Descriptive Assessment of the Health-Seeking Behaviors of High-risk Groups for HIV/AIDS/STIs in Accessing the Services of Social Hygiene Clinics in Angeles City, Pampanga and Quezon City, Metro Manila

Aguedo Troy D. Gepte IV, MD, MPH

Executive Summary of the Demand Side Assessment Report

Focus group discussions (FGDs) among SHC clients and key informant interviews (KIIs) among SHC staff were conducted in Angeles City and Quezon City to identify factors that affect health-seeking behavior among groups at high risk for HIV/AIDS/STIs.

Important concerns that were verbalized among the FGD participants and among those interviewed are the following:

1. The majority of current clients of SHCs in Angeles City are registered sex workers from the various clubs and entertainment establishments in the city. These clients generally have a favorable attitude about the SHC deeming the services offered as satisfactory. Freelance sex workers though have to be encouraged to undergo testing through outreach activities or by inviting them to avail of services in the Angeles City SHC and/or the Barangay Baliabago SHC. Advocacy in promoting SHC services is ongoing; however, funding through the local government is dependent on The Global Fund which will end by 2012.
2. Clients of the Batasan SHC are mostly from the general population. Even though the services in Batasan SHC are for free among MSMs, the general population and freelancers, stigmatization of going to the SHC has persisted due to a general impression that SHCs cater to registered sex workers only. This is now being addressed by establishing more rapport between clients and the SHC through the SHC staff as well as the peer educators in the community.
3. For MSM clients of the Angeles SHC and Batasan SHC, there were concerns about apprehensions in going to the SHC because: a) they might be mistaken for sex workers, b) other people might judge them as being ill, and c) they are afraid that, when they become aware that they are sick, they may face rejection and discrimination from others. These

MSM clients want to be assured that their privacy will be respected and the results of testing will be confidential.

4. Peer educators who have worked through social networks and support groups have been a valuable source of SHC clients and referrals from the community. This is particularly most evident among their outreach activities to MSMs who want that condoms be distributed during outreach and that testing can be done through the barangay. MSMs also recommend that incentives, such as travel and/or food allowances, be provided to encourage consultations at the SHC.
5. Among sexually active people who have not been invited to the SHC through the peer educators, knowledge on the need for protection through condoms and their effectiveness do not translate to actual condom use. There is a lack of motivation for them to practice safe sex to avoid infections as they give importance to intimacy during intercourse instead of personal safety. It is evident that there are many potential clients who have not yet been able to participate in outreach activities and thus can not be referred to the SHC for consultation and testing.

SHCs have utilized outreach activities and the use of peer educators in encouraging people to go to the SHC. Unfortunately, due to a lack of future funding, these programs are in danger of not being sustained by the local government. A continuous assessment of LGU capacity to sustain and improve SHCs and their outreach activities is needed to meet the growing demands of current and potential clients so that proper planning and budgeting for SHC activities can be done. Specifically, the sustainability of the peer educator program is crucial in decreasing the stigmatization that may be experienced by those who would want to avail of services at the SHC. Partnerships with private clinics and barangays should also be considered by local governments to establish more SHC facilities in the community.

Introduction and Project Background:

In recent years, there has been a dramatic increase in new cases of HIV/AIDS as reported by the Department of Health (DOH). As of the latest HIV/ADIS Surveillance Report from the Philippine HIV and AIDS Registry of the National Epidemiology Center of the DOH, the surge in the number of cases of HIV for the month of November 2011 alone is 89% higher compared to the same period from the previous year. In the same report, from January to November 2011, 96% of 2081 newly diagnosed cases were infected through sexual contact with a majority of male cases (1,859 males and 133 females infected through sexual transmission). Based on a cumulative tally of cases since 2007, a shift in the predominant trend of sexual transmission from heterosexual contact to males having sex with other males (MSMs) has been observed.[1]

The rise in the number of cases has been also documented by research studies conducted by the Philippine General Hospital (PGH). In a retrospective study to describe the demographic characteristics, clinical presentation and outcome of a census of 72 HIV/AIDS patients managed at the PGH from October 1993 to September 2002, the majority were found to be males that were mostly in the economically productive age group with heterosexual intercourse as the most common mode of transmission[2]. In a more recent study, the PGH gave free rapid HIV tests to 406 male respondents from November 2009 to January 2010. Among 385 respondents who disclosed their occupation, 130 were MSM working in the Business Process Outsourcing (BPO) industry. Over half (26 people or 54%) of those found to be HIV positive were call center agents although this comprises only a small percentage of the total number of samples in this study[3].

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[1] Philippine HIV and AIDS Registry, November 2011. National Epidemiology Center , Department of Health, Philippines.

[2] Profile of HIV/AIDS Patients at the Philippine General Hospital: Revisiting 9 Years of Clinical Experience. Raul V. Destura, M.D., Regina P. Berba, M.D., Myrna T. Mendoza, M.D., Melecia A. Velmonte, M.D., Raquel M. Ecarma, M.D., Loreta B. Zoleta, M.D., Sonia. S. Salamat, M.D. and Dominga A. Gomez, R.N. Philippine Journal of Microbiology and Infectious Diseases 2003; 32(1): 11-21.

[3] "No link between call centers and HIV spread?". ABS_CBNNews.com (http://www.abs-cbnnews.com/lifestyle/02/09/10/no-link-between-call-centers-and-hiv-spread)

The recent phenomenon of the emergence of the BPO industry and financial empowerment of a younger generation of sexually active workers could likely have contributed to the rise in the number of HIV cases and other sexually transmitted infections (STIs). Greater social mobility and enhanced access to multiple sex partners coupled with a lack of awareness or motivation to use condoms for protection against HIV and STIs has put these BPO workers at risk. Adding to this vulnerability is that these income-enhanced professionals are also likely to be more exposed to the sex industry and illegal drugs as a consequence of changes in lifestyle and sexual activity.

At present, this dilemma actually belies the traditional perception of the “low and slow” incidence of HIV cases in the country. On the contrary, it is quite possible that in the near future, there will be a ballooning of cases that may further occur because of the danger of the spread of HIV/AIDS in the Philippines due to both unprotected sexual intercourse, particularly among MSMs.

To address a possible impending epidemic of HIV/AIDS as well as STIs, Social Hygiene Clinic (SHC) services have to be continuously assessed to determine the capacity to address the gradual spread of HIV/AIDS.

Drawing from the experience of other countries, SHC services can be provided universally in many developed countries such as in Hong Kong SAR where SHCs provide medical treatment and counselling services for patients with sexually transmitted infections. These SHCs can also facilitate carrying out contact tracing, health education activities and outreach activities to control the spread of sexually transmitted diseases. In different countries such as Thailand and Australia, information on the location of SHCs (i.e. STD Clinics, Genitourinary Medicine (GUM) Clinics or Sexual Health Clinics) and available social hygiene services are given in websites to encourage potential clients to go for counselling and testing.

However, SHC capacity to provide services is more challenging in the setting of a developing country such as Nepal where research shows that female sex workers have

limited access to information and to health services due to personal, structural and socio-cultural constraints and that appropriate education is needed to change individual behaviour and health worker and community perceptions[4]. In the Philippines, a study in 2006 conducted by Family Health International (FHI) to monitor the compliance to the Manual of Procedures for Social Hygiene Clinics recommended that, in order to improve the accessibility of SHC services to their target clients, outreach clinics should be conducted by SHCs and that clinic hours should be flexible to accommodate establishment-based sex workers[5].

In Ghana, a feasible strategy to enhance the capacity of the community to meet the possible increase in demands for services to address the rise of cases of HIV/AIDS and other STIs has been put in place[6]. Programs that offer youth-friendly sexual health services by increasing young people's sexual health knowledge, access to reproductive and sexual health services, demand for and use of such services, and participation in the planning, implementation, and evaluation of programs were established by the Planned Parenthood Association of Ghana (PPAG). PPAG opened a center in Accra that included a youth clinic, counselling unit, main hall, library, and computer center that offer a range of educational, artistic, and entertainment activities. Providing non-sexual health services (limited or expensive in the local community) enables PPAG to also effectively deliver sexual health education and services to youth, including STI testing and treatment and HIV counselling and testing.

In the Philippines, the Angeles Social Hygiene Clinic and the Batasan Social Hygiene Clinic (in Quezon City) were selected for this descriptive study because of the high demand for SHC services in the areas that they serve. These SHCs have recently

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[4] Utilisation of sexual health services by female sex workers in Nepal. Ghimire, Laxmi, Smith W Cairns S, van Teijlingen Edwin R. BMC Health Services Research 2011, 11:79. (http://www.biomedcentral.com/1472-6963/11/79)

[5] Monitoring Compliance to the Manual of Procedures for Social Hygiene Clinics: An Assessment Report. Loreto B. Roquero, Jr., MD, MPH1 Ricardo J. Mateo, Jr., MD2 Family Healthj International (FHI). October 2006.

[6] Creating Youth-Friendly Sexual Health Services in Sub-Saharan Africa. Programs Offer Youth-Friendly Sexual Health Services. Case Study: Inovate - Ghana. http://www.advocatesforyouth.org/publications/549?task=view

also embraced the use of the internet to better promote their services through their own Facebook pages.

The Angeles Social Hygiene Clinic has long served clients from Angeles City which has been a priority area for STI control and HIV prevention as it has been the site of a former U.S. military base and the persistence of a large number of sex 'entertainment' establishments that still attract foreign and local patrons. Although registered sex workers (RSWs) have good access to STI services through the SHC, data on the quality and efficacy of those services are minimal and standardized clinical guidelines for STI screening and treatment had been lacking. On the other hand, freelance sex workers (FSWs) had not been part of the SHC system and generally have poor access to STI care[7]. To address the growing demand for SHC services, the Balibago Social Hygiene Clinic in Angeles City, was recently established in July 2011 and is the first social hygiene clinic to be privately established and run by a local government unit (LGU)[8].

The Batasan SHC is one of three SHCs that has been put up by the Quezon City Health Department[9]. In recent years, Quezon City, being the largest city in the National Capital Region, has also documented the most number of new cases of HIV/AIDS. SHC services of the QC Health Department include health education, information, and promotion activities (STI's, HIV/AIDS awareness lectures and correct condom usage and distribution) to encourage those at risk in the community to consult the SHC.

Because there is an urgent need to establish the potential demand to strengthen social hygiene clinic services to accommodate a potentially growing number of people at greater risk for HIV/AIDS/STIs, information regarding the health seeking behaviour of potential clients of SHCs as well as verbalized recommendations to improve access to

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[7] Enhanced STI Control in Angeles City, Philippines. Family Health International (FHI) Philippines. 2001.
[8] Balibago Social Hygiene Clinic Facebook Page. http://www.facebook.com/pages/Balibago-Social-Hygiene-Clinic/146805355397243?v=info
[9] Batasan Social Hygiene Clinic (QCHD) Facebook Page. http://www.facebook.com/batsochygieneqchd?sk=info

SHC services would be valuable in the development of interventions to address difficulties of accessibility and affordability to these services by SHC clients.

The aim of the study was to provide evidence in the development of recommendations to improve the accessibility of high-risk groups to SHCs. It will also help determine the need for social marketing strategies that would address the problem of stigmatization of SHCs.

General Objective of the Study:

To identify factors that affect health-seeking behavior among groups at high risk for HIV/AIDS/STIs in selected cities in the Philippines

Specific Objectives:

1. To identify and describe obstacles and constraints in accessing Social Hygiene Clinics among high-risk groups
2. To describe and assess the process of stigmatization that affect the access of high-risk groups to SHCs

Methodology

Selection of SHCs and study respondents

SHCs were originally supposed to be chosen from the following local government units (LGUs) Quezon City and/or Pasay City in Metro Manila, in Angeles City and Legaspi City. The selection of Legaspi City and Pasay City as alternative study sites had been initially discussed but was eventually not done due to difficulty in coordination and scheduling and high costs of conducting the study.

Coordination with the City Health Officers of these LGUs was achieved by providing letters of introduction and the conduct of courtesy visits to the SHC to meet

and orient the heads of offices and personnel with regards to the study. SHC staff were asked to recommend contacts among clients and high-risk groups who will in turn provide other contacts in a snowball sampling process. Invitations for interview and focus group discussions (FGDs) were then coursed through the SHCs (Angeles City: August and September 2011 and Quezon City: November and December 2011).

Conduct of Key Informant Interviews and FGDs

The design of the study relied on qualitative methods of data collection of focus group discussions (FGDs) and key informant interviews (KIIs). Interviewees and invited participants to the FGDs were briefed as to the purpose of the study and were assured of the confidentiality of information that they would provide.

A narrative description of the findings of the interviews and the FGDs was made to describe the factors and concerns that were raised regarding issues of accessibility to SHCs.

Results

Angeles City

Interview with Dr. Teresa Esguerra, City Health Officer of the Angeles City Social Hygiene Clinic regarding SHC services

1. The SHC clinic operates from 8:30 am to 3:30 pm everyday and presently experiences congestion with about 700 to 800 clients a day who go to the SHC. With about 4000 seen in the Angeles City SHC in one week, a request for another building has already been made. (The present building was funded with help from USAID).
2. Guidelines for the SHC have not yet really been established. Clients can also go to other accredited SHCs where they can also avail of social hygiene services as every entertainment establishment have their own set schedule to have their workers go to the SHC.

3. Not all SHCs are giving medications as availability would depend on the sufficiency of the general fund of the city health office. A portion of the fund comes from the council budget and is used for HIV screening (HIV patients are referred to San Lazaro Hospital in Manila or in San Fernando, Pampanga).
4. The Global Fund for AIDS, TB and Malaria are giving medicines not necessarily for HIV but also for STIs/STDs. They provide medicines as well as condoms since three years ago. However, the program will end on 2012 and there is a need to get funds to sustain these.

Focus Group Discussion with Registered Sex Workers/Clients of SHC

(Eight registered sex workers were invited for an FGD to discuss their experiences at the Angeles City Social Hygiene Clinic)

Highlights of the FGD include:

1. Participants emphasized that going to the SHC is part of their work and that they can not go to work if they have not had their weekly check-up.
2. For first-time clients at the SHC, a seminar on HIV/STD prevention is required before they can obtain their SHC clearance.
3. They appreciate that a level of efficiency is attempted at the SHC as clients are given individual numbers for a queuing system and are called when for their turn. However, crowding and confusion happen as everyone wants to finish with their consultations in the soonest possible time.
4. Clients feel that SHC personnel are hardworking and accommodating.
5. Clients are aware that smears and HIV screening (blood extractions) done at the SHC are needed to know if they are sick,
6. Others verbalized their apprehensions in going to the Angeles City SHC where test results are not as credible as that from the private SHC clinics in the city.
7. An organization among workers in entertainment establishments provides members some benefits for treatment and loans.
8. Clients also mentioned that:

a. Slides for smear testing should be used only once
b. A sufficient number of vaginal speculums of appropriate sizes should be available.
c. Tests should be accurate.
d. Ventilation could be improved by providing electric fans and/or air conditioning units.
e. More personnel to take care of the needs of clients.

Interview with Ms. Elsie Masagka of the Angeles City Health - AIDS Council regarding other clients of SHCs such as MSMs:

Information about the existing services provided and activities conducted by the SHC for other clients include:

1. Tuesday is the date reserved for smear testing for MSMs. MSMs usually go to private clinics accredited by the Angeles City SHC for testing as they often finish working in early morning (5 a.m.).
2. MSMs usually prefer to have walk-in consultations rather than scheduled visits. The AIDS Council with the City Government has an advocacy program conducted twice a year in gay bars and places where street-based freelance MSMs converge.
3. The Barangay Balibago SHC is a separate social hygiene clinic run by the barangay. For accredited private SHCs, a portion of the fees are given to the local government. For those that have positive test results in private clinics, they should be seen in the Angeles City SHC.
4. Surveillance for HIV among occupational cohorts of men (OCMs) and freelancer MSMs had been conducted. Unregistered young MSMs were found to be positive.
5. In a 2007 study, an example of an OCM is the cohort of tricycle drivers who were found to look for sex workers for clients and sometimes end up being clients/customers themselves.

6. Surveillance is conducted on-site in gay bars and even among prison inmates.
7. Outreach activities help improve testing because of promotion. Educators who are HIV-positive provide testimony to others at risk and help in reducing the fear of testing. Part of stigmatization is the denial that the risk is present or that they may already have the disease.
8. Freelancers do not wish themselves to be labeled as sex workers because they do not work in bars (i.e. entertainment establishments).
9. Some MSMs who are HIV positive become peer educators and work with an allowance (about P350 a day).
10. One advocacy activity that is effective is poster making to increase awareness. Local dissemination forums is also conducted.
11. The Angeles City SHC was renamed to the Angeles City Reproductive Health and Wellness Center to help in reducing the stigma associated with HIV/STD testing.

Interview with Dr. Marites A. Arevelo, Clinical Hygiene Doctor of the Balibago Social Hygiene Clinic

1. There are four clinics in Angeles City that provide social hygiene services for the sex workers (2 private clinics, City Health SHC and Balibago SHC)
2. Clients can avail of the same services as those in the Angeles City SHC and can also get other services such as pap smear and family planning services. The cost is a little higher in Balibago SHC but they are open until 8 pm as many clients can not go to the Angeles City SHC which closes earlier.
3. The Balibago SHC is independent from the City as funding comes from the Barangay and not from the City. Services complement those from the city SHC as the number of clients is continuously increasing.
4. There are freelance sex workers that are considered as walk-in clients.
5. The Balibago SHC is open to everyone but, so far, MSMs have not yet used their services as the clinic had just started only last July 15.

6. There is an opportunity to face the problem of stigmatization of Angeles City as a "sin city" because of the presence of the military base in the past.
7. Partnership with an NGO helps in providing seminars to the clients.
8. There are mobile clinics to reach the client because of stigmatization especially among "Most at Risk Populations" (MARPs).

FGD with MSMs (conducted in coordination with the City AIDS Council):

(Six MSMs invited by the peer educators of the Angeles City SHC)

Reasons for going to SH:

1. MSMs have gone to the SHC for processing of a health certificate for clearance purposes. They are aware that clients provide specimens for testing.
2. Peer educators invite MSMs for seminars on HIV.
3. They believe that the rapid testing done for HIV can get results early.
4. These activities are conducted to increase their awareness about their own health.

Reasons mentioned why MSM do not go the SHC are:

1. They do not wish to join those who work in bars and clubs as they may be mistaken for sex workers.
2. Even if they want to know if they might be sick, they do not wish other people to know as rumours may spread that they may have HIV.

To encourage MSMs to go to SHC, the following suggestions were given:

1. Condoms should be distributed.
2. They would prefer to have an accessible place in the barangay to go to which they can avail of testing.
3. It was shared by Dr. Esguerra from the Angeles City SHC that there is a proposal to provide males a room for testing in the SHC. Coordination with the Barangay will be continued to encourage MSMs to go for testing. Previously, there had been a "condom corner" in the barangay and it is suggested that it be returned.

4. Participants mentioned that an allowance can be given to entice clients to go to the SHC because the main reason is financial concerns for transportation, food and availing of medicines if they learn that they are sick. An example of an incentive that was shared is the rewarding referrals to the SHC. However, proper screening of potential clients should be done to assess the risk.

Interviews among Freelance Sex Workers in Balibago Area:

(Five female freelance sex workers working in the vicinity of the Angeles SHC)

1. The SHC conducts outreach activities among freelance sex workers for voluntary testing. But since the clinic is near, they are aware that they can go for smear testing and HIV testing during clinic hours.
2. They mentioned that they go to the SHC because they want to know if they are sick. They also hear of radio commercials to promote going to the SHC.
3. They admit that first-timers are apprehensive particularly because of the need to provide blood specimens for testing.
4. They are aware that they should have smear tests every 6 months and can obtain medicines from the SHC. (They mentioned that they can not get medicines in the barangay.)

Quezon City

Interview Dr. Dottie Mercado, Social Hygiene Clinic Physician, Batasan Social Hygiene Clinic

1. Batasan SHC was established in 2005, the newest among the 3 SHCs in Quezon City. Registered sex workers pay P65 for the services but medicines for treatment is free. But services for MSMs, the general population and freelancers are for free.
2. Clients of the Batasan SHC are mostly form the general population: MSMs, Freelance, Registered Sex Workers, clients of sex workers, live-in partners of STI, youth below 18, and sexually harassed children. (The latter are provided treatment and are then referred to Social Services for further assistance).
3. Tests for STDs are for Vaginal and urethral discharges, syphilis, STI, Screening for HIV (if found to be positive, they are referred for confirmatory testing).
4. The Batasan SHC also provides treatment and not only screening or testing. A full course of antibiotics are given to the patients for free. Both counselling for pre-testing and post-testing are also given by the clinic physician and peer educators who are trained by DOH.
5. Occasionally, there is drop-out of patients because of a denial of their own illness and due to financial considerations.
6. Outreach activities are regularly conducted through peer educators to target MSMs and freelancers who go to the QC SHCs through referrals.
7. There is difficulty of compliance of establishments to secure health certificates from the SHC for registered sex workers because of the need for many requirements and the need to pay for social hygiene services. As such, they can not comply with the City Ordinance and request to be included instead in outreach activities as well.
8. The referral rate for SHC consultations is very high because of the good coordination with other barangay health centers in Quezon City. Moreover, a program for Prevention of mother to child transmission (PMCT) is also in place.

9. Regarding stigmatization of going to the SHC, the initial general impression of others that SHCs cater to registered sex workers only is being addressed as there is now rapport between clients and the SHC. A doctor-patient relationship, such as in counselling, make clients feel that they are not in a government facility and encourage follow-up visits.
10. Regarding contact tracing, the SHC trace where the sickness came from. Partners of infected clients, such as spouses, are checked occasionally giving them money for transportation fare.
11. Patients with recurrent disease are reassessed and undergo another course of treatment after reviewing their history of intake of medicines.
12. Hepatitis B immunization might be offered in the future.
13. Planning for a bigger structure for the SHC to include a doctor's room, counselling room and a private room for patients can help sustain the services of the SHC.

Interview with SHC Staff/Peer Educators of the Batasan Social Hygiene Clinic

1. Peer educators assist in the counselling and treatment of clients who come mostly from the community, especially among MSMs. They are able to provide appropriate knowledge about STDs through outreach activities which are regularly conducted for establishments who cater to MSMs on Friday and Saturdays in Cubao as well as in the general population such as tricycle drivers who are clients of sex workers.
2. The peer educators are aware that people generally avoid the stigma associated with having HIV and STDs and this discourages people from going to the SHC. Fortunately, MSMs are now more aware and are not that difficult to bring to the SHC.
3. Because peer educators would like to help the clients, they sometimes personally provide from their own money the allowance for transportation for the clients to go for testing.

4. SHC Services for outreach include giving flyers, distributing condoms and imparting knowledge on-site.
5. Clients that the Batasan SHC serve include registered sex workers and referrals from the community like groups of freelancers and MSMs (i.e. “clans”). Many avail of testing when outreach activities are done.
6. To improve services through the peer educators, it was mentioned that:
    a. More peer educators are needed to reach potential SHC clients because of the large area that is being served (i.e. District 2).
    b. There is also a need to update the training about HIV, the personality of peer educators and their clients.
    c. The supply of condoms should be ensured especially during outreach activities.
    d. Ensure privacy during testing with sex workers and MSMs having distinct rooms as some MSMs would want to be discreet.

FGD with Potential and Existing Clients of the Batasan Social Hygiene Clinic (conducted in coordination with the Peer Educators of the Batasan SHC)

FGD 1: Profile of Clients (from Fairview and Novaliches catchment area)

1 male HIV/AIDS positive – existing client
1 male pimp – existing client
1 MSM – existing client

1 female pimp – potential client
2 MSMs – potential client
1 MSM high school student – potential client

FGD 2: Profile of Clients (workers in a hair salon in Tandang Sora, QC a few kilometres away from the Batasan SHC)

1 male - former MSM with history of long term male partners
1 MSM – existing client with multiple sex partners

1 MSM – existing client with multiple sex partners
1 female with multiple sex partners

For FGD 1, peer educators also joined the FGD to make the discussion more relaxing for the clients.

Participants are aware that HIV/AIDS is a serious infectious disease caused by a virus and can result in cancer. The disease can make you depressed since you can have it for life and can take away your confidence. For STIs, these are infections that can be obtained through sex.

They emphasized that you need to consult a doctor or health facility in order to know if you are sick. However, the usual reason why one consults is when they feel something unusual or bothersome.

Present clients of the Batasan SHC were initially apprehensive in consulting because they might be ridiculed. But, once the results were known, they go often to the SHC especially for treatment or for testing. Going to the SHC seems now to be important to determine what you would need to do in life based on the results of testing. Some mentioned that there is no need to be ashamed since they already know that they are not sick.

Among potential clients, the embarrassment of going to the SHC persists because they might be judged that they are ill. But some said that they should not be ashamed since they know that the testing is really for their own benefit. One participant mentioned that the fear comes from not having anyone tell them about the SHC and to invite them to go.

Some observations or opinions about the Batasan SHC are:

- Results of testing should be accepted and that one must acknowledge that the illness is due to the risk of having [unprotected] sex.

- Some have mistaken the SHC for a lying-in clinic (which is beside the SHC) or a dental clinic.
- The clinic is small.
- Personnel in the SHC are very accommodating and helpful to everyone.
- Some expect that after testing, the SHC personnel will guide them on what to do and will give medicines.
- Privacy and confidentiality were ensured in the giving of results.

The reason for the stigma in going to the SHC is in the fear that they will become aware that they are sick and may face rejection and discrimination from others.

To encourage others to visit the Batasan SHC, they suggest that:

- A referral system should be made
- Have clients serve as examples to others
- Mention that services in the SHC are for free.
- The sign for the Batasan SHC should be larger to help people find the facility.
- A bigger facility and more equipment to address increasing number of clients.
- More SHC staff and for peer educators to be considered as regular employees with budgets.

Peer educators were mentioned to be the key in encouraging people to go to the SHC by educating and encouraging MSMs in stopping the spread of HIV/AIDS. Peer educators should be given funds to provide incentives to clients to go to the SHC as some people would prefer to use their own money for their own personal affairs. They use their own money to encourage MSMs to go to the SHC. They risk their lives whenever they do their outreach activities. They go out at wee hours of the night, without any insurance or money to fund them.

The second FGD was conducted among workers in a beauty salon. This was organized in coordination with a research assistant after consulting with World Bank and

discussing about the need for specific information on the reasons why the MSMs/general population do not use condoms for protection against HIV/STDs.

Even though all of the participants have acknowledged that they have had multiple sex partners, no one among them have been using condoms for protection. Only one mentioned that he has prior experience about the use of condoms and the need for protected sex to avoid getting HIV/STDs because he had previously been a nursing student prior to dropping out from college. However, they have all mentioned that they feel that using condoms during sex decreases the pleasure of intimacy during intercourse and were unmindful of the risk for infections. It is apparent that they have had not been invited before to go to the Batasan SHC and do not know any peer educator that have been able to share knowledge regarding HIV/STDs. They are not aware that they have become sick as they have not previously consulted before any health worker or health facility regarding HIV/STDs.

Recommendations

Based on the results of the study, stigmatization of going to the SHC is apparently closely related to an apprehension of having other people discover that a person has HIV or an STI even if there is no confirmation yet about the illness. It is important to motivate potential clients who are at risk to voluntarily submit themselves for testing in order to determine the status of their health but also to become more aware of how they can prevent transmission.

SHCs have tried to keep up with the growing demands for testing, counselling and advocacy through outreach activities and the use of peer educators in encouraging people to go to the SHC. Unfortunately, there is a lack of funding for these programs to be sustained in the near future. The following recommendations summarize what can be done to further improve SHC services:

1. Reassess the capacity of the local government in the quality of services being provided in the SHC and be guided by client satisfaction among those availing of services

2. More support should be given to the peer education program of the SHCs as the number of potential clients that can be reached by peer educators is severely limited by providing incentives for providing transportation and food to motivate going to the SHC

3. SHC clinic hours should be flexible to accommodate clients who can only be free to go to the SHC in the early evening after resting and prior to working (e.g. sex workers).

4. A better understanding of the increasing demand for services should guide the planning and budgeting for SHC clinics and services.

5. Partnership with private SHC providers and LGU (i.e. barangay) initiatives in establishing more social hygiene facilities should be considered by the local governments.

Appendix A: Questions used in the interview tools and FGD guide:

Interviews with SHC staff:

1. Describe your experience working in the SHC
2. Types of SHC services
3. Type of clients that SHC serve
4. Reasons why clients access SHC services
5. Assess performance of SHC in meeting client demands

FGD for SHC clients:

1. Describe experience in accessing SHC services
2. Verbalize what services are provided by SHC
3. Pros and Cons of SHC services (i.e. quality of services)
4. Experiences in recommending/not recommending SHC services to others
5. Describe what needs should be answered by SHC

FGD for potential SHC clients: (referrals of actual SHC clients, BPO employees, members of the community?

1. Describe individually risk for HIV/AIDS/STIs
2. Prior experience in accessing SHC services
3. Perception of SHC
4. Source of information regarding accessibility of SHC services
5. Identify the need to access SHC services

Annex B-1: Selected Pictures from the Angeles City Social Hygiene Center, Balibago Reproductive Health and Wellness Center and FGD among MSMs

Annex B-2: Selected Pictures from the Batasan Social Hygiene Center