth (25%) of 15 to 17 year old respondents having comprehensive knowledge on HIV transmission and prevention, and those aware that there is treatment for HIV is even less at 22% (Figure 10).

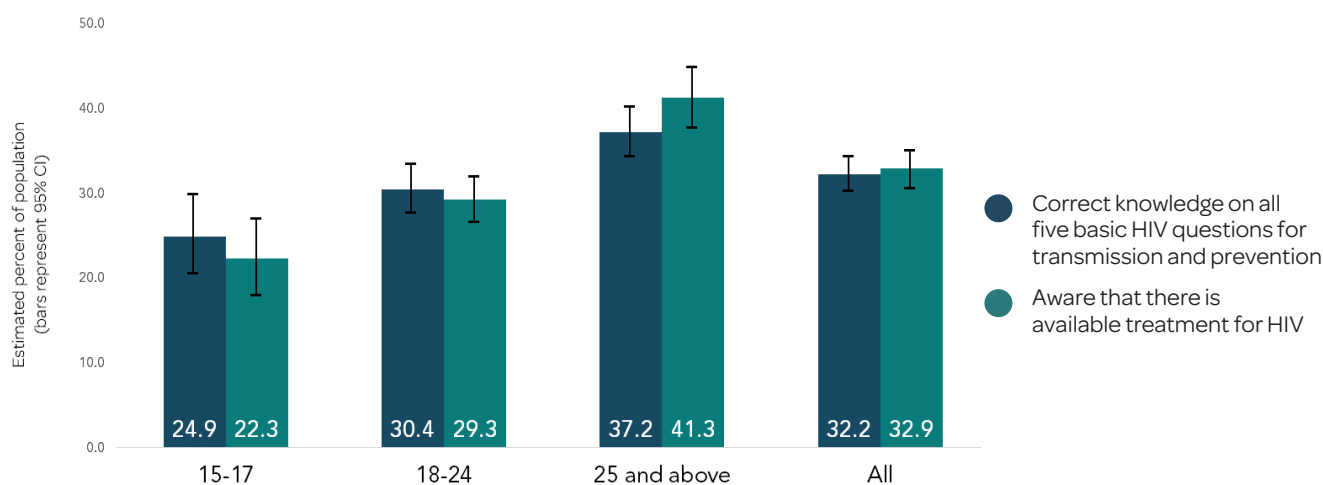


Figure 10. MSM & TGW: Knowledge on HIV prevention, transmission, and treatment, by age group

PRE-EXPOSURE PROPHYLAXIS (PrEP)

Only eight percent of MSM & TGW respondents have heard of PrEP (Table 23). Among those who have heard of it, only six percent were taking PrEP at the time of interview. Furthermore, 59% of the respondents who were aware of PrEP but were not on PrEP at the time of interview were interested in using it.



8%

are aware of pre-exposure prophylaxis (PrEP)

Table 23. Knowledge on Pre-exposure Prophylaxis (PrEP) among MSM & TGW

	N	n	%	95% CI
Heard of Pre-Exposure Prophylaxis or PrEP	4098	286	7.5	[6.34-8.91]
Currently taking pre-exposure prophylaxis or PrEP among those who know PrEP	286	14	5.9	-
Interested in using pre-exposure prophylaxis or PrEP among those who know PrEP but are not currently taking	269	162	59.3	-

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

SEXUALLY TRANSMITTED INFECTIONS (STI)

Eight in ten respondents (84%) know that there are infections that can be transmitted through sexual contact as shown in Table 24. The frequently known symptoms of STI are the presence of discharge (73%); difficulty urinating (30%); pain, inflammation, burning sensation, or swelling (24%); and itchiness or rashes (24%).

Table 24. Knowledge on sexually transmitted infections (STI) among MSM & TGW

	N	n	%	95% CI
Know that there are infections that can be transmitted through sexual contact	4094	3445	84.3	[82.70-85.78]
Aware of any symptom of sexually transmitted infections or STI				
Discharge	4098	3029	73.4	[71.36-75.30]
Difficulty in urinating	4098	1247	30.2	[28.51-32.01]
Pain/inflammation/burning sensation/swelling	4098	1027	24.5	[22.61-26.45]
Itchiness/rashes	4098	979	24.1	[22.51-25.85]
Don't know any	4098	695	17.0	[15.52-18.68]
Ulcer/sore/blisters	4098	608	14.3	[12.89-15.74]
Wart	4098	614	14.2	[12.85-15.68]
Weight loss	4098	295	7.7	[6.77-8.72]
Bad/foul/unpleasant odor	4098	276	6.9	[5.91-7.93]
Sore throat	4098	172	4.5	[3.71-5.51]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

ACCESS TO HIV & STI INTERVENTIONS

AWARENESS ON SOCIAL HYGIENE CLINIC (SHC) IN THE CITY

Around half of the respondents (53%) were aware of social hygiene clinics (Table 25). The services that were most known to those aware of the SHCs were: HIV and STI screening (61%), HIV and STI information and education (59%), provision of free condoms (59%), and provision of free lubricants (54%). Services that were less known include: antiretroviral therapy (11%), and community-based screening (CBS) (10%). In addition, only a third (32%) consulted a social hygiene clinic in the past 12 months.



Table 25. Awareness on local social hygiene clinic (SHC) among MSM & TGW

	N	n	%	95% CI
Heard of any of the social hygiene clinics in the city of interview	4098	2186	52.9	[50.32-55.43]
Among respondents who have heard of SHC in the city, awareness on services provided in these SHC				
HIV and STI screening / testing	2186	1315	60.6	[57.41-63.67]
HIV and STI information and education	2186	1252	58.9	[55.71-61.99]
Condom	2186	1289	58.8	[55.62-61.88]
Lubricant	2186	1195	54.1	[50.97-57.09]
STI treatment	2186	663	29.5	[26.90-32.27]
Counseling	2186	590	26.2	[23.38-29.16]
Don't know the services available	2186	307	13.6	[11.46-16.07]
HIV treatment or anti-retroviral therapy (ART)	2186	247	11.2	[9.72-12.94]
Community-based screening (CBS)	2186	219	9.9	[8.18-11.87]
Consulted SHC in the past 12 months, among those who were aware of SHC in the city of interview	2177	706	32.2	[29.58-34.94]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

SEXUALLY TRANSMITTED INFECTIONS (STI) SERVICES

Around four percent of MSM & TGW respondents reported having at least one STI sign or symptom in the past 12 months (Table 26). Among them, only 30% sought medical consult, mostly to the local social hygiene clinic (20%).

Table 26. Access to STI services among MSM & TGW

	N	n	%	95% CI
Experienced STI in the past 12 months				
Had a genital or rectal ulcer or sore in the past 12 months	4096	102	2.8	[2.23-3.47]
Had genital or rectal warts in the past 12 months	4098	27	0.7	[0.45-1.10]
Had an unusual genital or rectal discharge in the past 12 months	4098	93	2.2	[1.69-2.84]
Had at least one sign/symptom of STIs in the past 12 months	4098	174	4.4	[3.60-5.41]
Consulted health facility in the past 12 months among respondents with symptoms of STI				
Did not consult	156	98	67.5	[57.15-76.37]
SHC in the city	156	37	20.2	[13.58-28.86]
Private clinic/hospital	156	7	4.3	[1.86-9.71]
Government hospital	156	6	3.8	[1.55-8.91]
Health center	156	4	1.7	[0.60-4.80]
SHC in other city	156	2	1.5	[0.35-5.81]
Private laboratory	156	1	0.5	[0.07-3.85]
Friends/Family	156	1	0.5	[0.07-3.85]
Consulted at least one facility for STI treatment	156	58	32.5	[23.63-42.85]

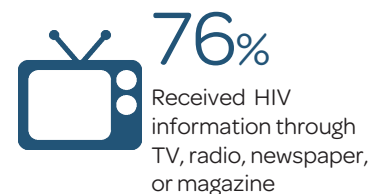
Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

ACCESS AND SOURCE OF HIV INFORMATION

One in three of the respondents (36%) were provided with HIV information by an advocate in the past 12 months (Table 27). Moreover, 21% were approached more than once by an HIV advocate in the past 12 months. Most of those who received HIV information were approached in barangay and community events (47%), and public places such as streets, parks, malls, and food establishments (32%).



Almost all of the respondents approached by an HIV advocate received information on HIV transmission (94%), testing centers for HIV (93%), and importance of early treatment (83%) as shown in Table 27.



Other sources of HIV information identified by the respondents include TV, radio, newspaper, or magazine (76%), internet (47%), school (26%), and workplace (23%) (Table 27).

Table 27. Access to HIV information through an HIV advocate among MSM & TGW

	N	n	%	95% CI
Number of times approached by an HIV advocate in the past 12 months to provide information on HIV				
Was not approached and provided HIV information	4089	2624	63.5	[60.89-66.09]
More than once	4089	844	20.8	[18.73-22.99]
Once	4089	621	15.7	[14.3-17.19]
Places approached and given information on HIV, among those approached by an HIV advocate in the past 12 months				
Barangay / community events	1465	727	47.2	[43.02-51.36]
Public place (i.e. streets, parks, malls, convenience stores, cinema, coffee shops, fast food)	1465	449	31.5	[28.04-35.22]
Workplace	1465	242	16.6	[13.91-19.79]
School	1465	128	9.5	[7.20-12.42]
Social media / internet	1465	145	9.5	[7.56-11.79]
Beauty parlor	1465	126	6.7	[4.78-9.26]
House	1465	99	6.5	[5.01-8.49]
Dance clubs and bars	1465	78	6.1	[4.12-8.87]
Entertainment establishments (gay bar)	1465	34	2.8	[1.76-4.26]
Massage parlors, spa, bath house	1465	10	0.5	[0.27-1.08]
Others	1465	71	6.0	[4.66-7.61]
Topics discussed by an HIV advocate/educator to respondent in the past 12 months				
How HIV is transmitted and prevented	1462	1381	93.6	[91.82-95.03]
Where to get tested for HIV	1462	1360	92.6	[90.78-94.09]
Why it is important to start early treatment for HIV	1460	1211	83.3	[80.59-85.69]
Other sources of HIV information in the past 12 months				
TV, radio, newspaper, or magazine	4098	3092	75.5	[73.58-77.28]
Internet	4087	1865	46.8	[44.59-49.11]
School	4091	993	25.6	[23.11-28.20]
Workplace	4082	888	22.6	[20.11-25.21]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

ACCESS TO CONDOMS AND LUBRICANTS

More than half of the respondents reported that they had “no access” to condoms (53%), that is, they neither bought nor received free condoms (Figure 11). Minors had the lowest access to condoms at only 31%. Further, when asked why they had condomless anal sex in the past 12 months, 21% of respondents who were 15 to 17 years old stated that they did not use a condom because of access issues as minors.

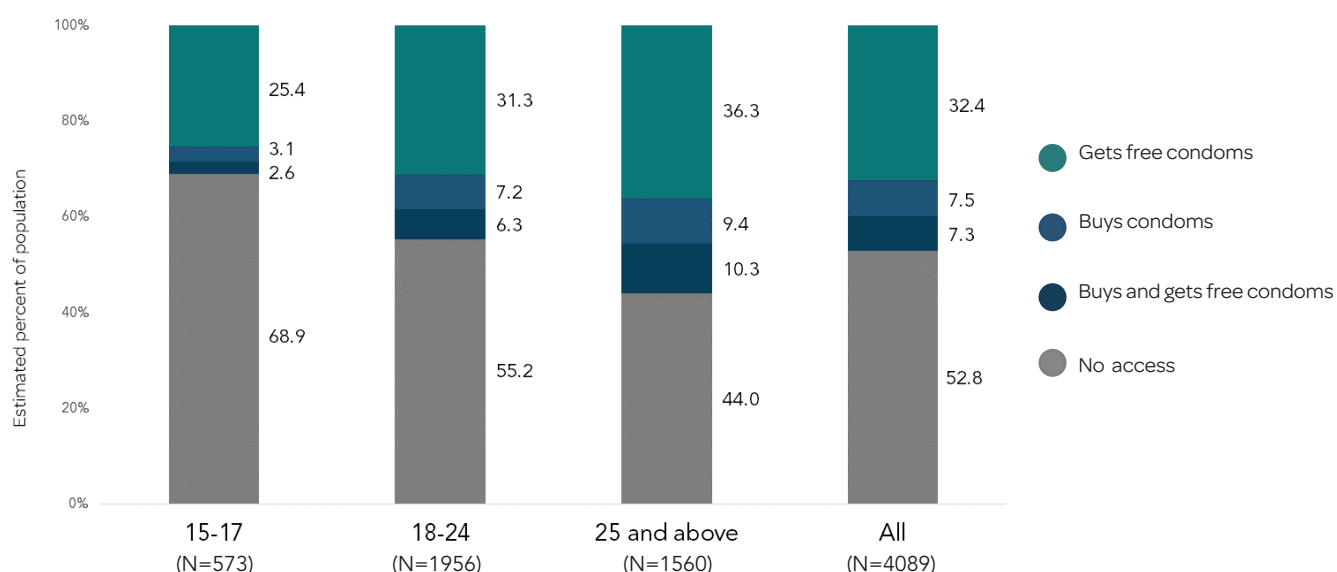


Figure 11. MSM & TGW: Condom access, by age group

Only 15% of MSM & TGW regularly buy condoms, while 22% buy lubricants for anal sex (Table 28). Among those who do not regularly buy condoms, primary reasons for not buying include receiving free condoms (26%), having unplanned sex (20%), and that condoms decrease sexual arousal (18%). Some were also embarrassed to buy condoms (15%) or did not want to carry condoms around (10%).

Table 28. Access to condoms and lubricants among MSM & TGW

	N	n	%	95% CI
Bought lubricants for anal sex in the past 12 months	2888	578	21.6	[19.55-23.74]
Regularly buys condoms	4098	567	14.8	[13.28-16.43]
Among those who do not regularly buy condoms, reasons for not purchasing condoms				
<i>Personal preference and attitudes</i>				
No sensation/decreases sexual arousal	3531	637	17.7	[16.11-19.39]
Embarrassed to buy condoms	3531	548	14.6	[12.85-16.57]
Didn't want to carry condoms around	3531	374	10.2	[8.99-11.57]
Too tight/too small	3531	74	2.4	[1.81-3.26]
Didn't know how to use condoms	3531	74	2.3	[1.67-3.03]
Foul smelling	3531	31	0.8	[0.50-1.19]
Not lubricated enough	3531	21	0.6	[0.36-0.98]
<i>Sex episode and partner-related</i>				
Unplanned sex	3531	787	20.4	[18.72-22.11]
Oral sex mostly/only	3531	463	13.0	[11.16-15.00]
Partner did not want to use condoms	3531	370	10.3	[8.99-11.86]
Never had anal sex	3531	369	9.5	[8.07-11.08]
Infrequent sex	3531	168	5.5	[4.56-6.55]
Only one partner	3531	150	3.9	[3.17-4.66]
Expects partner to buy	3531	106	2.3	[1.78-2.96]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

Table 28 (Continued). Condom and lubricant access of MSM & TGW

	N	n	%	95% CI
<i>Access and availability</i>				
Gets free condoms	3531	833	26.0	[23.56-28.44]
Too expensive/no money	3531	280	7.6	[6.22-9.25]
Minor/underage	3531	196	5.5	[4.51-6.74]
Don't know where to buy	3531	71	2.0	[1.45-2.62]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses.
Percentages and corresponding confidence intervals are weighted.

As shown in Table 29, nearly 60% of the MSM & TGW respondents reported that they did not receive free condoms and/or lubricants in the past 12 months. Those who received free condoms and/or lubricants got them during barangay or community events (46%), or in public places such as streets, parks, malls, and food establishments (34%), similar to where most respondents were approached with HIV information by an advocate.

Table 29. Access to free condoms and lubricants among MSM & TGW

	N	n	%	95% CI
Received free condoms, lubricant or condoms with lubricants in the past 12 months				
Did not receive any	4089	2541	59.9	[57.05-62.7]
Condom with lubricant	4089	1319	33.5	[30.96-36.09]
Condom only	4089	215	6.2	[5.13-7.52]
Lubricant only	4089	14	0.4	[0.22-0.69]
Number of times received free condoms and lubricants in the past 12 months				
More than once (2-11 times)	1511	767	49.0	[45.74-52.33]
Once	1511	620	42.2	[39.26-45.25]
Monthly (≥12)	1511	124	8.8	[7.02-10.85]
Places approached among those who received free condoms and lubricants in the past 12 months				
Barangay / community events	1548	765	45.9	[41.34-50.52]
Public place (i.e. streets, parks, malls, convenience stores, cinema, coffee shop, fast food)	1548	507	33.5	[29.95-37.34]
Workplace	1548	233	14.9	[12.46-17.61]
House	1548	119	7.3	[5.73-9.22]
Dance clubs and bars	1548	98	6.7	[4.72-9.39]
Beauty parlor	1548	119	6.0	[4.33-8.33]
School	1548	78	5.5	[3.91-7.72]
Social media / internet	1548	54	3.0	[2.12-4.20]
Entertainment establishments (gay bar)	1548	36	2.4	[1.54-3.57]
Massage parlors, spa, bath house	1548	6	0.3	[0.11-0.70]
Others	1548	108	8.4	[6.71-10.36]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses.
Percentages and corresponding confidence intervals are weighted.

There were mixed feedbacks on the condoms and/or lubricants received by the MSM & TGW respondents. Table 30 shows that among those who received the free commodities, a great proportion (83%) found the quantity distributed adequate for their needs, and more than three-fourths (77%) liked the condoms they received and used. For those who did not like the condoms, it was mostly because the condom was too thick (48%), foul smelling (25%), and/or not lubricated enough (20%).

Table 30. Feedback on the received condoms among MSM & TGW

	N	n	%	95% CI
Received free condoms and lubricants were sufficient	1532	1274	83.4	[80.82-85.75]
Liked the condoms received	1539	1162	76.6	[73.49-79.51]
Reasons for disliking condoms received, among respondents who did not like condoms				
Too thick	317	150	48.3	[41.57-55.03]
Foul smelling	317	100	25.0	[19.47-31.62]
Not lubricated enough	317	51	19.5	[13.46-27.4]
Too big	317	51	13.4	[9.60-18.33]
Too tight / too small	317	34	12.6	[8.65-17.92]
No texture (not ribbed, dotted)	317	44	11.0	[8.28-14.45]
Color	317	7	2.2	[0.87-5.20]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

In terms of perception on access to condoms and lubricants, less than half said that condoms (46%) or lubricants (42%) were easy to get in their communities (Table 31). A similar proportion stated that they were embarrassed to buy condoms (44%) or lubricants (43%).

Table 31. Perception on condoms and lubricants among MSM and TGW

	N	n	%	95% CI
Condoms are easy to get in the community	4093	1843	46.1	[43.93-48.28]
Lubricants are easy to get in the community	4093	1689	41.9	[39.80-44.05]
Embarrassed to buy condoms	4098	1823	44.5	[42.27-46.72]
Embarrassed to buy lubricants	4098	1761	43.1	[40.88-45.39]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

HIV TESTING

Perceived risk

Forty-seven percent of the respondents feel they are at risk of having an HIV infection, citing having had sex or male-to-male sex (37%), having many sex partners (28%), and not always using condoms (22%) as reasons for feeling at risk (Table 32). For those who do not feel at risk, common reasons for believing so include having infrequent sex (22%), feeling no symptoms (22%), and engaging in oral sex only or never had anal sex (17%).



Table 32. Perceived risk for HIV among MSM & TGW

	N	n	%	95% CI
Feels at risk for HIV	4098	1984	47.12	[44.87-49.38]
Reasons for felt risk for HIV, among those who feel at risk for HIV				
Had sex/ male-to-male sex	1901	730	37.3	[34.54-40.19]
Many sex partners	1901	516	27.8	[25.06-30.64]
Do not always use condoms	1901	402	21.6	[19.40-24.04]
Don't know HIV status of sex partner(s)	1901	175	10.0	[8.75-11.43]
Already have HIV	1901	46	2.1	[1.40-3.06]
Already had an STI	1901	13	0.5	[0.28-0.90]
Had chemsex	1901	8	0.2	[0.11-0.47]
Had sex with an HIV+ partner	1901	7	0.3	[0.15-0.73]
Shared needles	1901	4	0.2	[0.05-0.42]
Reasons for unfelt risk for HIV, among those who do not feel at risk for HIV				
Infrequent sex	2073	424	22.1	[19.71-24.67]
Feels no symptoms	2073	459	21.9	[19.56-24.44]
Engages in oral sex only / never had anal sex	2073	381	16.9	[14.73-19.30]
Only has one partner / faithful	2073	276	13.7	[11.95-15.75]
Convinced partner is not infected	2073	264	11.8	[10.26-13.61]
Always uses condoms	2073	251	12.8	[10.94-14.84]
Never shared needles	2073	14	0.6	[0.34-1.11]
Already have HIV	2073	4	0.2	[0.06-0.47]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

Awareness on HIV testing facilities

Nearly two-thirds (66%) of the respondents knew where to get a confidential HIV test in the city where they were interviewed (Table 33). Around 43% knew that they can have an HIV test at a social hygiene clinic (SHC) or reproductive and wellness center (RHC), and another 21% knew that they can get tested in other government facilities. Most (88%) of those who knew that HIV testing can be accessed at the local SHC/RHC were aware that the test is offered for free.

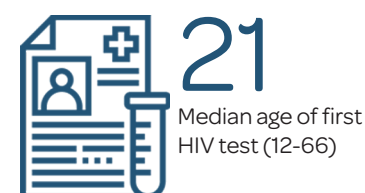
Table 33. Awareness on facilities offering HIV test among MSM & TGW

	N	n	%	95% CI
Awareness on where to get a confidential HIV test in the city	4098	2702	65.9	[63.60-68.18]
SHC/RHC	4098	1788	43.1	[40.24-46.03]
Other government facilities	4098	883	21.5	[19.42-23.72]
Private hospitals and laboratories	4098	557	13.8	[11.9-15.84]
Other health facilities	4098	134	3.3	[2.58-4.12]
Non-health facilities	4098	82	2.1	[1.60-2.69]
Aware that SHC offers free HIV testing	2114	1826	88.0	[85.96-89.8]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

History of HIV testing

Despite most knowing where to get a test, less than half (43%) of the respondents have ever been tested for HIV (Table 34). Those who have ever been tested had their first HIV test when they were around 21 years old (median; range: 12-66 years old). Further, around three-fourths (74%) of those who have ever been tested had at least one HIV test in the past 12 months mostly at the local SHC/RHWC (42%) or in non-health facilities such as public places, establishments or their own homes (30%).



Knowing their HIV status was the primary reason why most respondents had their first (73%) and most recent (61%) HIV test. Among respondents who were not tested (57%), the primary reasons for never having an HIV test include feeling no need to get tested (31%) and having no time for a test (23%).

Table 34. History of HIV testing among MSM & TGW

	N	n	%	95% CI
Ever tested for HIV	4098	1701	43.1	[40.25-46.04]
Reasons for not having an HIV test, among those never tested for HIV				
Feels no need to get tested	2124	644	30.8	[28.18-33.62]
No time	2124	496	22.8	[20.78-24.92]
Don't know where to get tested	2124	304	14.9	[13.11-16.95]
Afraid of HIV test procedure (blood draw, needles)	2124	235	11.3	[9.68-13.06]
Minor / underage	2124	175	7.8	[6.31-9.61]
Afraid of the HIV test result	2124	163	7.4	[6.18-8.74]
No money for testing	2124	47	2.2	[1.61-3.08]
Testing facility too far	2124	33	1.5	[1.05-2.14]
Unsure if the test is truly confidential	2124	15	0.8	[0.44-1.39]
Others	2124	12	0.5	[0.28-0.99]
Primary motivation for first HIV test				
To know HIV status	1593	1172	72.9	[69.77-75.74]
Encouraged by friends to take the HIV test	1593	192	12.8	[10.88-15.03]
Available and free at that time	1593	126	8.0	[6.59-9.71]
Required for local employment	1593	31	1.6	[0.98-2.46]
Knew someone who was diagnosed with HIV or died from AIDS-related complications	1593	17	1.1	[0.67-1.93]
Possible recent exposure to HIV	1593	16	1.3	[0.71-2.23]
Had sexually transmitted infection/s	1593	14	0.5	[0.29-0.90]
With symptoms / confined in hospital	1593	10	0.8	[0.36-1.60]
OFW / required for foreign employment	1593	9	0.6	[0.29-1.31]
Requested by partner	1593	6	0.5	[0.20-1.18]
Had an HIV test in the past 12 months, among those ever tested	1699	1259	74.4	[71.36-77.3]
Number of times had an HIV test in the past 12 months				
Once	1234	747	62.5	[58.69-66.10]
2-3 times	1234	374	28.3	[25.47-31.37]
>3 times	1234	113	9.2	[6.99-12.04]
Venue of last HIV test				
SHC/RHWC	1636	705	42.2	[38.15-46.36]
Non-health facilities*	1636	479	29.5	[26.48-32.61]
Other government facilities	1636	190	12.6	[10.71-14.77]
Other health facilities	1636	149	8.6	[6.94-10.51]
Private hospitals and laboratories	1636	113	7.2	[5.74-8.97]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses.

Percentages and corresponding confidence intervals are weighted.

*Non-health facilities refer to public places such as streets, parks, malls, establishments, massage parlors, spas, bath houses, or the respondent's own home.

Table 34 (Continued). HIV testing among MSM & TGW.

	N	n	%	95% CI
Last test was first HIV test	1649	443	26.8	[24.15-29.64]
Primary motivation for last HIV test				
To know HIV status	1210	723	61.1	[57.55-64.59]
Regular/ Routine testing	1210	290	22.7	[19.92-25.7]
Encouraged by friends to take the HIV test	1210	80	6.8	[5.26-8.73]
Available and free at that time	1210	66	5.7	[4.28-7.45]
Required for local employment	1210	27	1.6	[1.01-2.64]
Possible recent exposure to HIV	1210	8	0.7	[0.33-1.56]
OFW / required for foreign employment	1210	4	0.5	[0.16-1.37]
Had sexually transmitted infection/s	1210	4	0.3	[0.10-0.85]
Knew someone who was diagnosed with HIV or died from AIDS-related complications	1210	3	0.2	[0.07-0.64]
Partner wanted to take the test	1210	3	0.2	[0.05-0.59]
With symptoms / confined in hospitals	1210	2	0.3	[0.05-1.30]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

Getting results and knowing status

Nearly all (94%) respondents who had an HIV test got the result of their last test, majority (94%) of whom were negative for HIV (Table 35). Most (62%) of those who received their last HIV test result stated that HIV prevention and treatment options were discussed with them while around a third (33%) said that only prevention options were discussed.

Most of those who did not get their test results said that they either had no time (34%) or forgot (32%) to get their results.

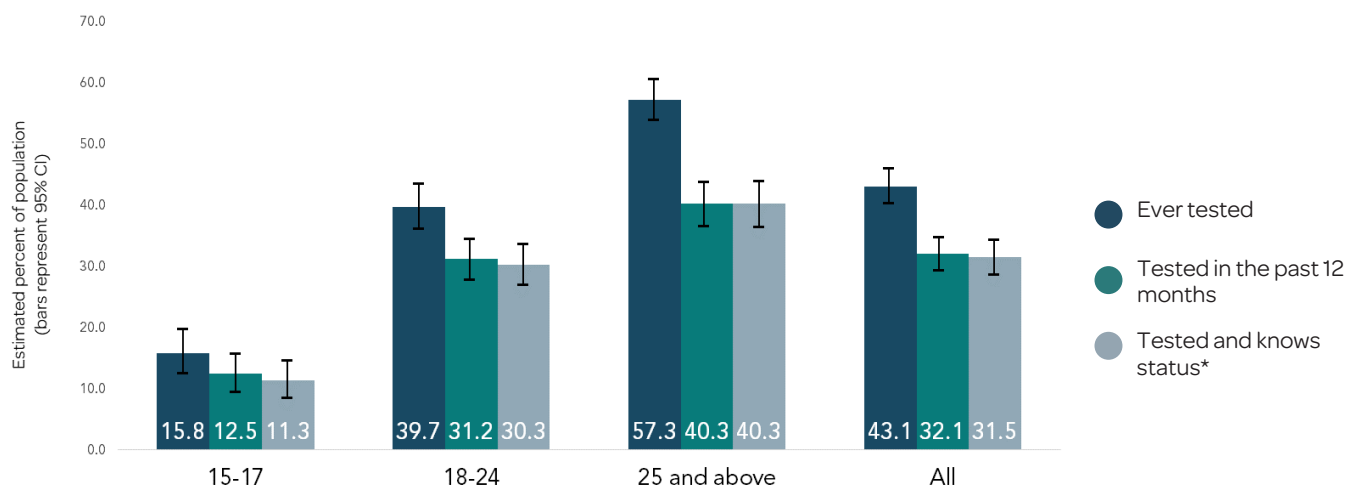
Table 35. Getting HIV results and knowing status among MSM & TGW

	N	n	%	95% CI
Got HIV results, among respondents that had an HIV test	1649	1545	93.9	[92.46-95.10]
Discussed HIV prevention and treatment options after receiving results				
Yes, both were explained	1538	992	62.3	[58.73-65.8]
Yes, but only HIV prevention	1538	465	32.6	[29.18-36.12]
No	1538	47	2.9	[2.03-4.08]
Yes, but only treatment options	1538	34	2.2	[1.49-3.33]
Results of last HIV test				
Negative	1544	1450	94.0	[92.31-95.29]
Refused to answer	1544	59	3.4	[2.42-4.68]
Positive	1544	30	2.3	[1.54-3.39]
Cannot remember	1544	5	0.4	[0.15-0.96]
Reasons for not getting HIV results, among respondents who did not get the results of their last HIV test				
No time	100	33	33.7	[23.8-45.33]
Forgot to get results	100	30	32.2	[21.47-45.08]
Still waiting for results	100	13	15.9	[8.08-28.81]
Don't know where to get result	100	8	4.9	[2.02-11.57]
Doesn't want to know / afraid to know	100	7	4.5	[2.03-9.63]
Clinic is far	100	3	2.2	[0.64-7.04]
Others	100	6	6.7	[2.70-15.57]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

Figure 12 shows that more than half (57%) of the MSM & TGW aged 25 and above had been tested for HIV. On the contrary, testing was observed to be lowest among minors, wherein only 16% had ever been tested for HIV, and a lower proportion (13%) got tested in the past 12 months. Similarly, the proportion of MSM & TGW who were aware of their HIV status was lowest among the 15-17 year old age group (11%).

Access to HIV testing vary across age groups with minors having the lowest proportion of HIV testing experience compared to older age groups (Figure 12).



*Tested in the past 12 months and know their status; also includes those who know they are HIV-positive even if their last test was more than 12 months ago

Figure 12. MSM & TGW: History of HIV testing, by age group

HIV testing and support

Most of the respondents (58%) said that for their next HIV test, they want to be tested by the medical technologist at the testing facility (Table 36). Notably, 19% preferred that the tests be administered by someone they know, while a few (9%) prefer self-testing.

Only 15% reported that they required their sex partners to have an HIV test prior to sexual intercourse (Table 36). Nearly eight out of ten (79%) have someone in their life with whom they are comfortable to talk about their sex life and HIV; while roughly three-fourths (75%) mentioned that they have friends or people they can run to if ever they become positive for HIV. Around a quarter (24%) of the respondents know someone who is living with HIV, of whom more than half (55%) know that this person is on treatment or taking antiretroviral drugs.

Table 36. HIV testing and support among MSM & TGW

	N	n	%	95% CI
Preferred person to conduct next HIV test				
Medical technologist at the facility	4086	2336	58.2	[56.29-60.12]
Someone I know	4086	774	19.0	[17.48-20.54]
Self	4086	383	9.3	[8.27-10.33]
Don't need another HIV test/ already HIV positive	4086	345	7.3	[6.35-8.42]
Someone I don't know	4086	248	6.3	[5.37-7.28]
Required sex partners to have an HIV test before sex in the past 12 months	4093	605	15.3	[13.68-17.01]
Knows someone who is HIV positive	4095	868	23.5	[21.14-26.06]
Aware that the HIV positive person is taking treatment, among those who know someone with HIV	852	472	54.9	[50.09-59.56]
Has friends or people comfortable to talk with about their sex life and HIV	4095	3190	78.9	[77.19-80.52]
Has friends or people who can run to if become HIV positive	4088	2974	74.5	[72.58-76.25]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

HIV AND STI PREVALENCE

PREVALENCE OF HIV AMONG MSM & TGW

The weighted HIV prevalence among MSM & TGW respondents who ever had anal sex across the 13 IHBSS sites was 5.9% (95% CI 4.8% - 7.2%). HIV prevalence varies across the different sites, ranging from 1.5% in Talisay City to 11.8% in Quezon City as shown in Figure 13.

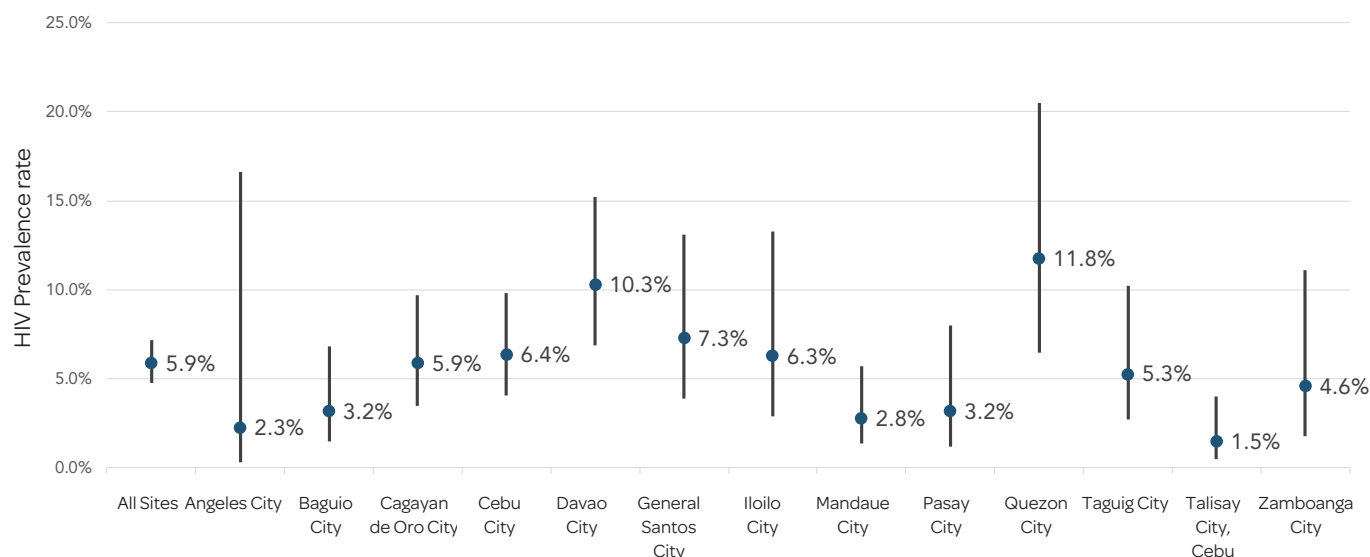


Figure 13. MSM & TGW: HIV prevalence among those who ever had anal sex, all sites and city-specific

Table 37. HIV prevalence among MSM & TGW

	Point prevalence	Lower limit	Upper limit
All sites	5.9	4.8	7.2
Angeles City	2.3	0.3	16.6
Baguio City	3.2	1.5	6.8
Cagayan de Oro City	5.9	3.5	9.7
Cebu City	6.4	4.1	9.8
Davao City	10.3	6.9	15.2
General Santos City	7.3	3.9	13.1
Iloilo City	6.3	2.9	13.3
Mandaue City	2.8	1.4	5.7
Pasay City	3.2	1.2	8.0
Quezon City	11.8	6.5	20.5
Taguig City	5.3	2.7	10.2
Talisay City, Cebu	1.5	0.5	4.0
Zamboanga City	4.6	1.8	11.1

Data presented is weighted prevalence and corresponding limits of the 95% confidence interval.

PREVALENCE OF HEPATITIS B AMONG MSM & TGW

The weighted Hepatitis B prevalence among all MSM & TGW respondents across the 13 IHBSS sites is 4.9% (95% CI 4.1- 5.9%). Figure 14 shows that the Hepatitis B prevalence rates per site mostly fall within 3% to less than 5%, except for some sites such as General Santos City which recorded the highest prevalence at 15.8%, followed by Iloilo City at 6.9%, and Davao City at 6.4%. Angeles recorded the lowest Hepatitis B prevalence at only 2.2%.

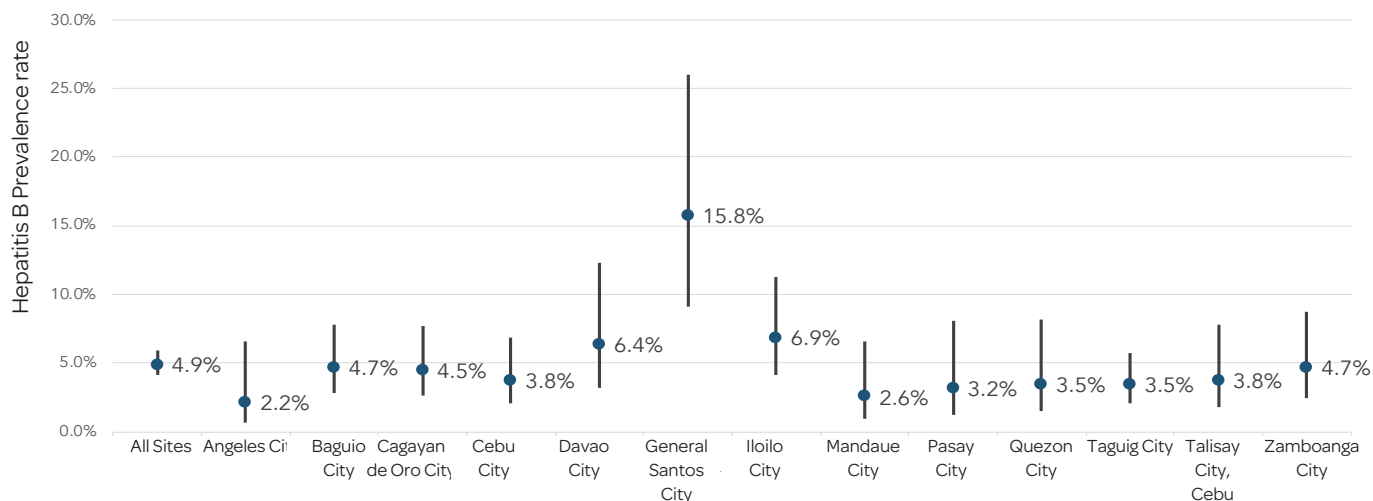


Figure 14. MSM & TGW: Hepatitis B prevalence, all sites and city-specific

Table 38. Hepatitis B prevalence among MSM & TGW

	Point prevalence	Lower limit	Upper limit
All Sites	4.9	4.1	5.9
Angeles City	2.2	0.7	6.6
Baguio City	4.7	2.8	7.8
Cagayan de Oro City	4.5	2.6	7.7
Cebu City	3.8	2.1	6.9
Davao City	6.4	3.2	12.3
General Santos City	15.8	9.1	26.0
Iloilo City	6.9	4.1	11.3
Mandaue City	2.6	1.0	6.6
Pasay City	3.2	1.2	8.1
Quezon City	3.5	1.5	8.2
Taguig City	3.5	2.1	5.7
Talisay City, Cebu	3.8	1.8	7.8
Zamboanga City	4.7	2.5	8.7

Data presented is weighted prevalence and corresponding limits of the 95% confidence interval.

PREVALENCE OF HEPATITIS C AMONG MSM & TGW

Hepatitis C prevalence was only measured among MSM & TGW respondents from Cebu and Mandaue City. The point prevalence for Hepatitis C among MSM & TGW respondents in Cebu City was 1.6%, while that in Mandaue City was 0.4% (Table 39).

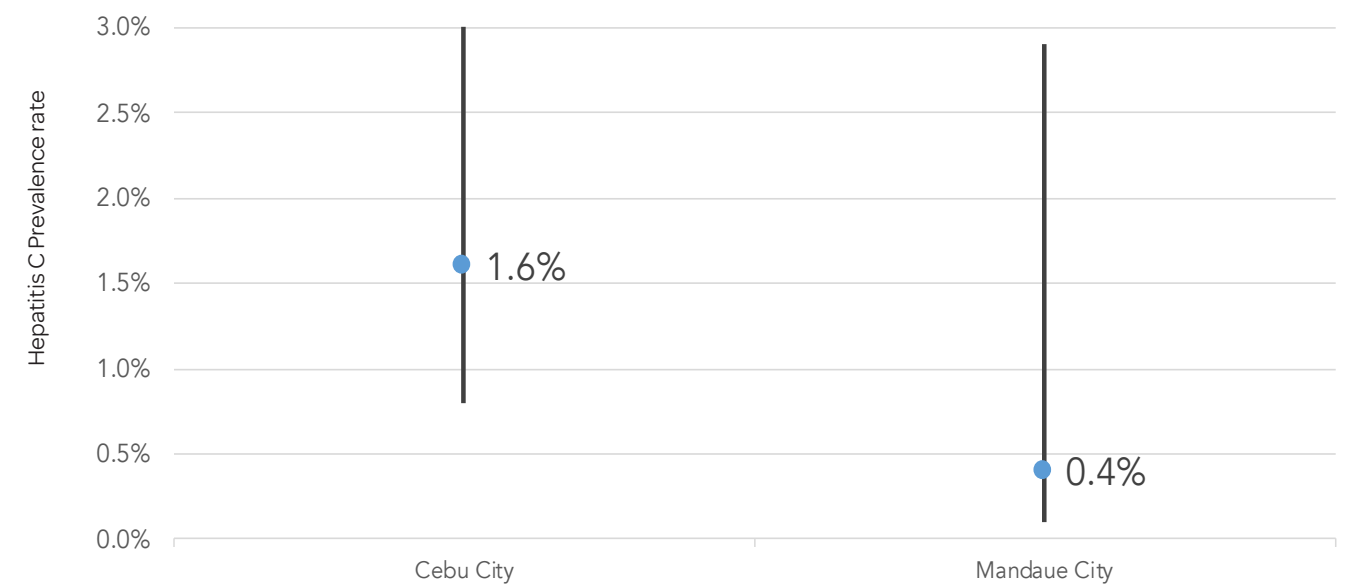


Figure 15. MSM & TGW: Hepatitis C prevalence

Table 39. Hepatitis C prevalence among MSM & TGW

	Point prevalence	Lower limit	Upper limit
Cebu City	1.6	0.8	3.0
Mandaue City	0.4	0.1	2.9

Data are presented as prevalence (95% CI).
Prevalence is weighted for males having sex with males and transgender women (MSM & TGW).

PREVALENCE OF SYPHILIS AMONG MSM & TGW

Overall weighted prevalence for syphilis among all MSM & TGW respondents was 4.0% (95% CI 3.2% - 4.9%). Syphilis prevalence vary across the 13 IHBSS sites ranging from 0.5% (95% CI 0.1% - 4.0%) in General Santos City to 9.3% (95% CI 6.3% - 13.4%) in Iloilo City.

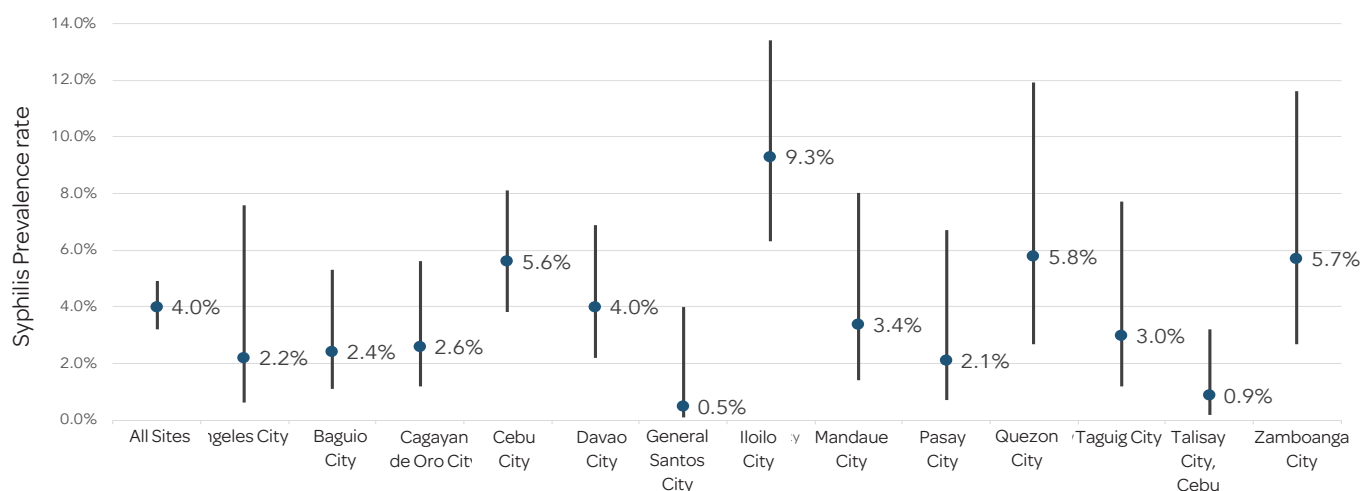


Figure 16. MSM & TGW: Syphilis prevalence, all sites and city-specific

Table 40. Syphilis Prevalence among MSM & TGW

	Point prevalence	Lower limit	Upper limit
All Sites	4.0	3.2	4.9
Angeles City	2.2	0.6	7.6
Baguio City	2.4	1.1	5.3
Cagayan de Oro City	2.6	1.2	5.6
Cebu City	5.6	3.8	8.1
Davao City	4.0	2.2	6.9
General Santos City	0.5	0.1	4.0
Iloilo City	9.3	6.3	13.4
Mandaue City	3.4	1.4	8.0
Pasay City	2.1	0.7	6.7
Quezon City	5.8	2.7	11.9
Taguig City	3.0	1.2	7.7
Talisay City, Cebu	0.9	0.2	3.2
Zamboanga City	5.7	2.7	11.6

Data presented is weighted prevalence and corresponding limits of the 95% confidence interval.

KEY FINDINGS

Demographics

1. Most (63%) of the MSM & TGW respondents were among the young key population (15-24 years old). Thirteen percent were minors aged 15 to 17 while half were 18 to 24 years old. In terms of education and work, around one-third (32%) were currently studying while more than half (53%) were currently employed at the time of the interview.
2. More than half (55%) were male-identifying. Meanwhile, three out of ten respondents primarily identified themselves as women and around 18% have undertaken feminizing enhancements such as taking of hormones.
3. While it is expected that venue-based cruising (59%) remained the primary way of finding sex partners among respondents sampled through TLS, a design which depended on cruising behavior in physical venues, it is notable that almost half (48%) of the respondents used online platforms to find sex partners. Moreover, 38% found sex partners through referral from friends.

Disease burden, risk behaviors, and vulnerability

1. More than 75% of the MSM & TGW respondents engaged in their first sexual intercourse before the age of 18, the median age being 16 years old. Moreover, the median age of first anal sex was at 17 years old. However, the median age of first condom use was at 19 years old. There is a condom lag of two years for the MSM & TGW respondents.
2. Only 27% of the respondents used a condom during their first anal sex. The top three reasons for not using condom during their first anal sex include having unplanned sex (42%), condoms decrease sexual arousal or having no sensation when using condoms (14%), and having no access to condoms since they were minors/underage at the time of their first anal sex (11%).
3. Almost 1 in 4 (23%) MSM & TGW respondents reported to have experienced being forced to have sex.
4. Thirty-one percent reported having sex with a female partner in the past 12 months, while 20% with a transgender woman.
5. In the past 12 months, almost all (99%) respondents experienced having oral sex, while almost three-fourths (72%) engaged in anal sex. Condom use with their last anal sex partner was low at 38%, while consistent condom use with last three anal sex partners was even lower at only 13%. The most common reasons for not using a condom during anal sex include unplanned sex (38%), having no sensation or decrease of sexual arousal (28%), and that partner did not want to use condoms (18%).
6. Having multiple sex partners had also been observed among the MSM & TGW respondents. The respondents had a median number of three sex partners (oral or anal), and two anal sex partners in the past 12 months.
7. Engagement in transactional sex in the past 12 months was also noted among the MSM & TGW respondents, with less than a quarter (22%) having experienced paying or giving payment in exchange for sex, and a greater proportion (38%) accepting payment for sex.
8. More than half (51%) experienced having sex while drunk wherein 52% reported not using condoms during sex while drunk. Moreover, 11% reported drug use in the past year, 4% of whom injected drugs, and almost 1% used needles already used by others. Engagement in chemsex or purposely using drugs for sex was reported by 2% of the respondents, among which, only about a quarter (24%) used condom during sex under the influence of drugs.
9. The HIV prevalence among MSM & TGW who ever had anal sex across all 13 sites was at 5.9% (95%CI: 4.8%-7.2%). Furthermore, weighted Hepatitis B and syphilis prevalence were recorded at 4.9% (95%CI: 4.1%-5.9%) and 4.0% (95% CI: 3.2%-4.9%), respectively. The cities with the highest prevalence rates were Quezon City (11.8%) for HIV, General Santos (15.8%) for Hepatitis B, and Iloilo City (9.3%) for syphilis. Meanwhile, hepatitis C prevalence among MSM & TGW in Cebu City was at 1.6% (95% CI: 0.8% - 3.0%) while for Mandaue City, it was at 0.4% (95% CI: 0.1% - 2.9%).

Knowledge on HIV and STI

1. Only about a third (32%) of the MSM & TGW respondents have comprehensive knowledge on HIV, that is, they got all correct answers for the five basic facts of HIV prevention and transmission. In terms of age group, the younger MSM & TGW have lower knowledge on HIV.
2. Apart from common misconceptions on HIV (i.e. that a person can get HIV from mosquito bites, toilet bowls, and by sharing food with someone who is infected with HIV), the respondents also had misconceptions about sex practices specific to MSM & TGW such as that withdrawal before ejaculation prevents HIV transmission (43%), and assumptions of a certain sex role/position reduces risk for HIV (26%).
3. Knowledge on the availability of treatment for HIV was also low at 33%. Moreover, only 8% were aware of pre-exposure prophylaxis (PrEP).
4. In contrast, a high proportion (84%) of the MSM & TGW respondents were aware that there are infections that can be transmitted through sexual contact, and 83% were aware of any of the symptoms of STIs.
5. The most common source of HIV information among the respondents was from passive sources such as TV, radio, newspaper, or magazines (75%). Other sources of HIV information include the internet (47%), advocate or peer educators (36%), school (26%), and workplace (23%).

Access to Services

1. Only about 53% of the MSM & TGW respondents are aware of social hygiene clinics. However, a high proportion of those who have heard of SHCs were aware that SHCs offer HIV and STI testing (61%), HIV and STI information and education (59%), provide free condoms (59%), and free lubricants (54%).
2. On the contrary, only 30% were aware that these SHCs offer STI treatment. Furthermore, among those who experienced STI symptoms in the past year, more than two-thirds (68%) did not consult SHCs for their symptoms.
3. More than half (53%) of the respondents reported to have no access to condoms, that is, they do not buy or do not receive free condoms. Only 15% regularly buys condoms. Common reasons for not buying condoms include receiving free condoms (26%), unplanned sex (20%), and having no sensation or decrease of sexual arousal (18%). By age group, access was lowest among the younger key population.
4. Only 46% said that condoms are easy to get in the community.
5. A large proportion of MSM & TGW respondents (66%) were aware of facilities offering HIV test in the city. However, HIV testing did not reach 50%. Only 43% had ever been tested, and only 32% were tested in the past 12 months and know their HIV status. The most common reasons for not getting tested, among those not yet tested, include feeling no need to get tested (31%), having no time to get tested (23%), and not knowing where to get tested (15%). Moreover, while most (58%) still prefer to get tested by a medical technologist, some (19%) expressed that for their next HIV test, they prefer someone they know to test them, while 9% stated that they prefer self-testing.

TRANSGENDER WOMEN (TGW)

The Philippines began inclusion of TGW in IHBSS surveillance in 2013 in Cebu City. This has given way for understanding Transgender Women in terms of their risk and behavior in acquiring HIV. For the 2018 IHBSS, the data presented for TGW was a subset of the IHBSS for MSM & TGW in the 13 IHBSS sites across the country.

DEMOGRAPHICS

RESPONDENTS

A total of 1,225 respondents were recruited and interviewed in the country. Respondents who identified themselves as women during the time of interview were included of the population being described hereafter. Table 41 shows the distribution of respondents by city.

Table 41. Number of respondents by site

	N
All Sites	1225
Angeles City	37
Baguio City	127
Cagayan de Oro City	86
Cebu City	135
Davao City	93
General Santos City	83
Iloilo City	126
Mandaue City	58
Pasay City	79
Quezon City	67
Taguig City	103
Talisay City, Cebu	114
Zamboanga City	117

CHARACTERISTICS OF THE SURVEYED POPULATION

The median age of the respondents was 23 years old with age ranging from 15-65 years old. As shown in Figure 17, 45% of the respondents were from the 25 years old and above age group, followed by 18-24 years old (44%), and 15-17 years old (11%).

In terms of residence, majority (93%) live in the city where they were interviewed. In addition, 29% of the respondents were currently enrolled and almost half (48%) attained at least a high school level of education. Furthermore, 58% were employed at the time the survey was conducted (Table 42).

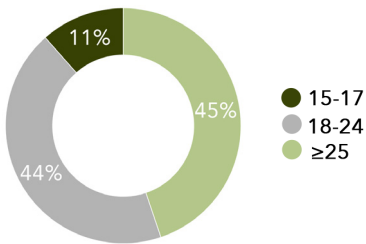


Figure 17.TGW: Age Group (N = 1225)

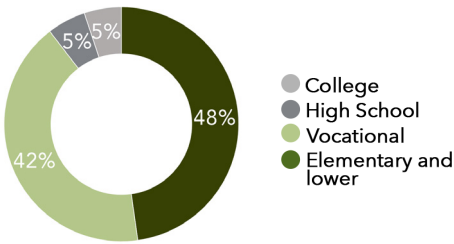


Figure 18. TGW: Educational Status (N = 1224)

Table 42. Background characteristics of Transgender Women (TGW)

	N	n	%	95% CI
Age group (years)				
15-17	1225	135	11.5	[9.19-14.36]
18-24	1225	509	43.7	[39.72-47.70]
≥25	1225	581	44.8	[40.23-49.48]
Lives in same city as interview	1225	1137	92.6	[89.74-94.70]
Enrolled in school year 2017-2018	1223	313	29.0	[24.54-34.02]
Highest educational attainment				
High school level/graduate	1224	618	47.8	[43.82-51.73]
College level & above	1224	483	41.8	[37.71-45.98]
Vocational course	1224	63	5.3	[3.91-7.19]
Elementary level/graduate	1224	54	4.5	[3.36-5.99]
Did not attend school	1224	6	0.6	[0.17-2.32]
Employment status				
Employed	1224	711	58.0	[53.813-62.62]
Unemployed	1224	513	42.0	[37.38-46.87]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

SEXUAL ORIENTATION, GENDER IDENTITY, AND EXPRESSION

Majority (85%) expressed themselves as feminine in terms of look, clothing and behavior, 1 in 10 (11%) expressed themselves as masculine while nearly 1 in 20 (4%) of the respondents expressed themselves both masculine and feminine (Table 43). Majority (95%) reported to be sexually attracted to males while 1% were attracted to females.

Table 43. Gender expression and sexual attraction among TGW

	N	n	%	95% CI
Gender Expression				
Feminine	1223	1041	84.5	[80.44-87.76]
Masculine	1223	131	11.0	[8.13-14.84]
Both masculine and feminine	1223	51	4.5	[3.16-6.39]
Sexual Attraction				
Male	1222	1164	95.0	[93.38-96.36]
Both male and female	1222	42	3.5	[2.36-5.05]
Female	1222	16	1.5	[0.82-2.59]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

FEMINIZING ENHANCEMENTS

Less than half (42%) of the TGW respondents reported to have ever used any feminizing enhancements. A small proportion of TGW used breast (6%) and hip padding (3%) (Figure 19). A third (33%) of the respondents took feminizing hormone (pill) while 17% reported injecting feminizing hormones. On other hand, 3% reported having had breast surgery and less than 1% had gender reaffirming surgery.

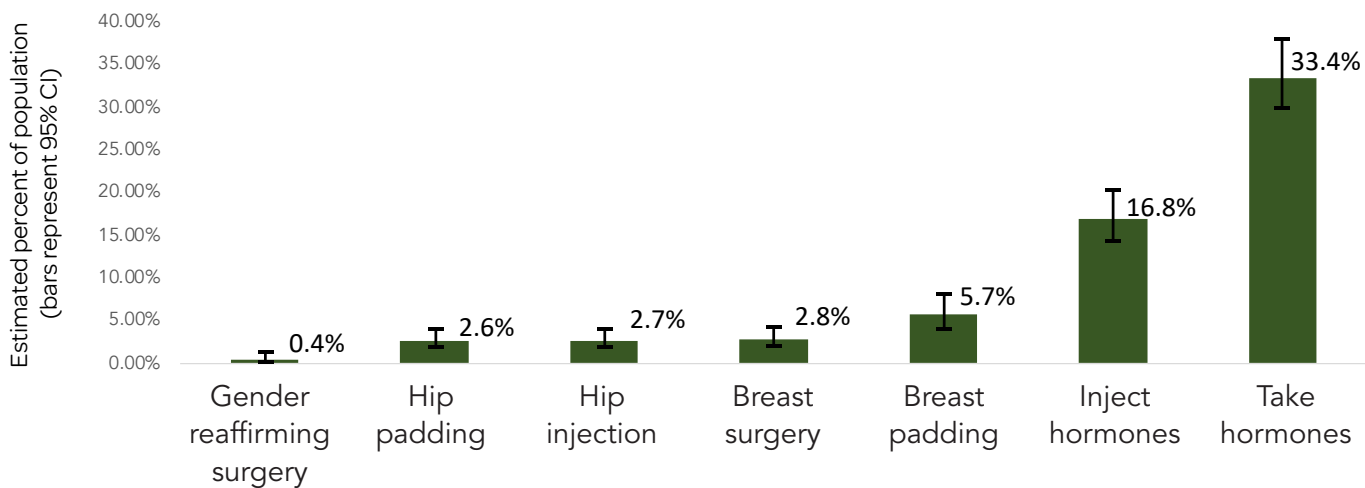


Figure 19. TGW: Feminizing enhancements (N=1225)

SEXUAL RISKS AND BEHAVIOR

SEXUAL HISTORY

Generally, the respondents engage in sex early but practice protective sexual behavior later. The median age of first oral sex among TGW respondents was 15 years old while the median age of first anal sex with a male was 16 years old. However, the median age of first condom use was 19 years old. This indicates that, on average, there is a 3-year gap between first anal sex with a male and first condom use among TGW which increases their chance of acquiring HIV. Furthermore, the median age of first HIV test was 21 years old making the respondents having less chance of being aware of their HIV status during their early years of engaging in sexual activities.

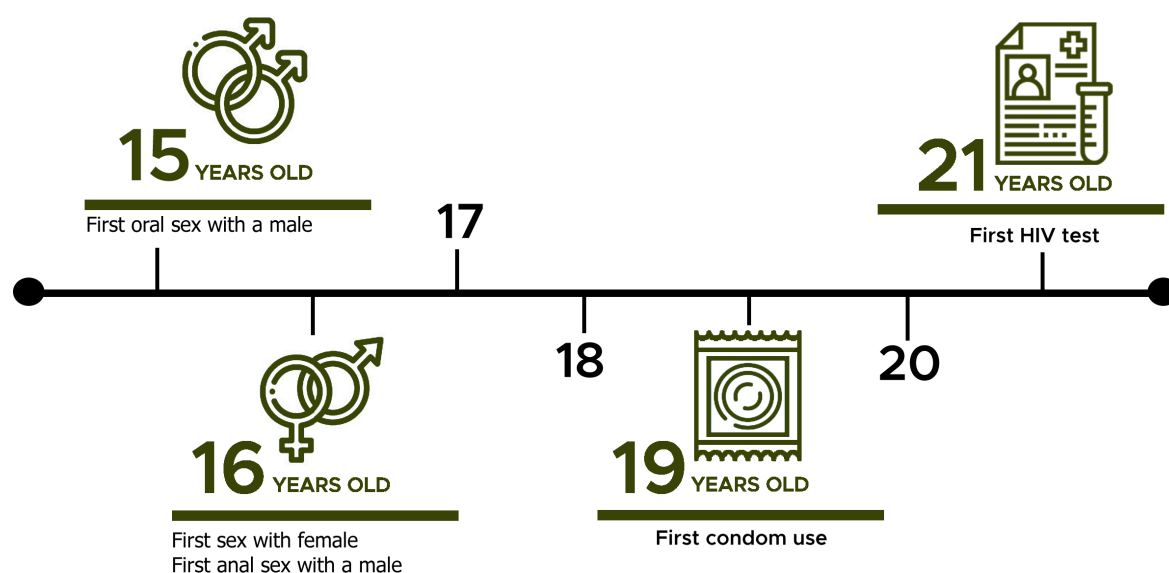


Figure 20. TGW: Sexual milestones and protective behavior

Aside from late protective behavior among TGW, almost all (99.7%) reported having oral sex while 84% reported having had anal sex with a male in the past 12 months (Table 44). Other risks in acquiring HIV among TGW include using or sharing equipment that has been used for injecting hormones by other people (38%), having sex under the influence of alcohol (55%), and use of prohibited drugs for sexual pleasures (2%). Furthermore, 4% reported to have been engaged in group sex or orgy. Orgy was defined as having sex with more than two partners in a sexual activity. Also, 23% of the respondents reported receiving cash or kind in exchange for sex while 39% had sex with a paid male partner.

Table 44. Risks in acquiring HIV among TGW

	N	n	%	95% CI
Had oral sex with a male within the past 12 months	1225	1219	99.7	[99.24-99.86]
Had anal sex with a male in the past 12 months	1225	1030	84.2	[81.45-86.75]
Inject/share feminizing hormones using a needle/syringe that has been already used by others	195	80	38.2	[29.94-47.10]
Engaged in group sex (orgy) in the past 12 months	1224	49	3.7	[2.54-5.49]
Use of alcohol and drugs				
Had sex under the influence of alcohol in the past 12 months	1225	679	54.7	[51.36-57.93]
Used drugs for sexual pleasure (chemsex) in the past 12 months	1223	28	2.1	[1.32-3.25]
Transactional sex				
Paid in cash in exchange for sex in the past 12 months	1201	471	39.1	[35.21-43.15]
Received payment, in cash / kind in exchange for sex in the past 12 months	1200	266	23.1	[20.04-26.56]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

CONDOM USE

Among the respondents who had anal sex in the past 12 months, only 39% used a condom during sex with their last partner (Figure 21). Moreover, consistent condom use with their last three anal sex partners was even lower at 15%. Rates of condom use with the last anal sex partner vary by age group and was lowest among minors (15-17 years old) at 29%. Similar to last anal sex, consistency of condom use was lower among 15-17 years old and 18-24 years old, 14% & 12% respectively, relative to older respondents.

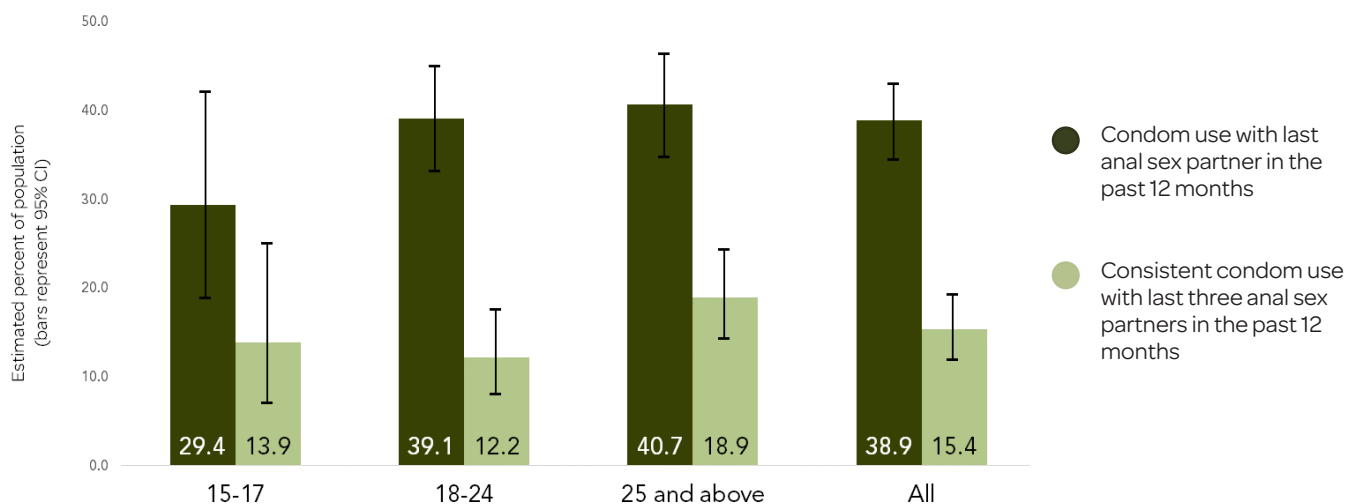


Figure 21. TGW: Condom use in the past 12 months, by age group

CONDOM ACCESS

Less than half (42%) of the respondents reported having no access to condoms as shown in Figure 22. Access is defined as not buying or receiving free condom in the past 12 months. Minors (15-17 years old) had the lowest access to condoms at 54%.

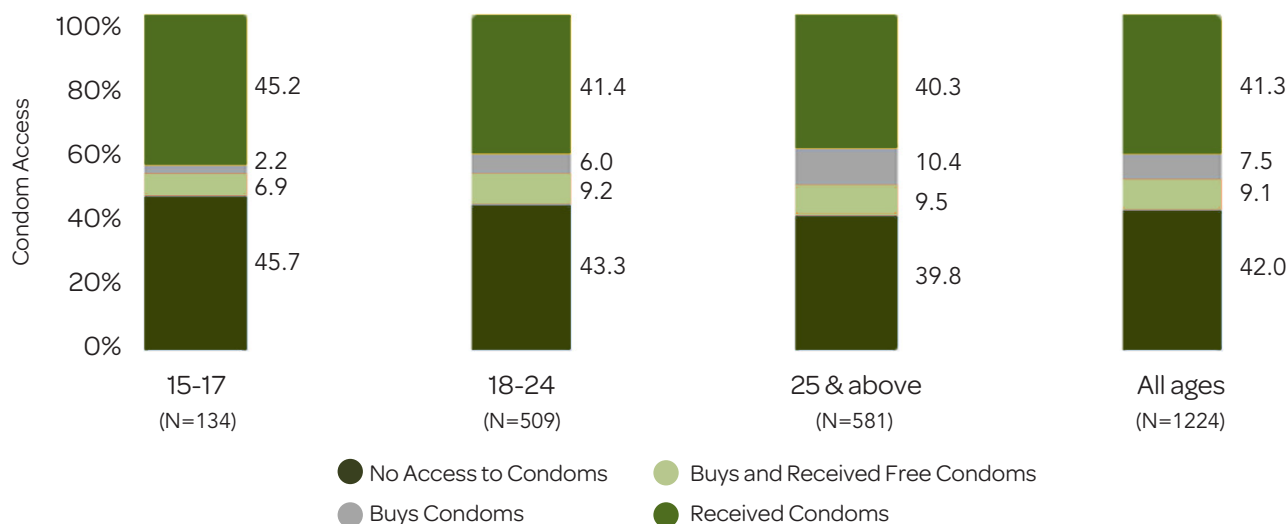


Figure 22. TGW: Access to condoms, by age group

KNOWLEDGE ON HIV AND STIs

HIV PREVENTION AND TRANSMISSION

While correct knowledge on each of the five basic facts of HIV transmission and prevention reached more than 65%, only 33% of TGW respondents had comprehensive knowledge on HIV transmission and prevention (Table 45).

Moreover, some of the respondents also had other misconceptions about HIV transmission (Table 45). Nearly a fourth (23%) still believed that food can be a vehicle for HIV transmission, and that withdrawing the penis before ejaculation during condomless sex reduces the risk of HIV transmission (56%).

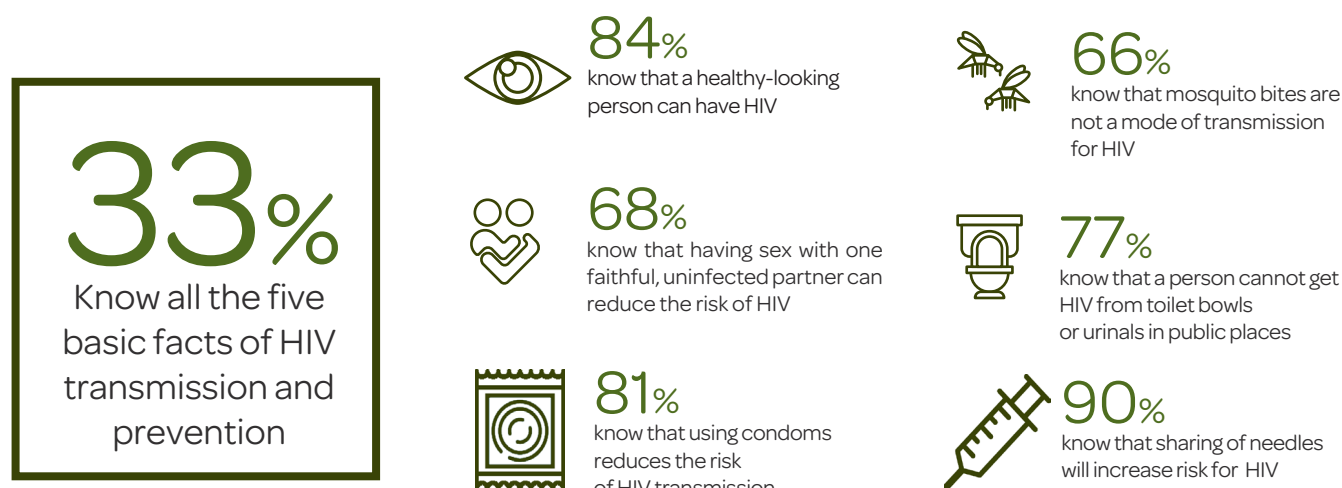


Table 45. Knowledge on HIV prevention and transmission among TGW

	N	n	%	95% CI
Basic HIV questions				
Correct on all five basic HIV questions (UNAIDS knowledge index)				
15-17 y/o	135	43	30.8	[22.59-40.49]
18-24 y/o	509	164	29.9	[25.34-34.94]
25 y/o & above	581	216	37.5	[33.09-42.02]
All ages	1225	423	33.4	[30.38-36.56]
Know that a healthy-looking person can have HIV	1225	1045	84.0	[81.10-86.52]
Know that using condoms can reduce the risk of HIV transmission	1223	1008	81.4	[78.43-84.05]
Know that a person CANNOT get HIV by using toilet bowls / urinals in public places	1225	935	77.1	[74.34-79.55]
Having sex with only one faithful, uninfected partner reduce the risk of HIV transmission	1224	832	68.0	[64.94-70.98]
Know that a person CANNOT get HIV from mosquito bites	1225	810	65.6	[62.10-68.93]
Other HIV knowledge questions				
Know that HIV can be prevented	1225	1016	82.3	[80.15-84.84]
Know that sharing of needles used by an HIV infected person when injecting drugs increases the risk of HIV infection	1225	1009	89.7	[87.25-91.80]
Know that a person CANNOT get HIV by sharing food with someone who is infected with HIV	1225	932	76.6	[73.50-79.45]
Know that during anal sex, the risk of getting HIV is not reduced by withdrawing the penis before ejaculation	1221	525	43.7	[40.18-47.21]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

HIV TREATMENT

More than a third (36%) of the respondents know that there is treatment for HIV (Table 46). Among them, 59% know that the treatment is free and 74% are also aware that a person with HIV must not wait for symptoms to appear before treatment can be initiated. Furthermore, 69% know that treatment for HIV is lifelong.

However, only a third (32%) know that there is a low chance of getting an HIV from someone who is correctly taking antiretroviral drugs. In addition, only 26% knows that the treatment is called antiretroviral drugs.

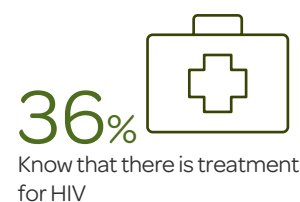


Table 46. Knowledge on HIV treatment among TGW

	N	n	%	95% CI
Know that there is treatment for HIV	1225	433	36.1	[32.49-39.95]
Know people living with HIV must NOT wait for symptoms and other infections before they start with their HIV treatment	433	325	73.5	[67.47-78.69]
Know correctly taking ARV can help people living with HIV become healthier and live longer	433	345	78.4	[73.25-82.76]
Know HIV treatment is life-long	433	305	69.0	[63.27-74.11]
Know treatment for HIV is for free	433	267	59.0	[53.81-64.06]
Know there is a low chance of getting HIV from someone correctly taking HIV treatment	433	150	32.4	[27.38-37.91]
Know treatment is called antiretroviral	433	120	26.5	[21.83-31.73]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

PRE-EXPOSURE PROPHYLAXIS (PrEP)

Only 6% of the respondents have heard of Pre-Exposure Prophylaxis or PrEP (Table 47). Among those who were aware of PrEP, 2% were currently taking PrEP during the time of interview. Furthermore, more than half (55%) of the respondents who were aware of PrEP but were not currently taking it expressed interest in using it.

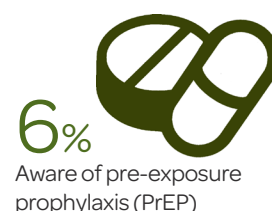


Table 47. Knowledge on PrEP among TGW

	N	n	%	95% CI
Heard of Pre-Exposure Prophylaxis or PrEP	1225	80	6.4	[5.00-8.20]
Currently taking pre-exposure prophylaxis or PrEP among those who know PrEP	80	2	1.7	
Interested in using pre-exposure prophylaxis or PrEP among those who know PrEP but are not currently taking	78	45	54.7	

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

AWARENESS AND ACCESS TO HIV & STI INTERVENTIONS

Most (61%) of the respondents have heard of a locally run facility for STI or HIV, or social hygiene clinic. Only 4% of TGW reported having at least one sign or symptom of STI in the past 12 months. Among them, only a quarter (25%) consulted a facility for treatment (Table 48).

One in five (20%) of the respondents was approached by an HIV advocate at least once in the past 12 months while 27% percent were approached more than once (Table 48). More than half (57%) of the respondents reported having had an HIV test in the past, among which, three-fourths (74%) had their HIV test in the past 12 months and 94% got the result of their HIV test. Majority (97%) of those who got their HIV test results said that they were negative for HIV (Table 48).

Table 48. Awareness and access to HIV & STI interventions among TGW

	N	n	%	95% CI
Heard of any social hygiene clinics in the city of interview	1225	770	60.7	[56.25-64.89]
Experienced symptoms of STI in the past 12 months	1224	48	4.0	[2.95-5.51]
Consulted SHC in the past 12 months among respondents with STI symptoms	42	12	25.0	[11.90-45.19]
Number of times approached by an advocate in the past 12 months to provide information on HIV				
Never approached by an HIV advocate	1223	638	52.8	[48.29-57.28]
Approached more than once by an HIV advocate	1223	355	27.1	[23.61-31.91]
Approached at least once by an HIV advocate	1223	230	20.1	[16.96-23.63]
HIV testing				
Ever tested for HIV	1225	702	57.1	[52.73-61.45]
Had HIV test in the past 12 months	702	514	73.7	[69.19-77.69]
Got HIV results, among respondents that ever had an HIV test	676	629	93.6	[91.33-95.26]
Result of last HIV test				
Negative	628	606	96.7	[94.76-97.98]
Refused to answer	628	13	1.5	[0.81-2.68]
Positive	628	7	1.3	[0.54-2.90]
Cannot remember	628	2	0.5	[0.81-2.68]

Counts presented are unweighted. The variation in the denominator among all respondents is due to missing responses. Percentages and corresponding confidence intervals are weighted.

HIV AND STI PREVALENCE

The weighted HIV prevalence among TGW in all 13 sites was 4.0% (95% CI 2.9%-5.6%) as shown in Table 49. Hepatitis B prevalence on the other hand was at 5.4% (95% CI 4.0%-7.0%), while prevalence for syphilis was at 6.0% (95% CI 4.6%-7.8%).

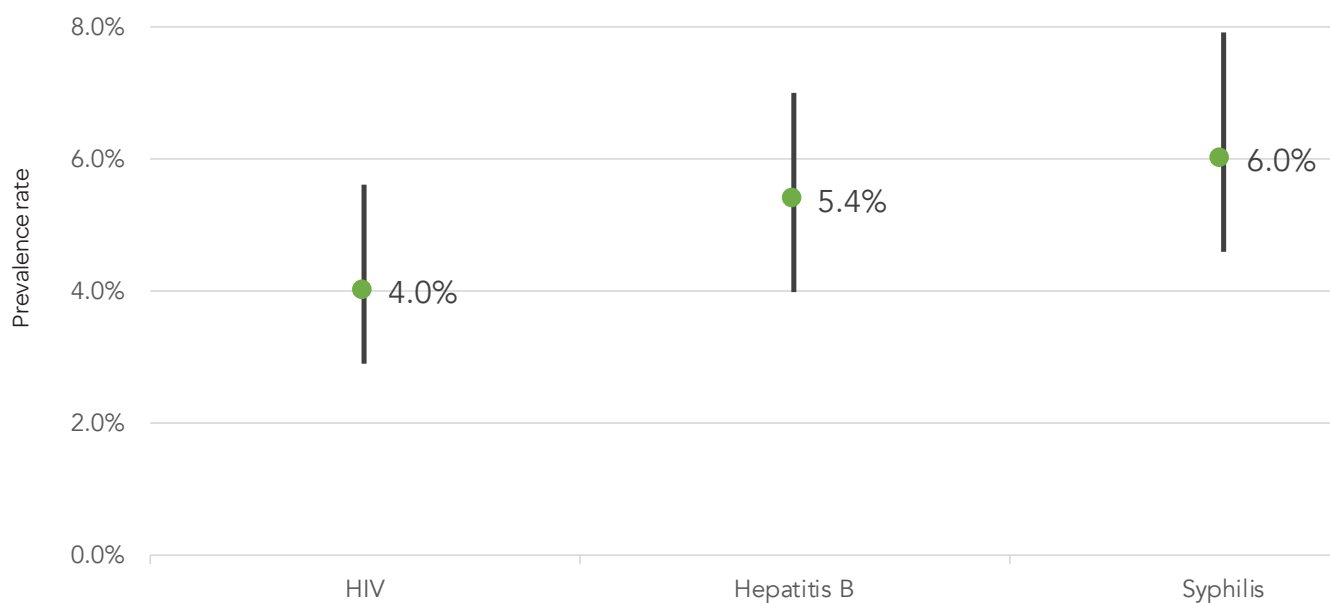


Figure 23. TGW: HIV and STI prevalence

Table 49. HIV and STI prevalence among TGW

	Point Prevalence	Lower Limit	Upper Limit
HIV	4.0	2.9	5.6
Hepatitis B	5.4	4.0	7.0
Syphilis	6.0	4.6	7.8

Data presented is weighted prevalence and corresponding limits of the 95% confidence interval.
HIV prevalence rates presented are among TGW who ever had anal sex.

KEY FINDINGS

Demographics

1. About 30% of the respondents from the 2018 IHBSS for MSM & TGW identified themselves as women.
2. The respondents were young transgender women with median age of 23 years old, ranging from 15-65 years old.
3. More than half (58%) were currently employed while 29% were currently studying.

Disease burden, risk behaviors, and vulnerability

1. Less than half of the TGW used a feminizing enhancement. About 17% reported using hormones administered through injection. Among respondents who inject feminizing hormones, a significant percentage of TGW reported using or sharing injecting equipment that had been used by other people (38%).
2. Transgender women engage in early sexual activities but practice protective behavior later. The gap between median age of first anal sex and first condom use is 3 years.
3. The respondents reported to have recently engaged in activities that put them at risk for acquiring HIV. Almost all (99.7%) had oral sex, anal sex (84%) with a male in the past 12 months. More than half of the respondents (55%) reported to have sex under the influence of alcohol, and used drugs for sexual pleasure (2%). Furthermore, 4% reported to have been involved in an orgy in the past 12 months.
4. Transactional sex is high among transgender women, almost 1 in 4 (23%) of the respondents reported to have received payment in cash or kind, in exchange for sexual favors while 39% reported to have paid for sex.
5. Condom use is generally low (39%) and significantly lower among younger respondents 30% (15-17 years old). Furthermore, consistency of condom use was low at 15%.

Knowledge on HIV and STI

1. Only 33% of the respondents have comprehensive knowledge on HIV transmission and prevention. The younger age groups have lower knowledge than older respondents.
2. Knowledge on the availability of free treatment for HIV was also low at 36%. Moreover, only 6% were aware of pre-exposure prophylaxis (PrEP).
3. Only 1 in 3 respondents know about U=U, that there is a low chance of getting HIV from someone who is correctly taking anti-retroviral medication.

Access to services

1. Majority (61%) of the respondents were aware of a locally run facility for HIV (i.e. Social Hygiene Clinic or Reproductive Health and Wellness Clinic).
2. Among respondents who experienced signs and symptoms of STI, only 25% consulted a facility for treatment.
3. About half of the respondents (47%) were approached by an HIV advocate in the past 12 months.
4. Condom access is low among respondents (60%), and relatively lower among younger respondents (54% among those aged 15-17 years).
5. More than half (57%) of the respondents had been tested for HIV, however, less than half (47%) were aware of their HIV status in the past 12 months.

FEMALE SEX WORKERS (FSW)

SURVEY METHODS & ANALYSES

SAMPLING METHODOLOGY

The HIV program provides routine check-up with HIV and STI testing for female sex workers (FSW) at the Social Hygiene Clinic. While both freelance and registered female sex workers are encouraged, mechanisms in place to coordinate these routine check-up visits are more established for the latter. Capitalizing on such efforts that bring FSW to the SHC, data collection for the 2018 IHBSS among FSW was facility-based.

SAMPLE SIZE

In the previous rounds of IHBSS, the target sample size for the FSW key populations in IHBSS was established at 300 participants per city since 1997. This sample size was set using the Lot Quality Assurance Sampling with the objective of determining whether HIV prevalence has exceeded by 1%. For the 2018 IHBSS, the target sample size for FSW was computed using the formula for sample calculation by one proportion in order to ensure that the sample size per site is representative of the city and to determine city-level and national level sample targets sufficient to detect at least 10% significant change in key indicators. The IHBSS site and their respective FSW target sample size is shown in Table 50.

DATA COLLECTION

Data collection among FSW was conducted in the respective local social hygiene clinics during their operational hours, with the local SHC staff facilitating the data collection. The data collection was composed of four

Table 50. Female sex workers (FSW) target sample size per IHBSS site

Region	Site	Target sample size
NCR	Pasay	150
	Quezon City	300
Region 3	Angeles	500
Region 6	Iloilo	300
Region 7	Cebu	200
Region 9	Zamboanga	250
Region 10	Cagayan de Oro	350
Region 11	Davao	200
Region 12	General Santos	150
CAR	Baguio	200

stages.

Pre-recruitment stage. This stage involved the preparation of the SHC staff for the data collection day and preparation of the materials for data collection (e.g. questionnaires, blood extraction materials etc.).

Recruitment stage. Upon the visit of an FSW in the SHC, the SHC staff assessed the eligibility of the FSW and asked for their consent to participate in IHBSS. The team continued to recruit FSW until the target number of respondents was reached. Recruitment and data collection continued for two months or until the team has reached the target sample size.

Data collection stage. FSW who were eligible and provided their consent were accompanied for vaginal smear, blood draw, and interview. After the interview, the questionnaire was validated and ensured that there were no missed or inconsistent items. Misconceptions were corrected, results of the HIV screening results were released, and condoms were provided after the interview.

Post-data collection stage. This final stage involved counterchecking all questionnaires and forms used in the data collection and ensuring blood samples are stored correctly. At the end of the day, the team ensured that the number of questionnaires and blood specimen matched. The medical technologist prepared the blood specimen for storage and shipment.

All forms and questionnaires were forwarded to DOH-EB, while blood specimens were shipped to NRL-SACCL for processing.

DATA PROCESSING AND VALIDATION

Questionnaires were reviewed on-site by the local team to ensure completeness and consistency. Once complete, questionnaires were shipped to DOH-EB for central-level validation. At DOH-EB, the team ensured that the questionnaires were properly marked, and unnecessary marks were removed (e.g. pencil marks). The questionnaires were then scanned and then read through the use of Optical Mark Recognition (OMR) software. OMR software is a program that generated tables through the captured markings on the questionnaire. The resulting dataset was merged with the lab results. The datasets were further reviewed using Stata 12.0 to identify other inconsistencies. Issues were resolved by referring to the answered questionnaires.

Moreover, some skip patterns in the questionnaire were not followed. There were respondents with answers that were inconsistent with the previous filter questions. Answers were analyzed if whether to consider answer in the filter question. For several question items where there was no way to distinguish between non-response and “no” response because item is blank. In such cases, these data were retained as missing for the purpose of analysis.

Moreover, survey data were still reviewed at central level to ensure all participants met the eligibility criteria despite the on-site screening for eligibility. Participants who were ineligible (e.g. less than 15 years old based on birth date or did not accept cash or kind in exchange for sex in the past 30 days) were excluded from the analysis.

DEMOGRAPHICS

RESPONDENTS

A total of 2,590 FSWs were surveyed across ten IHBSS sites namely Angeles City, Baguio City, Cagayan De Oro City, Cebu City, Davao City, General Santos City, Iloilo City, Pasay City, Quezon City, and Zamboanga City (Table 51).

Table 51. Number of respondents by site

	N
All Sites	2590
Angeles City	500
Baguio City	200
Cagayan de Oro City	300
Cebu City	200
Davao City	212
General Santos City	150
Iloilo City	306
Pasay City	150
Quezon City	322
Zamboanga City	250

The median age of the respondents was 26 years old with age ranging from 15 to 56 years old. Figure 24 shows that nearly two-thirds (62%) were 25 years old and above, while 11 (<1%) were minors (15 to 17 years old). About 86% lived in the same city where the interview was conducted.

Most (70%) of the FSWs were high school graduates, while 16% were college graduates (Figure 25). Moreover, there were 4% who were enrolled in school during the time of interview.

Most of the respondents were single and never married (92%) (Figure 26), while 56% were currently living in with a partner (Table 52).

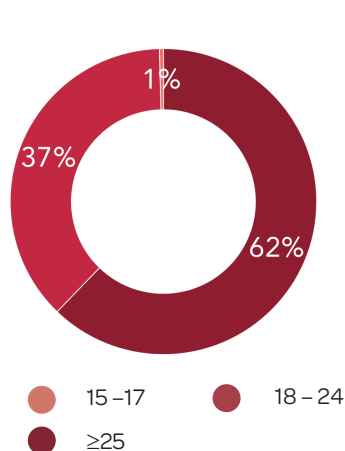


Figure 24. FSW: Age group (N=2590)

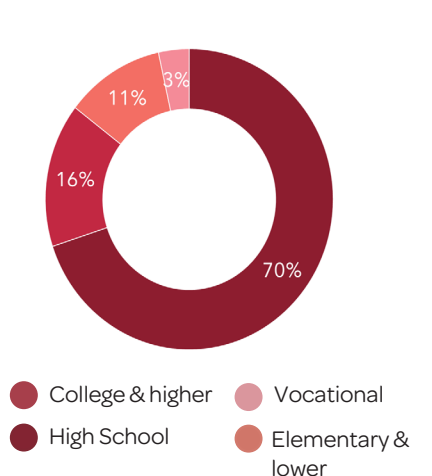


Figure 25. FSW: Educational attainment (N=2590)

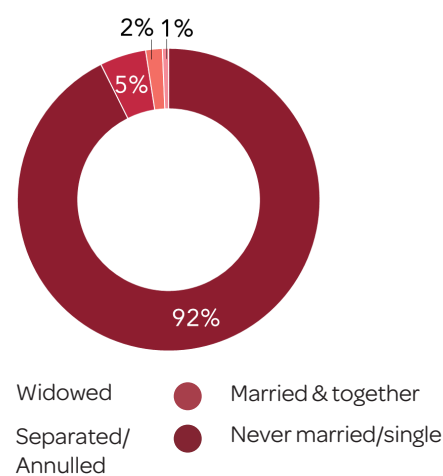


Figure 26. FSW: Civil status (N=2585)

Table 52. Background characteristics of FSW

	N	n	%	95% CI
Age group (years)				
15–17	2590	11	0.4	[0.21–0.76]
18–24	2590	968	37.4	[35.51–39.27]
≥25	2590	1611	62.2	[60.30–64.07]
Lives in the same city of interview	2589	2218	85.7	[84.26–87.00]
Enrolled in school year 2017–2018	2590	111	4.3	[3.54–5.14]
Highest educational attainment				
Elementary level/graduate and lower	2588	288	11.1	[9.94–12.40]
High school level/graduate	2588	1810	69.9	[68.13–71.70]
Vocational course graduate	2588	89	3.4	[2.77–4.22]
College level/graduate	2588	401	15.5	[14.12–16.95]
Civil status				
Never married/single	2585	2394	92.6	[91.53–93.59]
Married	2585	128	5.0	[4.15–5.86]
Separated/annulled	2585	46	1.8	[1.31–2.37]
Widowed	2585	17	0.7	[0.38–1.05]
Currently living with a husband, boyfriend, or live-in partner	2590	1437	55.5	[53.54–57.41]

PROFILE OF SEX WORK

PLACE OF WORK

Among all the respondents, 92% were registered female sex workers (RFSW) while 8% do not work in an establishment (FFSW) as shown in Figure 27. Among RFSW, the most common places of work were bars or clubs (56%), spas or massage parlors (29%), and KTV bars (8%) (Table 53).

TYPE OF WORK

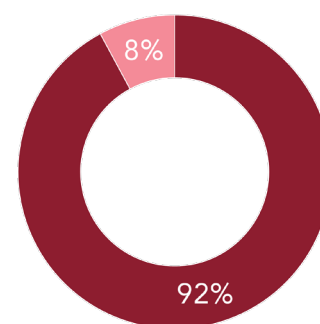
More than half (54%) of FSWs worked as entertainers, singers, or dancers in an establishment, while 29% reported to have worked as massage therapists (Table 53).

FREQUENCY OF SEX

Respondents engaged in sex work at a median of three days per week. Only 15% of the respondents reported to have engaged in sex work for five to seven days in the past week. In terms of number of paying clients, most (63%) reported to have one client per work day.

TYPES OF SEX

Almost all (99%) of FSW had vaginal sex with their last client, 37% reported to have oral sex, and less than 1% had anal sex (Table 53).



● Freelance female sex workers
● Registered female sex workers

Figure 27. FSW: Type of sex work (N=2590)



3

Median number of days with sex work in a week (1-7)



1

Median number of clients in a workday (1-30)

Table 53. Profile of sex work of FSW

	N	n	%	95% CI
Registered Female Sex Workers (RFSW)	2590	2386	92.1	[91.02-93.13]
Freelance Female Sex Workers (FFSW)	2590	204	7.9	[6.87-8.98]
Type of establishments FSWs work in among RFSW				
Bar/club	2386	1331	55.8	[53.76-57.79]
Spa/massage	2386	701	29.4	[27.56-31.25]
KTV bar	2386	188	7.9	[0.05-0.43]
KTV/karaoke	2386	158	6.6	[5.66-7.70]
Beerhouse	2386	4	0.2	[0.05-0.43]
Other	2386	4	0.2	
Type of work in the establishment, among those in an establishment				
Entertainer/singer/dancer	2382	1285	54.0	[51.92-55.96]
Massage therapist	2382	692	29.1	[27.23-30.92]
GRO/CSA	2382	198	8.3	[7.23-9.49]
Waitress/service crew	2382	91	3.9	[3.09-4.67]
Model	2382	80	3.4	[2.67-4.16]
Door girl	2382	23	1.0	[0.61-1.45]
Receptionist	2382	8	0.3	[0.15-0.66]
Cashier	2382	4	0.2	[0.05-0.43]
Floor Manager	2382	1	0.1	[0.00-0.23]
Number of days with sex work in a week				
0-2 days	2300	1134	49.3	[47.24-52.37]
3-4 days	2300	827	36	[34.0-37.96]
5-7 days	2300	339	14.7	[13.31-16.25]

Number of clients in a work day				
One	2589	1636	63.2	[61.35-65.10]
Two	2589	541	20.9	[19.34-22.51]
Three and more	2589	412	15.9	[14.52-17.38]
Types of sex with last client				
Vaginal sex	2590	2564	99.0	[98.53-99.34]
Oral sex	2590	965	37.3	[35.39-39.15]
Anal sex	2590	7	0.3	[0.11-0.56]

SEXUAL RISKS AND BEHAVIOR

SEXUAL HISTORY

On average, the respondents had their first vaginal sex at a median age of 18 years old (range 5-44), and 19 years old (range 10-48) for oral sex (Table 54). However, the median age for first condom use was 20 years old (range 10-48), and the median age for first transactional sex was 21 years old (range 10-48). Gap between first vaginal sex and condom use was at 2 years.



Figure 28. FSW: Sexual milestones and protective behavior

Table 54. Risk and protective behavior milestones of FSW

	Median	Range
Age at first vaginal sex with a male	18	[5-44]
Age at first oral sex with a male	19	[10-48]
Age at first condom use during vaginal sex	20	[10-48]
Age at first oral, vaginal, or anal sex with a male partner in exchange for cash or kind	21	[10-48]

SEX IN THE PAST 30 DAYS

Clients

In the past 30 days, 81% percent of FSWs had a new paying client, while three-fourths (75%) had returning clients (Table 55). On estimate, respondents reported to have seven (7) clients in the past 30 days. Moreover, 31% reported to have at least 15 paying sex partners in the last 30 days.



Non-transactional Sex

Aside from having sex with a client, almost 2 in 3 (63%) FSW respondents reported to have sex with a non-paying partner, boyfriend, or husband (Table 55).



Table 55. Sex in the past 30 days of FSW

	N	n	%	95% CI
Had sex with a new male customer for the first time in the past 30 days	2590	2104	81.2	[79.68-82.72]
Had sex with a returning male customer in the past 30 days	2590	1947	75.2	[73.46-76.83]
Had sex with husband, boyfriend, or a non-paying partner in the past 30 days	2590	1639	63.3	[61.42-65.17]
Number of customers in the past 30 days				
1-3	2950	825	31.9	[30.01-33.69]
4-6	2950	442	17.1	[15.64-18.57]
7-14	2950	525	20.3	[18.74-21.87]
15 and more	2950	798	30.8	29.04-32.63]

SEXUAL BEHAVIOR IN THE PAST 12 MONTHS

Service Location

In the past 12 months, most (98%) worked in the same city as the interview. Only 5% of the respondents worked as well outside the city of interview. Less than half (47%) reported offering sex work throughout the year, 33% on selected times of the year while 20% reported doing so on an as-needed basis (Figure 29).

Patrons at Work

Nine out of ten (90%) female sex workers typically found paying clients in their work establishments (Table 56). There were 26% who found their clients through direct contact and 16% through referral from friends or pimp. On the other hand, 4% had paying sex partners through online, website, or a mobile application.

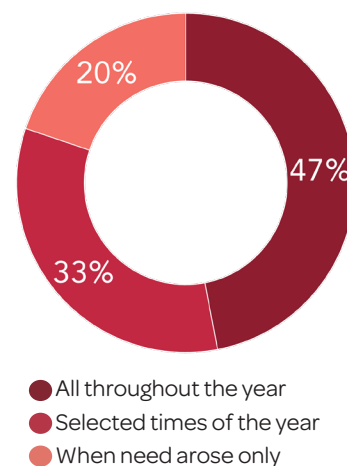


Figure 29. FSW: Frequency of sex work (N=2586)

Table 56. Sexual behavior of FSW in the past 12 months

	N	n	%	95% CI
Location of sex in exchange for cash or kind in the past 12 months				
Same as city of interview	2590	2535	97.9	[97.24-98.40]
Different municipality/city	2590	125	4.8	[4.03-5.72]
Frequency of sex in exchange for cash or kind in the past 12 months				
All throughout the year	2586	1215	47.0	[45.05-48.93]
Selected times of the year	2586	859	33.2	[31.40-35.07]
When need arose only	2586	512	19.8	[18.28-21.39]
Venues where FSW usually found clients in the past 12 months				
Work establishment	2588	2324	89.8	[88.57-90.94]
Direct contact through text or call	2590	671	25.9	[24.23-27.64]
Through referral from friends/pimp	2590	425	16.4	[15.00-17.89]
Hangout places	2589	321	12.4	[11.15-13.73]
Public places like parks, streets, malls, etc.	2590	139	5.4	[4.51-6.34]
Online/website/mobile app	2590	99	3.8	[3.12-4.63]
Most common way of finding paying male sex partners				
Work establishment	2590	2253	87.0	[85.63-88.26]
Hangout places	2590	158	6.1	[5.21-7.09]
Public places like parks, streets, malls	2590	85	3.3	[2.63-4.04]
Direct contact through text or call	2590	62	2.4	[1.84-3.06]
Referral from friends/pimp	2590	18	0.7	[0.41-1.10]
Multiple	2590	8	0.3	[0.13-0.61]
Online/website/mobile app	2590	6	0.2	[0.09-0.50]

OTHER RISKS

Other than sex, the respondents engaged in activities that put them at higher risk for acquiring HIV. About 8% of FSW used drugs in the past 12 months (Table 57). The median age at first drug use was 20 years old (range 11-45). Moreover, 4% had sex under the influence of drugs in the past 12 months.

Furthermore, Table 58 shows female sex workers also reported to have joined an orgy (17%), had anal sex with a male customer (1%), and experienced having sex against their will (19%).



8%

Used drugs in the past 12 months

20
YEARS
OLD

First drug use
(median age)
(11-45)



4%

Had sex while high on drugs
in the past 12 months

Table 57. Drug use of FSW

	N	n	%	95% CI
Ever used drugs	2590	625	24.1	[22.49-25.83]
Drug use in the past 12 months	2590	209	8.1	[7.05-9.19]
Had sex while high on drugs (chemsex) in the past 12 months	2590	109	4.2	[3.47-5.05]
Injected drugs in the past 12 months	2590	2	0.1	-
Used a needle or syringe used by other to inject drugs in the past 12 months	2589	2	0.1	-

Table 58. Other sexual experiences of FSW

	N	n	%	95% CI
Ever experienced having sex against will or ever forced to have sex in the past 12 months	2590	481	18.6	[17.09-20.12]
Joined an orgy or group sex in the past 12 months	2590	429	16.6	[15.15-18.05]
Had anal sex with a male customer in the past 12 months	2590	26	1	[0.66-1.47]

CONDOM USE

In terms of condom use, 85% of FSW used a condom during sex with their last client (Figure 30). Among respondents who had vaginal sex in the past 30 days, 64% consistently used condoms. Furthermore, majority (92%) of those who had anal sex in the past 30 days reported to have consistently used a condom (Table 59). In contrast, condom use among non-paying sex partners was much lower at 19%.

Table 59. Condom use among FSW

	N	n	%	95% CI
Condom use with last customer	2590	2210	85.3	[83.91-86.67]
Consistent condom use during vaginal sex with a male customer in the past 30 days	2572	1648	64.1	[62.19-65.93]
Consistent condom use during anal sex with a male customer in the past 30 days	324	299	92.3	[88.82-94.94]
Condom use during sex with non-paying partner (boyfriend/husband)	1638	305	18.6	[16.76-20.59]

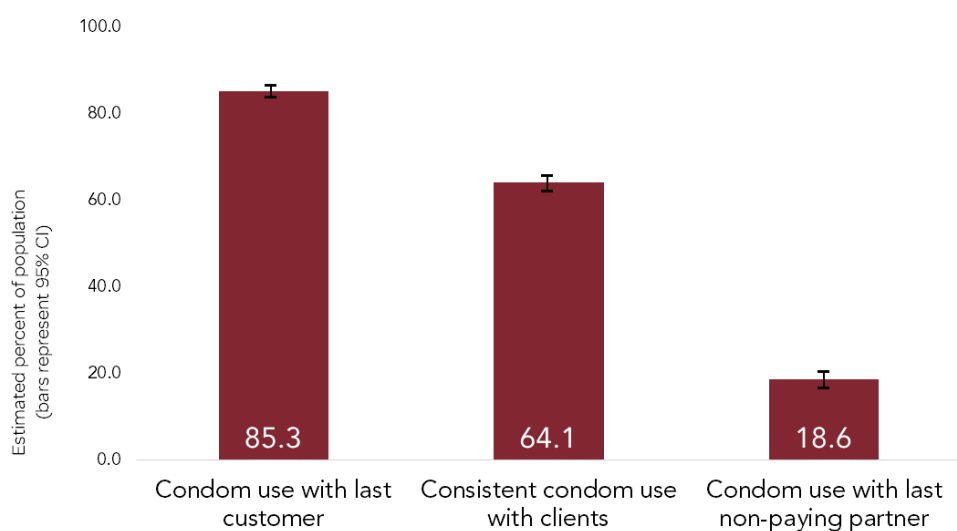


Figure 30. FSW: Condom use

KNOWLEDGE ON HIV

HIV PREVENTION AND TRANSMISSION

Correct knowledge on each of the five basic facts of HIV transmission and prevention was generally high among FSW respondents, at more than 70% for each question. However only about half (48%) of the respondents had comprehensive knowledge on HIV transmission and prevention — meaning they answered all five questions correctly (Table 60).

Moreover, less than half (43%) of FSW respondents were not aware that there is a way for women living with HIV to have children without transmitting HIV to her baby.

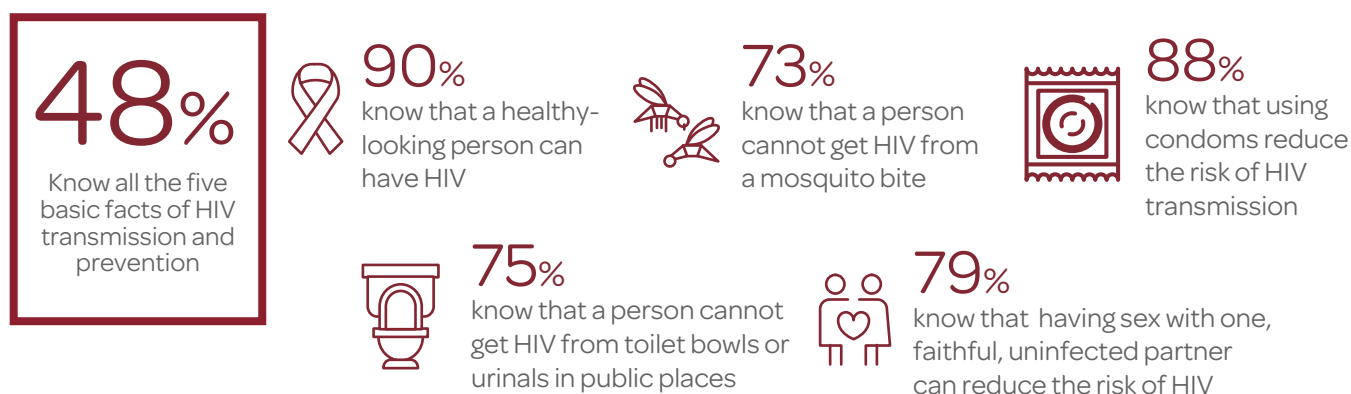


Table 60. Knowledge on HIV prevention and transmission among FSW

	N	n	%	95% CI
Basic HIV Questions				
Correct knowledge on 5 basic HIV questions (UNAIDS knowledge index)	2588	1236	47.8	[45.82-49.70]
Know that a healthy-looking person can have HIV	2590	2,322	89.7	[88.42-90.80]
Know that condoms can reduce the risk of HIV transmission	2587	2274	87.9	[86.58-89.13]
Know that having sex with only one faithful, uninfected partner can reduce the risk of HIV transmission	2590	2043	78.9	[77.26-80.44]
Know that a person CANNOT get HIV by using toilet bowls/urinals in public places	2590	1954	75.4	[73.74-77.09]
Know that a person CANNOT get HIV from mosquito bites	2589	1891	73.0	[71.29-74.74]
Other HIV Knowledge Questions				
Know that a person CANNOT get HIV by sharing food with someone who is infected with HIV	2590	2053	79.3	[77.65-80.81]
Know that there is a way for women living with HIV to get pregnant and have children without transmitting to her baby	2590	1465	56.6	[54.63-58.48]

HIV TREATMENT

Less than half (45%) knew that there is treatment for HIV as shown in Table 61. Among them, only 2% were aware that the treatment is called antiretroviral therapy (ART). More than half (61%) knew that treatment is free, that people living with HIV do not need to wait for signs and symptoms before starting treatment (68%), and that treatment is lifelong (61%).

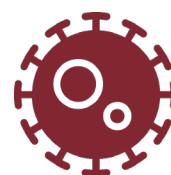
Table 61. Knowledge on HIV treatment among FSW

HIV treatment	N	n	%	95% CI
Know that there is treatment for HIV	2590	1159	44.8	[42.82-46.69]
Know that people living with HIV should NOT wait for symptoms and other infections to appear before they start their HIV treatment	1159	784	67.6	[64.87-70.33]
Know that HIV treatment is life-long	1159	709	61.2	[58.30-63.99]
Know that HIV treatment is free	1157	706	61.0	[58.14-63.84]
Know that the treatment is called antiretroviral therapy	1159	23	2.0	[1.26-2.96]

AWARENESS AND ACCESS TO HIV & STI INTERVENTIONS

SYMPTOMS OF SEXUALLY TRANSMITTED INFECTIONS

In the past 12 months, 1 out of 5 (23%) experienced symptoms of sexually transmitted infection (Table 62). More than a fifth (22%) of the FSW have reported to have foul smelling vaginal discharge, 2% had genital or rectal ulcer, while 1% reported to have genital or rectal warts.



23%
Experienced symptoms of STI in the past 12 months

CERVICAL SMEAR TEST

In terms of other routine tests in the Social Hygiene Clinic, nearly half (48%) recalled to have had a positive cervical smear test (Table 64).



83%
Received any information on HIV transmission and prevention

ACCESS TO INFORMATION ON HIV

Majority of the respondents (83%) received information about HIV transmission and prevention through several platforms. In terms of awareness on facilities where one can have an HIV test, 84% were knowledgeable on where to get an HIV test (Table 62).

FAMILY PLANNING METHODS

Around 87% of all the respondents used some form of family planning method (Table 62). Among those, the top three family planning methods used were: condoms (77%), birth control pills (44%), and withdrawal method (11%). About 13% respondents reported that they have not used any form of family planning method.



87%
Have used any forms of family planning method

Table 62. Awareness and access to HIV and STI services of FSW

	N	n	%	95% CI
Experienced STI symptoms in the past 12 months				
Any STI symptoms	2590	586	22.6	[21.03-24.29]
Unusual genital foul-smelling discharge	2590	567	21.9	[20.31-23.54]
Genital or rectal ulcer or sore	2590	52	2.0	[1.50-2.62]
Genital or rectal warts	2590	37	1.4	[1.01-1.96]
Ever had a positive cervical smear test	2589	1235	47.7	[45.76-49.65]
Received any information on HIV in the past 12 months	2590	2260	87.3	[85.91-88.52]
Received information on where to get tested for HIV in the past 12 months	2590	2168	83.7	[82.23-85.11]
Received information about HIV transmission and prevention in the past 12 months	2590	2141	82.7	[81.15-84.10]
Did not use any family planning method	2590	326	12.6	[11.33-13.93]
Used any family planning method	2590	2264	87.4	[86.07-88.67]
Condoms	2264	1741	76.9	[75.11-78.62]
Birth control pills	2264	990	43.7	[41.67-45.80]
Withdrawal	2264	255	11.3	[9.99-12.64]
Intrauterine device	2264	71	3.1	[2.46-3.94]
Depo-Provera (injectables)	2264	68	3.0	[2.34-3.79]
Hormonal implants	2264	51	2.3	[1.68-2.95]
Ligation/bilateral tubal ligation	2264	43	1.9	[1.38-2.55]
Calendar rhythm method	2264	11	0.5	[0.24-0.87]

ACCESS TO CONDOMS AND LUBRICANTS

Access to condoms among female sex workers was high at 93% (Figure 31). Majority (88%) reported that they receive free condoms and mostly were received from SHCs (90%). A fourth (25%) of the respondents reported to have received condoms in their place of work.

Around 5% of the respondents stated that they did not receive free condoms and bought their own condoms instead (Figure 31). Moreover, around 31% of the FSW stated that they regularly buy condoms (Table 63).

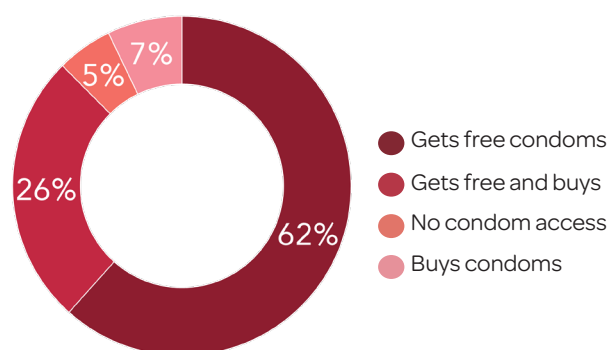


Figure 31. FSW: Condom access (N=2590)

Table 63. Condom and lubricant access of FSW

	N	n	%	95% CI
Received free condoms, lubricants, or condom plus lubricants in the past 12 months				
Condom plus lubricant	2590	2028	78.3	[76.66-79.88]
Did not receive any	2590	315	12.2	[10.93-13.48]
Condom only	2590	239	9.2	[8.14-10.41]
Lubricant only	2590	8	0.3	[0.13-0.61]
Locations where FSW received free condoms and/or lubricant in the past 12 months				
Social hygiene clinic/city health/health center	2275	2050	90.1	88.81-91.31]
Work	2275	578	25.4	[23.63-27.25]
Barangay/community events	2275	47	2.1	[1.52-2.74]
School	2275	24	1.1	[0.68-1.57]
Public place (streets, parks, malls, convenience stores, cinema, coffee shop, fast food)	2275	5	0.2	[0.07-0.51]
Regularly buys condoms	2585	809	31.3	[29.51-33.12]

HIV TESTING

Almost three-quarters (72%) of the respondents had been screened for HIV. More than half (57%) were screened or tested in the past 12 months, and among those, 51% had been screened or tested once, while 49% were screened/tested more than once (Table 64).

Although HIV screening or testing among the respondents were high, only 54% of the FSW got the result of their last HIV test (Table 64).

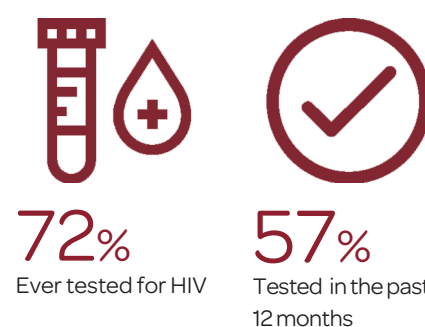


Table 64. HIV testing of FSW

	N	n	%	95% CI
Ever tested	2590	1866	72.1	[70.27-73.77]
Screened/tested in the past 12 months	2590	1476	57.0	[55.06-58.91]
Screened/tested in the past 12 months and know status	2590	1408	54.4	[52.42-56.29]
Number of times screened/tested in the past 12 months				
Once	1465	750	51.2	[48.60-53.78]
More than once	1465	715	48.8	[46.22-51.40]

HIV AND STI PREVALENCE AMONG FSW

PREVALENCE OF HIV AMONG FSW

The overall estimate was 0.1% (95% CI 0.02%–0.3%) in ten cities. Only three sites had HIV-positive female sex workers: Cebu City, Iloilo City, and Pasay City (Figure 32).

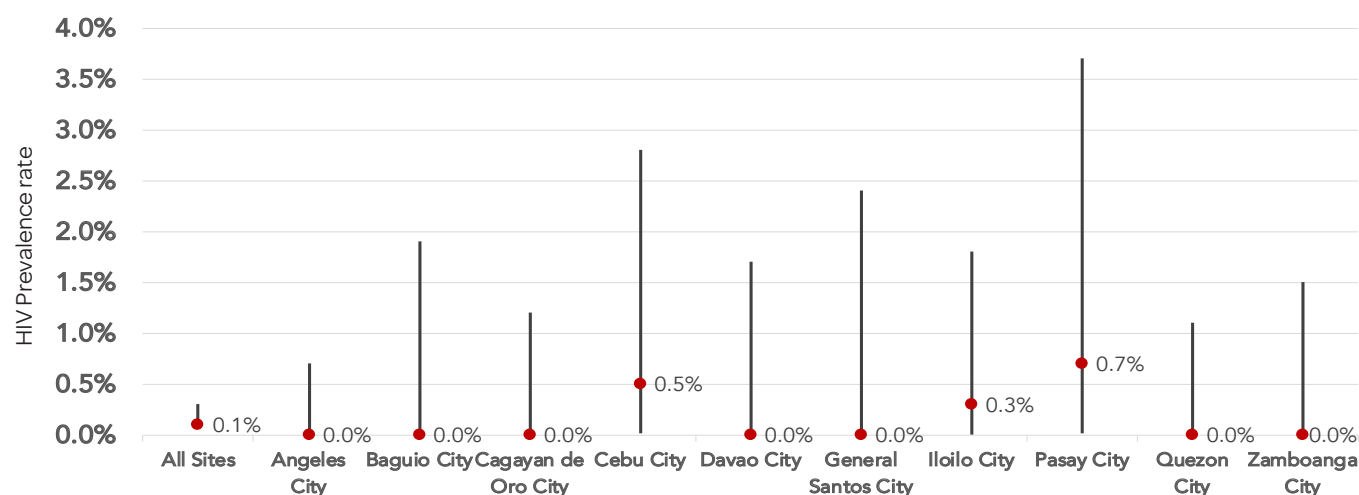


Figure 32. FSW: HIV prevalence, all sites and city-specific

Table 65. HIV prevalence among FSW

	Point prevalence	Lower limit	Upper limit
All Sites	0.1	0.02	0.3
Angeles City	0	0	0.7
Baguio City	0	0	1.9
Cagayan de Oro City	0	0	1.2
Cebu City	0.5	0.01	2.8
Davao City	0	0	1.7
General Santos City	0	0	2.4
Iloilo City	0.3	0	1.8
Pasay City	0.7	0.02	3.7
Quezon City	0	0	1.1
Zamboanga City	0	0	1.5

Data presented is prevalence and corresponding limits of the 95% confidence interval.

PREVALENCE OF HEPATITIS B AMONG FSW

Overall prevalence estimate for Hepatitis B in FSW was 4.4% (95% CI 3.7% to 5.3%) as shown in Table 66. Davao City (6.6%), General Santos City (5.3%), and Zamboanga City (5.2%) had the highest point prevalence estimates (Figure 33).

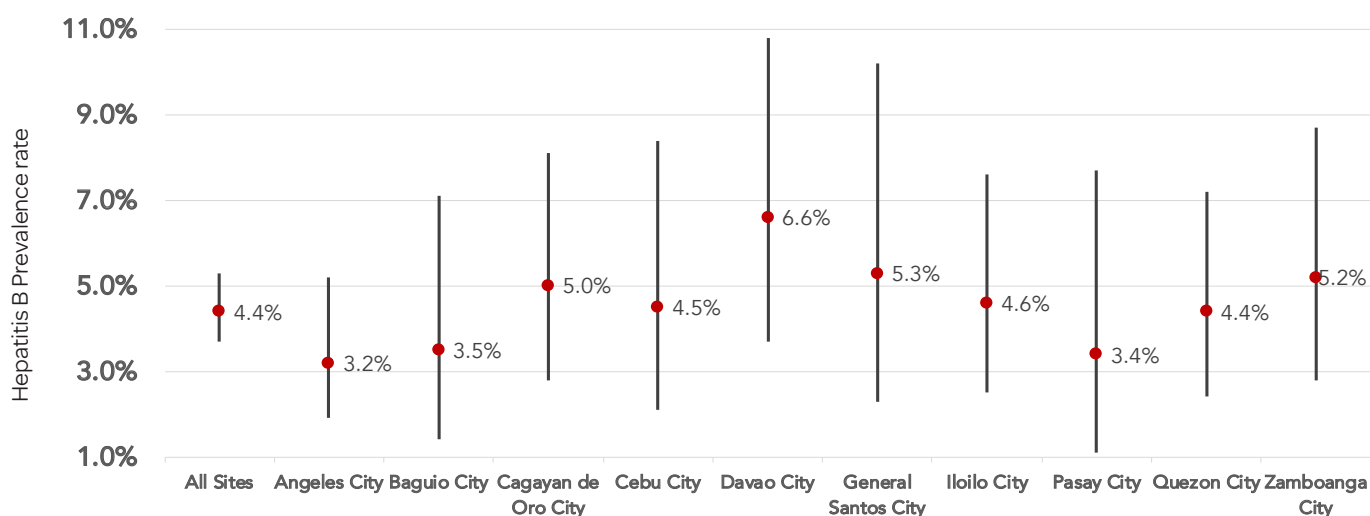


Figure 33. FSW: Hepatitis B prevalence, all sites and city-specific

Table 66. Hepatitis B prevalence among FSW

	Point prevalence	Lower limit	Upper limit
All Sites	4.4	3.7	5.3
Angeles City	3.2	1.9	5.2
Baguio City	3.5	1.4	7.1
Cagayan de Oro City	5	2.8	8.1
Cebu City	4.5	2.1	8.4
Davao City	6.6	3.7	10.8
General Santos City	5.3	2.3	10.2
Iloilo City	4.6	2.5	7.6
Pasay City	3.4	1.1	7.7
Quezon City	4.4	2.4	7.2
Zamboanga City	5.2	2.8	8.7

Data presented is prevalence and corresponding limits of the 95% confidence interval.

Table 67. Hepatitis C prevalence among FSW

	Point prevalence	Lower limit	Upper limit
Cebu City	2.0	0.5	5.0

Data presented is prevalence and corresponding limits of the 95% confidence interval.

PREVALENCE OF SYPHILIS AMONG FSW

The overall estimate for ten cities was 1% (95% CI 0.7% to 1.5%), with Cagayan de Oro City (2.3%), Iloilo City (1.6%), and Davao City (1.4%) having the highest point estimates (Table 68).

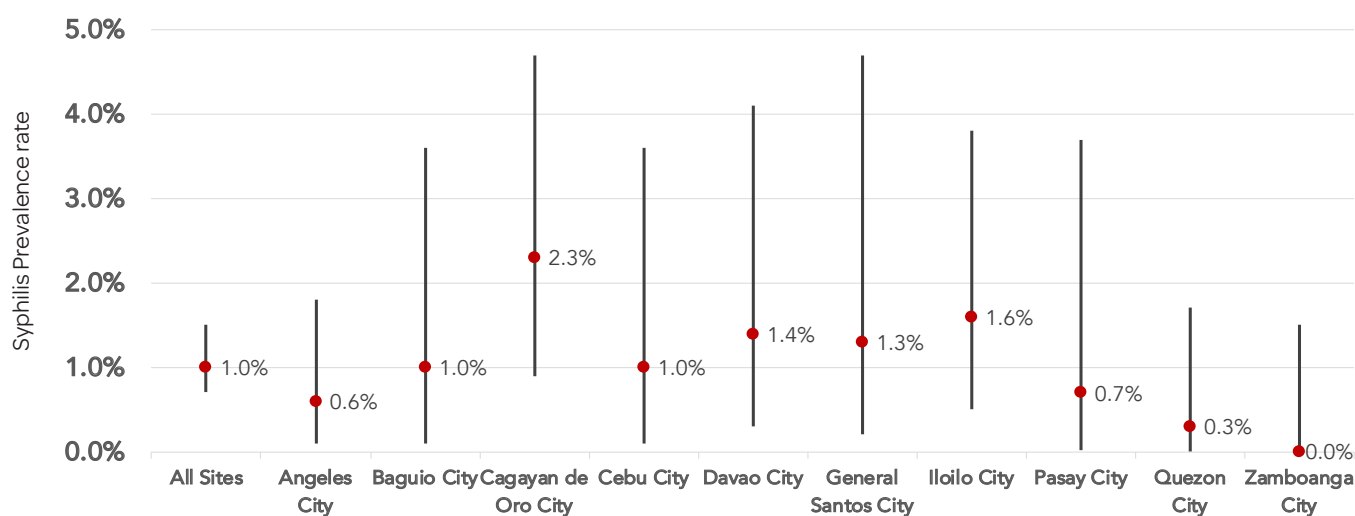


Figure 34. FSW: Syphilis prevalence, all sites and city-specific

Table 68. Syphilis prevalence among FSW

	Point prevalence	Lower limit	Upper limit
All Sites	1.0	0.7	1.5
Angeles City	0.6	0.1	1.8
Baguio City	1.0	0.1	3.6
Cagayan de Oro City	2.3	0.9	4.7
Cebu City	1.0	0.1	3.6
Davao City	1.4	0.3	4.1
General Santos City	1.3	0.2	4.7
Iloilo City	1.6	0.5	3.8
Pasay City	0.7	0.02	3.7
Quezon City	0.3	0.01	1.7
Zamboanga City	0	0	1.5

Data presented is prevalence and corresponding limits of the 95% confidence interval.

KEY FINDINGS

Demographics

1. Most (62%) of the female sex worker respondents were 25 years old or older, the median age being 26 years old. Seventy percent were high school graduates.
2. The vast majority (92%) of the female sex workers are registered (RFSW), while only 8% are freelance female sex workers (FFSW) or do not work in an establishment.
3. Almost half (47%) of the FSW respondents reported that they engaged in sex work all throughout the year, while one-third sold sex only at selected times of the year, and 20% only when need arose.
4. The FSW respondents worked at least three times in a week with a median of one customer per day or an average of seven customers in a month.

Disease burden, risk behaviors and vulnerability

1. A great proportion (71%) of the female sex workers had their first vaginal sex at the age of 18 or earlier. However, the median age of first condom use was two years later, or at 20 years old. Moreover, the respondents started engaging in transactional sex or having sex with a male partner in exchange for cash at a median age of 21 years old.
2. Majority (87%) find for their sex clients in the establishments where they work at while only a very minimal proportion (0.23%) used online platforms to find for customers.
3. Condom use with their last client was generally high among FSWs at 85%. Moreover, almost two-thirds (64%) reported to have used condoms consistently during vaginal sex with their male customers in the past month. On the contrary, condom use was much lower (19%) during last sex with a non-paying partner.
4. Practice of other risky behaviors in the past 12 months such as drug use (8%), having sex while high on drugs (4%), and sharing of needles used by others to inject drugs (0.1%) were also observed among the FSW respondents.
5. Almost one out of five (19%) FSWs experienced being forced to have sex in the past 12 months.
6. The overall HIV prevalence among FSW across 10 sites was at 0.1%. Hepatitis B prevalence, on the other hand, was at 4.4%, while syphilis prevalence was at 1.0%.

Knowledge on HIV and STI

1. Nearly half (48%) of the FSW respondents have comprehensive knowledge on HIV prevention and transmission, and less than half (45%) knew that there is available treatment for HIV. Moreover, only 57% were aware that there is a way for women living with HIV to get pregnant and have children without transmitting HIV to her baby.

Access to Services

1. Majority of the FSWs received information on HIV transmission and prevention (83%), or where they can get tested for HIV (84%). Nearly three-fourths (72%) had ever been tested, however, only 54% were aware of their HIV status in the past 12 months.
2. Almost nine out of ten (87%) reported use of family planning methods, the most common of which include use of condoms (77%), taking birth control pills (44%), and practice of withdrawal method (11%).
3. Condom access was high among FSWs, with only 7% reporting to not have bought nor received free condoms. Eighty-seven percent reported to have received free condoms in the past 12 months, while 3 out of 10 regularly buys condoms. The most common places where FSWs receive free condoms and/or lubricants were the SHCs (90%) and at work (25%).

CONCLUSIONS AND RECOMMENDATIONS

The recommendations on this report put emphasis on continuing, revisiting and strengthening the current local HIV investment and delivery of interventions in the country. The recommendations include addressing gaps in various aspects of program delivery such as knowledge on HIV, exposure to HIV interventions, condom use and access while taking into account its sensitivity, appropriateness, and effectivity among various age groups. Recommendations for future surveillance activities are also included.

PROGRAMMATIC RECOMMENDATIONS

- Evidence from the 2018 IHBSS reinforces the country's success in curbing the HIV epidemic among FSW, especially those working in establishments. The strong HIV and STI program among establishment-based FSW needs to be sustained in order to continuously control the HIV epidemic among this population and prevent transmission to their clients.
- FSW may benefit from receiving integrated services for HIV, hepatitis B, and other STIs given that a higher hepatitis B prevalence was measured among the respondents compared to those of HIV and syphilis. The program can capitalize on the strength of the current service delivery model for HIV among FSW, and provide integrated services at SHCs where FSW frequent.
- In addition to HIV prevalence, syphilis, and hepatitis B prevalence among the MSM & TGW respondents were also high which signals the need to strengthen the STI program and surveillance among these populations.
- MSM & TGW continue to engage in high risk behavior with minimal protection, especially those who are young (15-24 years old). Interventions specific to young key populations (YKP) need to be strengthened, and access to these interventions ensured. Specifically, YKP would benefit from increased and early access to condoms and HIV testing.
- MSM & TGW are exposed to multiple risks for HIV (i.e. condomless anal sex, chemsex, sharing of needles). Given that our key population groups have varying sexual behavior and risks, expanding options for HIV prevention for our different key populations that would tailor fit their behavior and specific needs must be made available. There is a need to make them aware of the various options they have to protect themselves, such as PrEP, risk reduction, and getting regularly tested and becoming aware of their status, specific to their needs.
- HIV treatment literacy, not only for PLHIV, but for the general MSM & TGW cohort needs to be improved. Particularly, awareness on U=U which promotes HIV prevention.
- Findings point to the need to strengthen behavior change communication among MSM & TGW by including messages relevant to their lived experience. These can address misconceptions that influence the risks MSM and TGW engage in (i.e. believing that withdrawal of the penis prior to ejaculation prevents HIV transmission and incorrect information regarding the risks involved with the different role one takes during anal sex). Messages tackling high risk behaviors less commonly talked about such as chemsex, may also contribute to the adoption of harm reduction strategies and the uptake of services among MSM and TGW at greater risk.
- Leveraging proven online strategies that focus on MSM & TGW who use geosocial networking sites to find casual sex partners can significantly expand the current reach of demand generation for HIV prevention and other services. Since finding sex partners through online platforms is also common even among MSM & TGW in cruising sites, reaching them through these platforms with effective interventions will thereby complement the conduct of outreach activities in physical venues and events. Doing so will also reach those who no longer frequent traditional MSM venues.
- Noting that HIV testing uptake remains significantly below program targets despite higher awareness on HIV testing facilities, MSM & TGW may benefit from differentiated testing. Expanded options for HIV testing may encourage particularly those who expressed that they would prefer to get an HIV test from someone they know other than a health professional, or to self-test for HIV.

SURVEILLANCE RECOMMENDATIONS

Methodology and Sampling and Recruitment Strategy

There is a need to revisit and modify the methods of the IHBSS given the ever dynamic behaviors of the different key populations. Appropriate methods to properly sample and capture the various target key populations must be determined through an IHBSS Surveillance methods and tools review, along with review of the sites of IHBSS implementation.

- *For FSW* - Since the 2018 IHBSS primarily captured establishment-based FSW through its facility-based methodology, there is a need to explore the profile and behaviors among freelance FSW who are less exposed to current HIV interventions.
- *For MSM & TGW* - Given that a significant proportion of a predominantly venue-based cruising sample of MSM & TGW used online platforms to find sex partners, the country may benefit from adding an online component to the IHBSS. This will provide better insights on the risks, sexual networks, and exposure to services of MSM & TGW who primarily find partners online. Moreover, other alternative methods may also be explored under expert guidance given that the TLS methodology has been in use since 2005.
- *For TGW* - To further understand the profile, and risk and protective behaviors of TGW in the country, the conduct of a formative assessment focused on this key population is recommended. The assessment can also provide insights on how best to survey TGW in an actual IHBSS.

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- [9] Shafii, T., Stovel, K., & Holmes, K. (2007). Association between condom use at sexual debut and subsequent sexual trajectories: a longitudinal study using biomarkers. *American journal of public health*, 97(6), 1090–1095. <https://doi.org/10.2105/AJPH.2005.068437>

ANNEXES

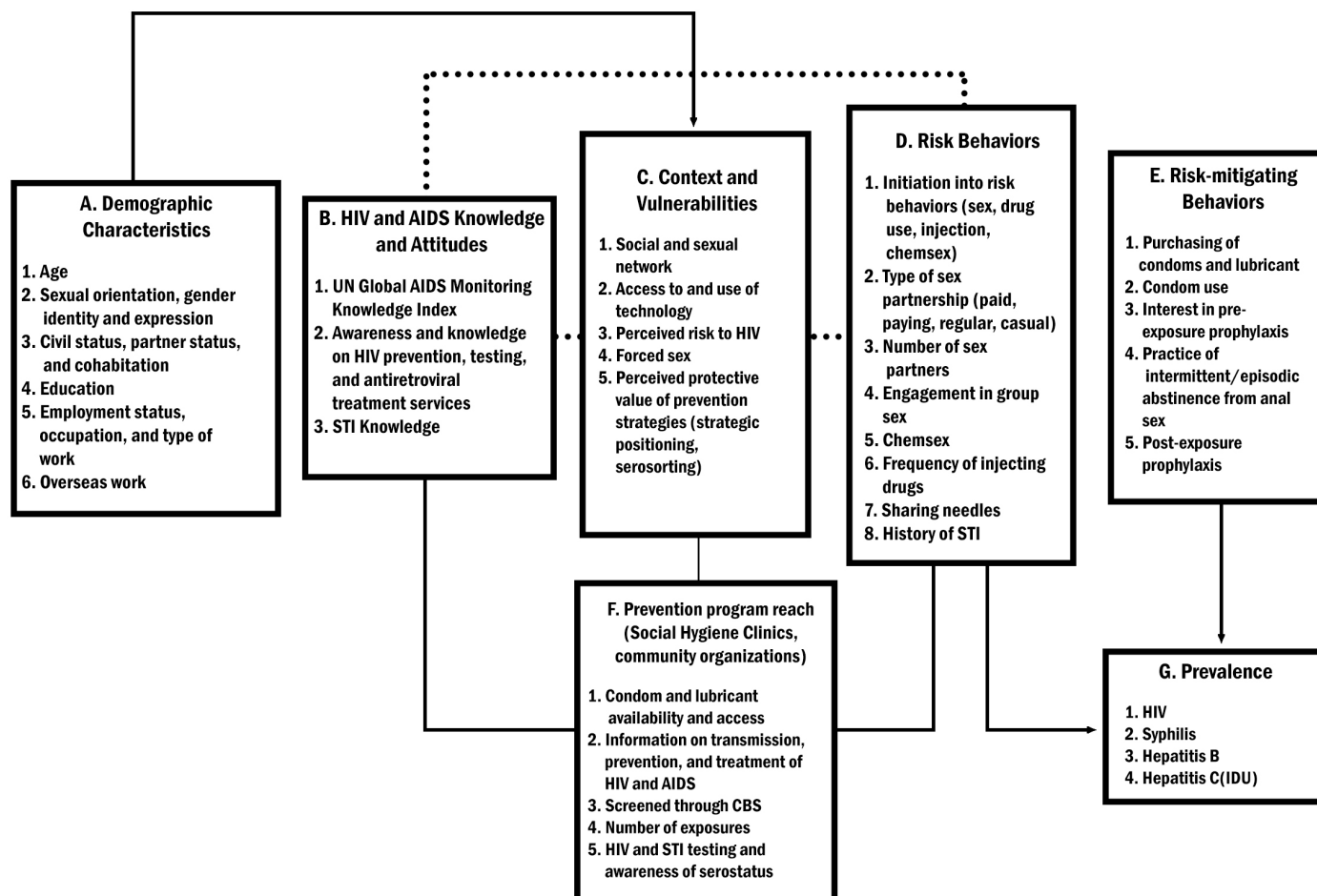
Annex A. Type of Sampling Method for Each Key Population by Surveillance Year

IHBSS Year	FSW	MSM & TGW	IDU	Special Populations
2005	Time Location Sampling (TLS)	TLS	Take all	Male clients of FSW: Convenience/ Purposive sampling
2007	RFSW: Systematic Sampling at Entertainment Establishment FFSW: TLS	TLS	Take all	Occupational Cohort of Men: Convenience/ Purposive sampling
2009	RFSW: Systematic Sampling at Social Hygiene Clinic (SHC) FFSW: TLS	TLS	Respondent Driven Sampling (RDS)	
2011	RFSW ^a : Systematic sampling at social hygiene clinic or entertainment establishment FFSW: TLS	TLS	RDS	Occupational Cohort of Men ^b : Convenience/ Purposive sampling among bus drivers, tricycle drivers, deep sea fishermen, military police, male entertainment establishment workers (MEW), male overseas Filipino workers MEW: Purposive sampling
2013	RFSW: Systematic sampling at entertainment establishment FFSW: TLS	TLS	RDS	MEW: Systematic Sampling at Entertainment Establishments Transgender women: Probability proportionate to size sampling
2015	FEW: Systematic sampling at entertainment establishment FFSW: TLS	TLS	RDS	MEW: Systematic Sampling at Entertainment Establishments Transgender women: RDS
2018	Proportional probability sampling at social hygiene clinic	MSM & TGW: TLS		

a. Site coordinator decides venue and schedule for data collection prior to the start of field work

b. Testing for syphilis and screening for HIV was optional

Annex B. 2018 IHBSS Analysis Framework





MALES AND TRANSGENDER WOMEN WHO HAVE SEX WITH MALES - PHILIPPINES

WHO WE SURVEYED

**4098**

MSM & TGW respondents across the Philippines

**53%**

are currently employed

**89%**

lives in the same city of interview

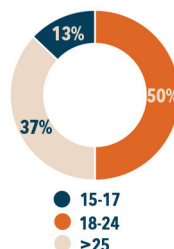
**32%**

are currently studying

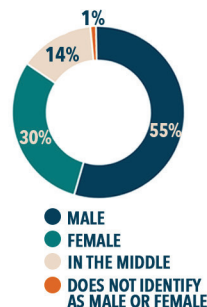
Median age (range)

22
(15-67)

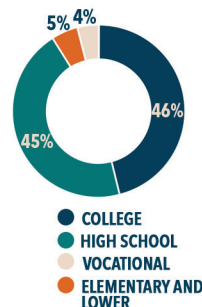
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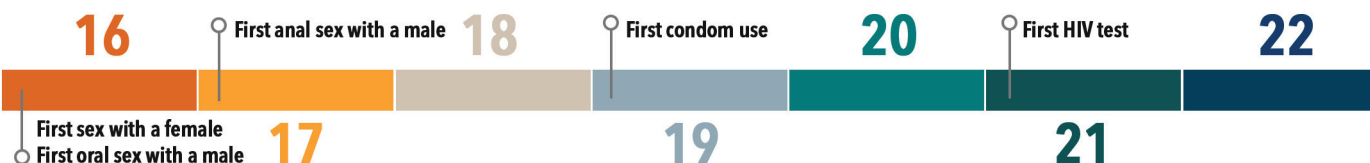
GENDER IDENTITY



EDUCATIONAL ATTAINMENT



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)



RISK BEHAVIORS IN THE PAST 12 MONTHS

**72%**

Had anal sex with a male

**37%**

Received payment in exchange for sex

**31%**

Had sex with a female

**03**

Median number of male sex partners

KNOWLEDGE ON HIV

32%

Know all the five basic facts of HIV transmission and prevention

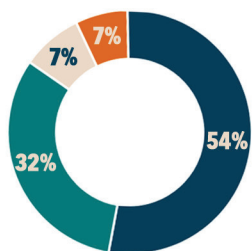
**82%**
Know that a healthy looking person can have HIV**67%**
Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission**80%**
Know that using condoms reduce the risk of HIV transmission**64%**
Know that a person cannot get HIV from mosquito bites**75%**
Know that a person cannot get HIV from using toilet bowls or urinals in public places

Aware that there is a local Social Hygiene Clinic (SHC)



Aware that there is HIV treatment

CONDOM USE AND ACCESS



- NO CONDOM ACCESS
- GETS FREE CONDOMS
- BUYS CONDOMS
- GETS FREE AND BUYS CONDOMS

38%

Condom use during last anal sex (past 12 months)

13%

Consistent condom use (last 3 anal sex partners in the past 12 months)

HIV TESTING AND STI PREVALENCE

43%

Ever tested

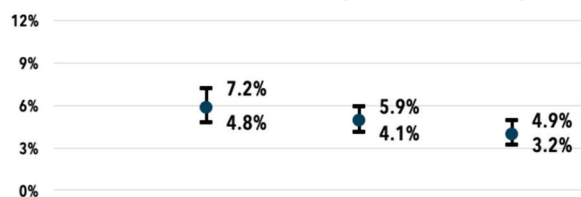
32%

Tested in the past 12 months

32%

Know HIV status in the past 12 months*

HIV Hepatitis B Syphilis



*95% confidence interval

IMPORTANT NOTES

Data presented is the aggregate of the 13 cities: Angeles, Baguio, Cagayan De Oro, Cebu, Davao, Gensan, Iloilo, Zamboanga, Mandaue, Talisay, Pasay, Quezon City, Taguig.

-Time location sampling was used.

-Data presented is adjusted using sample weights.

*Tested in the past 12 months and know their status; also includes those who know they are HIV-positive even if their last test was more than 12 months ago

-HIV prevalence is among those who ever had anal sex.



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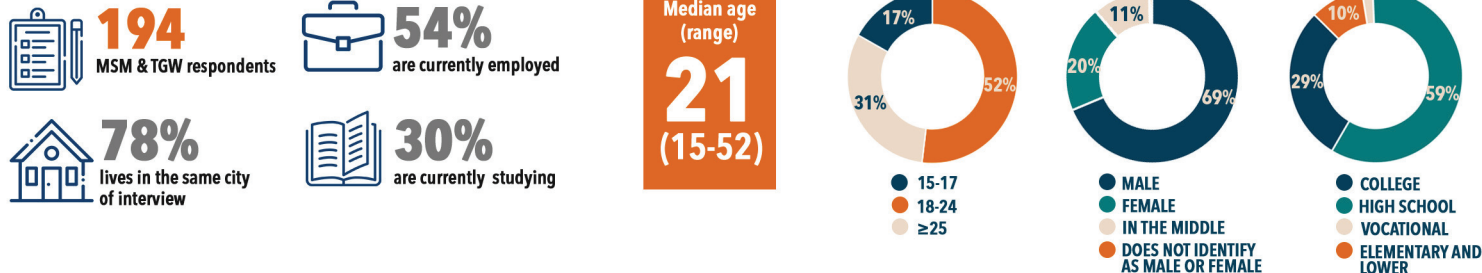




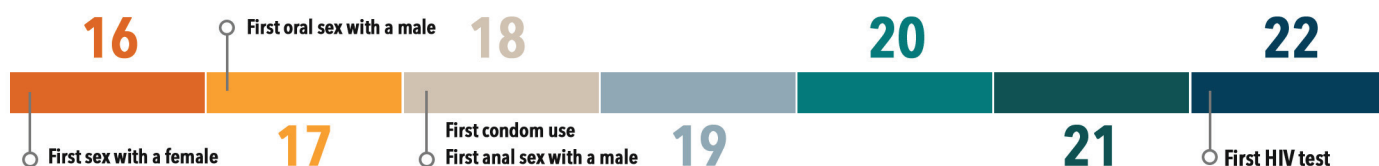
2018 PHILIPPINE INTEGRATED HIV BEHAVIORAL AND SEROLOGIC SURVEILLANCE

MALES AND TRANSGENDER WOMEN WHO HAVE SEX WITH MALES - ANGELES CITY

WHO WE SURVEYED



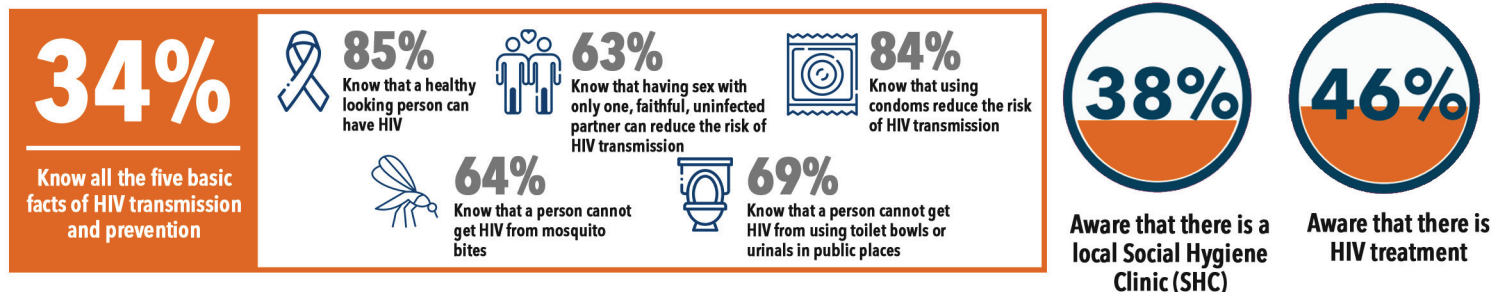
RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)



RISK BEHAVIORS IN THE PAST 12 MONTHS



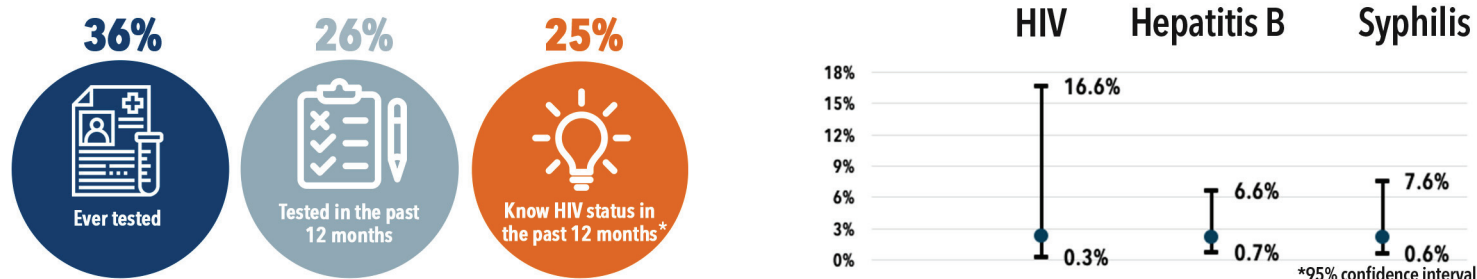
KNOWLEDGE ON HIV



CONDOM USE AND ACCESS



HIV TESTING AND STI PREVALENCE



IMPORTANT NOTES

- Time location sampling was used.
- Data presented is adjusted using sampling weights.
- * Tested in the past 12 months and know their status; also includes those who know they are HIV-positive even if their last test was more than 12 months ago
- HIV prevalence is among those who ever had anal sex.



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MALES AND TRANSGENDER WOMEN WHO HAVE SEX WITH MALES - BAGUIO CITY

WHO WE SURVEYED



300
MSM & TGW respondents



78%
are currently employed



93%
lives in the same city
of interview

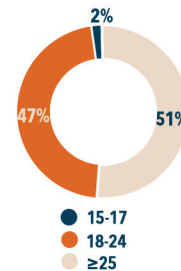


14%
are currently studying

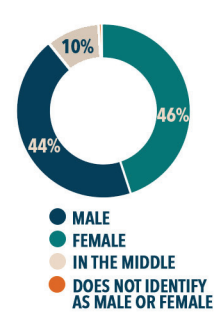
Median age
(range)

25
(15-64)

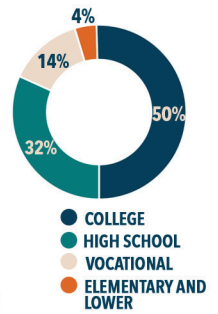
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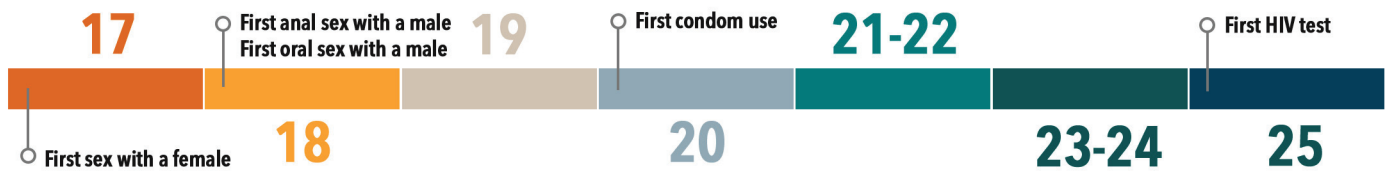
GENDER IDENTITY



EDUCATIONAL ATTAINMENT



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)



RISK BEHAVIORS IN THE PAST 12 MONTHS



91%
Had anal sex
with a male



24%
Received payment in
exchange for sex



24%
Had sex with a
female



02
Median number of
male sex partners

KNOWLEDGE ON HIV

52%

Know all the five basic
facts of HIV transmission
and prevention



97%
Know that a healthy
looking person can
have HIV



87%
Know that having sex with
only one, faithful, uninfected
partner can reduce the risk of
HIV transmission



95%
Know that using
condoms reduce the risk
of HIV transmission



67%
Know that a person cannot
get HIV from mosquito
bites



78%
Know that a person cannot get
HIV from using toilet bowls or
urinals in public places

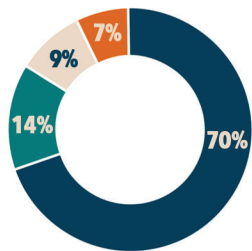


Aware that there is a
local Social Hygiene
Clinic (SHC)



Aware that there is
HIV treatment

CONDOM USE AND ACCESS



- NO CONDOM ACCESS
- GETS FREE CONDOMS
- BUYS CONDOMS
- GETS FREE AND BUYS CONDOMS

33%

Condom use during last anal sex
(past 12 months)

4%

Consistent condom use
(last 3 anal sex partners in the past 12 months)

HIV TESTING AND STI PREVALENCE

38%



Ever tested

20%



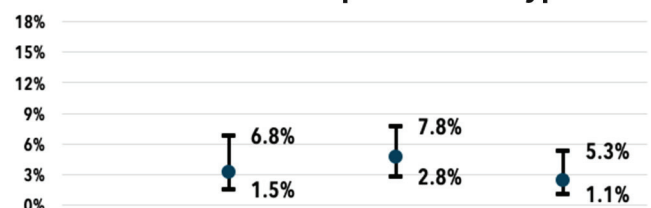
Tested in the past
12 months

20%



Know HIV status in
the past 12 months*

HIV Hepatitis B Syphilis



*95% confidence interval

IMPORTANT NOTES

- Time location sampling was used.
- Data presented is adjusted using sampling weights.
- * Tested in the past 12 months and know their status; also includes those who know they are HIV-positive even if their last test was more than 12 months ago
- HIV prevalence is among those who ever had anal sex.



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MALES AND TRANSGENDER WOMEN WHO HAVE SEX WITH MALES - DAVAO CITY

WHO WE SURVEYED

**301**

MSM & TGW respondents

**63%**

are currently employed

**99%**

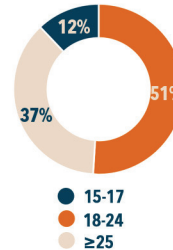
lives in the same city of interview

**25%**

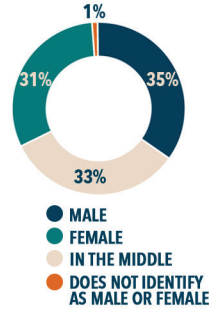
are currently studying

Median age
(range)**22**
(15-54)

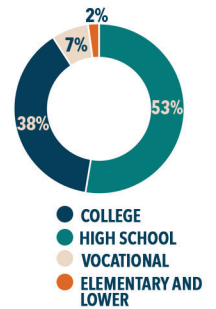
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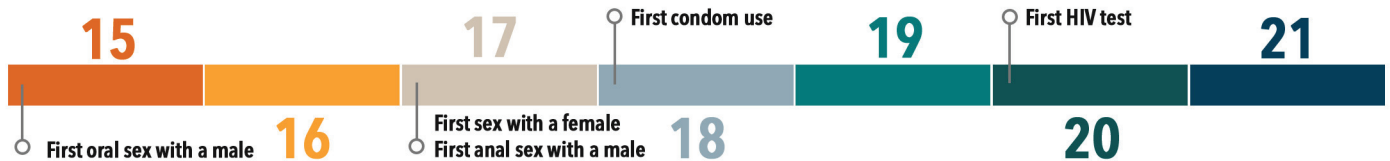
GENDER IDENTITY



EDUCATIONAL ATTAINMENT



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)



RISK BEHAVIORS IN THE PAST 12 MONTHS

**71%**

Had anal sex with a male

**28%**

Received payment in exchange for sex

**16%**

Had sex with a female

**03**

Median number of male sex partners

KNOWLEDGE ON HIV

41%

Know all the five basic facts of HIV transmission and prevention

**92%**

Know that a healthy looking person can have HIV

**73%**

Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission

**80%**

Know that using condoms reduce the risk of HIV transmission

**72%**

Know that a person cannot get HIV from mosquito bites

**89%**

Know that a person cannot get HIV from using toilet bowls or urinals in public places

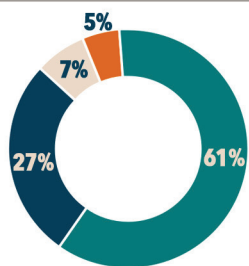


Aware that there is a local Social Hygiene Clinic (SHC)



Aware that there is HIV treatment

CONDOM USE AND ACCESS



- NO CONDOM ACCESS
- GETS FREE CONDOMS
- BUYS CONDOMS
- GETS FREE AND BUYS CONDOMS

49%

Condom use during last anal sex (past 12 months)

14%

Consistent condom use (last 3 anal sex partners in the past 12 months)

HIV TESTING AND STI PREVALENCE

62%

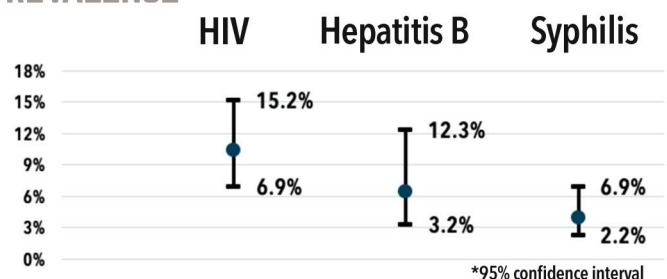
Ever tested

42%

Tested in the past 12 months

45%

Know HIV status in the past 12 months *



IMPORTANT NOTES

- Time location sampling was used.
- Data presented is adjusted using sampling weights.
- * Tested in the past 12 months and know their status; also includes those who know they are HIV-positive even if their last test was more than 12 months ago
- HIV prevalence is among those who ever had anal sex.



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MALES AND TRANSGENDER WOMEN WHO HAVE SEX WITH MALES - CAGAYAN DE ORO CITY

WHO WE SURVEYED

**298**

MSM & TGW respondents

**60%**

are currently employed

**90%**

lives in the same city of interview

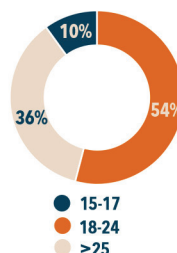
**30%**

are currently studying

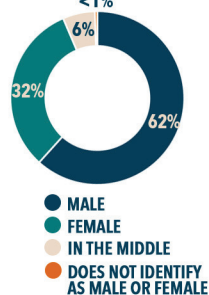
Median age (range)

22
(15-54)

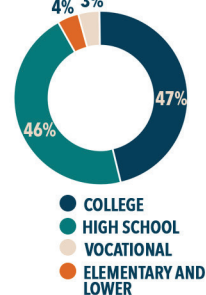
AGE GROUP



GENDER IDENTITY



EDUCATIONAL ATTAINMENT



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)



RISK BEHAVIORS IN THE PAST 12 MONTHS

**73%**

Had anal sex with a male

**51%**

Received payment in exchange for sex

**34%**

Had sex with a female

**03**

Median number of male sex partners

KNOWLEDGE ON HIV

18%

Know all the five basic facts of HIV transmission and prevention

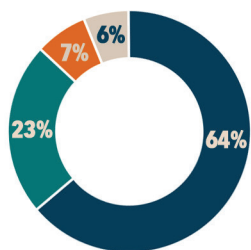
**76%**
Know that a healthy looking person can have HIV**50%**
Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission**58%**
Know that using condoms reduce the risk of HIV transmission**55%**
Know that a person cannot get HIV from mosquito bites**65%**
Know that a person cannot get HIV from using toilet bowls or urinals in public places

Aware that there is a local Social Hygiene Clinic (SHC)



Aware that there is HIV treatment

CONDOM USE AND ACCESS



- NO CONDOM ACCESS
- GETS FREE CONDOMS
- BUYS CONDOMS
- GETS FREE AND BUYS CONDOMS

29%

Condom use during last anal sex (past 12 months)

12%

Consistent condom use (last 3 anal sex partners in the past 12 months)

HIV TESTING AND STI PREVALENCE

29%

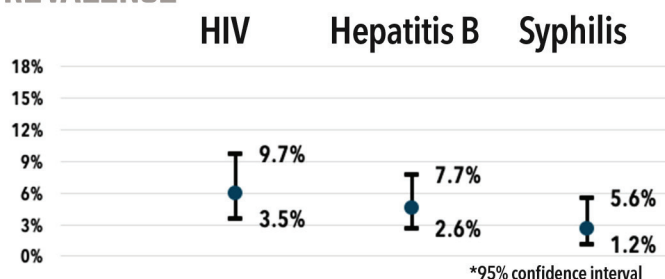
Ever tested

19%

Tested in the past 12 months

19%

Know HIV status in the past 12 months*



*95% confidence interval

IMPORTANT NOTES

- Time location sampling was used.
- Data presented is adjusted using sampling weights.
- * Tested in the past 12 months and know their status; also includes those who know they are HIV-positive even if their last test was more than 12 months ago
- HIV prevalence is among those who ever had anal sex.



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MALES AND TRANSGENDER WOMEN WHO HAVE SEX WITH MALES - CEBU CITY

WHO WE SURVEYED



459
MSM & TGW respondents



40%
are currently employed



90%
lives in the same city
of interview

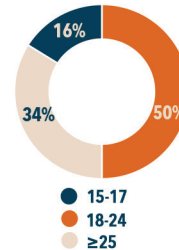


32%
are currently studying

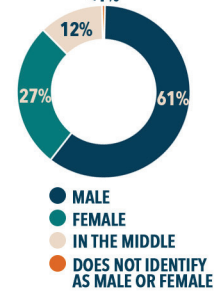
Median age
(range)

22
(15-57)

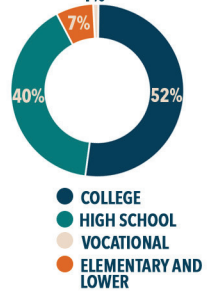
AGE GROUP



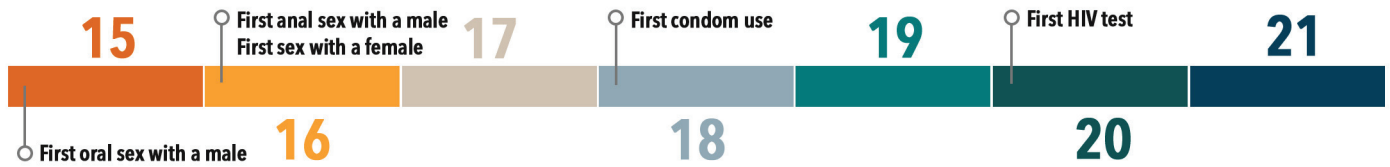
GENDER IDENTITY



EDUCATIONAL ATTAINMENT



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)



RISK BEHAVIORS IN THE PAST 12 MONTHS



77%
Had anal sex
with a male



44%
Received payment in
exchange for sex



21%
Had sex with a
female



05
Median number of
male sex partners

KNOWLEDGE ON HIV

26%

Know all the five basic
facts of HIV transmission
and prevention



83%
Know that a healthy
looking person can
have HIV



63%
Know that having sex with
only one, faithful, uninfected
partner can reduce the risk of
HIV transmission



78%
Know that using
condoms reduce the risk of
HIV transmission



66%
Know that a person cannot
get HIV from mosquito
bites



69%
Know that a person cannot get
HIV from using toilet bowls or
urinals in public places

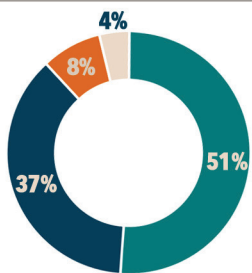


Aware that there is a
local Social Hygiene
Clinic (SHC)



Aware that there is
HIV treatment

CONDOM USE AND ACCESS



- NO CONDOM ACCESS
- GETS FREE CONDOMS
- BUYS CONDOMS
- GETS FREE AND BUYS CONDOMS

42%

Condom use during last anal sex
(past 12 months)

13%

Consistent condom use
(last 3 anal sex partners in the past 12 months)

HIV TESTING AND STI PREVALENCE

54%



Ever tested

40%



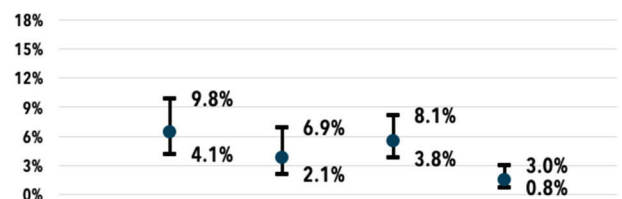
Tested in the past
12 months

39%



Know HIV status in
the past 12 months*

HIV Hepatitis B Syphilis Hepatitis C



*95% confidence interval

IMPORTANT NOTES

- Time location sampling was used.
- Data presented is adjusted using sampling weights.
- * Tested in the past 12 months and know their status; also includes those who know they are HIV-positive even if their last test was more than 12 months ago
- HIV prevalence is among those who ever had anal sex.



NATIONAL HIV/AIDS & STI SURVEILLANCE AND STRATEGIC INFORMATION UNIT

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2018 PHILIPPINE INTEGRATED HIV BEHAVIORAL AND SEROLOGIC SURVEILLANCE

MALES AND TRANSGENDER WOMEN WHO HAVE SEX WITH MALES - GENERAL SANTOS CITY

WHO WE SURVEYED



299

MSM & TGW respondents



52%

are currently employed



97%

lives in the same city of interview



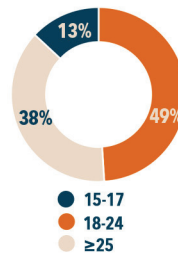
36%

are currently studying

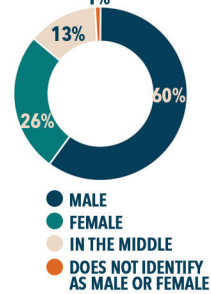
Median age (range)

22
(15-52)

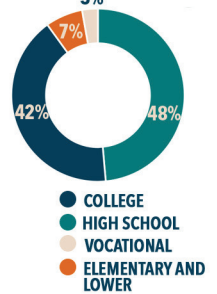
AGE GROUP



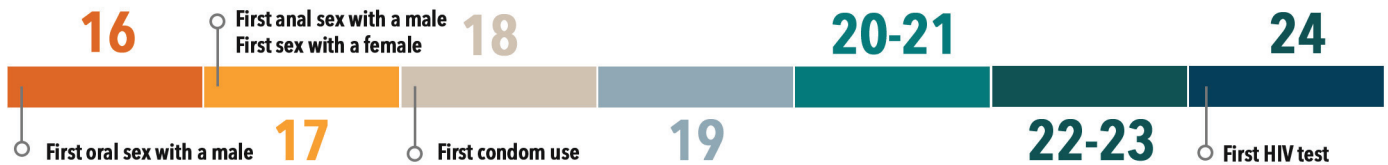
GENDER IDENTITY



EDUCATIONAL ATTAINMENT



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)



RISK BEHAVIORS IN THE PAST 12 MONTHS



57%
Had anal sex with a male



47%
Received payment in exchange for sex



35%
Had sex with a female



02
Median number of male sex partners

KNOWLEDGE ON HIV

19%

Know all the five basic facts of HIV transmission and prevention



65%
Know that a healthy looking person can have HIV



63%
Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission



74%
Know that using condoms reduce the risk of HIV transmission



53%
Know that a person cannot get HIV from mosquito bites



72%
Know that a person cannot get HIV from using toilet bowls or urinals in public places

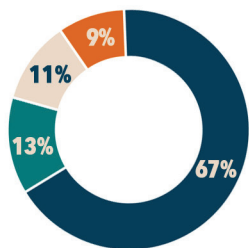


Aware that there is a local Social Hygiene Clinic (SHC)



Aware that there is HIV treatment

CONDOM USE AND ACCESS



- NO CONDOM ACCESS
- GETS FREE CONDOMS
- BUYS CONDOMS
- GETS FREE AND BUYS CONDOMS

34%

Condom use during last anal sex (past 12 months)

2%

Consistent condom use (last 3 anal sex partners in the past 12 months)

HIV TESTING AND STI PREVALENCE

16%



Ever tested

4%

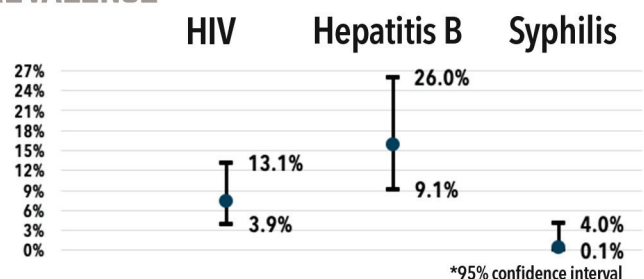


Tested in the past 12 months

3%



Know HIV status in the past 12 months*



IMPORTANT NOTES

- Time location sampling was used.
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- * Tested in the past 12 months and know their status; also includes those who know they are HIV-positive even if their last test was more than 12 months ago
- HIV prevalence is among those who ever had anal sex.



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MALES AND TRANSGENDER WOMEN WHO HAVE SEX WITH MALES - ILOILO CITY

WHO WE SURVEYED

**303**

MSM & TGW respondents

**54%**

are currently employed

**98%**

lives in the same city of interview

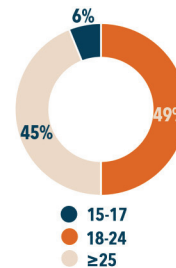
**34%**

are currently studying

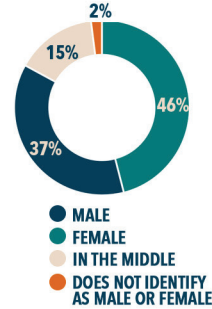
Median age (range)

24
(15-67)

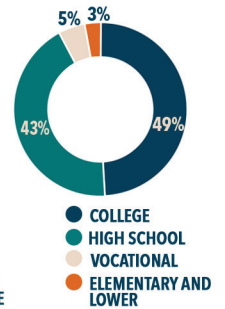
AGE GROUP



GENDER IDENTITY



EDUCATIONAL ATTAINMENT



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)

15First oral sex with a male
First anal sex with a male**17**

First sex with a female

16**18**

First condom use

19**20**

First HIV test

21

RISK BEHAVIORS IN THE PAST 12 MONTHS

**71%**

Had anal sex with a male

**37%**

Received payment in exchange for sex

**20%**

Had sex with a female

**03**

Median number of male sex partners

KNOWLEDGE ON HIV

23%

Know all the five basic facts of HIV transmission and prevention

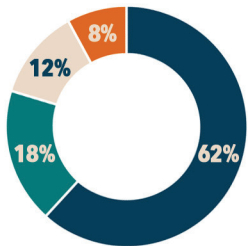
**72%**
Know that a healthy looking person can have HIV**68%**
Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission**79%**
Know that using condoms reduce the risk of HIV transmission**52%**
Know that a person cannot get HIV from mosquito bites**71%**
Know that a person cannot get HIV from using toilet bowls or urinals in public places

Aware that there is a local Social Hygiene Clinic (SHC)



Aware that there is HIV treatment

CONDOM USE AND ACCESS



- NO CONDOM ACCESS
- GETS FREE CONDOMS
- BUYS CONDOMS
- GETS FREE AND BUYS CONDOMS

50%

Condom use during last anal sex (past 12 months)

30%

Consistent condom use (last 3 anal sex partners in the past 12 months)

HIV TESTING AND STI PREVALENCE

52%

Ever tested

37%

Tested in the past 12 months

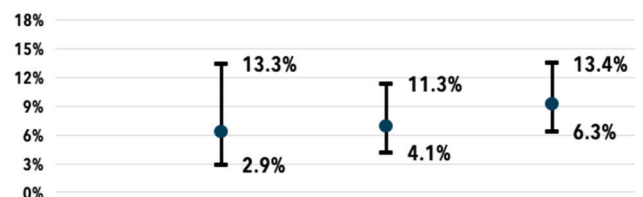
36%

Know HIV status in the past 12 months*

HIV

Hepatitis B

Syphilis



*95% confidence interval

IMPORTANT NOTES

- Time location sampling was used.
- Data presented is adjusted using sampling weights.
- * Tested in the past 12 months and know their status; also includes those who know they are HIV-positive even if their last test was more than 12 months ago
- HIV prevalence is among those who ever had anal sex.



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MALES AND TRANSGENDER WOMEN WHO HAVE SEX WITH MALES - MANDAUE CITY

WHO WE SURVEYED



306
MSM & TGW respondents



56%
are currently employed



87%
lives in the same city
of interview

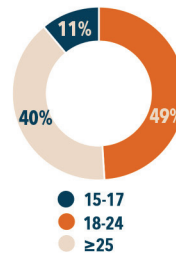


30%
are currently studying

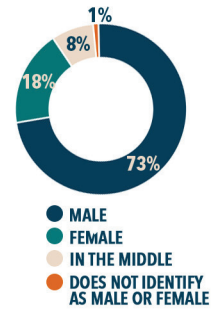
Median age
(range)

22
(15-56)

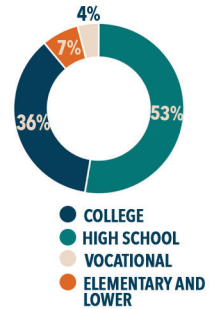
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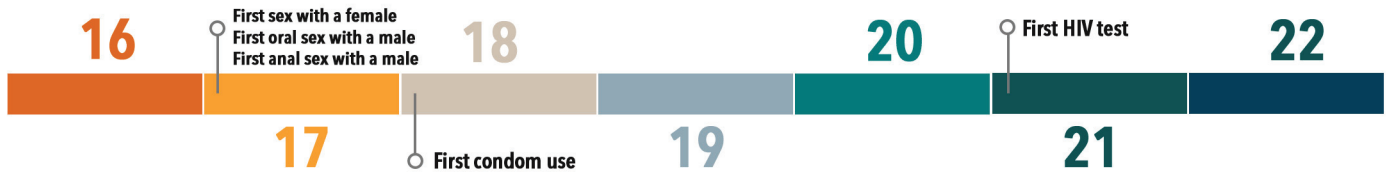
GENDER IDENTITY



EDUCATIONAL ATTAINMENT



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)



RISK BEHAVIORS IN THE PAST 12 MONTHS



93%
Had anal sex
with a male



47%
Received payment in
exchange for sex



65%
Had sex with a
female



06
Median number of
male sex partners

KNOWLEDGE ON HIV

15%

Know all the five basic
facts of HIV transmission
and prevention



76%
Know that a healthy
looking person can
have HIV



50%
Know that having sex with
only one, faithful, uninfected
partner can reduce the risk of
HIV transmission



78%
Know that using
condoms reduce the risk of
HIV transmission



56%
Know that a person cannot
get HIV from mosquito
bites



67%
Know that a person cannot get
HIV from using toilet bowls or
urinals in public places

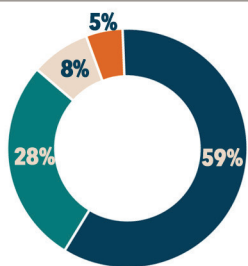


Aware that there is a
local Social Hygiene
Clinic (SHC)



Aware that there is
HIV treatment

CONDOM USE AND ACCESS



- NO CONDOM ACCESS
- GETS FREE CONDOMS
- BUYS CONDOMS
- GETS FREE AND BUYS CONDOMS

42%

Condom use during last anal sex
(past 12 months)

13%

Consistent condom use
(last 3 anal sex partners in the past 12 months)

HIV TESTING AND STI PREVALENCE

28%



Ever tested

24%



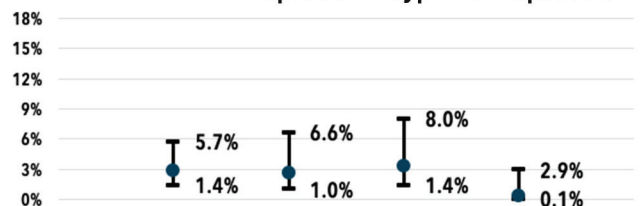
Tested in the past
12 months

24%



Know HIV status in
the past 12 months*

HIV Hepatitis B Syphilis Hepatitis C



*95% confidence interval

IMPORTANT NOTES

- Time location sampling was used.
- Data presented is adjusted using sampling weights.
- * Tested in the past 12 months and know their status; also includes those who know they are HIV-positive even if their last test was more than 12 months ago
- HIV prevalence is among those who ever had anal sex.



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MALES AND TRANSGENDER WOMEN WHO HAVE SEX WITH MALES - PASAY CITY

WHO WE SURVEYED



301
MSM & TGW respondents



44%
are currently employed



77%
lives in the same city
of interview

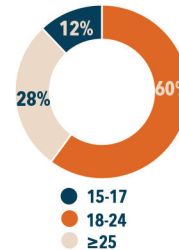


53%
are currently studying

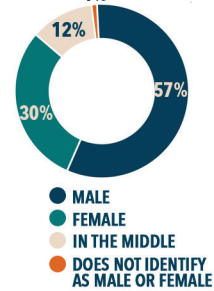
Median age
(range)

21
(15-58)

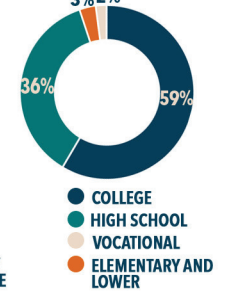
AGE GROUP



GENDER IDENTITY



EDUCATIONAL ATTAINMENT



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)

15

17

First anal sex with a male
First condom use

19

21

16

First sex with a female
First oral sex with a male

18

20

First HIV test

RISK BEHAVIORS IN THE PAST 12 MONTHS



53%
Had anal sex
with a male



34%
Received payment in
exchange for sex



46%
Had sex with a
female



02
Median number of
male sex partners

KNOWLEDGE ON HIV

33%

Know all the five basic
facts of HIV transmission
and prevention



87%
Know that a healthy
looking person can
have HIV



72%
Know that having sex with
only one, faithful, uninfected
partner can reduce the risk of
HIV transmission



82%
Know that using
condoms reduce the risk of
HIV transmission



66%
Know that a person cannot
get HIV from mosquito
bites



74%
Know that a person cannot get
HIV from using toilet bowls or
urinals in public places

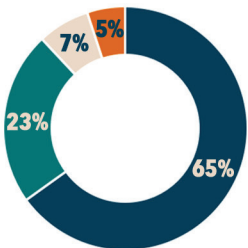


Aware that there is a
local Social Hygiene
Clinic (SHC)



Aware that there is
HIV treatment

CONDOM USE AND ACCESS



- NO CONDOM ACCESS
- GETS FREE CONDOMS
- BUYS CONDOMS
- GETS FREE AND BUYS CONDOMS

43%

Condom use during last anal sex
(past 12 months)

10%

Consistent condom use
(last 3 anal sex partners in the past 12 months)

HIV TESTING AND STI PREVALENCE

33%



Ever tested

23%



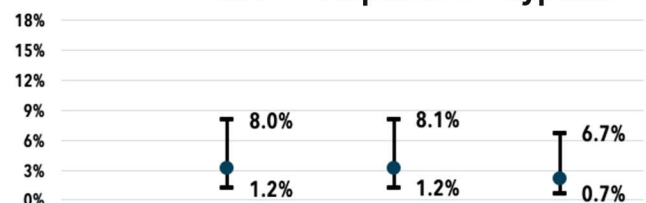
Tested in the past
12 months

21%



Know HIV status in
the past 12 months*

HIV Hepatitis B Syphilis



*95% confidence interval

IMPORTANT NOTES

- Time location sampling was used.
- Data presented is adjusted using sampling weights.
- * Tested in the past 12 months and know their status; also includes those who know they are HIV-positive even if their last test was more than 12 months ago
- HIV prevalence is among those who ever had anal sex.



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MALES AND TRANSGENDER WOMEN WHO HAVE SEX WITH MALES - QUEZON CITY

WHO WE SURVEYED

**427**

MSM & TGW respondents

**61%**

are currently employed

**69%**

lives in the same city of interview

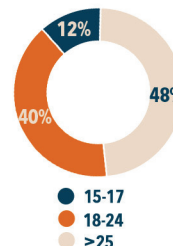
**23%**

are currently studying

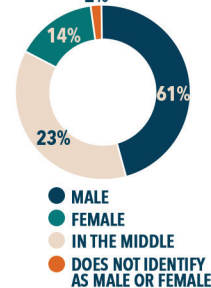
Median age (range)

24
(15-67)

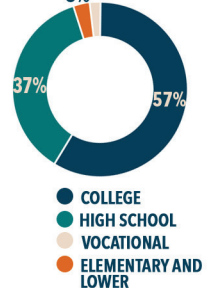
AGE GROUP



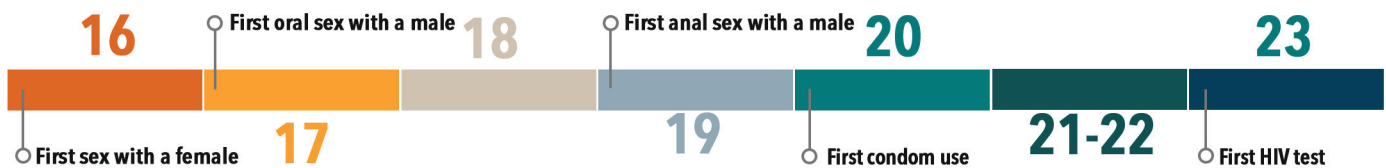
GENDER IDENTITY



EDUCATIONAL ATTAINMENT



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)



RISK BEHAVIORS IN THE PAST 12 MONTHS

**60%**

Had anal sex with a male

**27%**

Received payment in exchange for sex

**28%**

Had sex with a female

**03**

Median number of male sex partners

KNOWLEDGE ON HIV

50%

Know all the five basic facts of HIV transmission and prevention

**92%**

Know that a healthy looking person can have HIV

**81%**

Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV

**91%**

Know that using condoms reduce the risk of HIV transmission

**69%**

Know that a person cannot get HIV from mosquito bites

**85%**

Know that a person cannot get HIV from using toilet bowls or urinals in public places

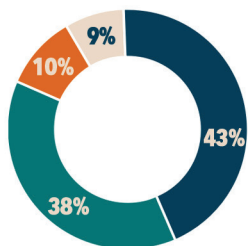


Aware that there is a local Social Hygiene Clinic (SHC)



Aware that there is HIV treatment

CONDOM USE AND ACCESS



- NO CONDOM ACCESS
- GETS FREE CONDOMS
- BUYS CONDOMS
- GETS FREE AND BUYS CONDOMS

38%

Condom use during last anal sex (past 12 months)

15%

Consistent condom use (last 3 anal sex partners in the past 12 months)

HIV TESTING AND STI PREVALENCE

53%

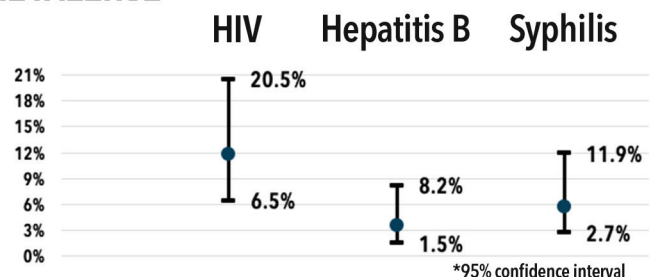
Ever tested

44%

Tested in the past 12 months

42%

Know HIV status in the past 12 months*



IMPORTANT NOTES

- Time location sampling was used.
- Data presented is adjusted using sampling weights.
- * Tested in the past 12 months and know their status; also includes those who know they are HIV-positive even if their last test was more than 12 months ago
- HIV prevalence is among those who ever had anal sex.



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MALES AND TRANSGENDER WOMEN WHO HAVE SEX WITH MALES - TAGUIG CITY

WHO WE SURVEYED

**310**

MSM & TGW respondents

**50%**

are currently employed

**85%**

lives in the same city of interview

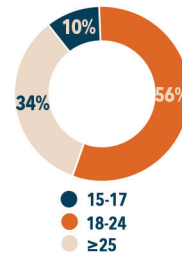
**24%**

are currently studying

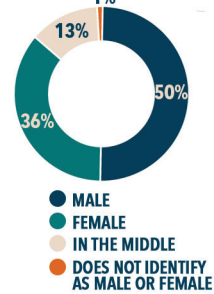
Median age (range)

22
(15-51)

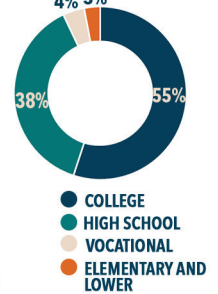
AGE GROUP



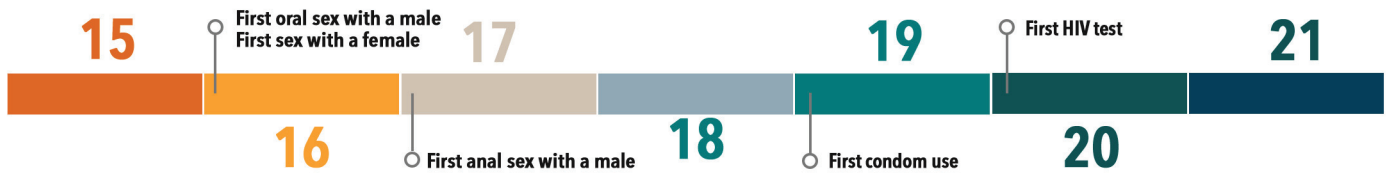
GENDER IDENTITY



EDUCATIONAL ATTAINMENT



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)



RISK BEHAVIORS IN THE PAST 12 MONTHS

**71%**

Had anal sex with a male

**6%**

Had sex with a male in exchange for cash or kind

**18%**

Had sex with a female

**03**

Median number of male sex partners

KNOWLEDGE ON HIV

57%

Know all the five basic facts of HIV transmission and prevention

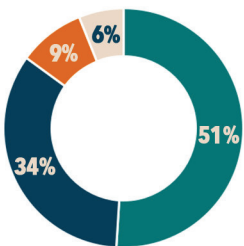
**93%**
Know that a healthy looking person can have HIV**77%**
Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission**93%**
Know that using condoms reduce the risk of HIV transmission**83%**
Know that a person cannot get HIV from mosquito bites**87%**
Know that a person cannot get HIV from using toilet bowls or urinals in public places

Aware that there is a local Social Hygiene Clinic (SHC)



Aware that there is HIV treatment

CONDOM USE AND ACCESS



- NO CONDOM ACCESS
- GETS FREE CONDOMS
- BUYS CONDOMS
- GETS FREE AND BUYS CONDOMS

40%

Condom use during last anal sex (past 12 months)

13%

Consistent condom use (last 3 anal sex partners in the past 12 months)

HIV TESTING AND STI PREVALENCE

68%

Ever tested

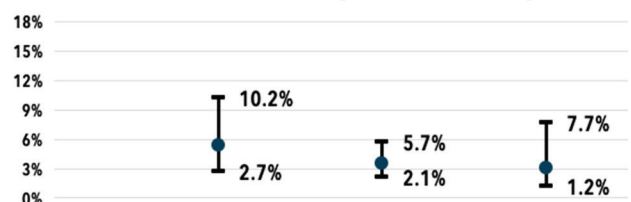
61%

Tested in the past 12 months

60%

Know HIV status in the past 12 months*

HIV Hepatitis B Syphilis



*95% confidence interval

IMPORTANT NOTES

- Time location sampling was used.
- Data presented is adjusted using sampling weights.
- * Tested in the past 12 months and know their status; also includes those who know they are HIV-positive even if their last test was more than 12 months ago
- HIV prevalence is among those who ever had anal sex.



NATIONAL HIV/AIDS & STI SURVEILLANCE AND STRATEGIC INFORMATION UNIT

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MALES AND TRANSGENDER WOMEN WHO HAVE SEX WITH MALES - TALISAY CITY, CEBU

WHO WE SURVEYED



300
MSM & TGW respondents



29%
are currently employed



97%
lives in the same city
of interview

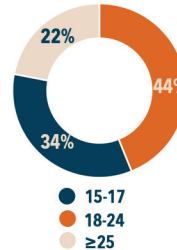


54%
are currently studying

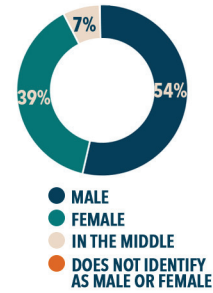
Median age
(range)

19
(15-59)

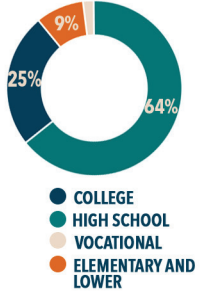
AGE GROUP



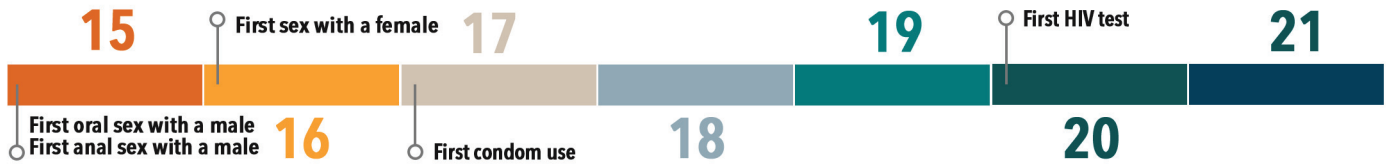
GENDER IDENTITY



EDUCATIONAL ATTAINMENT



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)



RISK BEHAVIORS IN THE PAST 12 MONTHS



93%
Had anal sex
with a male



56%
Received payment in
exchange for sex



32%
Had sex with a
female



03
Median number of
male sex partners

KNOWLEDGE ON HIV

28%

Know all the five basic
facts of HIV transmission
and prevention



73%
Know that a healthy
looking person can
have HIV



57%
Know that having sex with
only one, faithful, uninfected
partner can reduce the risk of
HIV transmission



74%
Know that using
condoms reduce the risk of
HIV transmission



63%
Know that a person cannot
get HIV from mosquito
bites



75%
Know that a person cannot get
HIV from using toilet bowls or
urinals in public places

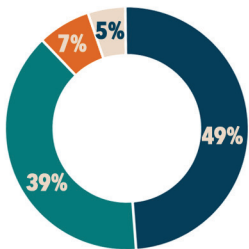


Aware that there is a
local Social Hygiene
Clinic (SHC)



Aware that there is
HIV treatment

CONDOM USE AND ACCESS



- NO CONDOM ACCESS
- GETS FREE CONDOMS
- BUYS CONDOMS
- GETS FREE AND BUYS CONDOMS

21%

Condom use during last anal sex
(past 12 months)

7%

Consistent condom use
(last 3 anal sex partners in the past 12 months)

HIV TESTING AND STI PREVALENCE

43%



Ever tested

39%



Tested in the past
12 months

37%



Know HIV status in
the past 12 months*

HIV Hepatitis B Syphilis



*95% confidence interval

IMPORTANT NOTES

- Time location sampling was used.
- Data presented is adjusted using sampling weights.
- * Tested in the past 12 months and know their status; also includes those who know they are HIV-positive even if their last test was more than 12 months ago
- HIV prevalence is among those who ever had anal sex.



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MALES AND TRANSGENDER WOMEN WHO HAVE SEX WITH MALES - ZAMBOANGA CITY

WHO WE SURVEYED

**300**

MSM & TGW respondents

**53%**

are currently employed

**100%**

lives in the same city of interview

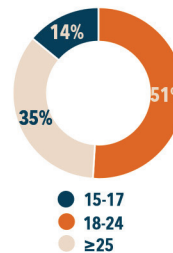
**28%**

are currently studying

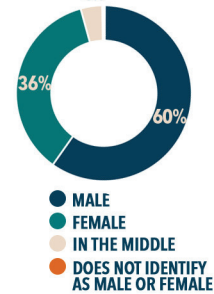
Median age (range)

22
(15-65)

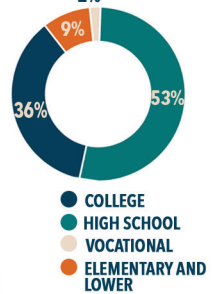
AGE GROUP



GENDER IDENTITY



EDUCATIONAL ATTAINMENT



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)



RISK BEHAVIORS IN THE PAST 12 MONTHS

**60%**

Had anal sex with a male

**40%**

Received payment in exchange for sex

**35%**

Had sex with a female

**01**

Median number of male sex partners

KNOWLEDGE ON HIV

27%

Know all the five basic facts of HIV transmission and prevention

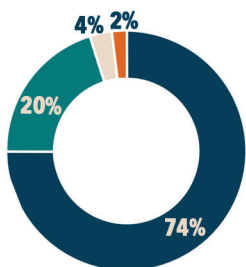
**73%**
Know that a healthy looking person can have HIV**57%**
Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission**75%**
Know that using condoms reduce the risk of HIV transmission**63%**
Know that a person cannot get HIV from mosquito bites**69%**
Know that a person cannot get HIV from using toilet bowls or urinals in public places**95%**

Aware that there is a local Social Hygiene Clinic (SHC)

10%

Aware that there is HIV treatment

CONDOM USE AND ACCESS



- NO CONDOM ACCESS
- GETS FREE CONDOMS
- BUYS CONDOMS
- GETS FREE AND BUYS CONDOMS

20%

Condom use during last anal sex (past 12 months)

6%

Consistent condom use (last 3 anal sex partners in the past 12 months)

HIV TESTING AND STI PREVALENCE

25%

Ever tested

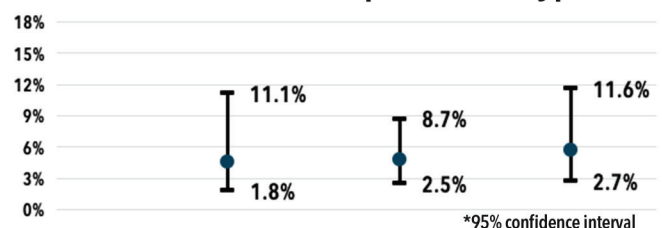
19%

Tested in the past 12 months

19%

Know HIV status in the past 12 months*

HIV Hepatitis B Syphilis



*95% confidence interval

IMPORTANT NOTES

- Time location sampling was used.
- Data presented is adjusted using sampling weights.
- * Tested in the past 12 months and know their status; also includes those who know they are HIV-positive even if their last test was more than 12 months ago
- HIV prevalence is among those who ever had anal sex.



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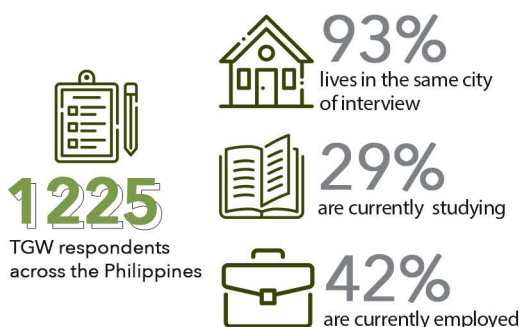
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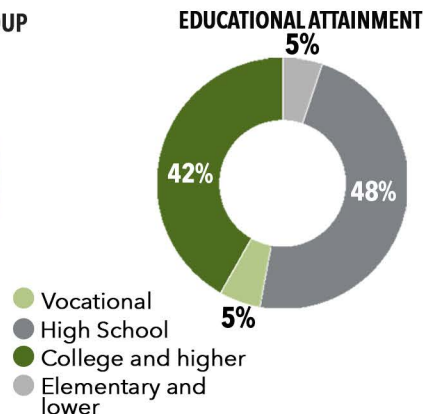
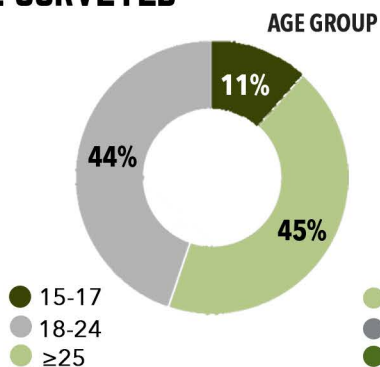


TRANSGENDER WOMEN WHO HAVE SEX WITH MALES PHILIPPINES

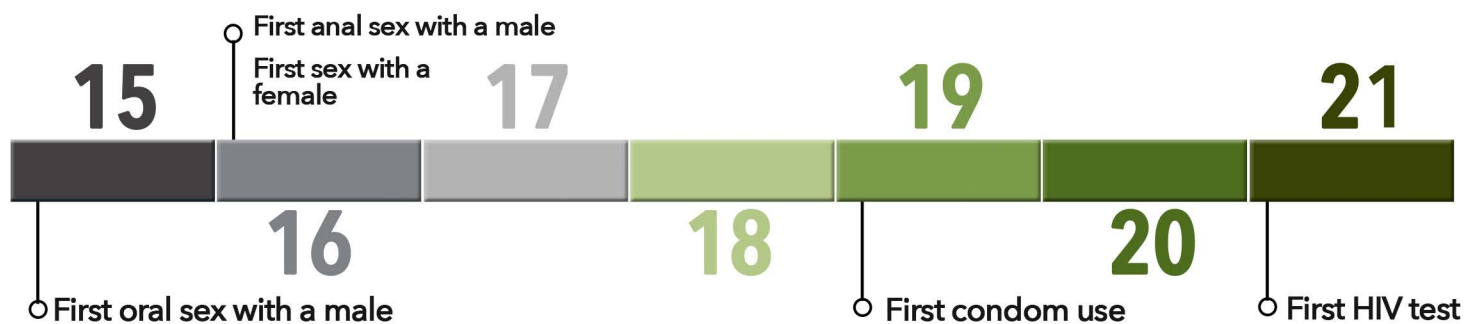
WHO WE SURVEYED



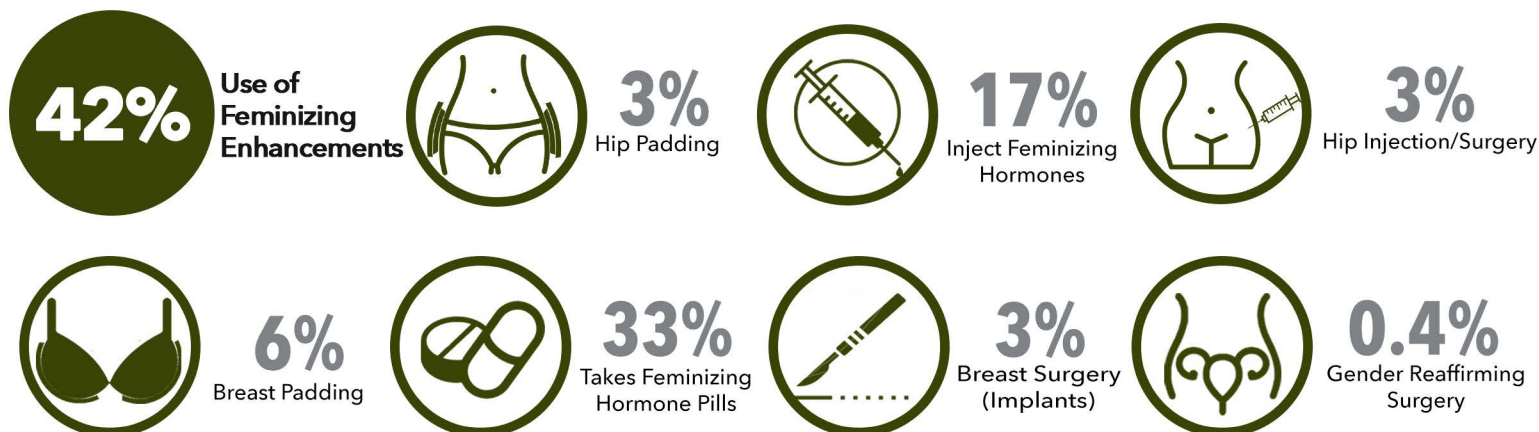
Median age
(range)
23
(15-65)



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)



FEMINIZING ENHANCEMENTS



RISK BEHAVIORS IN THE PAST 12 MONTHS



INCLUSION CRITERIA

Assigned sex at birth is male, 15 years or older, who reported oral or anal sex with a male in the past 12 months

IMPORTANT NOTES

Data presented is among those who identify themselves as female, a subset of the 2018 IHBS for MSM & TGW
Data presented is the aggregate of the 13 cities: Angeles, Baguio, Cagayan de Oro, Davao, Gensan, Iloilo, Zamboanga, Talisay, Pasay, Quezon City, Taguig
Time location sampling was used
Data presented is adjusted using sample weights
*Tested in the past 12 months and know their status also include those who know they are HIV-positive even if their last test was more than 12 months ago
HIV prevalence is among those who ever had anal sex



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TRANSGENDER WOMEN WHO HAVE SEX WITH MALES PHILIPPINES

KNOWLEDGE ON HIV

33%

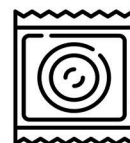
Know all the five basic facts of HIV transmission and prevention

**84%**

Know that a healthy looking person can have HIV

**66%**

Know that a person cannot get HIV from mosquito bites

**81%**

Know that using condoms reduce the risk of HIV transmission

**77%**

Know that a person cannot get HIV from using toilet bowls or urinals in public places

**68%**

Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission

36%

Aware that there is HIV treatment

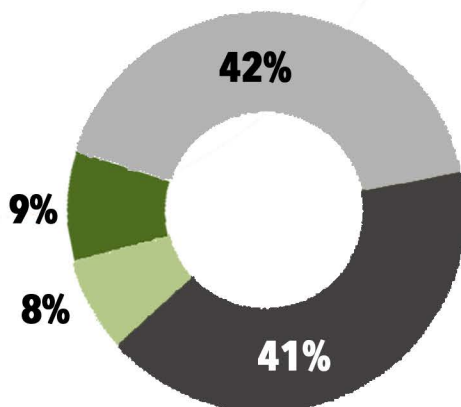
61%

Aware that there is a local Social Hygiene Clinic (SHC)

90%

Knows that sharing needles used by an HIV infected person can increase the risks of HIV transmission

CONDOM USE AND ACCESS



● No Condom Access ● Buys Condoms
● Gets Free Condoms ● Gets Free and Buys Condoms

39%

Condom use during last anal sex (past 12 months)

15%

Consistent condom use (last 3 anal sex partners in the past 12 months)

REASONS FOR NOT USING CONDOMS DURING LAST ANAL SEX

Unplanned sex	37%
No sensation	28%
Partner did not want	21%
Don't want to carry around	11%
Trusted partner is negative	7%
Caught in the moment	7%
Embarrassed to buy	6%
Only one partner	6%
Minor/underage	3%
Too expensive	3%
Don't know where to get	2%
Don't know where to buy	2%
Don't know how to use	1%

HIV TESTING AND STI PREVALENCE



Ever tested

57%

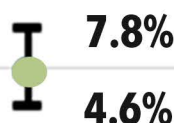
Tested in the past 12 months

42%

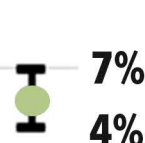
Know HIV status in the past 12 months

41%

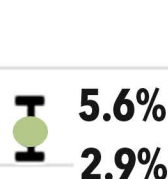
Syphilis



Hepatitis B



HIV



*95% confidence interval

INCLUSION CRITERIA

Assigned sex at birth is male, 15 years or older, who reported oral or anal sex with a male in the past 12 months

IMPORTANT NOTES

Data presented is among those who identify themselves as female, a subset of the 2018 IHBS for MSM & TGW

Data presented is the aggregate of the 13 cities: Angeles, Baguio, Cagayan de Oro, Davao, Gensan, Iloilo, Zamboanga, Talisay, Pasay, Quezon City, Taguig

Time location sampling was used

Data presented is adjusted using sample weights

*Tested in the past 12 months and know their status also include those who know they are HIV- positive even if their last test was more than 12 months ago

HIV prevalence is among those who ever had anal sex



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2018 PHILIPPINE INTEGRATED HIV BEHAVIORAL AND SEROLOGIC SURVEILLANCE FEMALE SEX WORKERS PHILIPPINES

WHO WE SURVEYED



2590
FSW respondents



47%
Did sex work all year round



86%
Lives in the same city of interview



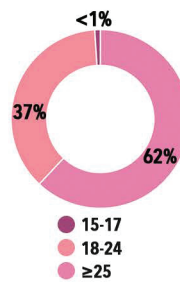
92%
Works in an establishment



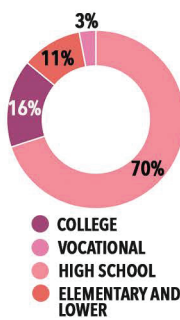
98%
Works in the same city of interview

Median age (range)
26
(15-56)

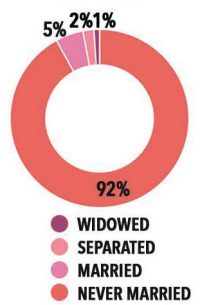
AGE GROUP



EDUCATION



CIVIL STATUS



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)

18



First vaginal sex with a male

19



First oral sex with a male

20



First condom use

21



First sex with a male in exchange for cash or kind

22

KNOWLEDGE ON HIV

48%

Know all the five basic facts of HIV transmission and prevention



90%
Know that a healthy looking person can have HIV



79%
Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission



88%
Know that using condoms reduce the risk of HIV transmission



73%
Know that a person cannot get HIV from mosquito bites



75%
Know that a person cannot get HIV from using toilet bowls or urinals in public places

45%

Aware that there is HIV treatment

RISK BEHAVIORS



07
Median number of clients in the past 30 days



03
Median number of days with sex work in a week

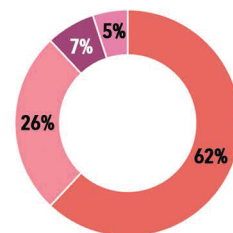
CONDOM USE AND ACCESS

85%

Condom use with last client

64%

Uses condoms consistently with clients in the past 30 days



NO CONDOM ACCESS
GETS FREE CONDOMS
BUYS CONDOMS
GETS FREE AND BUYS

HIV TESTING AND STI PREVALENCE

72%



Ever tested

57%



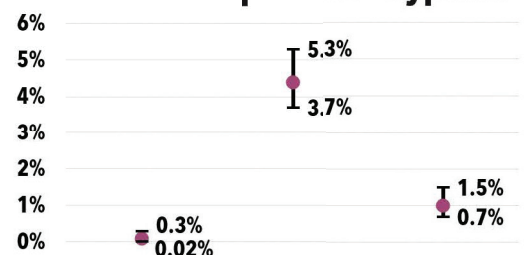
Tested in the past 12 months

54%



Tested in the past 12 months and know status

HIV Hepatitis B Syphilis



*95% confidence interval

IMPORTANT NOTES

- Data presented is an aggregate of 10 cities: Angeles, Baguio, Cagayan de Oro, Cebu, Davao, General Santos, Iloilo, Quezon City, Pasay and Zamboanga
- Systematic sampling in health facilities was performed.



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2018 PHILIPPINE INTEGRATED HIV BEHAVIORAL AND SEROLOGIC SURVEILLANCE FEMALE SEX WORKERS ANGELES CITY

WHO WE SURVEYED



500
FSW respondents



48%
Did sex work all year round



86%
Lives in the same city of interview



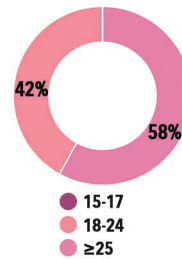
100%
Works in an establishment



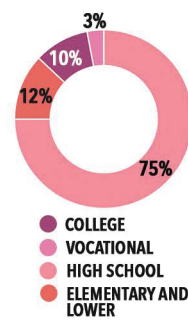
100%
Works in the same city of interview

Median age (range)
26
(18-46)

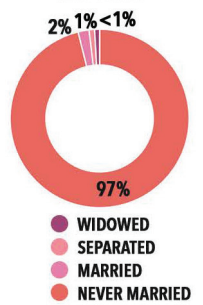
AGE GROUP



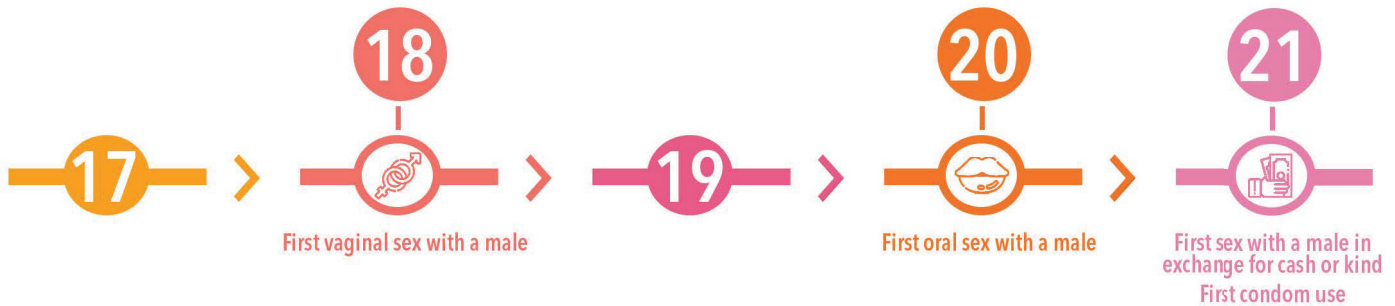
EDUCATION



CIVIL STATUS



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)



KNOWLEDGE ON HIV

58%

Know all the five basic facts of HIV transmission and prevention



92%
Know that a healthy looking person can have HIV



86%
Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission



92%
Know that using condoms reduce the risk of HIV transmission



83%
Know that a person cannot get HIV from mosquito bites



83%
Know that a person cannot get HIV from using toilet bowls or urinals in public places



Aware that there is HIV treatment

RISK BEHAVIORS

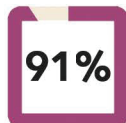


04
Median number of clients in the past 30 days



02
Median number of days with sex work in a week

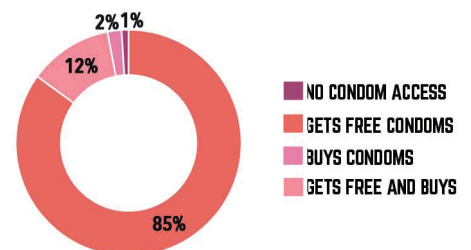
CONDOM USE AND ACCESS



Condom use with last client



Uses condoms consistently with clients in the past 30 days



HIV TESTING AND STI PREVALENCE

98%



Ever tested

96%



Tested in the past 12 months

92%



Tested in the past 12 months and know status

HIV Hepatitis B Syphilis



IMPORTANT NOTES

- Systematic sampling in health facilities was performed.



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2018 PHILIPPINE INTEGRATED HIV BEHAVIORAL AND SEROLOGIC SURVEILLANCE FEMALE SEX WORKERS BAGUIO CITY

WHO WE SURVEYED



200
FSW respondents



41%
Did sex work all year round



99%
Lives in the same city of interview



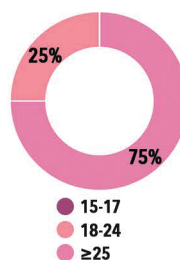
100%
Works in an establishment



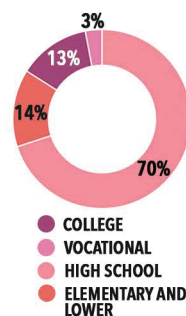
99%
Works in the same city of interview

Median age (range)
29
(18-52)

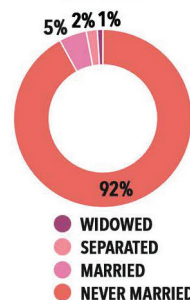
AGE GROUP



EDUCATION



CIVIL STATUS



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)

18



First vaginal sex with a male

19



First oral sex with a male

20

21

22



First sex with a male in exchange for cash or kind
First condom use

KNOWLEDGE ON HIV

33%

Know all the five basic facts of HIV transmission and prevention



94%
Know that a healthy looking person can have HIV



79%
Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission



93%
Know that using condoms reduce the risk of HIV transmission



58%
Know that a person cannot get HIV from mosquito bites



68%
Know that a person cannot get HIV from using toilet bowls or urinals in public places

52%

Aware that there is HIV treatment

RISK BEHAVIORS



03
Median number of clients in the past 30 days



02
Median number of days with sex work in a week

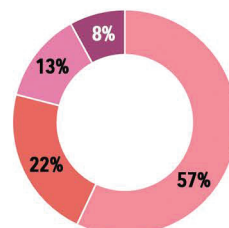
CONDOM USE AND ACCESS

90%

Condom use with last client

72%

Uses condoms consistently with clients in the past 30 days



NO CONDOM ACCESS
GETS FREE CONDOMS
BUYS CONDOMS
GETS FREE AND BUYS

HIV TESTING AND STI PREVALENCE

99%



Ever tested

95%



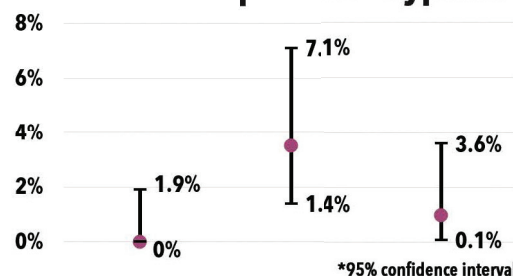
Tested in the past 12 months

95%



Tested in the past 12 months and know status

HIV Hepatitis B Syphilis



IMPORTANT NOTES

- Systematic sampling in health facilities was performed.



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2018 PHILIPPINE INTEGRATED HIV BEHAVIORAL AND SEROLOGIC SURVEILLANCE FEMALE SEX WORKERS CAGAYAN DE ORO CITY

WHO WE SURVEYED



300
FSW respondents



30%
Did sex work all year round



96%
Lives in the same city of interview



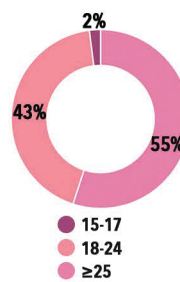
96%
Works in an establishment



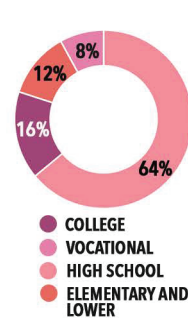
97%
Works in the same city of interview

Median age (range)
25
(15-49)

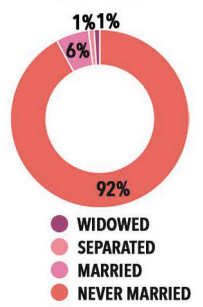
AGE GROUP



EDUCATION



CIVIL STATUS



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)

17



First vaginal sex with a male

18

19



First oral sex with a male

20



First sex with a male in exchange for cash or kind
First condom use

21

KNOWLEDGE ON HIV

31%

Know all the five basic facts of HIV transmission and prevention



89%
Know that a healthy looking person can have HIV



74%
Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission



79%
Know that using condoms reduce the risk of HIV transmission



61%
Know that a person cannot get HIV from mosquito bites



65%
Know that a person cannot get HIV from using toilet bowls or urinals in public places

36%

Aware that there is HIV treatment

RISK BEHAVIORS



03
Median number of clients in the past 30 days



02
Median number of days with sex work in a week

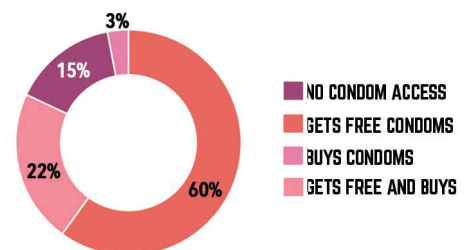
CONDOM USE AND ACCESS



Condom use with last client



Uses condoms consistently with clients in the past 30 days



HIV TESTING AND STI PREVALENCE

38%



Ever tested

12%



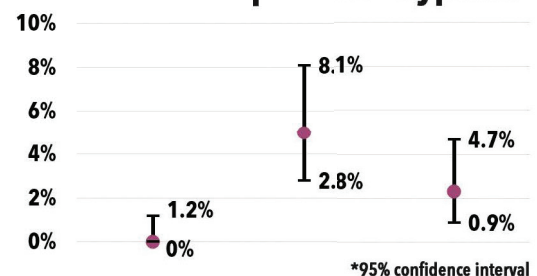
Tested in the past 12 months

11%



Tested in the past 12 months and know status

HIV Hepatitis B Syphilis



IMPORTANT NOTES

- Systematic sampling in health facilities was performed.



NATIONAL HIV/AIDS & STI SURVEILLANCE AND STRATEGIC INFORMATION UNIT

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2018 PHILIPPINE INTEGRATED HIV BEHAVIORAL AND SEROLOGIC SURVEILLANCE FEMALE SEX WORKERS CEBU CITY

WHO WE SURVEYED



200
FSW respondents



59%
Did sex work all year round



73%
Lives in the same city of interview



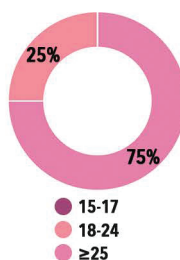
98%
Works in an establishment



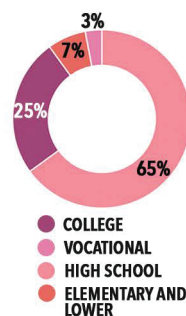
96%
Works in the same city of interview

Median age (range)
28
(18-51)

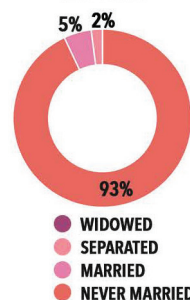
AGE GROUP



EDUCATION



CIVIL STATUS



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)

18



First vaginal sex with a male

19

20



First oral sex with a male

21



First sex with a male in exchange for cash or kind
First condom use

22

KNOWLEDGE ON HIV

55%

Know all the five basic facts of HIV transmission and prevention



84%
Know that a healthy looking person can have HIV



86%
Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission



88%
Know that using condoms reduce the risk of HIV transmission



77%
Know that a person cannot get HIV from mosquito bites



78%
Know that a person cannot get HIV from using toilet bowls or urinals in public places

37%

Aware that there is HIV treatment

RISK BEHAVIORS



05
Median number of clients in the past 30 days



02
Median number of days with sex work in a week

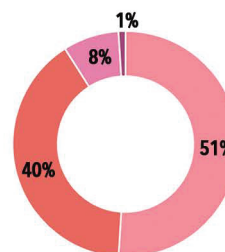
CONDOM USE AND ACCESS

92%

Condom use with last client

79%

Uses condoms consistently with clients in the past 30 days



NO CONDOM ACCESS
GETS FREE CONDOMS
BUYS CONDOMS
GETS FREE AND BUYS

HIV TESTING AND STI PREVALENCE

95%



Ever tested

85%



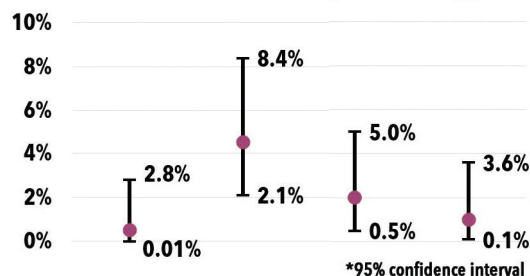
Tested in the past 12 months

83%



Tested in the past 12 months and know status

HIV Hepatitis B Hepatitis C Syphilis



IMPORTANT NOTES

- Systematic sampling in health facilities was performed.



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2018 PHILIPPINE INTEGRATED HIV BEHAVIORAL AND SEROLOGIC SURVEILLANCE FEMALE SEX WORKERS DAVAO CITY

WHO WE SURVEYED



212
FSW respondents



56%
Did sex work all year round



98%
Lives in the same city of interview



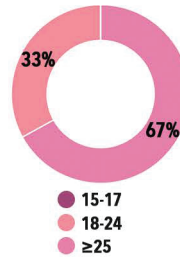
78%
Works in an establishment



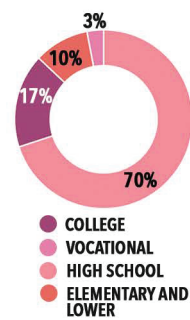
97%
Works in the same city of interview

Median age (range)
27
(18-56)

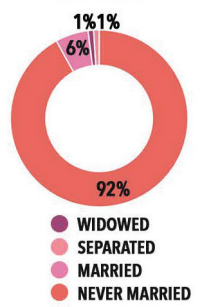
AGE GROUP



EDUCATION



CIVIL STATUS



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)

17



First vaginal sex with a male

18

19

20



First oral sex with a male
First condom use

21



First sex with a male in exchange for cash or kind

KNOWLEDGE ON HIV

60%

Know all the five basic facts of HIV transmission and prevention



87%
Know that a healthy looking person can have HIV



85%
Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission



91%
Know that using condoms reduce the risk of HIV transmission



73%
Know that a person cannot get HIV from mosquito bites



81%
Know that a person cannot get HIV from using toilet bowls or urinals in public places



Aware that there is HIV treatment

RISK BEHAVIORS

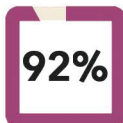


04
Median number of clients in the past 30 days



02
Median number of days with sex work in a week

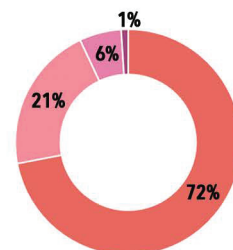
CONDOM USE AND ACCESS



Condom use with last client



Uses condoms consistently with clients in the past 30 days



NO CONDOM ACCESS
GETS FREE CONDOMS
BUYS CONDOMS
GETS FREE AND BUYS

HIV TESTING AND STI PREVALENCE

76%



Ever tested

50%



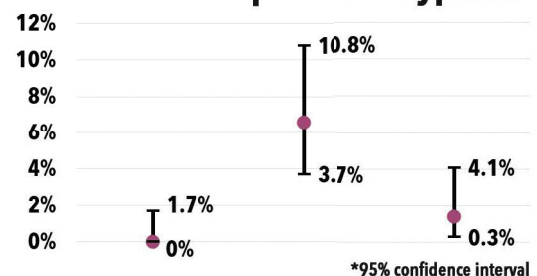
Tested in the past 12 months

42%



Tested in the past 12 months and know status

HIV Hepatitis B Syphilis



IMPORTANT NOTES

- Systematic sampling in health facilities was performed.



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2018 PHILIPPINE INTEGRATED HIV BEHAVIORAL AND SEROLOGIC SURVEILLANCE FEMALE SEX WORKERS GENERAL SANTOS CITY

WHO WE SURVEYED



150

FSW respondents



67%

Did sex work all year round



97%

Lives in the same city of interview



87%

Works in an establishment



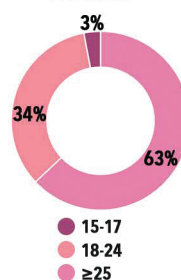
97%

Works in the same city of interview

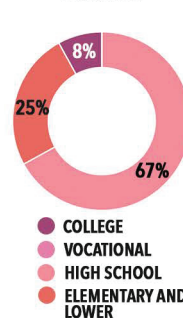
Median age (range)

27
(15-54)

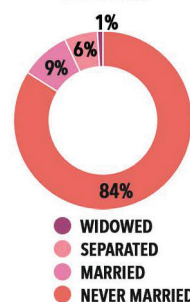
AGE GROUP



EDUCATION



CIVIL STATUS



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)

17



First vaginal sex with a male

18

19

20



First oral sex with a male
First condom use
First sex with a male in exchange for cash or kind

21

KNOWLEDGE ON HIV

54%

Know all the five basic facts of HIV transmission and prevention



93%

Know that a healthy looking person can have HIV



75%

Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission



87%

Know that using condoms reduce the risk of HIV transmission



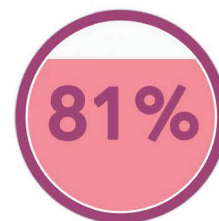
83%

Know that a person cannot get HIV from mosquito bites



66%

Know that a person cannot get HIV from using toilet bowls or urinals in public places



Aware that there is HIV treatment

RISK BEHAVIORS



10

Median number of clients in the past 30 days



03

Median number of days with sex work in a week

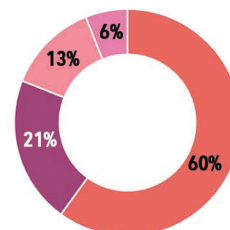
CONDOM USE AND ACCESS



Condom use with last client



Uses condoms consistently with clients in the past 30 days



NO CONDOM ACCESS
GETS FREE CONDOMS
BUYS CONDOMS
GETS FREE AND BUYS

HIV TESTING AND STI PREVALENCE

56%



Ever tested

42%



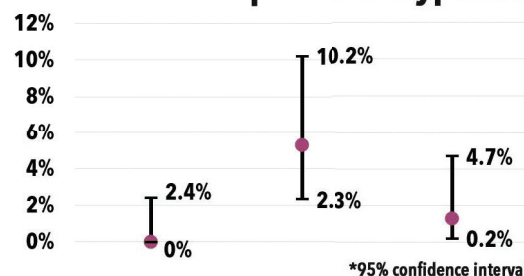
Tested in the past 12 months

37%



Tested in the past 12 months and know status

HIV Hepatitis B Syphilis



IMPORTANT NOTES

- Systematic sampling in health facilities was performed.



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2018 PHILIPPINE INTEGRATED HIV BEHAVIORAL AND SEROLOGIC SURVEILLANCE FEMALE SEX WORKERS ILOILO CITY

WHO WE SURVEYED



306
FSW respondents



40%
Did sex work all year round



96%
Lives in the same city of interview



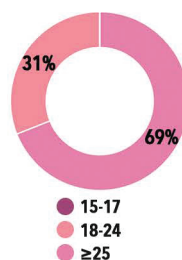
64%
Works in an establishment



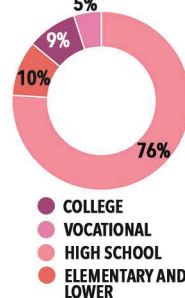
96%
Works in the same city of interview

Median age (range)
27
(18-55)

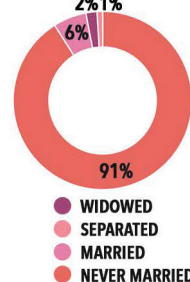
AGE GROUP



EDUCATION



CIVIL STATUS



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)

17



First vaginal sex with a male

18

19

20



First oral sex with a male

21



First condom use
First sex with a male in exchange for cash or kind

KNOWLEDGE ON HIV

42%

Know all the five basic facts of HIV transmission and prevention



89%
Know that a healthy looking person can have HIV



71%
Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission



86%
Know that using condoms reduce the risk of HIV transmission



72%
Know that a person cannot get HIV from mosquito bites



84%
Know that a person cannot get HIV from using toilet bowls or urinals in public places

24%

Aware that there is HIV treatment

RISK BEHAVIORS



15
Median number of clients in the past 30 days



03
Median number of days with sex work in a week

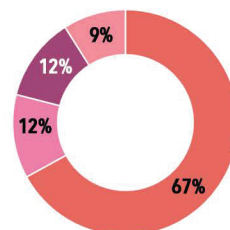
CONDOM USE AND ACCESS

83%

Condom use with last client

66%

Uses condoms consistently with clients in the past 30 days



NO CONDOM ACCESS
GETS FREE CONDOMS
BUYS CONDOMS
GETS FREE AND BUYS

HIV TESTING AND STI PREVALENCE

45%



Ever tested

23%



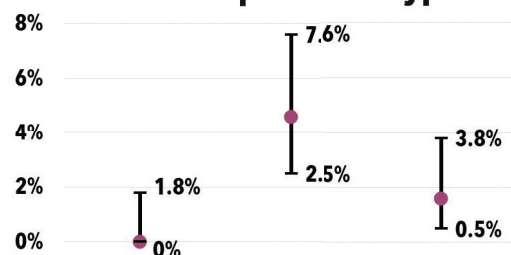
Tested in the past 12 months

22%



Tested in the past 12 months and know status

HIV Hepatitis B Syphilis



*95% confidence interval

IMPORTANT NOTES

- Systematic sampling in health facilities was performed.



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2018 PHILIPPINE INTEGRATED HIV BEHAVIORAL AND SEROLOGIC SURVEILLANCE FEMALE SEX WORKERS PASAY CITY

WHO WE SURVEYED



150

FSW respondents



33%

Did sex work all year round



36%

Lives in the same city of interview



100%

Works in an establishment

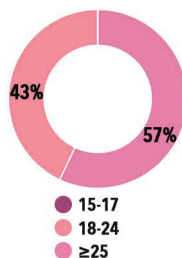


99%

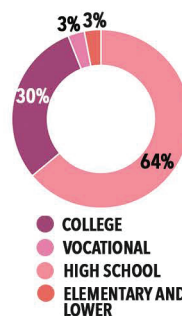
Works in the same city of interview

Median age (range)
25
(18-45)

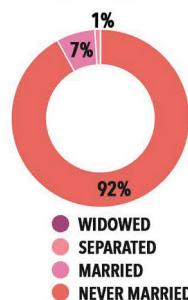
AGE GROUP



EDUCATION



CIVIL STATUS



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)

17



First vaginal sex with a male

18

19



First oral sex with a male

20



First condom use

21



First sex with a male in exchange for cash or kind

KNOWLEDGE ON HIV

17%

Know all the five basic facts of HIV transmission and prevention



86%

Know that a healthy looking person can have HIV



67%

Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission



86%

Know that using condoms reduce the risk of HIV transmission



50%

Know that a person cannot get HIV from mosquito bites



47%

Know that a person cannot get HIV from using toilet bowls or urinals in public places



Aware that there is HIV treatment

RISK BEHAVIORS



10

Median number of clients in the past 30 days



03

Median number of days with sex work in a week

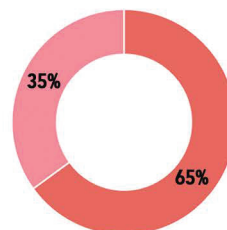
CONDOM USE AND ACCESS



Condom use with last client



Uses condoms consistently with clients in the past 30 days



NO CONDOM ACCESS
GETS FREE CONDOMS
BUYS CONDOMS
GETS FREE AND BUYS

HIV TESTING AND STI PREVALENCE

33%



Ever tested

6%



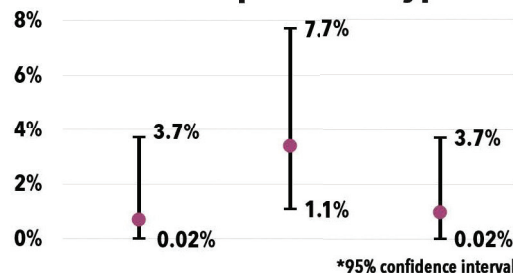
Tested in the past 12 months

5%



Tested in the past 12 months and know status

HIV Hepatitis B Syphilis



*95% confidence interval

IMPORTANT NOTES

- Systematic sampling in health facilities was performed.



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2018 PHILIPPINE INTEGRATED HIV BEHAVIORAL AND SEROLOGIC SURVEILLANCE FEMALE SEX WORKERS QUEZON CITY

WHO WE SURVEYED



322
FSW respondents



35%
Did sex work all year round



65%
Lives in the same city of interview



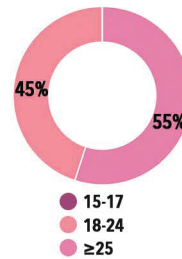
98%
Works in an establishment



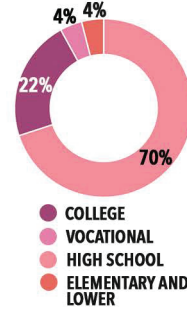
97%
Works in the same city of interview

Median age (range)
25
(18-45)

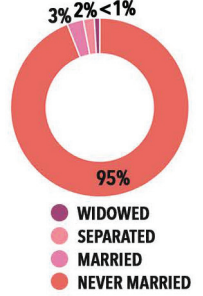
AGE GROUP



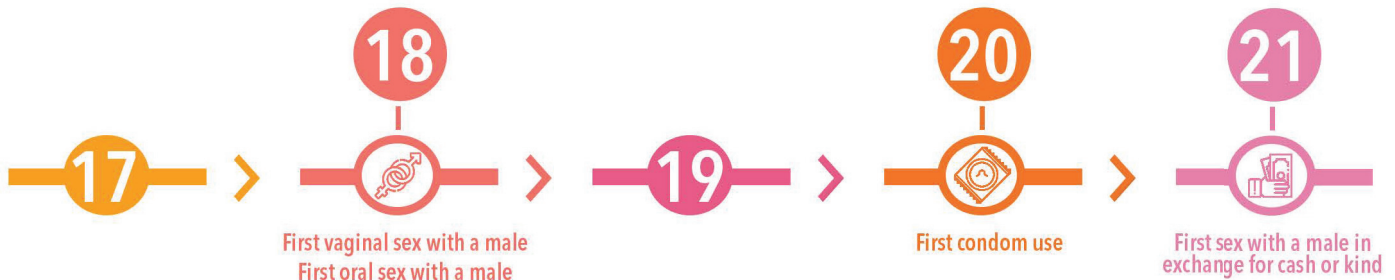
EDUCATION



CIVIL STATUS



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)



KNOWLEDGE ON HIV

44%

Know all the five basic facts of HIV transmission and prevention



87%
Know that a healthy looking person can have HIV



74%
Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission



84%
Know that using condoms reduce the risk of HIV transmission



77%
Know that a person cannot get HIV from mosquito bites



76%
Know that a person cannot get HIV from using toilet bowls or urinals in public places



Aware that there is HIV treatment

RISK BEHAVIORS



10
Median number of clients in the past 30 days



03
Median number of days with sex work in a week

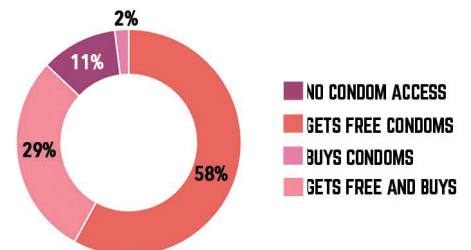
CONDOM USE AND ACCESS



Condom use with last client



Uses condoms consistently with clients in the past 30 days



HIV TESTING AND STI PREVALENCE

80%



Ever tested

69%



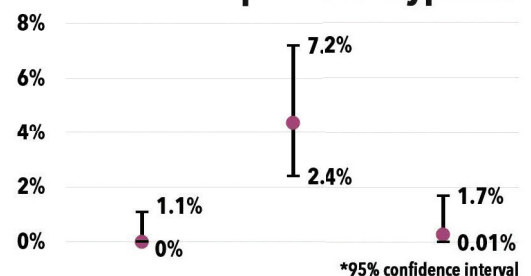
Tested in the past 12 months

66%



Tested in the past 12 months and know status

HIV Hepatitis B Syphilis



IMPORTANT NOTES

- Systematic sampling in health facilities was performed.



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2018 PHILIPPINE INTEGRATED HIV BEHAVIORAL AND SEROLOGIC SURVEILLANCE FEMALE SEX WORKERS ZAMBOANGA CITY

WHO WE SURVEYED



250
FSW respondents



74%
Did sex work all year round



100%
Lives in the same city of interview



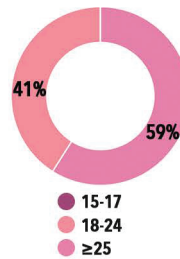
97%
Works in an establishment



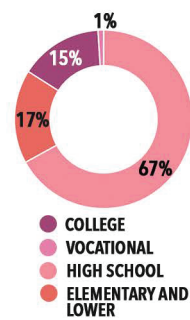
100%
Works in the same city of interview

Median age (range)
26
(18-53)

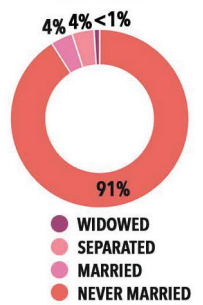
AGE GROUP



EDUCATION



CIVIL STATUS



RISK AND PROTECTIVE BEHAVIOR MILESTONES (MEDIAN AGE)

17



First vaginal sex with a male

18



First oral sex with a male

19



First sex with a male in exchange for cash or kind

20



First condom use

21

KNOWLEDGE ON HIV

70%

Know all the five basic facts of HIV transmission and prevention



92%
Know that a healthy looking person can have HIV



86%
Know that having sex with only one, faithful, uninfected partner can reduce the risk of HIV transmission



93%
Know that using condoms reduce the risk of HIV transmission



82%
Know that a person cannot get HIV from mosquito bites



84%
Know that a person cannot get HIV from using toilet bowls or urinals in public places

62%

Aware that there is HIV treatment

RISK BEHAVIORS



20
Median number of clients in the past 30 days



05
Median number of days with sex work in a week

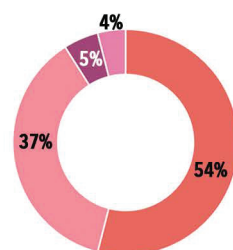
CONDOM USE AND ACCESS

76%

Condom use with last client

25%

Uses condoms consistently with clients in the past 30 days



NO CONDOM ACCESS
GETS FREE CONDOMS
BUYS CONDOMS
GETS FREE AND BUYS

HIV TESTING AND STI PREVALENCE

74%



Ever tested

52%



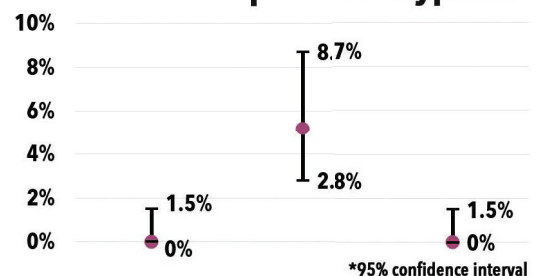
Tested in the past 12 months

52%



Tested in the past 12 months and know status

HIV Hepatitis B Syphilis



IMPORTANT NOTES

- Systematic sampling in health facilities was performed.



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2018 Philippine Integrated HIV Behavioral & Serologic Surveillance M/TSM QUESTIONNAIRE										
	1	2	3	4	5	6	7	8	9	10
Did he ACCEPT the intercept?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
SQ1 How old are you?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
SQ2 Have you ever had sex?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
SQ3 Have you ever had oral or anal sex with a man?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
SQ4 Have you had oral or anal sex with a man in the past 12 months?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
SQ5 Have you been interviewed for IHBS this year?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Based on SQ answers, is respondent ELIGIBLE for interview?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Ikaw ba ay sumasang-ayon na magpainterbyu at magpatest para sa syphilis, Hepatitis B, at HIV? <i>Do you agree to be interviewed and be tested for syphilis, Hepatitis B and HIV? Y/N</i>										
	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Kung ang respondent ay HINDI SUMANG-AYON magpainterbyu, itanong ang dahilan at ilagay ang code. <i>If respondent DOES NOT AGREE, ask reason for refusal then write code.</i>										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Kung ikaw ay SUMASANG-AYON, pipirmahan ko ang linyang ito. Ito ay nangangahulugan na pinaliwanag ko sa iyo ang consent form at boluntaryo kang lumahok sa interbyung ito. <i>If you AGREE, I will sign this line on your behalf to indicate that I explained the consent form and you gave your consent voluntarily.</i></p> </div> <div style="width: 50%;"> <p>Reason for refusal:</p> <ol style="list-style-type: none"> 1 Fear of being identified as an MSM or TG 2 No time 3 Don't want to answer questions about HIV/AIDS 4 Afraid of blood extraction 5 Afraid of being positive for Syphilis 6 Afraid of being positive for Hepatitis B or C 7 Afraid of being positive for HIV 8 Afraid someone will find out I had an HIV test 9 No cure for HIV R Other reason, please specify: _____ </div> </div>										
NAME & SIGNATURE OF INTERVIEWER _____										
RESPONDENT ID NO. <small>KAP - CITY CODE - RID)</small>	Place RID Sticker here				DATE TODAY			DAY MONTH		
NAME OF VENUE _____					TIME START			<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> <div style="margin-right: 10px;">:</div> <div> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> <div style="margin-left: 10px;"> O AM O PM O MN </div> </div>		
VENUE ID#	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>(e.g. 012)</small>				TIME END			<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> <div style="margin-right: 10px;">:</div> <div> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> <div style="margin-left: 10px;"> O AM O PM O MN </div> </div>		
EVENT ID#	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>(e.g. 12PV)</small>									
CHECKED BY ON-SITE VALIDATOR NAME: _____ DATE: _____			CHECKED BY TEAM LEADER NAME: _____ DATE: _____			CHECKED BY SITE COORDINATOR NAME: _____ DATE: _____				
DOH-EB VALIDATOR NAME: _____ DATE: _____			DATA ENCODER 1 NAME: _____ DATE: _____			DATA ENCODER 2 NAME: _____ DATE: _____				

A. RESPONDENT'S BACKGROUND CHARACTERISTICS		
NO.	QUESTIONS AND FILTERS	RESPONSE
A1	Anong buwan, araw, at taon ka ipinanganak? <i>What month, day, and year were you born?</i>	<div> <input type="checkbox"/> 1 JAN <input type="checkbox"/> 7 JUL <input type="checkbox"/> 2 FEB <input type="checkbox"/> 8 AUG <input type="checkbox"/> 3 MAR <input type="checkbox"/> 9 SEP <input type="checkbox"/> 4 APR <input type="checkbox"/> 10 OCT <input type="checkbox"/> 5 MAY <input type="checkbox"/> 11 NOV <input type="checkbox"/> 6 JUN <input type="checkbox"/> 12 DEC <input type="checkbox"/> <input type="checkbox"/> DAY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YEAR </div>
A2	Ilang taon ka noong huli mong birthday? <i>How old were you during your last birthday?</i>	<input type="checkbox"/> <input type="checkbox"/> AGE AT LAST BIRTHDAY (in completed years)
A3	Saang siyudad ka nakatira ngayon? <i>In which city do you currently live?</i>	<input type="checkbox"/> 1 SAME AS CITY OF INTERVIEW <input type="checkbox"/> 0 DIFFERENT MUN/CITY, SPECIFY: _____
A4	Ikaw ba ay naka-enroll sa paaralan sa taong 2017-2018? <i>Were you enrolled in school year 2017-2018?</i>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO
A5	Ano ang pinakamataas na antas ng edukasyon ang iyong natapos? <i>What is the highest educational level that you finished?</i>	<div> <div>ONE ANSWER ONLY</div> <div>1</div> <input type="checkbox"/> 0 DID NOT ATTEND SCHOOL <input type="checkbox"/> 1 ELEMENTARY LEVEL <input type="checkbox"/> 2 ELEMENTARY GRADUATE <input type="checkbox"/> 3 HIGH SCHOOL LEVEL <input type="checkbox"/> 4 HIGH SCHOOL GRADUATE <input type="checkbox"/> 5 SENIOR HIGH SCHOOL LEVEL <input type="checkbox"/> 6 SENIOR HIGH SCHOOL GRADUATE <input type="checkbox"/> 7 VOCATIONAL COURSE GRADUATE <input type="checkbox"/> 8 COLLEGE LEVEL <input type="checkbox"/> 9 COLLEGE GRADUATE <input type="checkbox"/> 10 POST GRADUATE LEVEL (ie MASTER's, PhD) <input type="checkbox"/> 11 POST GRADUATE </div>
A6	Ano ang trabaho mo ngayon? <i>What is your current work / occupation?</i>	CURRENT WORK: _____ <input type="checkbox"/> 0 NO WORK ❖ GO TO A8
A7	Saang siyudad ka nagta-trabaho ngayon? <i>In which city do you currently work?</i>	<input type="checkbox"/> 1 SAME AS CITY OF INTERVIEW <input type="checkbox"/> 0 DIFFERENT MUN/CITY, SPECIFY: _____ <input type="checkbox"/> 999 NO WORK
A8	Nagtrabaho ka ba sa ibang bansa sa nakaraang limang taon? <i>Have you worked abroad in the past 5 years?</i>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO

A9	<p>Ikaw ba ay single, may asawa, kasal pero hiwalay sa asawa, o biyudo?</p> <p><i>Are you single, married and together, married but separated, or widowed?</i></p>	<input type="checkbox"/> 1 NEVER MARRIED / SINGLE <input type="checkbox"/> 2 MARRIED & TOGETHER <input type="checkbox"/> 3 SEPARATED / ANNULLED <input type="checkbox"/> 4 WIDOWED
A10	<p>Mayroon ka bang kinakasama o ka-live-in sa kasalukuyan?</p> <p><i>Are you currently living with a partner?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO ❖ GO TO SECTION B
A11	<p>Ang iyong kinakasama o live-in partner ba ay lalaki o babae?</p> <p><i>Is your live-in partner male or female?</i></p>	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE <input type="checkbox"/> 999 NOT LIVING WITH A PARTNER

B. SEXUAL ORIENTATION, GENDER IDENTITY AND EXPRESSION		
NO.	QUESTIONS AND FILTERS	RESPONSE
B1 ❖	<p>Ano ang pagtingin mo sa sarili mo ngayon: Mas lalaki, mas babae, pareho o wala sa nabanggit?</p> <p><i>What is your current gender identity: More male, more female, both, or not male or female?</i></p>	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE <input type="checkbox"/> 3 IN THE MIDDLE / BOTH EQUALLY <input type="checkbox"/> 4 DOES NOT IDENTIFY AS EITHER MALE OR FEMALE
B2	<p>Paano mo ilalarawan ang bihis, hitsura, at kilos mo: Mas panlalaki, mas pambabae, o pareho?</p> <p><i>How do you describe the way you dress, look, and behave: More masculine, more feminine, or both?</i></p>	<input type="checkbox"/> 1 MASCULINE <input type="checkbox"/> 2 FEMININE <input type="checkbox"/> 3 BOTH MASCULINE AND FEMININE EQUALLY
B3	<p>Kanino ka mas nagkakagusto: Sa lalaki, sa babae, o pareho?</p> <p><i>Are you more attracted to males, females, or both?</i></p>	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE <input type="checkbox"/> 3 BOTH
B4	<p>Mayroon ka bang ginawa, ipinagawa, o ipinaretoke para mas maging pambabae ang iyong suso, bewang, o katawan? Kasama rito ang gender affirming procedures.</p> <p><i>Have you ever had enhancements done to your breasts, hips, or sex organs to make them more feminine? These include gender affirming procedures.</i></p>	<div style="text-align: right;">M</div> <div> MULTIPLE ANSWERS ACCEPTED <input type="checkbox"/> 0 NONE <input type="checkbox"/> 1 BREAST SURGERY (IMPLANTS) <input type="checkbox"/> 2 BREAST PADDING (ie SOCKS, TISSUE) <input type="checkbox"/> 3 HIP INJECTION / SURGERY (IMPLANTS) <input type="checkbox"/> 4 HIP PADDING (KADERA) <input type="checkbox"/> 5 SEXUAL REASSIGNMENT SURGERY / GENDER AFFIRMING SURGERY <input type="checkbox"/> 6 TAKE FEMINIZING HORMONE PILLS <input type="checkbox"/> 7 INJECT FEMINIZING HORMONES ❖ GO TO B5 </div>
B5 ❖	<p>Sa nakaraang 12 na buwan, naranasan mo na bang mag-inject ng feminizing hormones gamit ang karayom o hiringgilya na ginamit na panturok ng iba o may iba bang gumamit ng karayom o hiringgilya na ginamit mo na?</p> <p><i>In the past 12 months, did you experience injecting feminizing hormones using a needle/syringe used by others or did someone use a needle/syringe that you had already used?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NEVER INJECTED FEMINIZING HORMONES

C. HISTORY OF FIRST SEX		
NO.	QUESTIONS AND FILTERS	RESPONSE
C1	<p>Ang una mo bang pakikipag-sex ay sa lalaki o babae? Ang ibig kong sabihin sa sex ay oral, anal, o vaginal sex. <i>Was your first sexual experience with a male or female? What I mean by sex is oral, anal, or vaginal sex.</i></p>	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE
C2	<p>PROBE IF R ANSWERED "NEIGHBOR", ASK IF FRIEND, ACQUAINTANCE, OR STRANGER.</p> <p>Ano ang relasyon mo sa pinaka-una mong naka-sex? <i>At that time, what was your relationship with your first sex partner?</i></p>	<input type="checkbox"/> 1 WIFE / LIVE-IN PARTNER / GIRLFRIEND / BOYFRIEND <input type="checkbox"/> 2 RELATIVE (PAMILYA / KAMAG-ANAK) <input type="checkbox"/> 3 FRIEND <input type="checkbox"/> 4 ACQUAINTANCE (KAKILALA) <input type="checkbox"/> 5 I DID NOT KNOW THE PERSON (STRANGER) <input type="checkbox"/> 6 PAYING SEX PARTNER (CLIENT) <input type="checkbox"/> 7 PAID SEX PARTNER
C3	<p>Ilang taon ka noong unang beses kang nakipag-vaginal, oral, o anal sex sa BABAE? <i>How old were you the first time you had vaginal, oral or anal sex with a FEMALE partner?</i></p>	<input type="text"/> <input type="text"/> AGE AT FIRST SEX WITH FEMALE (in completed years) <input type="checkbox"/> 999 NEVER HAD SEX WITH A FEMALE
C4	<p>Ilang taon ka noong unang beses kang nakipag-ORAL sex sa LALAKI? <i>How old were you the first time you had ORAL sex with a MALE partner?</i></p>	<input type="text"/> <input type="text"/> AGE AT FIRST ORAL SEX WITH A MALE (in completed years) <input type="checkbox"/> 999 NEVER HAD ORAL SEX WITH A MALE
C5	<p>Ilang taon ka noong unang beses kang nakipag-ANAL sex sa LALAKI? <i>How old were you the first time you had ANAL sex with a MALE partner?</i></p>	<input type="text"/> <input type="text"/> AGE AT FIRST ANAL SEX WITH A MALE (in completed years) <input type="checkbox"/> 999 NEVER HAD ANAL SEX WITH A MALE
CLARIFY IF C4 & C5 BOTH HAVE 999 ANSWERS.		
C6	<p>GET THE YOUNGEST AGE FROM C3-C5</p> <p>Tama ba na _____ years old (C3-C5) ka noong una kang nakipag-sex? <i>Is it correct that you were _____ years old (C3-C5) the first time you had sex?</i></p>	<input type="text"/> <input type="text"/> AGE AT FIRST SEX (in completed years)
C7	<p>SHOW PICTURE OF CONDOMS</p> <p>Ilang taon ka noong una kang nakipag-sex na may gamit kayong condom? Ang ibig kong sabihin sa sex ay oral, anal, o vaginal sex. <i>How old were you when you first used a condom during sex? What I mean by sex is oral sex, anal sex, or vaginal sex.</i></p>	<input type="text"/> <input type="text"/> AGE AT FIRST CONDOM USE (in completed years) <input type="checkbox"/> 999 NEVER USED CONDOMS
C8	<p>PROBE IF R ANSWERED "FOR PROTECTION"</p> <p>Ano ang rason kung bakit kayo gumamit ng condom noong panahong iyon? <i>What was your reason for using a condom at that time?</i></p>	<input type="checkbox"/> 1 TO PROTECT MYSELF FROM HIV / STI <input type="checkbox"/> 2 TO PROTECT MY PARTNER FROM HIV / STI <input type="checkbox"/> 3 IT WAS ACCESSIBLE <input type="checkbox"/> 4 IT HAS NO SIDE EFFECTS <input type="checkbox"/> 5 PARTNER INITIATED / PARTNER DEMANDED CONDOM USE <input type="checkbox"/> 999 NEVER USED CONDOMS
C9	<p>Noong una kang nakipag-ANAL sex sa LALAKI, gumamit ka ba o ang partner mo ng condom? <i>The first time you had ANAL sex with a MALE, did you or your partner use a condom?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NEVER HAD ANAL SEX WITH MALE

C10		PROBE IF R ANSWERED "CONDOM NOT AVAILABLE"	
<p>Bakit HINDI kayo gumamit ng condom noong una kang nakipag-anal sex sa lalaki?</p> <p><i>Why did you or your partner NOT use a condom during your first anal sex with a male?</i></p>			
<input type="checkbox"/> 999 USED A CONDOM FIRST ANAL SEX / NEVER HAD ANAL SEX WITH A MALE		1	
PERSONAL PREFERENCE AND ATTITUDES		SEX EPISODE AND PARTNER-RELATED	
<input type="checkbox"/> 1 TOO TIGHT / TOO SMALL <input type="checkbox"/> 2 NO SENSATION / DECREASES SEXUAL AROUSAL <input type="checkbox"/> 3 FOUL SMELLING <input type="checkbox"/> 4 NOT LUBRICATED ENOUGH <input type="checkbox"/> 5 DIDN'T KNOW HOW TO USE CONDOMS <input type="checkbox"/> 6 DIDN'T WANT TO CARRY CONDOMS AROUND <input type="checkbox"/> 7 EMBARRASSED TO BUY CONDOMS	<input type="checkbox"/> 8 PARTNER DID NOT WANT TO USE CONDOMS <input type="checkbox"/> 9 UNPLANNED SEX <input type="checkbox"/> 10 HAD CONDOM BUT CAUGHT IN THE MOMENT (NANDOON NA, LIBOG NA) <input type="checkbox"/> 11 ONLY ONE PARTNER <input type="checkbox"/> 12 TRUSTED PARTNERS / CONVINCED PARTNER IS SAFE OR HIV-NEGATIVE		ACCESS AND AVAILABILITY <input type="checkbox"/> 13 MINOR / UNDERAGE <input type="checkbox"/> 14 DON'T KNOW WHERE TO GET FREE <input type="checkbox"/> 15 DON'T KNOW WHERE TO BUY <input type="checkbox"/> 16 TOO EXPENSIVE / NO MONEY <input type="checkbox"/> 17 ON PRE-EXPOSURE PROPHYLAXIS (PrEP)

D. SEX IN THE PAST 12 MONTHS		
<p>Ang mga sumusunod na katanungan ay patungkol sa iyong naging sex partner sa nakaraang 12 buwan.</p> <p><i>The next questions I will ask refer to your sex partners in the past 12 months.</i></p>		
NO.	QUESTIONS AND FILTERS	RESPONSE
D1 ❖	<p>Nakipag-vaginal o anal sex ka ba sa babae sa nakaraang 12 buwan?</p> <p><i>Did you have vaginal or anal sex with a female partner in the past 12 months?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO
D2	<p>Sa nakaraang 12 buwan, nakipag-sex ka ba sa binabae o transgender woman? Ang ibig kong sabihin sa transgender woman ay mga taong ipinanganak na lalaki pero ang pagtingin nila sa sarili ay babae at namumuhay sila bilang isang babae.</p> <p><i>In the past 12 months, did you have sex with transgender women? By transgender women, I mean people who were born male but identify as and live their lives as women.</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO ❖ GO TO D6

D3	<p>Sa nakaraang 12 buwan, ilang transgender women ang iyong naka-sex?</p> <p><i>In the past 12 months, how many transgender women did you have sex with?</i></p>	<div> <input type="text"/> <input type="text"/> <input type="text"/> # OF TRANSGENDER WOMEN SEX PARTNERS IN THE PAST 12 MONTHS </div> <input type="checkbox"/> 999 NO TGW PARTNER	
D4	<p>(Sa nakaraang 12 buwan) Sa [# in D3] transgender women na sex partner mo: Ilan sa kanila ang BINAYARAN MO? Ilan naman ang BINAYARAN KA?</p> <p><i>(In the past 12 months) Of your [# IN D3] transgender women sex partners: How many of them were PAID sex partners? How many were PAYING sex partners?</i></p>	NUMBER OF PAID TGW SEX PARTNERS <div> <input type="text"/> <input type="text"/> <input type="text"/> PAID TGW PARTNERS </div> <input type="checkbox"/> 999 NO TGW PARTNER	NUMBER OF PAYING TGW SEX PARTNERS <div> <input type="text"/> <input type="text"/> <input type="text"/> PAYING TGW PARTNERS </div> <input type="checkbox"/> 999 NO TGW PARTNER
D5	<p>(Sa nakaraang 12 buwan) May panahon ba na HINDI kayo gumamit ng condom ng mga naka-anal sex mong transgender women na BINAYARAN MO? Sa lahat ng naka-ANAL sex mong transgender women na BINAYARAN KA?</p> <p><i>(In the past 12 months) Was there a time when a condom was NOT used during anal sex with your PAID transgender women anal sex partners? With all your PAYING transgender women anal sex partners?</i></p>	CONDOM USE - PAID TGW <input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NO TGW PARTNER / NO ANAL SEX	CONDOM USE - PAYING TGW <input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NO TGW PARTNER / NO ANAL SEX

D6 ❖	<p align="center">SHOW PICTURE OF ORAL INSERTER.</p> <p>Sa nakaraang 12 buwan, naranasan mo na bang ipasok ang iyong ari sa bibig ng partner mong lalaki? ("magpa-oral")</p> <p><i>In the past 12 months, did you experience being an ORAL INSERTER with a male partner?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NEVER HAD ORAL SEX
D7	<p align="center">SHOW PICTURE OF ORAL RECEIVER.</p> <p>(Sa nakaraang 12 buwan) Naranasan mo na bang ipasok sa iyong bibig ang ari ng partner mong lalaki? ("mag-oral")</p> <p><i>(In the past 12 months) Did you experience being an ORAL RECEIVER with a male partner?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NEVER HAD ORAL SEX
D8	<p align="center">SHOW PICTURE OF ANAL INSERTER (TOP).</p> <p>(Sa nakaraang 12 buwan) Naranasan mo na bang maging TOP o ipasok ang iyong ari sa puwet ng iyong partner na lalaki?</p> <p><i>(In the past 12 months) Did you experience being TOP or an ANAL INSERTER with a male partner?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NEVER HAD ANAL SEX
D9	<p align="center">SHOW PICTURE OF ANAL RECEIVER (BOTTOM).</p> <p>(Sa nakaraang 12 buwan) Naranasan mo na bang maging BOTTOM o ipinasok ng iyong partner na lalaki ang ari niya sa puwet mo?</p> <p><i>(In the past 12 months) Did you experience being BOTTOM or an ANAL RECEIVER with a male partner?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NEVER HAD ANAL SEX

ANSWER ONLY IF R HAD ANAL SEX		
D10	<p>(Sa nakaraang 12 buwan) Mas madalas ka bang TOP, BOTTOM, o VERSA tuwing anal sex?</p> <p><i>(In the past 12 months) Were you mostly TOP, BOTTOM, or VERSA during anal sex?</i></p>	<input type="checkbox"/> 1 TOP <input type="checkbox"/> 2 BOTTOM <input type="checkbox"/> 3 VERSA <input type="checkbox"/> 999 NEVER HAD ANAL SEX
D11	<p>Karaniwan, nakakailang round ka ng ANAL sex sa isang gabi?</p> <p><i>On average, how many anal sex rounds do you have in one night?</i></p>	<input type="checkbox"/> <input type="checkbox"/> # OF ANAL SEX ACTS IN ONE NIGHT <input type="checkbox"/> 999 NEVER HAD ANAL SEX
D12	<p>Sa nakaraang 12 buwan, anong mga buwan ka nag-ANAL sex?</p> <p><i>In the past 12 months, which months did you have ANAL sex?</i></p>	<div> <input type="checkbox"/> 1 JAN <input type="checkbox"/> 7 JUL <input type="checkbox"/> 2 FEB <input type="checkbox"/> 8 AUG <input type="checkbox"/> 3 MAR <input type="checkbox"/> 9 SEP <input type="checkbox"/> 4 APR <input type="checkbox"/> 10 OCT <input type="checkbox"/> 5 MAY <input type="checkbox"/> 11 NOV <input type="checkbox"/> 6 JUN <input type="checkbox"/> 12 DEC <input type="checkbox"/> 999 NO ANAL SEX PAST 12 MONTHS </div> <div align="right">M</div>

D13	<p>Sa nakaraang 12 buwan, ilan ang naka-sex mong lalaki? Ang ibig kong sabihin ay oral o anal sex.</p> <p><i>In the past 12 months, how many male sex partners did you have sex with? What I mean is oral or anal sex.</i></p>	<input type="text"/> <input type="text"/> <input type="text"/> <p>TOTAL # OF MALE SEX PARTNERS IN PAST 12 MONTHS</p> <p>CANNOT BE ZERO</p>
DX97	<p>(Sa nakaraang 12 buwan) Nagbigay ka ba ng pera o bagay o parehong pera at bagay kapalit ng pakikipag-sex sa lalaki?</p> <p><i>(In the past 12 months) Did you give payment (cash, kind, or both) in exchange for sex with a man?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO
DX98	<p>(Sa nakaraang 12 buwan) Tumanggap ka ba ng pera o bagay o parehong pera at bagay kapalit ng pakikipag-sex sa lalaki?</p> <p><i>(In the past 12 months) Did you accept cash, kind, or both in exchange for sex with a man?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO ❖ GO TO D14
DX99	<p>(Sa nakaraang 12 buwan) Nakipag-sex ka ba kapalit ng pera o bagay, buong taon, minsan sa isang taon, o kapag kinakailangan lang?</p> <p><i>(In the past 12 months) Did you have sex in exchange for cash or kind, the whole year, only at selected times of the year, or only when the need arose?</i></p>	<input type="checkbox"/> 1 ALL THROUGHOUT THE YEAR <input type="checkbox"/> 2 SELECTED TIMES OF THE YEAR <input type="checkbox"/> 3 WHEN NEED AROSE ONLY <input type="checkbox"/> 999 NO TRANSACTIONAL SEX IN PAST12M

D14	<p>Sa [# in D13] na naka-sex mo, ilan sa kanila ang naka-ANAL sex mo?</p> <p><i>Of [# in D13] that you had sex with, how many of them did you have ANAL sex with?</i></p>	<input type="text"/> <input type="text"/> <input type="text"/> <p># OF MALE ANAL SEX PARTNERS IN PAST 12 MONTHS</p> <p>CANNOT BE MORE THAN D13</p> <p><input type="checkbox"/> 999 NO ANAL SEX PAST12M ❖ GO TO D18</p>
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D15	<p>Sa [# in D14] na naka-ANAL sex mo, ilan sa kanila ang iyong:</p> <p><i>Of the [# in D14] ANAL sex partners that you had, how many were your:</i></p>	<table border="1"> <thead> <tr> <th>BOYFRIEND</th> <th>FUCK BUDDY</th> <th>ONE-TIME SEX PARTNER</th> <th>PAID SEX PARTNER</th> <th>PAYING SEX PARTNER</th> </tr> </thead> <tbody> <tr> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>BOYFRIENDS</td> <td>FUCK BUDDIES</td> <td>ONE-TIME SEX PARTNERS</td> <td>PAID SEX PARTNERS</td> <td>PAYING SEX PARTNERS</td> </tr> <tr> <td><input type="checkbox"/> 999 NO ANAL SEX PAST12M</td> <td><input type="checkbox"/> 999 NO ANAL SEX PAST12M</td> <td><input type="checkbox"/> 999 NO ANAL SEX PAST12M</td> <td><input type="checkbox"/> 999 NO ANAL SEX PAST12M</td> <td><input type="checkbox"/> 999 NO ANAL SEX PAST12M</td> </tr> </tbody> </table>	BOYFRIEND	FUCK BUDDY	ONE-TIME SEX PARTNER	PAID SEX PARTNER	PAYING SEX PARTNER	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	BOYFRIENDS	FUCK BUDDIES	ONE-TIME SEX PARTNERS	PAID SEX PARTNERS	PAYING SEX PARTNERS	<input type="checkbox"/> 999 NO ANAL SEX PAST12M	<input type="checkbox"/> 999 NO ANAL SEX PAST12M	<input type="checkbox"/> 999 NO ANAL SEX PAST12M	<input type="checkbox"/> 999 NO ANAL SEX PAST12M	<input type="checkbox"/> 999 NO ANAL SEX PAST12M
BOYFRIEND	FUCK BUDDY	ONE-TIME SEX PARTNER	PAID SEX PARTNER	PAYING SEX PARTNER																		
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D16	<p>(Sa nakaraang 12 buwan) May panahon ba na hindi kayo gumamit ng condom ng [# PARTNER TYPE] na naka-anal sex mo?</p> <p><i>(In the past 12 months) Was there a time when a condom was not used during anal sex with your [# PARTNER TYPE]?</i></p>	<table border="1"> <thead> <tr> <th>BOYFRIEND</th> <th>FUCK BUDDY</th> <th>ONE-TIME SEX PARTNER</th> <th>PAID SEX PARTNER</th> <th>PAYING SEX PARTNER</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NO ANAL SEX P12M / NO BF / NO ANAL WITH BF</td> <td><input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NO ANAL SEX P12M / NO FB / NO ANAL W/ FB</td> <td><input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NO ANAL SEX P12M / NO 1-TIME/ NO ANAL W/ 1-TIME</td> <td><input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NO ANAL SEX P12M / NO PAID / NO ANAL W/ PAID</td> <td><input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NO ANAL SEX P12M / NO PAYING / NO ANAL W/ PAYING</td> </tr> </tbody> </table>	BOYFRIEND	FUCK BUDDY	ONE-TIME SEX PARTNER	PAID SEX PARTNER	PAYING SEX PARTNER	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NO ANAL SEX P12M / NO BF / NO ANAL WITH BF	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NO ANAL SEX P12M / NO FB / NO ANAL W/ FB	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NO ANAL SEX P12M / NO 1-TIME/ NO ANAL W/ 1-TIME	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NO ANAL SEX P12M / NO PAID / NO ANAL W/ PAID	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NO ANAL SEX P12M / NO PAYING / NO ANAL W/ PAYING										
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D18	<p>Sa pagkaka-alam mo, ilang taon ang pinakabatang lalaki na naka-sex mo sa nakaraang 12 buwan?</p> <p><i>To your knowledge, how old was the youngest male partner you had sex with in the past 12 months?</i></p>	<input type="text"/> <input type="text"/> <p>AGE OF YOUNGEST MALE PARTNER (in completed years)</p> <p><input type="checkbox"/> 997 REFUSED TO ANSWER</p>
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E. SOCIAL NETWORKING			
NO.	QUESTIONS AND FILTERS		RESPONSE
E1	Miyembro ka ba ng isang CLAN o HOUSE? <i>Are you a member of a CLAN or HOUSE?</i>		<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO GO TO E3
	E2	Kayo ba ay nagkikita-kita, chat lang, o pareho? <i>Does your clan meet up only, chat only, or both?</i>	<input type="checkbox"/> 1 MEET UP <input type="checkbox"/> 2 CHAT ONLY <input type="checkbox"/> 3 BOTH MEET UP AND CHAT <input type="checkbox"/> 999 NOT A CLAN MEMBER
E3	Miyembro ka ba ng isang GROUP CHAT ng (local term for M/TSM)? <i>Are you a member of an M/TSM GROUP CHAT?</i>		<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO GO TO E5 IF E1=NO AND E3=NO
	E4	Sa nakaraang 12 buwan, mga ilang beses kang sumama sa mga clan o house event gaya ng eyeball? <i>In the past 12 months, around how many times did you join clan or house events or eyeballs?</i>	<input type="checkbox"/> <input type="checkbox"/> # OF TIMES R JOINED GROUP EVENT/ EYEBALL <input type="checkbox"/> 999 NOT A CLAN / CHAT MEMBER
E5	Para makahanap ng lalaking makaka-sex, anu-anong mga chat messenger, online social network, mobile app, o website ang ginagamit mo? <i>To find male sex partners, what chat messengers, online social networks, mobile apps, or websites do you use?</i>		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 999 NO ACCOUNT <input type="checkbox"/> 1 PLANET ROMEO <input type="checkbox"/> 2 FACEBOOK <input type="checkbox"/> 3 TWITTER <input type="checkbox"/> 4 INSTAGRAM <input type="checkbox"/> 5 SKYPE <input type="checkbox"/> 6 GRINDR <input type="checkbox"/> 7 BUMBLE <input type="checkbox"/> 8 TINDER </div> <div> <input type="checkbox"/> 9 HORNET <input type="checkbox"/> 10 WECHAT <input type="checkbox"/> 11 TAGGED <input type="checkbox"/> 12 BLUED <input type="checkbox"/> 13 Badoo <input type="checkbox"/> 14 SKOUT <input type="checkbox"/> 15 VIBER <input type="checkbox"/> 16 DATE IN ASIA </div> </div>
E6	Sa nakaraang 12 buwan, paano ka nakakahanap ng makaka-sex mong lalaki? <i>In the past 12 months, how did you find your male sex partners?</i>		E6 <div> PHYSICAL VENUES <input type="checkbox"/> 1 GOING TO STREETS, PARKS, CONVENIENCE STORES, CINEMA, MALLS, COFFEE SHOP, FASTFOOD <input type="checkbox"/> 2 GOING TO DANCE CLUBS, BARS <input type="checkbox"/> 3 GOING TO ENTERTAINMENT ESTABLISHMENTS (GAY BAR) <input type="checkbox"/> 4 GOING TO MASSAGE PARLORS, SPA, BATH HOUSE SOCIAL NETWORKS <input type="checkbox"/> 5 THROUGH A PIMP (BUGAW) <input type="checkbox"/> 6 REFERRAL FROM FRIENDS <input type="checkbox"/> 7 CLANS, GROUP CHATS <input type="checkbox"/> 8 INTERNET / ONLINE / MOBILE APPLICATIONS (NON-CLAN) <input type="checkbox"/> 9 HAS A REGULAR PARTNER (BOYFRIEND, FUCK BUDDY) </div>
E7	Sa ____ na nabanggit mo, ano ang pinakamadalas na paraan para makahanap ng makaka-sex na lalaki? Ano naman ang pangalawang pinakamadalas? Ano naman ang pangatlong pinakamadalas? <i>Of the ____ you mentioned, what was your most common way of finding your male sex partners? What was the second most common? The third most common?</i>		E7 <div> <input type="text"/> <input type="text"/> <input type="text"/> </div>
RANK TOP 3 ONLY			

F. MOST RECENT SEX PARTNERS				
<p>Isipin mo ang tatlong huli mong naka-sex na lalaki. Naka-sex mo ba sila nitong nakaraang 12 buwan?</p> <p>Think of your last three male sex partners. Did you have sex with them within the past 12 months?</p>				
NO.	QUESTIONS	PARTNER 1	PARTNER 2	PARTNER 3
		MOST RECENT SEX PARTNER _____ WRITE CODE NAME ABOVE	<input type="checkbox"/> ONLY ONE SEX 999 PARTNER IN PAST 12MOS _____ WRITE CODE NAME ABOVE	<input type="checkbox"/> ONLY ONE/TWO 999 SEX PARTNERS IN PAST 12MOS _____ WRITE CODE NAME ABOVE
F1	<p>Anong buwan at taon ka huling nakipag-sex kay _____?</p> <p>What month and year did you last have sex with _____?</p>	<div> <input type="text"/> <input type="text"/> MONTH </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR </div>	<div> <input type="text"/> <input type="text"/> MONTH </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR </div> <div> <input type="checkbox"/> 999 ONLY 1 PARTNER IN PAST12M </div>	<div> <input type="text"/> <input type="text"/> MONTH </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR </div> <div> <input type="checkbox"/> 999 ONLY 2 PARTNERS IN PAST12M </div>
F2	<p>Ano ang relasyon mo kay _____ noong huli mo siyang naka-sex?</p> <p>What was your relationship with _____ the last time you had sex with him?</p>	IF R ANSWERED "FRIEND", PROBE IF FUCK BUDDY OR ONE-TIME SEX PARTNER		
		<input type="checkbox"/> 1 BOYFRIEND / LIVE-IN PARTNER <input type="checkbox"/> 2 FUCK BUDDY (REGULAR PARTNER) <input type="checkbox"/> 3 1-NIGHT STAND (CASUAL ONE-TIME SEX PARTNER) <input type="checkbox"/> 4 PAID PARTNER <input type="checkbox"/> 5 CLIENT/ PAYING PARTNER	<input type="checkbox"/> 1 BOYFRIEND / LIVE-IN PARTNER <input type="checkbox"/> 2 FUCK BUDDY (REGULAR PARTNER) <input type="checkbox"/> 3 1-NIGHT STAND (CASUAL ONE-TIME SEX PARTNER) <input type="checkbox"/> 4 PAID PARTNER <input type="checkbox"/> 5 CLIENT/ PAYING PARTNER <input type="checkbox"/> 999 ONLY 1 PARTNER IN PAST12M	<input type="checkbox"/> 1 BOYFRIEND / LIVE-IN PARTNER <input type="checkbox"/> 2 FUCK BUDDY (REGULAR PARTNER) <input type="checkbox"/> 3 1-NIGHT STAND (CASUAL ONE-TIME SEX PARTNER) <input type="checkbox"/> 4 PAID PARTNER <input type="checkbox"/> 5 CLIENT/ PAYING PARTNER <input type="checkbox"/> 999 ONLY 2 PARTNERS IN PAST12M
F3	<p>Nakilala mo ba siya sa isang chat messenger, online social network, mobile app, o website?</p> <p>Did you meet him through a chat messenger, online social network, mobile app, or website?</p>	<input type="checkbox"/> 1 MET HIM ONLINE <input type="checkbox"/> 0 DID NOT MEET HIM ONLINE	<input type="checkbox"/> 1 MET HIM ONLINE <input type="checkbox"/> 0 DID NOT MEET HIM ONLINE <input type="checkbox"/> 999 ONLY 1 PARTNER IN PAST12M	<input type="checkbox"/> 1 MET HIM ONLINE <input type="checkbox"/> 0 DID NOT MEET HIM ONLINE <input type="checkbox"/> 999 ONLY 2 PARTNERS IN PAST12M
F4	<p>Nakipag-oral sex o anal sex ka ba sa kanya, o pareho?</p> <p>Did you have oral sex, anal sex, or both?</p>	<input type="checkbox"/> 0 ORAL SEX ONLY <input type="checkbox"/> 1 ANAL SEX ONLY <input type="checkbox"/> 2 BOTH	<input type="checkbox"/> 0 ORAL SEX ONLY <input type="checkbox"/> 1 ANAL SEX ONLY <input type="checkbox"/> 2 BOTH <input type="checkbox"/> 999 ONLY 1 PARTNER IN PAST12M	<input type="checkbox"/> 0 ORAL SEX ONLY <input type="checkbox"/> 1 ANAL SEX ONLY <input type="checkbox"/> 2 BOTH <input type="checkbox"/> 999 ONLY 2 PARTNERS IN PAST12M
F5	<p>Gumamit ba kayo ng condom? Ng lubricant?</p> <p>Did you or your partner use condom? Lubricant?</p>	<input type="checkbox"/> 1 LUBRICANT ONLY <input type="checkbox"/> 2 CONDOM ONLY <input type="checkbox"/> 3 CONDOM WITH LUBRICANT <input type="checkbox"/> 0 NO CONDOM AND LUBRICANT	<input type="checkbox"/> 1 LUBRICANT ONLY <input type="checkbox"/> 2 CONDOM ONLY <input type="checkbox"/> 3 CONDOM WITH LUBRICANT <input type="checkbox"/> 0 NO CONDOM AND LUBRICANT <input type="checkbox"/> 999 ONLY 1 PARTNER IN PAST12M	<input type="checkbox"/> 1 LUBRICANT ONLY <input type="checkbox"/> 2 CONDOM ONLY <input type="checkbox"/> 3 CONDOM WITH LUBRICANT <input type="checkbox"/> 0 NO CONDOM AND LUBRICANT <input type="checkbox"/> 999 ONLY 2 PARTNERS IN PAST12M

G. FORCED SEX		
NO.	QUESTIONS AND FILTERS	RESPONSE
G1	<p>Naranasan mo bang makipag-sex na labag sa iyong kalooban o pinilit ka?</p> <p><i>Have you ever experienced having sex against your will or were you ever forced to have sex?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO ❖ GO TO G6
G2	<p>Ilang taon ka noong una kang pinilit makipag-sex na labag sa kalooban mo?</p> <p><i>How old were you the first time you were forced to have sex?</i></p>	<p>G2 SHOULD NOT BE LESS THAN C6 (AGE AT FIRST SEX)</p> <div> <input type="text"/> <input type="text"/> AGE AT FIRST FORCED SEX (in completed years) </div> <input type="checkbox"/> 999 NEVER FORCED TO HAVE SEX
G3	<p>Lalaki ba o babae ang pumilit sa iyo na makipag-sex noong panahong iyon?</p> <p><i>Was it a male or a female who forced you to have sex?</i></p>	<input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE <input type="checkbox"/> 999 NEVER FORCED TO HAVE SEX
G4	<p>PROBE IF R ANSWERED "NEIGHBOR", ASK IF FRIEND, ACQUAINTANCE, OR STRANGER</p> <p>Ano ang relasyon mo sa taong unang pumilit sa iyong makipag-sex?</p> <p><i>What was your relationship with the person who forced you to have sex the first time?</i></p>	<div> <input type="checkbox"/> 1 RELATIVE (PAMILYA / KAMAG-ANAK) </div> <div> <input type="checkbox"/> 2 BOYFRIEND / GIRLFRIEND </div> <div> <input type="checkbox"/> 3 FRIEND </div> <div> <input type="checkbox"/> 4 ACQUAINTANCE (KAKILALA) </div> <div> <input type="checkbox"/> 5 I DID NOT KNOW THE PERSON (STRANGER) </div> <div> <input type="checkbox"/> 88 OTHER, PLEASE SPECIFY: <hr/> </div> <input type="checkbox"/> 999 NEVER FORCED TO HAVE SEX
G5	<p>Noong una kang pinilit na makipag-sex, gumamit ka ba o ang partner mo ng condom?</p> <p><i>The first time you were forced to have sex, was a condom used?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 CAN'T REMEMBER <input type="checkbox"/> 999 NEVER FORCED TO HAVE SEX / NEVER USED A CONDOM
G6	<p>Naranasan mo bang makipag-sex sa isang tao kahit labag ito sa kalooban niya?</p> <p><i>Have you ever forced someone to have sex with you?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO

H. ALCOHOL, DRUGS, AND SEX		
<p>Ang mga sumusunod kong katanungan ay tungkol sa pag-inom ng alak, paggamit ng droga, at pakikipagtalik.</p> <p><i>My next questions are about alcohol drinking, drug use, and sex.</i></p>		
NO.	QUESTIONS AND FILTERS	RESPONSE
H1	<p>Sa nakaraang 12 buwan, nakipag-sex ka ba habang lasing?</p> <p><i>In the past 12 months, did you have sex while you were drunk?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO ❖ GO TO H3
H2	<p>(Sa nakaraang 12 buwan) May panahon ba na nakipag-anal sex ka habang lasing na wala kayong ginamit na condom ng partner mo?</p> <p><i>(In the past 12 months) Was there a time when you were drunk during anal sex and a condom was not used with your partner?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 DON'T KNOW / CAN'T REMEMBER <input type="checkbox"/> 999 NEVER USED A CONDOM / DID NOT HAVE SEX WHILE DRUNK IN P12M

<p>Ngayon naman ay pag-uusapan natin ang droga at sex, kasama dito ang ecstasy, poppers, nalbuphine o nubain, at marami pang iba. Mananatiling kompidensyal ang impormasyong iyong ibibigay.</p> <p><i>We will now talk about drugs and sex, these include drugs such as ecstasy, poppers, nalbuphine or nubain, and others. Information given will remain confidential.</i></p>		
<p>H3</p> <p>❖</p>	<p>Sa nakaraang 12 buwan, nakagamit ka ba ng droga?</p> <p><i>In the past 12 months, did you use drugs?</i></p>	<div> <input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 997 REFUSED TO ANSWER </div> <div> } ❖ GO TO H8 </div>
	<p>H4</p> <p>Ilang taon ka noong una kang nakagamit ng droga na nakaka-high?</p> <p><i>How old were you when you first used drugs that can make you high?</i></p>	<div> <input type="text"/> <input type="text"/> AGE AT FIRST DRUG USE (in completed years) </div> <div> <input type="checkbox"/> 997 REFUSED TO ANSWER <input type="checkbox"/> 999 DID NOT USE DRUGS IN P12M </div>
	<p>H5</p> <p>DO NOT READ OUT RESPONSE CATEGORIES</p> <p>Anu-anong mga droga ang nagamit mo sa nakaraang 12 buwan?</p> <p><i>What drugs did you use in the past 12 months?</i></p>	<div> <input type="checkbox"/> 1 SHABU (CRYSTAL METAMPHETAMINE) <input type="checkbox"/> 2 MARIJUANA (WEED, DAMO, CHONGKE) <input type="checkbox"/> 3 ECSTASY <input type="checkbox"/> 4 NALBUPHINE (NUBAIN) <input type="checkbox"/> 5 HEROIN <input type="checkbox"/> 6 COCAINE (COKE) <input type="checkbox"/> 7 RUGBY <input type="checkbox"/> 8 COUGH SYRUP <input type="checkbox"/> 9 POPPERS (ALKYL NITRITES) <input type="checkbox"/> 10 LSD <input type="checkbox"/> 11 I DON'T KNOW WHAT I TOOK <input type="checkbox"/> 88 OTHER, PLEASE SPECIFY: <hr/> <input type="checkbox"/> 997 REFUSED TO ANSWER <input type="checkbox"/> 999 DID NOT USE DRUGS IN P12M </div> <div> M </div>
	<p>H6</p> <p>(Sa nakaraang 12 buwan) Sa mga droga na nagamit mo, nasubukan mo na bang magturok o mag-inject ng mga ito?</p> <p><i>(In the past 12 months) Of the drugs that you used, did you try injecting any of these?</i></p>	<div> <input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 997 REFUSED TO ANSWER <input type="checkbox"/> 999 DID NOT USE DRUGS IN P12M </div>
	<p>H7</p> <p>(Sa nakaraang 12 buwan) Nakagamit ka na ba ng karayom o hiringgilya na ginamit na panturok ng drugs ng iba o may iba bang nakagamit ng panturok na ginamit mo na?</p> <p><i>(In the past 12 months) Did you use a needle or syringe that had been used to inject drugs by other people? Or did someone else use a needle or a syringe that you already used?</i></p>	<div> <input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 997 REFUSED TO ANSWER <input type="checkbox"/> 999 DID NOT USE DRUGS IN P12M </div>

H8	<p>Sa nakaraang 12 buwan, nakipag-chemsex o party and play ka ba? Ang ibig kong sabihin sa chemsex o party and play ay ang paggamit ng droga sa pakikipag-sex.</p> <p><i>In the past 12 months, did you engage in chemsex or party and play? By chemsex or party and play, I mean purposely using drugs for sex.</i></p>	<div> <input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 997 REFUSED TO ANSWER </div> <div> GO TO SECTION I </div>
H9	<p>DO NOT READ OUT RESPONSE CATEGORIES</p> <p>(Sa nakaraang 12 buwan) Anu-anong mga droga ang nagamit mo habang nag-ke-chemsex o party and play ka?</p> <p><i>(In the past 12 months) What drugs did you use during chemsex or party and play?</i></p>	<div> <input type="checkbox"/> 1 SHABU (CRYSTAL METAMPHETAMINE) <input type="checkbox"/> 2 MARIJUANA (WEED, DAMO, CHONGKE) <input type="checkbox"/> 3 ECSTASY <input type="checkbox"/> 4 NALBUPHINE (NUBAIN) <input type="checkbox"/> 5 HEROIN <input type="checkbox"/> 6 COCAINE (COKE) <input type="checkbox"/> 7 RUGBY <input type="checkbox"/> 8 COUGH SYRUP <input type="checkbox"/> 9 POPPERS (ALKYL NITRITES) <input type="checkbox"/> 10 LSD <input type="checkbox"/> 11 I DON'T KNOW WHAT I TOOK <input type="checkbox"/> 88 OTHER, PLEASE SPECIFY: _____ <input type="checkbox"/> 997 REFUSED TO ANSWER <input type="checkbox"/> 999 NO CHEMSEX P12M / NO DRUG USED P12M </div> <div>M</div>
H10	<p>(Sa nakaraang 12 buwan) Anu-ano ang mga dahilan mo kung bakit ka gumamit ng droga sa pakikipag-sex?</p> <p><i>(In the past 12 months) What was/were your reason/s for using drugs during sex?</i></p>	<div> <input type="checkbox"/> 1 TO INCREASE DESIRE (MAGING MAS MALIBOG) <input type="checkbox"/> 2 TO INCREASE SEXUAL SENSATION (PARA MAS MASARAPAN) <input type="checkbox"/> 88 OTHER, PLEASE SPECIFY: _____ <input type="checkbox"/> 997 REFUSED TO ANSWER <input type="checkbox"/> 999 NO CHEMSEX P12M / NO DRUG USED P12M </div> <div>M</div>
H11	<p>(Sa nakaraang 12 buwan) Ilang beses kang nakipag-chemsex o party and play?</p> <p><i>(In the past 12 months) How many times did you engage in chemsex or party and play?</i></p>	<div> <input type="checkbox"/> <input type="checkbox"/> # OF TIMES ENGAGED IN CHEMSEX OR PARTY AND PLAY CANNOT BE ZERO <input type="checkbox"/> 997 REFUSED TO ANSWER <input type="checkbox"/> 999 NO CHEMSEX P12M / NO DRUG USED P12M </div>
H12	<p>(Sa nakaraang 12 buwan) May panahon ba na nakipag-anal sex ka habang ikaw ay high (o nagke-chemsex o party and play) na wala kayong ginamit na condom ng (mga) partner mo?</p> <p><i>(In the past 12 months) Was there a time when you were high (during chemsex / party and play) and a condom was not used with your anal sex partner(s)?</i></p>	<div> <input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 2 I AM NOT SURE <input type="checkbox"/> 997 REFUSED TO ANSWER <input type="checkbox"/> 999 NO CHEMSEX P12M / NO DRUG USED P12M </div>

i. GROUP SEX			
NO.	QUESTIONS AND FILTERS	RESPONSE	
i1 ❖	<p>Sa nakaraang 12 buwan, nakasama ka na ba sa isang orgy o group sex? Ang ibig kong sabihin sa orgy ay pakikipag-oral o anal sex kasama ng higit sa isang partner sa isang lugar.</p> <p><i>In the past 12 months, did you join an orgy or group sex? By orgy, I mean having oral or anal sex together with more than one partner in the same place.</i></p>	<div> <input type="checkbox"/> 1 YES </div> <div> <input type="checkbox"/> 0 NO </div> <div>❖ GO TO SECTION J</div>	
<p>Isipin mo ang huling dalawang orgy na sinalihan mo. Nangyari ba ito sa nakaraang 12 buwan?</p> <p><i>Think of your last two orgies. Did they happen in the last 12 months?</i></p>			
NO.	QUESTIONS	ORGY 1	ORGY 2
		<input type="checkbox"/> 999 NO ORGY PAST12M _____ WRITE CODE NAME ABOVE	<input type="checkbox"/> 999 ONLY ONE ORGY PAST12M _____ WRITE CODE NAME ABOVE
i2	<p>Anong buwan at taon nangyari ang orgy _____?</p> <p><i>What month and year did orgy _____ happen?</i></p>	<div> <input type="checkbox"/> <input type="checkbox"/> MONTH </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YEAR </div> <div> <input type="checkbox"/> 999 NO ORGY P12M </div>	<div> <input type="checkbox"/> <input type="checkbox"/> MONTH </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YEAR </div> <div> <input type="checkbox"/> 999 ONLY ONE ORGY P12M </div>
i3	<p>MALIBAN SA IYO, ilan kayo sa orgy _____?</p> <p><i>EXCLUDING YOURSELF, how many were present in orgy _____?</i></p>	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div># OF ORGY PARTICIPANTS</div> <div> <input type="checkbox"/> 999 NO ORGY P12M </div>	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div># OF ORGY PARTICIPANTS</div> <div> <input type="checkbox"/> 999 ONLY ONE ORGY P12M </div>
i4	<p>Ilan ang naka-ANAL sex mo sa orgy na ito?</p> <p><i>With how many people from this orgy did you have ANAL sex?</i></p>	<div> <input type="checkbox"/> <input type="checkbox"/> </div> <div># OF ANAL SEX PARTNERS IN AN ORGY</div> <div> <input type="checkbox"/> 999 NO ORGY P12M </div>	<div> <input type="checkbox"/> <input type="checkbox"/> </div> <div># OF ANAL SEX PARTNERS IN AN ORGY</div> <div> <input type="checkbox"/> 999 ONLY ONE ORGY P12M </div>
i5	<p>Top, bottom o versa ka ba noong nakipag-ANAL ka sa orgy na ito?</p> <p><i>Were you top, bottom or versa during this orgy?</i></p>	<div> <input type="checkbox"/> 1 TOP </div> <div> <input type="checkbox"/> 2 BOTTOM </div> <div> <input type="checkbox"/> 3 VERSA </div> <div> <input type="checkbox"/> 999 NO ANAL SEX DURING ORGY / NO ORGY P12M </div>	<div> <input type="checkbox"/> 1 TOP </div> <div> <input type="checkbox"/> 2 BOTTOM </div> <div> <input type="checkbox"/> 3 VERSA </div> <div> <input type="checkbox"/> 999 NO ANAL SEX DURING ORGY / ONLY ONE ORGY IN P12M </div>
i6	<p>Lasing ka ba sa orgy na ito?</p> <p><i>Were you drunk during this orgy?</i></p>	<div> <input type="checkbox"/> 1 YES </div> <div> <input type="checkbox"/> 0 NO </div> <div> <input type="checkbox"/> 999 NO ORGY P12M </div>	<div> <input type="checkbox"/> 1 YES </div> <div> <input type="checkbox"/> 0 NO </div> <div> <input type="checkbox"/> 999 ONLY ONE ORGY P12M </div>
i7	<p>Gumamit ka ba ng droga sa orgy na ito?</p> <p><i>Did you use drugs during this orgy?</i></p>	<div> <input type="checkbox"/> 1 YES </div> <div> <input type="checkbox"/> 0 NO </div> <div> <input type="checkbox"/> 997 REFUSED TO ANSWER </div> <div> <input type="checkbox"/> 999 NO ORGY P12M </div>	<div> <input type="checkbox"/> 1 YES </div> <div> <input type="checkbox"/> 0 NO </div> <div> <input type="checkbox"/> 997 REFUSED TO ANSWER </div> <div> <input type="checkbox"/> 999 ONLY ONE ORGY P12M </div>
i8	<p>May pagkakataon ba sa orgy na ito na hindi kayo nag-condom ng ANAL sex partner mo?</p> <p><i>Was there a time during this orgy that you or your partner did not use condom during anal sex?</i></p>	<div> <input type="checkbox"/> 1 YES </div> <div> <input type="checkbox"/> 0 NO </div> <div> <input type="checkbox"/> 999 NO ORGY P12M / NEVER USED A CONDOM/ NO ANAL SEX DURING ORGY </div>	<div> <input type="checkbox"/> 1 YES </div> <div> <input type="checkbox"/> 0 NO </div> <div> <input type="checkbox"/> 999 ONLY ONE ORGY P12M / NEVER USED A CONDOM / NO ANAL SEX DURING ORGY </div>

J. CONDOMS AND LUBRICANTS

Ang sumusunod na mga katanungan ay tungkol sa condoms at lubricants.

The following questions are about condoms and lubricants.

J1 ❖	PROBE IF R ANSWERED "DON'T LIKE CONDOMS", "NOT NECESSARY", OR "TOO YOUNG/BATA PA"																										
	<p>Sa mga pagkakataon na HINDI KAYO GUMAMIT ng condom ng mga lalaking ANAL sex partner mo sa nakaraang 12 buwan, anu-ano ang mga rason?</p> <p><i>During the times that you DID NOT USE a condom with your male ANAL sex partners in the past 12 months, what were your reasons?</i></p>																										
<div style="display: flex; justify-content: space-between; align-items: center;"> <input type="checkbox"/> 999 ALWAYS USED CONDOM / DID NOT HAVE ANAL SEX IN P12M <div>❖ GO TO J3</div> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">M</div> </div>																											
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NO.	QUESTIONS AND FILTERS	RESPONSE
J2	<p>Sa mga pagkakataon na GUMAMIT kayo ng condom ng iyong mga ANAL sex partner sa nakaraang 12 buwan, anu-ano ang mga rason?</p> <p><i>During the times that you USED A CONDOM with your ANAL sex partners in the past 12 months, what were your reasons?</i></p>	<div style="display: flex; justify-content: space-between; align-items: center;"> <input type="checkbox"/> 1 TO PROTECT MYSELF FROM HIV / STI <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">M</div> </div> <input type="checkbox"/> 2 TO PROTECT MY PARTNER FROM HIV / STI <input type="checkbox"/> 3 IT WAS ACCESSIBLE <input type="checkbox"/> 4 IT HAS NO SIDE EFFECTS <input type="checkbox"/> 5 PARTNER INITIATED / PARTNER DEMANDED CONDOM USE <input type="checkbox"/> 999 DID NOT USE CONDOM P12M / DID NOT HAVE ANAL SEX IN P12M
J3 ❖	<p>May dala ka bang condom ngayon? Maaari mo bang ipakita ito?</p> <p><i>Are you carrying a condom now? May I see it?</i></p>	<input type="checkbox"/> 1 CONDOM SHOWN <input type="checkbox"/> 0 NO CONDOM SHOWN
J4	<p>Regular ka bang bumibili ng condom?</p> <p><i>Do you regularly buy condoms?</i></p>	<input type="checkbox"/> 1 YES ❖ GO TO J6 <input type="checkbox"/> 0 NO

J5	PROBE IF R ANSWERED "TOO YOUNG/BATA PA" OR IF "NOT NECESSARY"																										
	<p>Bakit HINDI ka regular na bumibili ng condom?</p> <p><i>Why DON'T you regularly buy condoms?</i></p>																										
<div style="display: flex; justify-content: space-between; align-items: center;"> <input type="checkbox"/> 999 BUYS CONDOM REGULARLY <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">M</div> </div>																											
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NO.	QUESTIONS AND FILTERS	RESPONSE
J6 ❖	<p>Sa nakaraang 12 buwan, anong klaseng pampadulas ang madalas mong gamitin sa pakikipag-ANAL sex?</p> <p><i>In the past 12 months, what kind of lubricant do you usually use during ANAL sex?</i></p>	<div>1</div> <input type="checkbox"/> 1 MEDICAL LUBES (K-Y JELLY) <input type="checkbox"/> 2 COMMERCIALLY-SOLD LUBES (EZ, DUREX) <input type="checkbox"/> 3 LUBE FROM SHC / RHCW / DOH <input type="checkbox"/> 4 SHAMPOO, CONDITIONER, SOAP, TOOTHPASTE <input type="checkbox"/> 5 LOTION / MOISTURIZER <input type="checkbox"/> 6 OIL, PETROLEUM JELLY <input type="checkbox"/> 7 SALIVA <input type="checkbox"/> 88 OTHER <input type="checkbox"/> 999 DID NOT USE LUBRICANT IN PAST12M / DID NOT HAVE ANAL SEX
J7	<p>(Sa nakaraang 12 buwan) Bumili ka ba ng LUBRICANT para gamitin sa ANAL sex?</p> <p><i>In the past 12 months, did you buy LUBRICANT for ANAL sex?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NO ANAL SEX P12M
J8	<p>Madali bang makakuha ng CONDOM sa inyong komunidad o lugar?</p> <p><i>Are CONDOMS easy to get in your community?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 HAVE NOT TRIED TO GET CONDOMS
J9	<p>Madali bang makakuha ng LUBRICANT sa inyong komunidad o lugar?</p> <p><i>Are LUBRICANTS easy to get in your community?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 HAVE NOT TRIED TO GET LUBRICANTS
J10	<p>Nahihiya ka ba kapag bumibili (o kung bibili) ka ng CONDOM?</p> <p><i>Are you embarrassed or shy when buying (or if you were to buy) CONDOMS?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO
J11	<p>Nahihiya ka ba kapag bumibili (o kung bibili) ka ng LUBRICANT?</p> <p><i>Are you embarrassed or shy when buying (or if you were to buy) LUBRICANTS?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO

K. STI AND HIV KNOWLEDGE & ATTITUDES

NO.	QUESTIONS AND FILTERS	RESPONSE
K1	<p>Maiiwasan ba ang pagkakaroon ng HIV?</p> <p><i>Can HIV be prevented?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 I DON'T KNOW THE ANSWER
K2	<p>Puwede bang may HIV ang isang taong mukhang malusog?</p> <p><i>Can a healthy-looking person have HIV?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 I DON'T KNOW THE ANSWER
K3	<p>Puwede bang magka-HIV ang isang tao sa pamamagitan ng kagat ng lamok?</p> <p><i>Can a person get HIV from mosquito bites?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 I DON'T KNOW THE ANSWER
K4	<p>Ang paggamit ba ng condom ay makapagpapababa ng tyansa na maipasa ang HIV?</p> <p><i>Can using condoms reduce the risk of HIV transmission?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 I DON'T KNOW THE ANSWER

K5	<p>Puwede bang magka-HIV ang isang tao sa pamamagitan ng paggamit ng inidoro o ihian sa pampublikong banyo o CR?</p> <p><i>Can a person get HIV by using toilet bowls / urinals in public places?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 I DON'T KNOW THE ANSWER
K6	<p>Ang paggamit ba ng karayom na ginamit ng isang taong may HIV sa pagtuturok ng droga ay puwedeng makataas ng posibilidad ng pagkakaroon ng HIV?</p> <p><i>Can the sharing of needles used by an HIV infected person when injecting drugs increase the risk of HIV infection?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 I DON'T KNOW THE ANSWER
K7	<p>Kung iisa lang ang iyong sex partner, wala siyang ibang partner at wala siyang HIV, mababa ba ang tyansa na ikaw ay magka-HIV kapag makikipag-sex ka sa kanya?</p> <p><i>Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 I DON'T KNOW THE ANSWER
K8	<p>Puwede bang magkaroon ng HIV ang isang tao kapag nakikisalo sa pagkain ng taong may HIV?</p> <p><i>Can a person get HIV by sharing food with someone who is infected with HIV?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 I DON'T KNOW THE ANSWER
K9	<p>Anong klaseng ANAL sex ang mas malaki ang tyansa na makakuha ng HIV: TOP o BOTTOM?</p> <p><i>What kind of anal sex has the greater chance of getting HIV: TOP or BOTTOM?</i></p>	<input type="checkbox"/> 1 TOP (ANAL INSERTER) <input type="checkbox"/> 0 BOTTOM (ANAL RECEIVER) <input type="checkbox"/> 3 I DON'T KNOW THE ANSWER
K10	<p>Nababawasan ba ang tyansang makakuha ng HIV sa anal sex kapag hinugot ang ari bago labasan (withdrawal)?</p> <p><i>During anal sex, is the risk of getting HIV reduced by withdrawing the penis before ejaculation?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 I DON'T KNOW THE ANSWER
K11	<p>Sa nakaraang 12 buwan, nag-withdrawal ba kayo ng kahit isa sa mga naging partner mo habang nakikipag-anal sex (hinugot ang ari bago labasan)?</p> <p><i>In the past 12 months, did you practice withdrawal with any of your partners (removing the penis before ejaculating) during anal sex?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NO ANAL SEX IN P12M
K12	<p>Sa pagkakaalam mo, may puwede bang inuming gamot para sa HIV?</p> <p><i>To your knowledge, is there treatment for HIV?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 I DON'T KNOW
K13	<p>Alam mo ba ang tawag dito? Kung oo, ano ito?</p> <p><i>What is this treatment called?</i></p>	<input type="checkbox"/> 1 SPECIFY: <hr/> <input type="checkbox"/> 999 I DON'T KNOW THE TREATMENT
K14	<p>Alam mo ba kung saan ang pinakamalapit na lugar (facility) kung saan makakakuha nito? Kung oo, saan?</p> <p><i>Do you know the nearest facility where this can be accessed? If yes, where?</i></p>	<input type="checkbox"/> 1 YES, SPECIFY: <hr/> <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 I DON'T KNOW WHAT ART IS
K15	<p>Libre ba o may bayad ang gamot na ito?</p> <p><i>Is this treatment for free or for sale?</i></p>	<input type="checkbox"/> 1 FREE <input type="checkbox"/> 0 NOT FREE <input type="checkbox"/> 3 I DON'T KNOW THE ANSWER <input type="checkbox"/> 999 I DON'T KNOW WHAT ART IS

K16	<p>Kailangan bang maghintay ng mga taong may HIV na magkaroon sila ng sintomas at iba pang impeksyon bago umpisahan ang kanilang gamutan?</p> <p><i>Must people living with HIV wait for symptoms and other infections before they start with their HIV treatment?</i></p>		<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 I DON'T KNOW THE ANSWER <input type="checkbox"/> 999 I DON'T KNOW WHAT ART IS											
K17	<p>Panghabambuhay ba ang gamutan para sa HIV?</p> <p><i>Is HIV treatment life-long?</i></p>		<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 I DON'T KNOW THE ANSWER <input type="checkbox"/> 999 I DON'T KNOW WHAT ART IS											
K18	<p>Maaari bang maging malusog at humaba ang buhay ng mga taong may HIV kapag iniinom nila nang tama ang gamot na ito?</p> <p><i>Can correctly taking this treatment help people living with HIV become healthier and live longer?</i></p>		<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 I DON'T KNOW THE ANSWER <input type="checkbox"/> 999 I DON'T KNOW WHAT ART IS											
K19	<p>Mataas ba ang tyansa na makakuha ng HIV mula sa isang taong umiinom ng gamot na ito nang tama?</p> <p><i>Is there a high chance of getting HIV from someone who is correctly taking HIV treatment?</i></p>		<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 I DON'T KNOW THE ANSWER <input type="checkbox"/> 999 I DON'T KNOW WHAT ART IS											
K20 ❖	<p>Narinig mo na ba ang Pre-Exposure Prophylaxis o PrEP? Ito ay isang gamot na makakatulong upang maiwasan ang pagkakaroon ng HIV na iniinom ng mga taong HIV-negative o walang HIV.</p> <p><i>Have you heard of Pre-Exposure Prophylaxis or PrEP? This is a medicine that can prevent HIV and is taken by HIV-negative individual.</i></p>		<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO ❖ GO TO K23											
K21 if YES	<p>Umiinom ka ba ng pre-exposure prophylaxis o PrEP?</p> <p><i>Are you taking pre-exposure prophylaxis or PrEP?</i></p>		<input type="checkbox"/> 1 YES ❖ GO TO K23 <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 DID NOT KNOW ABOUT PrEP											
	K22 if NO	<p>Interesado ka bang gumamit ng pre-exposure prophylaxis o PrEP?</p> <p><i>Are you interested in using pre-exposure prophylaxis or PrEP?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 DID NOT KNOW ABOUT PrEP / CURRENTLY TAKING PrEP											
K23 ❖	<p>May mga impeksyon o sakit ba na maaaring maipasa sa pamamagitan ng pakikipag-sex?</p> <p><i>Are there infections that can be transmitted through sexual contact?</i></p>		<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 I DON'T KNOW THE ANSWER											
K24	<p>Ano ang alam mong sintomas ng sexually transmitted infections o STI o sakit na naipapasa sa pamamagitan ng pakikipag-sex?</p> <p><i>Do you know of any symptom of sexually transmitted infections or STI?</i></p>													
	<table border="0"> <tr> <td><input type="checkbox"/> 0 I DON'T KNOW ANY</td> <td><input type="checkbox"/> 5 DISCHARGE (MAY TUMUTULO)</td> <td rowspan="5" style="background-color: black; color: white; text-align: center; vertical-align: middle; font-weight: bold; font-size: 2em;">M</td> </tr> <tr> <td><input type="checkbox"/> 1 BAD / FOUL / UNPLEASANT ODOR</td> <td><input type="checkbox"/> 6 ULCER / SORE / BLISTERS (MAY SUGAT)</td> </tr> <tr> <td><input type="checkbox"/> 2 SORE THROAT</td> <td><input type="checkbox"/> 7 WART (KULUGO SA ARI O PUWET)</td> </tr> <tr> <td><input type="checkbox"/> 3 WEIGHT LOSS</td> <td><input type="checkbox"/> 8 PAIN / INFLAMMATION / BURNING SENSATION / SWELLING (PAMAMAGA)</td> </tr> <tr> <td><input type="checkbox"/> 4 DIFFICULTY IN URINATING</td> <td><input type="checkbox"/> 9 ITCHINESS / RASHES (PANGANGATI / PAMAMANTAL)</td> </tr> </table>			<input type="checkbox"/> 0 I DON'T KNOW ANY	<input type="checkbox"/> 5 DISCHARGE (MAY TUMUTULO)	M	<input type="checkbox"/> 1 BAD / FOUL / UNPLEASANT ODOR	<input type="checkbox"/> 6 ULCER / SORE / BLISTERS (MAY SUGAT)	<input type="checkbox"/> 2 SORE THROAT	<input type="checkbox"/> 7 WART (KULUGO SA ARI O PUWET)	<input type="checkbox"/> 3 WEIGHT LOSS	<input type="checkbox"/> 8 PAIN / INFLAMMATION / BURNING SENSATION / SWELLING (PAMAMAGA)	<input type="checkbox"/> 4 DIFFICULTY IN URINATING	<input type="checkbox"/> 9 ITCHINESS / RASHES (PANGANGATI / PAMAMANTAL)
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<input type="checkbox"/> 4 DIFFICULTY IN URINATING	<input type="checkbox"/> 9 ITCHINESS / RASHES (PANGANGATI / PAMAMANTAL)													

L. ACCESS TO STI AND HIV SERVICES		
NO.	QUESTIONS AND FILTERS	RESPONSE
L1	SHOW PICTURE OF GENITAL/RECTAL ULCER/SORE Sa nakaraang 12 buwan, may napansin ka bang sugat sa iyong ari o puwet? <i>In the past 12 months, did you have a genital or rectal ulcer or sore?</i>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO
L2	SHOW PICTURE OF GENITAL/RECTAL WARTS (Sa nakaraang 12 buwan) May napansin ka bang warts o kulugo sa iyong ari o puwet? <i>(In the past 12 months) Did you have genital or rectal warts?</i>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO
L3	SHOW PICTURE OF GENITAL/RECTAL DISCHARGE (Sa nakaraang 12 buwan) May napansin ka bang hindi karaniwang tulo o nana na lumalabas sa iyong ari o puwet? <i>(In the past 12 months) Did you have an unusual genital or rectal discharge?</i>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO IF ALL NO, GO TO L5
L4	(Sa nakaraang 12 buwan) Saan o kanino ka unang nagpa-konsulta noong nakaramdam ka ng kakaibang sintomas sa iyong ari o puwet? <i>(In the past 12 months) Where / who did you consult when you felt symptoms in your genital or rectal area?</i>	
	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 0 DID NOT CONSULT ANYONE </div> <div> <input type="checkbox"/> 999 DID NOT NOTICE ANY WARTS OR UNUSUAL DISCHARGE P12M </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> QC SOCIAL HYGIENE CLINICS (SHC) <input type="checkbox"/> 1 BATASAN SHC <input type="checkbox"/> 2 KLINIKA BERNARDO <input type="checkbox"/> 3 BERNARDO SHC <input type="checkbox"/> 4 KLINIKA NOVALICHES <input type="checkbox"/> 5 NOVALICHES SHC <input type="checkbox"/> 6 KLINIKA PROJECT 7 <input type="checkbox"/> 7 PROJECT 7 SHC </div> <div> OTHER GOVERNMENT FACILITIES <input type="checkbox"/> 8 SHC IN OTHER CITIES <input type="checkbox"/> 9 HEALTH CENTER <input type="checkbox"/> 10 GOVERNMENT HOSPITAL (LUNG CENTER, EAST AVE. MEDICAL CTR, QC GENERAL) PRIVATE HOSPITALS AND LABORATORY <input type="checkbox"/> 11 PRIVATE CLINIC / HOSPITAL (ST LUKE'S, CAPITOL, STO. DOMINGO) <input type="checkbox"/> 12 LABORATORY (HI-PRECISION) </div> <div> OTHER HEALTH FACILITIES <input type="checkbox"/> 13 TLY ANGLO / UNI / AURA / VICTORIA <input type="checkbox"/> 14 OTHER CBO CLINICS NON-HEALTH FACILITIES <input type="checkbox"/> 15 TRADITIONAL HEALER / ALBULARYO / HILOT <input type="checkbox"/> 16 FRIENDS / FAMILY <input type="checkbox"/> 17 INTERNET / ONLINE </div> </div>	
L5	ALWAYS USE LOCAL TERM FOR SOCIAL HYGIENE CLINIC (SHC) Narinig mo na ba ang kahit isa sa mga sumusunod: Batasan Social Hygiene Clinic (SHC), Klinika Bernardo, Bernardo SHC, Klinika Novaliches, Novaliches SHC, Klinika Project 7, o Project 7 SHC? <i>Have you heard of any of the following: Batasan Social Hygiene Clinic (SHC), Klinika Bernardo, Bernardo SHC, Klinika Novaliches, Novaliches SHC, Klinika Project 7, or Project 7 SHC?</i>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO GO TO L8
L6	Ano ang mga serbisyo na pwedeng makuha sa (mga) clinic na ito? <i>What services are provided by this/these clinic(s)?</i>	<input type="checkbox"/> 1 HIV AND STI INFORMATION AND EDUCATION <input type="checkbox"/> 2 CONDOM <input type="checkbox"/> 3 LUBRICANT <input type="checkbox"/> 4 COMMUNITY-BASED SCREENING (CBS) <input type="checkbox"/> 5 HIV AND STI SCREENING / TESTING <input type="checkbox"/> 6 STI TREATMENT <input type="checkbox"/> 7 COUNSELING <input type="checkbox"/> 8 HIV TREATMENT OR ANTI-RETROVIRAL THERAPY (ART) <input type="checkbox"/> 0 I DON'T KNOW THE SERVICES AVAILABLE <input type="checkbox"/> 999 NEVER HEARD OF SHC

L7	<p>Sa nakaraang 12 buwan, bumisita o kumunsulta ka ba sa kahit isa sa mga clinic na ito?</p> <p><i>In the past 12 months, did you visit or consult any of these clinics?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NEVER HEARD OF SHC
L8 ❖	<p>Sa nakaraang 12 buwan, kusa ka bang naghanap ng impormasyon tungkol sa HIV sa internet?</p> <p><i>In the past 12 months, did you actively look for information about HIV on the internet?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NO ACCESS TO INTERNET
L9	<p>(Sa nakaraang 12 buwan) Nakatanggap ka ba ng impormasyon tungkol sa HIV mula sa TV, radyo, diyaryo, o magasin?</p> <p><i>(In the past 12 months) Did you receive information about HIV from TV, radio, newspaper, or magazine?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO
L10	<p>(Sa nakaraang 12 buwan) Nakatanggap ka ba ng impormasyon tungkol sa HIV sa iyong paaralan?</p> <p><i>(In the past 12 months) Did you receive information about HIV in school?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NOT ENROLLED
L11	<p>(Sa nakaraang 12 buwan) Nakatanggap ka ba ng impormasyon tungkol sa HIV mula sa lugar na pinag-tatrabahuhan mo?</p> <p><i>(In the past 12 months) Did you receive information about HIV in your workplace?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NOT EMPLOYED
L12	<p>(Sa nakaraang 12 buwan) Ilang beses kang nilapitan ng HIV advocate o educator para bigyan ng impormasyon tungkol sa HIV? Higit sa isang beses, isang beses, o wala?</p> <p><i>(In the past 12 months) How many times did an HIV advocate or educator approach you to give you information on HIV? More than once, once, or none?</i></p>	<input type="checkbox"/> 1 ONCE <input type="checkbox"/> 2 MORE THAN ONCE <input type="checkbox"/> 0 WAS <u>NOT</u> APPROACHED & PROVIDED HIV INFO

❖ **GO TO L18**

L13	<p>(Sa nakaraang 12 buwan) Saan-saan ka nilapitan at binigyan ng impormasyon tungkol sa HIV?</p> <p><i>(In the past 12 months) Where were you approached and given information on HIV?</i></p>	M
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> 999 WAS NOT APPROACHED BY ANYONE IN P12M <input type="checkbox"/> 1 HOUSE <input type="checkbox"/> 2 BARANGAY / COMMUNITY EVENTS <input type="checkbox"/> 3 PUBLIC PLACE (ie STREETS, PARKS, MALLS, CONVENIENCE STORES, CINEMA, COFFEE SHOP, FAST FOOD) <input type="checkbox"/> 4 SCHOOL <input type="checkbox"/> 5 WORKPLACE </div> <div style="width: 50%;"> <input type="checkbox"/> 6 BEAUTY PARLOR <input type="checkbox"/> 7 DANCE CLUBS AND BARS <input type="checkbox"/> 8 MASSAGE PARLORS, SPA, BATH HOUSE <input type="checkbox"/> 9 ENTERTAINMENT ESTABLISHMENTS (GAY BAR) <input type="checkbox"/> 10 SOCIAL MEDIA / INTERNET <input type="checkbox"/> 88 OTHER, PLEASE SPECIFY: _____ </div> </div>		

NO.	QUESTIONS AND FILTERS	RESPONSE
L14	<p>Anong buwan ka huling nilapitan at binigyan ng impormasyon tungkol sa HIV?</p> <p><i>What month were you last approached and given information on HIV?</i></p>	<div style="display: flex; align-items: center;"> <input type="checkbox"/> <input type="checkbox"/> MONTH LAST RECEIVED </div> <input type="checkbox"/> 999 WAS NOT APPROACHED BY ANYONE IN P12M

<p>(Sa nakaraang 12 buwan) Pinag-usapan ba ng HIV advocate / educator ang mga sumusunod: (In the past 12 months) Did an HIV advocate / educator discuss the following:</p>		
TOPICS	L15 Kung paano naipapasa at nakakaiwas sa HIV <i>How HIV is transmitted and prevented</i>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 WAS NOT APPROACHED BY ANYONE IN P12M
	L16 Kung saan ka pwedeng magpa-HIV test <i>Where to get tested for HIV</i>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 WAS NOT APPROACHED BY ANYONE IN P12M
	L17 Kung bakit kailangang maagang umpisahan ang gamutan para sa HIV <i>Why it is important to start early treatment for HIV</i>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 WAS NOT APPROACHED BY ANYONE IN P12M
L18 ❖	Sa nakaraang 12 buwan, nakatanggap ka ba ng libreng condom, lubricant, o condom na may kasamang lubricant? <i>In the past 12 months, did you receive free condoms, lubricants, or condoms with lubricants?</i>	<input type="checkbox"/> 1 CONDOM ONLY <input type="checkbox"/> 2 LUBRICANT ONLY <input type="checkbox"/> 3 CONDOM WITH LUBRICANT <input type="checkbox"/> 0 DID NOT RECEIVE ANY ❖ GO TO SECTION M
	L19 (Sa nakaraang 12 buwan) Ilang beses kang nilapitan para bigyan ng condom at/o lubricant? <i>(In the past 12 months) How many times did someone approach you to give you free condoms and/or lubricant?</i>	<input type="checkbox"/> 3 MONTHLY (12 OR MORE TIMES) <input type="checkbox"/> 2 MORE THAN ONCE (2-11 TIMES) <input type="checkbox"/> 1 ONCE <input type="checkbox"/> 999 WAS NOT APPROACHED BY ANYONE IN P12M
	L20 (Sa nakaraang 12 buwan) SAAN-SAAN ka nilapitan, inalok, at binigyan ng libreng condom at/o lubricant? <i>(In the past 12 months) WHERE were you approached, offered, and given free condoms and/or lubricant?</i>	<input type="checkbox"/> 1 HOUSE <input type="checkbox"/> 2 BARANGAY / COMMUNITY EVENTS <input type="checkbox"/> 3 PUBLIC PLACE (E.G. STREETS, PARKS, MALLS, CONVENIENCE STORES, CINEMA, COFFEE SHOP, FAST FOOD) <input type="checkbox"/> 4 SCHOOL <input type="checkbox"/> 5 WORKPLACE <input type="checkbox"/> 6 BEAUTY PARLOR <input type="checkbox"/> 7 DANCE CLUBS AND BARS <input type="checkbox"/> 8 MASSAGE PARLORS, SPA, BATH HOUSE <input type="checkbox"/> 9 ENTERTAINMENT ESTABLISHMENTS (GAY BAR) <input type="checkbox"/> 10 SOCIAL MEDIA / INTERNET <input type="checkbox"/> 88 OTHER, PLEASE SPECIFY: <hr/> <input type="checkbox"/> 999 WAS NOT APPROACHED BY ANYONE IN P12M
	L21 Anong buwan ka huling nilapitan at binigyan ng libreng condom at/o lubricant? <i>What month were you last approached and given free condoms and/or lubricant?</i>	<input type="checkbox"/> <input type="checkbox"/> MONTH LAST RECEIVED <input type="checkbox"/> 999 WAS NOT APPROACHED BY ANYONE IN P12M
	L22 Noong huli kang nakatanggap ng libreng condom at/o lubricant, sapat ba ito sa pangangailangan mo? <i>The last time you received free condom and/or lubricants, were these enough for your need?</i>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 WAS NOT APPROACHED BY ANYONE IN P12M

L23	<p>Nagustuhan mo ba ang libreng condom na natanggap at ginamit mo?</p> <p><i>Did you like the free condom/s that you received and used?</i></p>	<input type="checkbox"/> 1 YES ❖ GO TO SECTION M <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 WAS NOT APPROACHED BY ANYONE IN P12M
L24	<p>Anong hindi mo nagustuhan sa condom na ito?</p> <p><i>What didn't you like about these condoms?</i></p>	<div style="text-align: right;">M</div> <input type="checkbox"/> 1 TOO THICK <input type="checkbox"/> 2 TOO TIGHT / TOO SMALL <input type="checkbox"/> 3 TOO BIG <input type="checkbox"/> 3 FOUL SMELLING <input type="checkbox"/> 5 NOT LUBRICATED ENOUGH <input type="checkbox"/> 6 NO TEXTURE (NOT RIBBED, DOTTED) <input type="checkbox"/> 7 COLOR <input type="checkbox"/> 999 WAS NOT APPROACHED BY ANYONE IN P12M

M. HIV TESTING		
NO.	QUESTIONS AND FILTERS	RESPONSE
M1 ❖	<p>Sa palagay mo, mataas ba ang tyansa na magkaroon ka ng HIV?</p> <p><i>Do you feel that you are at risk of HIV infection?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO ❖ GO TO M3
M2 if YES	<p>Sa palagay mo, bakit mataas ang tyansa mong magkaroon ng HIV?</p> <p><i>Why do you feel that you are at risk of HIV infection?</i></p>	<div style="text-align: right;">1</div> <input type="checkbox"/> 1 I HAD SEX / MALE-TO-MALE SEX <input type="checkbox"/> 2 MANY SEX PARTNERS <input type="checkbox"/> 3 I HAD CHEMSEX <input type="checkbox"/> 4 DO NOT ALWAYS USE CONDOMS <input type="checkbox"/> 5 SHARED NEEDLES (PWID) <input type="checkbox"/> 6 DON'T KNOW HIV STATUS OF SEX PARTNER(S) <input type="checkbox"/> 7 HAD SEX WITH AN HIV+ PARTNER <input type="checkbox"/> 8 I ALREADY HAD AN STI <input type="checkbox"/> 9 I ALREADY HAVE HIV <input type="checkbox"/> 999 DOES NOT FEEL AT RISK OF HIV INFECTION
M3 if NO ❖	<p>Sa palagay mo, bakit WALA kang tyansa o mababa ang tyansa na magkaroon ka ng HIV?</p> <p><i>Why do you feel that you are NOT at risk of HIV infection?</i></p>	<div style="text-align: right;">1</div> <input type="checkbox"/> 1 INFREQUENT SEX <input type="checkbox"/> 2 ONLY HAS ONE PARTNER / FAITHFUL <input type="checkbox"/> 3 ENGAGES IN ORAL SEX ONLY / NEVER HAD ANAL SEX <input type="checkbox"/> 4 ALWAYS USES CONDOMS <input type="checkbox"/> 5 NEVER SHARED NEEDLES <input type="checkbox"/> 6 CONVINCED PARTNER IS NOT INFECTED <input type="checkbox"/> 7 FEELS NO SYMPTOMS <input type="checkbox"/> 8 I ALREADY HAVE HIV <input type="checkbox"/> 999 FEELS AT RISK OF HIV

M4	<p>Dito sa siyudad na ito, saan maaring pumunta kung gusto mong magpa-HIV test na kompidensyal? (Ang ibig kong sabihin sa kompidensyal, walang makakaalam ng resulta ng test mo kung hindi mo ginustong may makaalam.)</p> <p><i>Where in the city can you go to have a confidential test to find out if you are infected with HIV?</i> <i>(Confidential means that nobody will know the test results unless you want them to know about it.)</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> 0 DON'T KNOW</p> <p>QC SOCIAL HYGIENE CLINICS (SHC)</p> <p><input type="checkbox"/> 1 ★ BATASAN SHC</p> <p><input type="checkbox"/> 2 ★ KLINIKA BERNARDO</p> <p><input type="checkbox"/> 3 ★ BERNARDO SHC</p> <p><input type="checkbox"/> 4 ★ KLINIKA NOVALICHES</p> <p><input type="checkbox"/> 5 ★ NOVALICHES SHC</p> <p><input type="checkbox"/> 6 ★ KLINIKA PROJECT 7</p> <p><input type="checkbox"/> 7 ★ PROJECT 7 SHC</p> <p>OTHER GOVERNMENT FACILITIES</p> <p><input type="checkbox"/> 8 ★ SHC IN OTHER CITIES</p> <p><input type="checkbox"/> 9 ★ HEALTH CENTER</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> 10 GOVERNMENT HOSPITAL (LUNG CENTER, EAST AVE. MEDICAL CTR, QC GENERAL)</p> <p>PRIVATE HOSPITALS AND LABORATORY</p> <p><input type="checkbox"/> 11 PRIVATE CLINIC / HOSPITAL (ST. LUKE'S, CAPITOL, STO.DOMINGO)</p> <p><input type="checkbox"/> 12 LABORATORY (HI-PRECISION)</p> <p>OTHER HEALTH FACILITIES</p> <p><input type="checkbox"/> 13 TLY ANGLO / UNI / AURA / VICTORIA</p> <p><input type="checkbox"/> 14 OTHER CBO CLINICS</p> <p>NON-HEALTH FACILITIES</p> <p><input type="checkbox"/> 15 PUBLIC PLACE (STREETS, PARKS, MALLS, CONVENIENCE STORES, CINEMA, COFFEE SHOP, FASTFOOD)</p> <p><input type="checkbox"/> 16 MASSAGE PARLORS, SPA, BATH HOUSE</p> <p><input type="checkbox"/> 17 HOME</p> </div> </div> <div style="background-color: black; color: white; text-align: center; padding: 5px;"> IF AT LEAST ONE ★ IS CHECKED, PROCEED TO M5 </div>	M	
M5 ★	<p>Libre ba o may bayad ang HIV test sa [NAME(S) OF SHC / HEALTH CENTER MENTIONED]?</p> <p><i>Is the HIV test at [NAME(S) OF SHC / HEALTH CENTER MENTIONED] free or not?</i></p>	<p><input type="checkbox"/> 1 FREE</p> <p><input type="checkbox"/> 0 NOT FREE</p> <p><input type="checkbox"/> 3 DON'T KNOW</p> <p><input type="checkbox"/> 999 NEVER HEARD OF SHC</p>	
M6	<p>Nagpa-HIV test ka na ba? <i>Have you ever been tested for HIV?</i></p>	<p><input type="checkbox"/> 1 YES ★GO TO M8</p> <p><input type="checkbox"/> 0 NO</p>	
M7 if NO	<p>Bakit HINDI ka pa nakapagpa-HIV test? <i>Why have you NEVER been tested for HIV?</i></p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> 1 FEELS NO NEED TO GET TESTED</p> <p><input type="checkbox"/> 2 AFRAID OF HIV TEST PROCEDURE (BLOOD DRAW, NEEDLES)</p> <p><input type="checkbox"/> 3 AFRAID OF HIV TEST RESULT</p> <p><input type="checkbox"/> 4 UNSURE IF TEST IS TRULY CONFIDENTIAL</p> <p><input type="checkbox"/> 5 DON'T KNOW WHERE TO GET TESTED</p> <p><input type="checkbox"/> 6 TESTING FACILITY TOO FAR</p> <p><input type="checkbox"/> 7 NO MONEY FOR TESTING</p> <p><input type="checkbox"/> 8 NO TIME</p> <p><input type="checkbox"/> 9 MINOR / UNDERAGE</p> <p><input type="checkbox"/> 88 OTHER, PLEASE SPECIFY: _____</p> <p><input type="checkbox"/> 999 HAD AN HIV TEST</p> </div> <div style="width: 45%; background-color: black; color: white; text-align: center; padding: 5px;"> ★GO TO M20 </div> </div>	1
M8 if YES ❖	<p>Ilang taon ka noong UNA kang nagpa-HIV test? <i>How old were you the FIRST time you had an HIV test?</i></p>	<p><input type="checkbox"/> <input type="checkbox"/> AGE AT FIRST HIV TEST (in completed years)</p> <p><input type="checkbox"/> 999 NEVER HAD AN HIV TEST</p>	

M9	<p>Ano ang pangunahing motibasyon mo noong UNA kang nagpa-HIV test?</p> <p><i>What was your primary motivation for having your FIRST HIV test?</i></p>	<div style="text-align: right;">1</div> <input type="checkbox"/> 1 TO KNOW HIV STATUS <input type="checkbox"/> 2 AVAILABLE AND FREE AT THAT TIME <input type="checkbox"/> 3 KNEW SOMEONE WHO WAS DIAGNOSED WITH HIV OR DIED FROM AIDS-RELATED COMPLICATIONS <input type="checkbox"/> 4 HAD SEXUALLY TRANSMITTED INFECTION/S <input type="checkbox"/> 5 ENCOURAGED BY FRIENDS TO TAKE THE HIV TEST <input type="checkbox"/> 6 PARTNER WANTED R TO TAKE THE TEST <input type="checkbox"/> 7 POSSIBLE RECENT EXPOSURE TO HIV <input type="checkbox"/> 8 WITH SYMPTOMS / CONFINED IN HOSP. <input type="checkbox"/> 9 REQUIRED FOR LOCAL EMPLOYMENT <input type="checkbox"/> 10 OFW / REQUIRED FOR FOREIGN EMPLOYMENT <input type="checkbox"/> 999 NEVER HAD AN HIV TEST
M10	<p>Sa nakaraang 12 buwan, nagpa-HIV test ka ba?</p> <p><i>In the past 12 months, did you have an HIV test?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO ❖ GO TO M12 <input type="checkbox"/> 999 NEVER HAD AN HIV TEST ★ GO TO M20
M11	<p>(Sa nakaraang 12 buwan) Ilang beses kang nagpa-HIV test? Isang beses, dalawa hanggang tatlong beses, higit sa tatlong beses?</p> <p><i>(In the past 12 months) How many times did you have an HIV test? Once, two to three times, or more than three times?</i></p>	<input type="checkbox"/> 1 ONCE <input type="checkbox"/> 2 2-3 TIMES <input type="checkbox"/> 3 MORE THAN 3 TIMES <input type="checkbox"/> 999 NEVER HAD AN HIV TEST / NO TEST IN P12M


M12 ❖	<p>Saan ka HULING nagpa-HIV test?</p> <p><i>Where did you have your LAST HIV test?</i></p>	
<div style="text-align: right;">1</div> <input type="checkbox"/> 999 NEVER HAD AN HIV TEST <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>QC SOCIAL HYGIENE CLINICS</p> <input type="checkbox"/> 1 BATASAN SHC <input type="checkbox"/> 2 KLINIKA BERNARDO <input type="checkbox"/> 3 BERNARDO SHC <input type="checkbox"/> 4 KLINIKA NOVALICHES <input type="checkbox"/> 5 NOVALICHES SHC <input type="checkbox"/> 6 KLINIKA PROJECT 7 <input type="checkbox"/> 7 PROJECT 7 SHC <p>OTHER GOVERNMENT FACILITIES</p> <input type="checkbox"/> 8 SHC IN OTHER CITIES <input type="checkbox"/> 9 HEALTH CENTER <input type="checkbox"/> 10 GOVERNMENT HOSPITAL (LUNG CENTER, EAST AVE. MEDICAL CTR, QC GENERAL)</div> <div style="width: 48%;"> <p>PRIVATE HOSPITALS AND LABORATORY</p> <input type="checkbox"/> 11 HOSPITALS (ST. LUKE'S, CAPITOL, STO.DOMINGO) <input type="checkbox"/> 12 LABORATORY (HI-PRECISION) <p>OTHER HEALTH FACILITIES</p> <input type="checkbox"/> 13 TLY ANGLO / UNI / AURA / VICTORIA <input type="checkbox"/> 14 OTHER CBO CLINICS <p>NON-HEALTH FACILITIES</p> <input type="checkbox"/> 15 PUBLIC PLACE (STREETS, PARKS, MALLS, CONVENIENCE STORES, CINEMA, COFFEE SHOP, FASTFOOD) <input type="checkbox"/> 16 MASSAGE PARLORS, SPA, BATH HOUSE <input type="checkbox"/> 17 HOME</div> </div>		

M13	<p>Anong buwan at taon ka HULING nagpa-HIV test?</p> <p><i>What month and year did you have your LAST HIV test?</i></p>		<div> <input type="checkbox"/> 1 JAN <input type="checkbox"/> 7 JUL <input type="checkbox"/> 2 FEB <input type="checkbox"/> 8 AUG <input type="checkbox"/> 3 MAR <input type="checkbox"/> 9 SEP <input type="checkbox"/> 4 APR <input type="checkbox"/> 10 OCT <input type="checkbox"/> 5 MAY <input type="checkbox"/> 11 NOV <input type="checkbox"/> 6 JUN <input type="checkbox"/> 12 DEC <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YEAR OF LAST HIV TEST </div> <input type="checkbox"/> 999 NEVER HAD AN HIV TEST </div>
M14	<p>Ito ba ang UNA mong HIV test?</p> <p><i>Was this your FIRST HIV test?</i></p>		<div> <input type="checkbox"/> 1 YES ❖ GO TO M16 <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NEVER HAD AN HIV TEST </div>
	M15	<p>Ano ang pangunahing motibasyon mo sa HULI mong HIV test?</p> <p><i>What was your primary motivation for having your LAST HIV test?</i></p>	<div> <input type="checkbox"/> 1 ROUTINE / REGULAR TESTING <input type="checkbox"/> 2 TO KNOW HIV STATUS <input type="checkbox"/> 3 AVAILABLE AND FREE AT THAT TIME <input type="checkbox"/> 4 KNEW SOMEONE WHO WAS DIAGNOSED WITH HIV OR DIED FROM AIDS-RELATED COMPLICATIONS <input type="checkbox"/> 5 HAD SEXUALLY TRANSMITTED INFECTION/S <input type="checkbox"/> 6 ENCOURAGED BY FRIENDS TO TAKE THE HIV TEST <input type="checkbox"/> 7 PARTNER WANTED R TO TAKE THE TEST <input type="checkbox"/> 8 POSSIBLE RECENT EXPOSURE TO HIV <input type="checkbox"/> 9 WITH SYMPTOMS / CONFINED IN HOSP. <input type="checkbox"/> 10 REQUIRED FOR LOCAL EMPLOYMENT <input type="checkbox"/> 11 OFW / REQUIRED FOR FOREIGN EMPLOYMENT <input type="checkbox"/> 999 NEVER HAD AN HIV TEST / LAST WAS FIRST HIV TEST </div> <div style="background-color: black; color: white; text-align: center; width: 30px; float: right; font-weight: bold;">1</div>
M16 ❖	<p>Kinuha o nalaman mo ba ang resulta ng pinakahuli mong HIV test?</p> <p><i>For your last HIV test, did you get or know your results?</i></p>		<div> <input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO ❖ GO TO M19 <input type="checkbox"/> 999 NEVER HAD AN HIV TEST </div>
	M17 if YES	<p>Pagkatapos mong magpa-HIV test, may nagpaliwanag ba sa iyo ng mga paraan para mabawasan ang tyansa ng pagpasa ng HIV? Ang mga paraan ng gamutan para sa HIV?</p> <p><i>After your HIV test, did someone discuss HIV prevention with you? What about HIV treatment options?</i></p>	<div> <input type="checkbox"/> 1 YES, BUT ONLY HIV PREVENTION <input type="checkbox"/> 2 YES, BUT ONLY TREATMENT OPTIONS <input type="checkbox"/> 3 YES, BOTH WERE EXPLAINED <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 NEVER HAD AN HIV TEST / DID NOT GET RESULT FOR LAST HIV TEST </div>
	M18	<p>Ano ang resulta ng HULI mong HIV test? Pwede mo itong hindi sagutin.</p> <p><i>What was the result of your LAST HIV test? You may choose not to answer this.</i></p>	<div> <input type="checkbox"/> 1 POSITIVE <input type="checkbox"/> 2 NEGATIVE <input type="checkbox"/> 3 CANNOT REMEMBER <input type="checkbox"/> 997 REFUSED TO ANSWER <input type="checkbox"/> 999 NEVER HAD AN HIV TEST / DID NOT GET RESULT </div> <div style="background-color: black; color: white; text-align: center; width: 100px; float: right; font-weight: bold;">★GO TO M20</div>

M19 if DID NOT GET RESULT ❖	<p>ANSWER ONLY IF R DID <u>NOT</u> GET HIV TEST RESULT OR M16= NO</p> <p>Bakit HINDI mo nakuha ang resulta ng test mo?</p> <p><i>Why did you NOT get the results of your test?</i></p>	<div>1</div> <input type="checkbox"/> 1 STILL WAITING FOR RESULT <input type="checkbox"/> 2 DOESN'T WANT TO KNOW / AFRAID TO KNOW <input type="checkbox"/> 3 FORGOT TO GET RESULT <input type="checkbox"/> 4 DON'T KNOW WHERE TO GET RESULT <input type="checkbox"/> 5 CLINIC IS FAR <input type="checkbox"/> 6 NO TIME <input type="checkbox"/> 88 OTHER, PLEASE SPECIFY: <input type="checkbox"/> 999 GOT RESULT FOR HIV TEST / NEVER HAD AN HIV TEST
---	--	--

M20 ★	<p>Kung magpapa-HIV test ka (ulit), sino ang gusto mong mag-test sa iyo? Mas gusto mo bang i-test ang sarili mo, puntahan ka ng kakilala mo, puntahan ka ng di mo kakilala, o pumunta sa clinic o facility para sa isang medtech?</p> <p><i>If you were to get an HIV test (again), who do you want to test you? Would you prefer to test yourself, have someone you know go to you, someone you don't know go to you, or go to a clinic or facility to see a medtech?</i></p>	<input type="checkbox"/> 1 SELF <input type="checkbox"/> 2 SOMEONE I KNOW <input type="checkbox"/> 3 SOMEONE I DON'T KNOW <input type="checkbox"/> 4 MEDTECH AT FACILITY <input type="checkbox"/> 999 I DON'T NEED ANOTHER HIV TEST / I AM HIV+
M21	<p>(Sa nakaraang 12 buwan) Pinag-HIV test mo ba ang mga naging sex partners mo bago kayo nag-sex?</p> <p><i>(In the past 12 months) Did you require your sex partners to have an HIV test before you had sex?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO
M22	<p>Mayroon ka bang kakilalang may HIV?</p> <p><i>Do you know someone who has HIV?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO ❖ GO TO M24
M23	<p>Alam mo ba kung siya ay naggagamot o umiinom ng antiretroviral drug (ARV)?</p> <p><i>Do you know if s/he is taking treatment or antiretroviral drug (ARV)?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 DON'T KNOW SOMEONE WHO HAS HIV / DON'T KNOW ART
M24 ❖	<p>Mayroon ka bang mga kakilala o kaibigan na komportable kang kausapin tungkol sa sex life mo at sa HIV?</p> <p><i>Do you have friends or people with whom you are comfortable talking about your sex life and HIV?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO
M25	<p>Mayroon ka bang mga kakilala o kaibigan na matatakbuhan mo sakaling magkaroon ka ng HIV?</p> <p><i>Do you have friends or people whom you can run to in the event that you get HIV?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 3 DON'T KNOW

N. PHIL HEALTH		
N1	<p>Alam mo ba kung ano ang Phil Health?</p> <p><i>Do you know what Phil Health is?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO
N2	<p>Miyembro ka ba ng Phil Health? Meron ka bang Phil Health Member Card?</p> <p><i>Are you a Phil Health member? Do you have a Phil Health Member Card?</i></p>	<input type="checkbox"/> 1 YES <input type="checkbox"/> 0 NO <input type="checkbox"/> 999 DO NOT KNOW WHAT PHILHEALTH IS
END		



2018 Philippine Integrated HIV Behavioral & Serologic Surveillance
FSW QUESTIONNAIRE

DO YOU AGREE TO BE INTERVIEWED AND TESTED FOR SYPHILIS, HEPATITIS B, AND HIV?
(Ikaw ba ay sumasang-ayon na magpainterbyu at magpatest para sa syphilis, Hepatitis B, at HIV?)

IF YOU AGREE, I WILL SIGN THIS LINE ON YOUR BEHALF TO INDICATE THAT YOU GAVE YOUR CONSENT VOLUNTARILY.
(Kung ikaw ay sumasang-ayon, pipirmahan ko ang linyang ito na nangangahulugan na ibinigay mo ang iyong consent ng boluntaryo.)

NAME & SIGNATURE OF INTERVIEWER

Place RID
Sticker here

SHC No.: _____

CHECKED BY SITE COORDINATOR

CHECKED BY DOH-EB VALIDATOR

NAME: _____

NAME: _____

DATE: _____

DATE: _____

A. DEMOGRAPHICS

A1

KAARAWAN *(Birthdate)*

1 JAN

2 FEB

3 MAR

4 APR

5 MAY

6 JUN

7 JUL

8 AUG

9 SEP

10 OCT

11 NOV

12 DEC

DAY

YEAR

A2

EDAD *(Age)*

AGE AT LAST BIRTHDAY
(in completed years)

A3

KASALUKUYANG TIRAHAN (CITY/MUNICIPALITY)
(Current place of residence)

☐ 1 SAME AS CITY OF INTERVIEW

☐ 0 DIFFERENT MUN/CITY, SPECIFY: _____

A4

IKAW BA AY KASALUKUYANG NAG-AARAL (SY 2018-2019)?
Are you currently enrolled in school?

☐ 1 YES

☐ 0 NO

A5

PINAKAMATAAS NA ANTAS NA EDUKASYONG NATAPOS *(Highest educational attainment)*

☐ 0 DID NOT ATTEND SCHOOL

☐ 1 ELEMENTARY LEVEL

☐ 2 ELEMENTARY GRADUATE

☐ 3 HIGH SCHOOL LEVEL

☐ 4 HIGH SCHOOL GRADUATE

☐ 5 SENIOR HIGH SCHOOL LEVEL

☐ 6 SENIOR HIGH SCHOOL GRADUATE

☐ 7 VOCATIONAL COURSE GRADUATE

☐ 8 COLLEGE LEVEL

☐ 9 COLLEGE GRADUATE

☐ 10 POST GRADUATE LEVEL (ie MASTER's)

☐ 11 POST GRADUATE (completed)

A6

CIVIL STATUS

☐ 1 NEVER MARRIED / SINGLE

☐ 2 MARRIED

☐ 3 SEPARATED / ANNULLED

☐ 4 WIDOWED

A7

MAY KINAKASAMA KA BA SA KASALUKUYAN - ASAWA, BOYFRIEND O KA-LIVE IN?
(Are you currently living with a husband, boyfriend or live-in partner?)

☐ 1 YES

☐ 0 NO

A8

SA KASALUKUYAN, ANONG PAMAMARAAN NG FAMILY PLANNING ANG GINAGAMIT MO? *(Currently, what family planning method do you use?)*

☐ 0 NO FP USED

☐ 1 BIRTH CONTROL PILLS

☐ 2 CONDOMS

☐ 3 INTRAUTERINE DEVICE (IUD)

☐ 4 HORMONAL IMPLANTS (SUBDERMAL)

☐ 5 LIGATION / BTL

☐ 6 DEPO-PROVERA (INJECTABLES)

☐ 7 WITHDRAWAL

☐ 8 CALENDAR / RHYTHM METHOD

1

m

FSW Page 1 of 5

B. WORK		
B1	SA KASALUKUYAN, ANONG KLASÉ NA ESTABLISHMENT KA NAGTATRABAHO? (At present, what type of establishment do you work in?)	1
<div><div><input type="checkbox"/> 1 BAR / CLUB</div><div><input type="checkbox"/> 2 SPA / MASSAGE</div><div><input type="checkbox"/> 3 KTV / KARAOKE</div><div><input type="checkbox"/> 4 BEERHOUSE</div><div><input type="checkbox"/> 5 CASA</div><div><input type="checkbox"/> 6 KTV BAR</div><div><input type="checkbox"/> 88 OTHER, SPECIFY: _____</div></div> <div><div>★Skip to B4</div><div><input type="checkbox"/> 999 DO NOT WORK IN AN ESTABLISHMENT</div></div>		
B2	ANO ANG PANGALAN NG ESTABLISHMENT NA IYON? (What is the name of the establishment?)	
<div><div>_____</div><div><input type="checkbox"/> 999 DO NOT WORK IN AN ESTABLISHMENT</div></div>		
B3	ANO ANG TRABAHO MO SA ESTABLISHMENT NA IYON? What type of work do you do in the establishment?	1
<div><div><div><input type="checkbox"/> 1 ENTERTAINER / SINGER / DANCER</div><div><input type="checkbox"/> 2 MESSAGE THERAPIST</div><div><input type="checkbox"/> 3 GRO / CSA</div><div><input type="checkbox"/> 4 WAITRESS / SERVICE CREW</div><div><input type="checkbox"/> 5 FLOOR MANAGER</div><div><input type="checkbox"/> 6 CASHIER</div><div><input type="checkbox"/> 7 DOOR GIRL</div><div><input type="checkbox"/> 8 MODEL</div><div><input type="checkbox"/> 9 RECEPTIONIST</div><div><input type="checkbox"/> 999 DO NOT WORK IN AN ESTABLISHMENT</div></div></div>		
B4	SA NAKARAANG 7 ARAW, ILANG ARAW KA NAKIPAG-SEX NA MAY KAPALIT NA PERA O BAGAY? (In the past 7 days, how many days did you have sex in exchange for cash or kind?)	
<div><div><input type="checkbox"/> NUMBER OF DAYS IN PAST WEEK (MAXIMUM: 7 DAYS)</div><div><input type="checkbox"/> 999 DID NOT HAVE SEX WITH CUSTOMER IN PAST WEEK</div></div>		
B5	SA MGA ARAW NA MAYROON KANG CUSTOMER / KLIYENTE NA NAKIPAG-SEX SA IYO NA MAY KAPALIT NA PERA O BAGAY, KARANIWAN, NAKAKAILANG CUSTOMER KA SA ISANG ARAW? (On the days when you have customers / clients, on average, how many customers do you have sex with in exchange for cash or kind in one day?)	
<div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>NUMBER OF CUSTOMERS / CLIENTS IN ONE DAY</div></div><div>CANNOT BE ZERO</div></div>		
B6	ANONG KLASENG SEX ANG GINAWA MO SA HULI MONG CUSTOMER: ORAL, VAGINAL O ANAL? (What type/s of sex did you have with your last customer: oral, vaginal or anal sex?)	m
<div><div><input type="checkbox"/> 1 ORAL SEX</div><div><input type="checkbox"/> 2 VAGINAL SEX</div><div><input type="checkbox"/> 3 ANAL SEX</div></div>		
B7	GUMAMIT BA KAYO NG CONDOM NG HULI MONG CUSTOMER? (Did you use a condom with your last customer?)	
<div><div><input type="checkbox"/> 1 YES</div><div><input type="checkbox"/> 0 NO</div></div>		
C. SEX PARTNERS IN THE PAST 30 DAYS		
C1	SA NAKARAANG 30 ARAW, NAKIPAG-SEX KA BA SA LALAKING CUSTOMER NA UNANG BESES MO PALANG NAKA-SEX? (In the past 30 days, did you have sex with a new male customer for the first time?)	
<div><div><input type="checkbox"/> 1 YES</div><div><input type="checkbox"/> 0 NO</div></div>		
C2	SA NAKARAANG 30 ARAW, NAKIPAG-SEX KA BA SA LALAKING SUKI O DATI MO NANG CUSTOMER? (In the past 30 days, did you have sex with returning male customer?)	
<div><div><input type="checkbox"/> 1 YES</div><div><input type="checkbox"/> 0 NO</div></div>		
C3	SA NAKARAANG 30 ARAW, ILAN ANG IYONG NAGING CUSTOMER NA NAGBAYAD PARA MAKIPAG-SEX SA IYO? (In the past 30 days, how many customers paid to have sex with you?)	
<div><div>CANNOT BE ZERO</div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>NUMBER OF CUSTOMERS IN PAST 30 DAYS</div></div></div>		
C4	SA NAKARAANG 30 ARAW, NAKIPAG-VAGINAL SEX KA BA SA IYONG LALAKING CUSTOMER NA HINDI GUMAGAMIT NG CONDOM? (In the past 30 days, did you have condomless vaginal sex with a male customer?)	
<div><div><div><input type="checkbox"/> 1 YES</div><div><input type="checkbox"/> 0 NO</div><div><input type="checkbox"/> 999 DID NOT HAVE VAGINAL SEX WITH A MALE CUSTOMER</div></div></div>		
C5	SA NAKARAANG 30 ARAW, NAKIPAG-ANAL SEX KA BA SA IYONG LALAKING CUSTOMER NA HINDI GUMAGAMIT NG CONDOM? (In the past 30 days, did you have condomless anal sex with a male customer?)	
<div><div><div><input type="checkbox"/> 1 YES</div><div><input type="checkbox"/> 0 NO</div><div><input type="checkbox"/> 999 DID NOT HAVE ANAL SEX WITH A MALE CUSTOMER</div></div></div>		
C6	SA NAKARAANG 30 ARAW, NAKIPAG-SEX KA BA SA IYONG ASAWA, BOYFRIEND, O ISANG PARTNER NA HINDI KA BINAYARAN? (In the past 30 days, did you have sex with your husband, BF, or a non-paying partner?)	
<div><div><div><input type="checkbox"/> 1 YES</div><div><input type="checkbox"/> 0 NO</div></div><div>★Skip to D1</div></div>		
C7	NOONG HULING BESES KANG NAKIPAG-SEX SA IYONG ASAWA, BF O PARTNER NA HINDI NAGBABAYAD PARA MAKIPAG-SEX SA IYO, GUMAMIT BA KAYO NG CONDOM? (The last time you had sex with your husband, BF, or a non-paying partner, did you or your partner use a condom?)	
<div><div><div><input type="checkbox"/> 1 YES</div><div><input type="checkbox"/> 0 NO</div><div><input type="checkbox"/> 999 DID NOT HAVE SEX WITH A NON-PAYING PARTNER IN PAST 30 DAYS</div></div></div>		

D. PAST 12 MONTHS / YEAR

D1

★

SA NAKARAANG 12 BUWAN, SAANG MGA SIYUDAD KA NAKIPAG-SEX NA MAY KAPALIT NA PERA O BAGAY?
(In ther past 12 months, which cities did you have sex in exchange for cash or kind?)

m

☐

1 SAME AS CITY OF INTERVIEW

☐

0 DIFFERENT MUN/CITY, SPECIFY: _____

D2

SA NAKARAANG 12 BUWAN, NAKIPAG-SEX KA BA KAPALIT NG PERA O BAGAY, BUONG TAON, MINSAN SA ISANG TAON, O KAPAG KINAKAILANGAN LANG? (In the past 12 months, did you have sex in exchange for cash or kind the whole year, only during select times of the year, or only when needed?)

☐

1 ALL THROUGHOUT THE YEAR

☐

2 SELECTED TIMES OF THE YEAR

☐

3 WHEN NEED AROSE ONLY

D3

SA NAKARAANG 12 BUWAN, NAGKAROON KA BA NG LALAKING SEX PARTNER NA BINAYARAN KA MULA:
(In the past 12 months, did you have paying male sex partners):

a) SA LUGAR KUNG SAAN KA NAGTATRABAHO
(from the establishment where you work)

☐

1 YES

☐

0 NO

b) SA TINATAMBAYAN MO
(from places where you hangout)

☐

1 YES

☐

0 NO

c) SA PAMPUBLIKONG LUGAR TULAD NG PARKE, KALYE, MALL, ATBP.
(from public places like parks, streets, malls, etc.)

☐

1 YES

☐

0 NO

d) REFERRAL NG KAIBIGAN O BUGAW / MAMASANG
(through referral from friends / pimp)

☐

1 YES

☐

0 NO

e) DIRETSO KANG/MONG KINONTAK SA PAMAMAGITAN NG TEXT O TAWAG
(from directly contacting you / them through text or call)

☐

1 YES

☐

0 NO

f) ONLINE / WEBSITE / MOBILE APP

☐

1 YES

☐

0 NO

D4

SA MGA SAGOT MO SA NAUNANG TANONG (D3), ANO ANG PINAKAMADALAS NA PARAAN PARA MAKAHANAP KA NG LALAKING CUSTOMER NA MAKAKA-SEX? (Of your answers from the earlier question (D3), which is your most common way of finding paying male sex partners?)

☐

1 ESTABLISHMENT WHERE I WORK

☐

2 PLACES WHERE HANG OUT

☐

3 PUBLIC PLACES

☐

4 REFERRAL FROM FRIENDS/PIMP

☐

5 DIRECT CONTACT (TEXT OR CALL)

☐

6 ONLINE/WEBSITE/MOBILE APP

D5

NARANASAN MO BA ANG MGA SUMUSUNOD SA NAKARAANG 12 BUWAN?:
(Have you experienced any of the following in the past 12 months ?):

a) MAKIPAG-SEX KASAMA ANG HIGIT SA ISANG PARTNER SA ISANG LUGAR
(Group sex or orgy)

☐

1 YES

☐

0 NO

b) MAKIPAG-ANAL SEX SA LALAKING CUSTOMER
(Anal sex with a male customer)

☐

1 YES

☐

0 NO

c) MAKIPAG-SEX SA LALAKING CUSTOMER NA LABAG SA IYONG KALOOBAN
(Forced sex with a male customer)

☐

1 YES

☐

0 NO

D6

SA NAKARAANG 12 BUWAN, MAY NAPANSIN KA BANG:
In the past 12 months, did you notice:

a) HINDI PANGKARANIWANG DISCHARGE NA MAY DI PANGKARANIWANG AMOY SA IYONG PUWERTA (unusual foul-smelling discharge in your genital)

☐

1 YES

☐

0 NO

b) WARTS O KULUGO NSA IYONG PUWERTA O PUWET
(genital or rectal warts)

☐

1 YES

☐

0 NO

c) SUGAT SA IYONG PUWERTA O PUWET
(genital or rectal ulcer or sore)

☐

1 YES

☐

0 NO

E. FIRST SEX

E1

ILANG TAON KA NOONG UNANG BESES KANG:
(How old were you the first time you):

(AGE IN COMPLETED YEARS)

a) NAKIPAG-ORAL SEX SA LALAKI
(had oral sex with a male)

b) NAKIPAG-VAGINAL SEX SA LALAKI
(had vaginal sex with a male)

c) GUMAMIT NG CONDOM NOONG NAKIPAG-VAGINAL SEX
(experienced using a condom during vaginal sex)

d) NAKIPAG-ORAL, VAGINAL, O ANAL SA LALAKI KAPALIT NG PERA O BAGAY
(had oral, vaginal or anal sex with a male partner in exchange for cash or kind)

F. DRUGS AND SEX

NGAYON NAMAN AY PAG-UUSAPAN NATIN ANG SEX AT DROGA. KASAMA SA DROGA ANG ECSTASY, NALBUPHINE O NUBAIN, AT MARAMI PANG IBA. (We will now talk about drugs and sex. Drugs include ecstasy, nalbuphine or nubain, and others. The information you will give will still remain confidential.)

F1

ILANG TAON KA NOONG UNA KANG NAKAGAMIT NG DROGA NA NAKAKA-HIGH?
(How old were you when you first used drugs that can make you high?)

(in completed years)

997 REFUSED TO ANSWER

999 NEVER USED DRUGS

F2

KUNG NAKAGAMIT KA NG DROGA, NARANASAN MO BA ANG MGA SUMUSUNOD SA NAKARAANG 12 BUWAN? (If you already used drugs, did you experienced any of the following in the past 12 months ?)

a) GUMAMIT NG DROGA
(Use drugs)

b) MAKIPAG-SEX HABANG HIGH SA DROGA
(Have sex while high on drugs)

c) MAG-TUROK O MAG-INJECT NG DROGA SA SARILI
(Inject drugs to self)

d) GUMAMIT NG KARAYOM O HIRINGGILYA NA GINAMIT NA PANTUROK NG DROGA NG IBA (Use a needle or syringe used by other to inject drugs)

YES

NO

REFUSED TO ANSWER

NEVER USED DRUGS

G. HIV KNOWLEDGE

G1

PUWEDE BANG MAY HIV ANG ISANG TAONG MUKHANG MALUSOG? (Can a healthy-looking person have HIV?)

1 YES

0 NO

3 IDK

G2

PUWEDE BANG MAGKA-HIV ANG ISANG TAO SA PAMAMAGITAN NG KAGAT NG LAMOK? (Can a person get HIV from mosquito bites?)

1 YES

0 NO

3 IDK

G3

ANG PAGGAMIT BA NG CONDOM AY MAKAPAGPAPABABA NG TYANSA NA MAIPASA ANG HIV? (Can using condoms reduce the risk of HIV transmission?)

1 YES

0 NO

3 IDK

G4

PUWEDE BANG MAGKA-HIV ANG ISANG TAO SA PAMAMAGITAN NG PAGGAMIT NG INIDORO O IHIAN SA PAMPUBLIKONG BANYO O CR? (Can a person get HIV by using toilet bowls / urinals in public places?)

1 YES

0 NO

3 IDK

G5

KUNG IISA LANG ANG IYONG SEX PARTNER, WALA SIYANG IBANG PARTNER AT WALA SIYANG HIV, MABABA BA ANG TYANSA NA IKAW AY MAGKA-HIV KAPAG MAKIKIPAG-SEX SA KANYA? (Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission?)

1 YES

0 NO

3 IDK

G6

PUWEDE BANG MAGKAROON NG HIV ANG ISANG TAO KAPAG NAKIKISALO SA PAGKAIN NG TAONG MAY HIV? (Can a person get HIV by sharing food with someone who is infected with HIV?)

1 YES

0 NO

3 IDK

G7

MAY PARAAN BANG MABUNTIS AT MAGKAANAK ANG ISANG BABAENG MAY HIV NA HINDI NIYA NAIPAPASA ANG VIRUS SA KANYANG SANGGOL? (Is there a way for women living with HIV to get pregnant and have children without transmitting to her baby?)

1 YES

0 NO

3 IDK

G8

SA PAGKAKAALAM MO, MAY PUWEDE BANG GAMOT PARA SA HIV? (As far as you know, is there treatment for HIV?)

1 YES

★Skip to H1

0 NO

3 IDK

G9

ANO ANG TAWAG DITO? (What is this treatment called?)

1 SPECIFY: _____

0 I DON'T KNOW THE NAME

999 IDK ART

G10

LIBRE BA O MAY BAYAD ANG GAMOT NA ITO? (Is this treatment for free or for sale?)

1 FREE

0 NOT FREE

3 I DON'T KNOW THE ANSWER

999 IDK ART

G11

KAILANGAN BANG MAGHINTAY ANG MGA TAONG MAY HIV NA MAGKAROON SILA NG SENTOMAS AT IBA PANG IMPEKSYON BAGO UMPISAHAN ANG KANILANG GAMUTAN? (Should people living with HIV wait for symptoms and other infections to appear before they start with their HIV treatment?)

1 YES

0 NO

3 I DON'T KNOW THE ANSWER

999 IDK ART

G12

PANGHABAMBUHAY BA ANG GAMUTAN PARA SA HIV? (Is HIV treatment life-long?)

1 YES

0 NO

3 I DON'T KNOW THE ANSWER

999 IDK ART

FSW Page 4 of 5

H. ACCESS TO SERVICES

H1 SA NAKARAANG 12 BUWAN, MAY NAGBIGAY BA SA IYO NG IMPORMASYON TUNGKOL SA:

(In the past 12 months, did someone give you information about):

★ a) KUNG PAANO NAIPAPASA AT MAKAKAIWAS SA HIV
(how HIV is transmitted and prevented)

☐

1 YES

☐

0 NO

b) KUNG SAAN PUWEDENG MAGPA-HIV TEST
(where to get tested for HIV)

☐

1 YES

☐

0 NO

H2 SA NAKARAANG 12 BUWAN, NAKATANGGAP KA BA NG LIBRENG CONDOM, LUBRICANT, O CONDOM NA MAY KASAMANG LUBRICANT? (In the past 12 months, did you receive free condoms, lubricants, or condom plus lubricants?)

★Skip to H5

☐

1 CONDOM ONLY

☐

2 LUBRICANT ONLY

☐

3 CONDOM PLUS LUBRICANT

☐

0 DID NOT RECEIVE ANY

H3 KUNG NAKATANGGAP KA SA NAKARAANG 12 BUWAN NG LIBRENG CONDOM / LUBRICANT, SAAN-SAAN KA NILAPITAN, INALOK, AT BINIGYAN? (If you already received free condom / lubricant in the past 12 months, where were you approached, offered, and given free condoms and/or lubricant?)

m

☐

1 CITY HEALTH / SHC / HEALTH CENTER

☐

4 SCHOOL

☐

2 BARANGAY / COMMUNITY EVENTS

☐

5 PLACE WHERE I WORK

☐

3 PUBLIC PLACE (E.G. STREETS, PARKS, MALLS, CONVENIENCE STORES, CINEMA, COFFEE SHOP, FAST FOOD)

☐

88 OTHER, PLEASE SPECIFY: _____

☐

999 DID NOT RECEIVE FREE CONDOMS & LUBE

H4 ANONG BUWAN KA HULING NILAPITAN AT BINIGAYN NG LIBRENG CONDOM AT/O LUBRICANT SA NAKARAANG 12 BUWAN? (What month were you last approached and given free condoms and/or lubricant in the past 12 months?)

MONTH LAST RECEIVED

☐

999 DID NOT RECEIVE FREE CONDOMS & LUBE

H5 REGULAR KA BANG BUMIBILI NG CONDOM?

(Do you regularly buy condoms?)

☐

1 YES

☐

0 NO

H6 NAKAPAGPA-HIV TEST KA NA BA?

(Have you ever been tested for HIV?)

☐

1 YES

☐

0 NO

H7 ANONG BUWAN AT TAON KA HULING NAGPA-HIV TEST?

(What month and year did you have your last HIV test?)

1 JAN

4 APR

7 JUL

10 OCT

YEAR OF LAST HIV TEST

2 FEB

5 MAY

8 AUG

11 NOV

3 MAR

6 JUN

9 SEP

12 DEC

☐

999 NEVER HAD AN HIV TEST

H8 KINUHA O NALAMAN MO BA ANG RESULTA NG PINAKAHULI MONG HIV TEST?

(For your last HIV test, did you get or know your result?)

☐

1 YES

☐

0 NO

☐

999 NEVER HAD AN HIV TEST

H9 KUNG NA-TEST SA NAKARAANG 12 BUWAN, ILANG BESES? ISANG BESES O HIGIT SA ISANG BESES?

(If you were tested in the past 12 months, how many times? Once or more than once?)

☐

1 ONCE

☐

2 MORE THAN ONCE

☐

999 NEVER HAD AN HIV TEST

H10 MAY PANAHOON BA NA NAG-SMEAR POSITIVE* KA NOONG NAGPA-CERVICAL SMEAR TEST KA SA SHC? (Has there been a time when you failed (smear positive) the cervical smear test at the SHC?)

☐

1 YES

☐

0 NO

❖END❖