

Title: The context of condom use among young adults in the Philippines:
Implications for HIV risk prevention

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Abstract:

Documented HIV prevalence in the Philippines is low (<1%), but several societal risk factors place it at the verge of a burgeoning epidemic. In this predominantly Roman Catholic country (85% of the population), limited data are available on condom use (CU) among the general population. This paper examines the context of CU among young adults in Cebu, the second largest metropolitan area in the Philippines. Through focus groups, we explore the constraints to CU in this age group as well as uncover the general perceptions of persons choosing to use condoms in their sexual relationships. Analysis found five broad themes representing constraints, including the cultural context, relationship status, perceived implications, misperceptions of condoms, and relationship communication. Religious beliefs appear to be influential in some, but not all, of the themes. We conclude with recommendations for research and public health efforts to enhance HIV risk protection programs in the Philippines.

The context of condom use among young adults in the Philippines: Implications for HIV risk prevention

Introduction:

Worldwide statistics on HIV/AIDS show that heterosexual transmission is steadily increasing and that each year over half of the new HIV infections worldwide are among 15 to 24 year olds (UNAIDS, 2008b). Southeast Asia is an area with growing numbers of those infected with HIV, but the reported HIV prevalence rate in the Philippines is still low, at less than one percent of a population of over 92 million (UNAIDS, 2007). However, in the Philippines, 90 percent of HIV transmission has been sexual, the majority of which has been through heterosexual encounters. The 2008 DOH statistics showed a 54 percent increase of total cases over the 2007 statistics, but the reported numbers of HIV infections may belie a more widespread rate, since testing is not widely available or practiced (Department of Health, National Epidemiology Center, 2008).

As an island country, the Philippines has several contextual risk factors for more widespread HIV transmission. There are a high number of overseas laborers, primarily men in the shipping industry. These men may serve as a bridge population between high HIV risk groups and the regular Filipino population. They may be exposed to HIV if they engage in unprotected sex in ports of call where HIV is highly endemic, and when they return home, many have unprotected sex with their partners. In 2002, more than 7 million Filipinos were deployed as overseas workers in over 120 countries (Philippine Overseas Employment Administration, 2005). One study found that of the seamen who recently returned to the Philippines, 34% reported having sex abroad, 36% of whom reported having commercial sex with high-risk groups in sites with high HIV prevalence. Additionally, 85% either had commercial sex or consensual sex with partners upon returning to the Philippines (Mateo, Sarol, & Poblete, 2004). Another risk factor is the growing commercial sex industry developing in the Philippines, as the

commercial sex workers have both Filipino as well as foreign clients. Research has shown that between 15-38% of CSWs in one region of the Philippines reported never using condoms with their clients (Lui & So, 1996). In addition, factors such as poverty, limited general population knowledge of HIV, and limited access to condoms exist, which have caused agencies such as UNAIDS to caution against complacency in the face of the current low rates (UNAIDS, 2007).

Young, heterosexual Filipino adults are increasingly at-risk for HIV/AIDS in this context. In 2008, youth between 15 and 24 accounted for 21 percent of new HIV infections reported to the Department of Health's (DOH) registry that year (Department of Health, National Epidemiology Center, 2008). This rate may be attributed, in part, to sexual debut occurring at younger ages in the Philippines than in the past, and more young adults engaging in multiple partnerships without any protection. More than 23% of Filipino adolescents have engaged in premarital sex, with 42% of them reporting consensual sex, 32.5% not wanting it but going along with it, and 2% being forced into the sexual encounter (Raymundo & Cruz, 2004). Nearly 40 percent of young men have sex with another person other than their primary partner (Raymundo & Cruz, 2004), and by age 24, 22 percent of males have visited a commercial sex worker (Xenos, 1997). In 2003, over three-fourths of sexually active young adults were not currently using any method of contraception, regardless of marital status.

In settings where HIV sero-diagnosis is not widely available as an outcome measure, condom non-use has often been considered a proxy measure for HIV risk. One study in the Philippines found that up to 69% of sexually active young men between the ages of 15-24 have never used condoms (Ramos-Jimenez & Lee, 2007). According to the Filipino Demographic and Health Survey of 2003, only one to two percent of young adults reported using condoms in 2003 (Measure DHS, 2009).

This paper examines the context of condom use among young adults in Cebu, the second largest metropolitan area in the Philippines. Through the presentation of findings from focus groups with young adults, we explore the constraints to condom use in this age group as well as the perceptions of persons

choosing to use condoms in their sexual relationships. Limited data are available on the influencing factors of condom use among the general population in the Philippines. Therefore, this article provides the first such analysis in this location. The data presented includes both normative beliefs and those that challenge the norms.

Within the context of the global HIV epidemic, the Philippines is a country where prevention of widespread HIV is still possible. It is our hope that this research can be used to inform policy and public health efforts to enhance HIV risk protection programs in the Philippines.

Background:

Worldwide HIV risk reduction strategies for heterosexual transmission have begun to recognize the need for necessary changes. The ABC approach (abstinence, “be faithful”, and condoms) is now considered limited (Dworkin & Ehrhardt, 2007), primarily because the underlying presumption that a person’s actions are completely autonomous is not sufficient. It overlooks the complexity of intimate relationships that can be shaped not only by the two individuals engaged in the partnership, but also by gender norms, societal and cultural mores, and other external influences (Ashburn, Oomman, Wendt, & Rosenzweig, 2009; Morisky, Stein, & Chiao, 2006; President's Emergency Plan for AIDS Relief (PEPFAR), 2009). Researchers have explored the reasons for the persistently low usage of condoms despite recognition that it is an effective method of disease prevention, but most of this research has been done predominantly in areas where HIV is highly prevalent. The extent to which these previous findings apply to the general population in settings such as the Philippines, a low-prevalence, high-risk setting, is still unknown.

Research has shown that condom use is restricted by perceptions of the sexual relationships in which a person engages and the expectations of those encounters. Condoms are considered appropriate when having sex with prostitutes or secondary partners (Chimbiri, 2007; Gerber & Berman, 2008;

Kongnyuy & Wiysonge, 2007), but not seen as appropriate or necessary with primary partners (Bhattacharya, 2004; Gerber & Berman, 2008). Likewise, condoms are viewed as less necessary in settings where they are more commonly associated with contraception than with disease prevention (Bond & Dover, 1997; Simon & Paxton, 2004). To this end, religious teachings regarding condom use as a barrier for procreation and as a facilitator of promiscuity may influence social norms of sexuality and condom use among young adults. In the Philippines, over 85 percent of the population is Catholic. Of young adults, 9% considering themselves extremely religious, 29% very religious, and 49% somewhat religious, and 69 percent attend services at least once a week (Sandoval, Mangahas, & Guerrero, 1998). Researchers in other highly Catholic countries found that young people felt that the Church's teachings had little influence over their condom use (Manji, Pena, & Dubrow, 2007), but this has not been examined previously in the Philippines.

On another level, a woman's ability to negotiate condom use is highly influenced by the presence of traditional gender norms (MacPhail & Campbell, 2001; President's Emergency Plan for AIDS Relief (PEPFAR), 2009). In many settings around the world including Southeast Asia, young men are often expected and even encouraged to have several partners while young women are often expected to be sexually inexperienced and naïve (Alesna-Llanto & Raymundo, 2005; Brown, Sorrell, & Raffaelli, 2005; MacPhail & Campbell, 2001; Molla, Berhane, & Lindtjorn, 2008). Even in settings where both young men and women are more sexually active, there is a clear delineation between the women who are "marriageable" or "serious" and those who are "casual" partners (Crosby et al., 2000; Meekers & Calves, 1997). Additionally, if a woman is in an economically dependent position, she has much less sexual negotiating power (Kabeer, 2001; Maganja, Maman, Groves, & Mbwambo, 2007; President's Emergency Plan for AIDS Relief (PEPFAR), 2009). The Philippines presents a slightly different setting, however, as the gender roles are less traditional than in other Southeast Asian countries. At the societal and community level, women enjoy a fair amount of autonomy, demonstrated through women holding

positions of power, and girls having equal access to education. The current president is a woman, and women hold several public offices from the national to local levels. Yet, on the household and relationship level, traditional views of male and female roles are still present (Medina, 2001). The extent to which this poses a constraint on condom use among young people is unknown.

The juxtaposition of more autonomy for women in broader spectrums to the traditional gender roles at the intimate level can result in an imbalance of power in a couple. This power struggle can result in the use of violence and coercion in relationships. Research has shown that abused women are less likely to use condoms (El-Bassel et al., 2007; Saul, Moore, Murphy, & Miller, 2004; Wu, El-Bassel, Witte, Gilbert, & Chang, 2003), up to four times more likely to have multiple or high-risk sex partners (El-Bassel et al., 2003; El-Bassel et al., 2007), and two to four times more likely to report a history of STI diagnoses (El-Bassel et al., 2007; Liebschutz, Feinman, Sullivan, Stein, & Samet, 2000; Plichta & Abraham, 1996). At the same time, abused women risk violence from their partners when they request use of a condom (Lichtenstein, 2005; Saul et al., 2004), refuse to have sex without a condom (Kalichman et al., 2007), or refuse to have sex in general (El-Bassel et al., 2003). Additionally, abusive partners are more likely to have multiple sexual partners and less likely to use condoms (Dunkle et al., 2006). In the Philippines, recent evidence in Cebu Province has shown prevalence of physical violence among young adults to be as high as 57% (Fehringer & Hindin, 2009). Whether or not fear of violent responses impacts condom negotiation and decision-making in the context of the Philippines has yet to be examined.

Per extant research, condom use is clearly constrained by several factors within settings of high HIV prevalence. The question remains whether these same constraints are present in the low-prevalence setting of the Philippines or if there are unique factors which influence young adults' sexual behaviors. This paper presents data gathered during the qualitative phase of a mixed-methods study that was designed to investigate the dynamics between young couples with regards to HIV risk behaviors, including aspects of relationship power and experiences of intimate partner violence. The

purpose of this paper is to examine current perceptions and constraints surrounding condom use to garner a deeper contextual understanding of this aspect of HIV prevention within Filipino society.

Methods

Setting

Cebu is the second largest metropolitan area in the Philippines, in the Central Visayas region. The qualitative portion of this study was conducted in 2009 in Cebu City, the Philippines, using data from focus group discussions (FGDs).

Sample

The target population was comprised of young, heterosexual adults between the ages of 21-30 who were in relationships and living in metro Cebu. Permission to conduct the study in the *barangays* (neighborhoods) was sought through meetings with the *barangay* captains. Once permission was obtained, Cebuano-speaking research staff directly recruited participants within the communities, utilizing both referrals from key informants within the *barangays* and non-referrals of talking directly with the young adults present in the communities. FGD participants were recruited according to their age, gender, partnership status and willingness to discuss the topic, in order to ensure lively discussion and homogenous group composition of gender and relationship status for the different focus groups.

Data collection

Study procedures, recruitment scripts, discussion guides and consent forms received approval from the Institutional Review Board of Johns Hopkins Bloomberg School of Public Health (JHBSPH). In the absence of an in-country IRB, an ethics panel at the University of San Carlos, Office of Population Studies (OPS) reviewed the study protocols and upheld the JHBSPH IRB decision. Investigators from Johns Hopkins worked closely with members of the OPS staff throughout the project.

Eligible young adults were informed that the study was exploring topics of sexual health among couples, and they were asked if they would be interested in participating. If they agreed, they were

given the location and time of the FGDs for their *barangay*. At the time of the FGDs, informed consent was obtained individually for each participant. At the conclusion of the discussions, they were provided 100 pesos reimbursement for their time and expertise. Eight FGDs were conducted, one for men and another for women in four different *barangays*. In an effort to establish homogeneity within groups and heterogeneity across groups, of the four FGDs for young men, two consisted of married men and two of unmarried men. The same protocol was assigned for the women. We used a semi-structured discussion guide for the FGDs. As is standard for such qualitative techniques, we began the discussions with general questions and then progressed to more specific questions. While the moderators used a semi-structured format, they did allow flexibility for clarification and probing. Natural conversation, including new thoughts and ideas, was also encouraged.

Several measures were implemented to protect the study participants while maintaining confidentiality. Participants were informed that they could leave the discussion at any point, and any necessary referrals would be provided. The focus group discussions were conducted in private settings; that is, persons were not present or within hearing distance of the focus groups if they were not associated with the study. Research team members were trained in assessment of expressions of discomfort as well as procedures for ensuring participant safety during study participation. As an additional safe guard, all participants were asked permission to audiotape the interviews and personal identifiers were not collected from participants. Also, all participants were reminded prior to initiating the discussions that information shared amongst the group was to be held confidential. They were encouraged only to share what they felt comfortable discussing in front of others, as the inability to ensure absolute confidentiality is a limitation of focus group methodology.

Data analysis

This paper represents the findings of an analysis of the aforementioned study's transcripts. The recordings from the focus groups were transcribed verbatim in Cebuano and translated into English by

trained research staff members who had been present in the focus groups and who were fluent in both languages. These transcripts were saved electronically in password-protected files. The transcripts were reviewed for accuracy by the first author as well as the moderators who facilitated the groups.

Thematic analysis was performed with all of the narratives. We reviewed the transcripts four times, with each read providing a deeper level of contextualization and analysis. In order to gain a global understanding of the content and context of each narrative and to identify possible themes to explore, we first read all of the transcripts in their entirety. The second read allowed us to identify data that addressed the following questions: What are the constraints or facilitators for condom use among young adults? How are young people who use condoms perceived by their peers?

The narratives were then uploaded into NVivo 8 (QSR International Pty Ltd, 2008). During the third read, we used inductive coding, thereby allowing the participants' experiences and thoughts to lead the categorization and avoiding molding the data into preformed categories (Miles & Huberman, 1994). Open coding of narratives used terminology of the participants and indicated whether the narrative was referring to a perceived constraint or impression regarding condom use. We examined these individual preliminary codes for initial impressions of commonalities and differences across focus groups. Sixty-two free node codes were generated based on the preliminary codes. The fourth, systematic reading was done across transcripts and codes, making comparisons and identifying patterns that occurred within and across focus groups. We sought to determine areas of consensus across groups as well as to identify areas of disagreement between individuals. We also explored possible relationships and associations between codes. The codes included both individual level aspects of behavior as well as societal and community aspects of influence. These pieces of data were then combined into thematic areas which hold added meaning that is not always apparent when the components are viewed separately (Leininger, 1985).

We then examined the code files for exemplars to illustrate each thematic area and/or sub-theme. When selecting the exemplars, we referred back to the narratives from which they were extracted to ground ourselves in their context, thereby ensuring accuracy of intent as best as possible. We also compared them with the other data that had been coded similarly to ensure representativeness. We used the following criteria when selecting exemplars: 1) logical fit with themes, 2) clarity and strength in message, 3) diversity in speakers, 4) ability to mirror subtle nuances in themes, and 5) singular usage to avoid using exemplars more than once.

Qualitative interpretation requires implementation of safeguards to assure credibility, confirmability, and authenticity (Tobin & Begley, 2004). Credible interpretation must be a good 'fit' between the respondents' views and experiences and the researcher's interpretation of them (Tobin & Begley, 2004). The interpretation process must be sound and relatively free of biases during the research process. Although member checking was not an available tool once data collection was complete, the first author consulted with the focus group moderators and note takers for clarification of topics and verification of findings. The authors discussed their interpretations frequently, checking for accuracy of interpretation. Regarding confirmability, we utilized peer review and debriefing during the analysis process as a qualitative mechanism that serves a similar function to inter-rater reliability in quantitative research (Creswell, 2003). We discussed our findings and interpretations as necessary during the analysis process to assure consistency in interpretation.

Presentation of Findings

Demographics

Twenty-six women (10 married, 16 unmarried) and 28 men (12 married, 16 unmarried) participated in the FGDs. The ages ranged from 21-30 years of age, with 25.7 years as the mean age for women and 25.9 years for men. Fifty percent of the women and 64 percent of the men had at least

completed high school. Forty three percent of men in partnerships reported both partners not working, while only 12 percent of women reported the same.

Overview

The results of the focus group data regarding the perceptions and constraints of condom use among young adults resulted in four overarching themes, all of which appeared to be influenced in some way by the beliefs of the population's dominant religion. The Catholic Church (heretofore referred to as "the Church") is unquestionably an integral part of Filipino society as a whole. General cultural beliefs and values voiced by many of the participants had religious undertones. The Church's teachings, which are widely observed in the community, have perhaps become engrained in the psychosocial interactions and behaviors of individuals. Embedded in the construct of community, religion appears to constrain behaviors of individuals depending on their level of subscription to the Church's teachings. The following analysis uncovered some viewpoints that were aligned with the religious context of the Philippines. However, it also found some perspectives that seemed in stark contrast to the Church's teachings.

Within the Cultural Context

Condoms Are For Contraception

Among focus group participants, condom use was still viewed primarily as a method of contraception rather than disease prevention. The Church's teachings that the main purpose of sexual relations is procreation and thus should be limited to marital unions created a tension among young adults who are sexually active but not married. The need for unmarried young people to hide sexual activity by preventing pregnancy was pervasive in the groups. Unmarried young couples might use condoms because "they are afraid to get pregnant. They are hiding their relationship. They are afraid their parents will know," said one woman who was not married. There was little discussion of the importance of preventing sexually transmitted infections (STIs) and HIV in this context.

Once married, young adults can either embrace or disregard the Church's officially sanctioned natural methods of family planning. Participants felt that many couples their age used the rhythm method and withdrawal rather than synthetic methods like condoms. Several participants acknowledged the Church's influence on their decision regarding condom use, particularly as a form of contraception. One unmarried man said, "For me it is a sin to use condom. Because God said, 'Sacrifice because I will help you. Look for a job so you will prosper. Have many offspring and multiply.'" Both male and female married participants indicated the teachings against condom use as the reason why they either stopped using or never started using condoms in their relationships and repeatedly referred to using condoms as "a sin."

A few participants, both male and female, maintained a perspective that appeared to be more aligned with a philosophy of "trust, but verify." Although the Church sets certain guidelines, a person makes an individual choice regardless of the teachings. Referring to whether or not to use condoms, one unmarried young man said, "The Church cannot help solve your problem. They are just there to tell you what to do. You decide for yourself." Several married men and women said their decisions were influenced by more complex social issues, such as the need for population control considering the country's limited resources, regardless of the Church's teachings.

Some of the women also voiced disagreement with the official stance of religion in the Philippines, from a pragmatic, albeit moral, perspective. Two married women said,

Woman 1: They [the Church] say that [using a condom] is a sin. I won't accept the idea that one sins when he uses condom, because why will he sin when he is only protecting that the woman will not become pregnant?

Woman 2: For me why is it a sin? A person sins more if they are already pregnant and have the child aborted. That really is a sin!

Other participants saw condom use as appropriate for family planning, as long as the married couple already had some children. One married man said, "When you have lots of children, you will say we need to use a condom." Fellow participants in this FGD felt this was a "very justifiable reason for

using the condom.” Participants were proponents of controlling family size during difficult economic times. Another married man said, “It’s difficult if you have many children and you don’t have a stable work. And your wife too doesn’t have stable work. What will you do? For me using condom is really better so that you can control your family.”

Condom Users are Playboys and Prostitutes

Across all eight focus groups, the perceptions of men and women who use condoms varied by gender. One married male participant directly evaluated the difference from a traditional viewpoint, saying, “[Using condoms] is okay for the man, but for the woman, it is not because it affects her morality.” In the majority of the discussions, however, the comments exposed more subtle differences. Both married and unmarried women in the FGDs considered women who used condoms to be protecting themselves from pregnancy and to some extent, from sexually transmitted diseases. However, they believed men who used condoms to “have vices with women”, or to be “playboys” and “womanizers”. One woman commented, “Men who have vices with women would always use condoms because they have several partners..” A cohabitating woman in a different FGD said,

“[Unmarried men] are only playing around, they have sex with the women and they are confident because there is a condom. They will have several girlfriends whom they can fool around with. They are happy that they can have sex with some women because they are using condoms. Yes, and they have condoms in their bags as adornments.”

Other women, both married and unmarried, felt that these young men use condoms because they have strong, uncontrollable sexual desires so they often visit prostitutes, “but they are afraid to get diseases.”

Perceptions in the male FGDs, particularly among the already married men, were quite negative regarding young women who suggested condom use with their partners. These women were seen as prostitutes, “loose”, or “dirty.” If a young, unmarried woman proposes condom use, “she is [already] a prostitute. She would have sex to earn money,” said one married man. Another recognized that they may not be prostitutes, but “they love to have sex. They are maniacs.” His fellow participants agreed.

“They love to have one night stands. . . They just think of it as a pastime.” In another focus group of married men, young girls using condoms were seen as being promiscuous: “[Girls] like 15 years old. They are still in high school...They have partners left and right. Having sex with one partner, then another partner. . . If a woman uses a condom, she is seen as having a lot of sexual experience.”

The rationale for condom use for these persons was considered to be both birth control and disease prevention. The latter indicates a certain level of knowledge that multiple partners can increase a person’s risk for sexually transmitted infections (STIs) such as HIV. One married woman stated, “[Condoms’ purpose is] to prevent diseases brought by sex especially with some of our mischievous male neighbors who are carrying condoms in order not to get AIDS. Isn’t it the case? There are women who have that [AIDS]; that’s why the men use condoms.”

Being Judged While Purchasing Condoms

Some participants voiced concern over the cost of condoms (12 Philippine Pesos, equivalent to \$0.24USD, for 3-pack), but many stated that cost was not an inhibiting factor. Overall, the majority of the participants felt that the real constraint was not scarcity or cost of condoms but rather the stigmatized process of purchasing them. They overwhelmingly felt that others would pass judgment on those who were seen buying condoms.

Condoms in Cebu are available for purchase in large, established pharmacies and smaller street-based pharmacies, and free condoms are scarce. In the larger pharmacies, condoms are located on shelves with other items and do not require extensive interaction with the salesclerks before purchasing. These pharmacies are often found in shopping malls located in more affluent areas, catering to a higher socio-economic clientele. The smaller, owner-operated pharmacies are more easily accessible to lower socio-economic groups and are generally thought to have better prices on medicines. Therefore, they are often crowded with people from the neighborhoods in which they are located. Condoms are kept behind the counter in such stores and interactions with the salesclerks can

be extensive when selecting which kind of condom to buy. Small *sari-sari* shops (street-side kiosks) are most widely accessible, but they do not sell condoms because of the social “taboo” against selling condoms to close neighbors.

Most participants used the privately-owned pharmacies as their reference point while discussing the process of purchasing condoms. In such a context, several male and female participants said they would never purchase condoms because it would be too embarrassing. An overall lack of privacy and anonymity was cited across all focus groups. The process involves asking the clerk for the condoms, which are kept behind the counters in most of these shops. This publicly signals that the buyer may be intending to engage in sexual relations, which is seen as shameful to convey so overtly. One unmarried man said, “It’s embarrassing especially if the sales clerk will ask, ‘Will you be the one to use the condom?’” and a fellow participant in the same FGD continued, “There are some couples who will buy and [the clerk] will ask, ‘Will you use this with your wife or with your girlfriend?’ That’s why it’s embarrassing!” Several women thought that men were embarrassed because they did not want the female clerks to “think of what they would do with the condom.” A married woman speculated that the shame for men came from “[the clerks] thinking ‘Ah, he’s buying condom, maybe he will then have sex’. Maybe that’s it.”

Building upon the embarrassment of the clerks’ queries is the feeling that only on rare occasions could a person purchase condoms unobserved by neighbors or acquaintances. This was perceived as a source of potential gossip in the community. “You will be ashamed of those who would overhear,” said one married woman. A married man echoed similar sentiments, saying,

“In the pharmacy, you wait with other people. And there are some people who know you. You could not say to the pharmacy clerk that you want condoms. You would be laughed at by the people who knew you.”

Men thought that women might feel ashamed to buy condoms because they would be mistaken for being promiscuous. One married man said,

“Some [in the pharmacy] might think it is for her consumption. Some pharmacy clerks think that the woman who buys condoms regularly is a GRO [guest relations officer/escort in ‘for men only’ bars]. Even me, if I saw a woman who would buy condoms, then I think she is a GRO. That’s just my perception.”

Women said they also battled with the stigmatized purchase, but as one married woman explained, the long-term consequences can outweigh the momentary shame: “The shame to buy would prevent one to use. . . It can prevent one to buy, like one time when I bought (laughing), I was also hesitant. But for me, I would buy despite, because, Jesus, it’s so hard to have children!”

Relationship Status Impacts Condom Use

The majority of the participants seem to clearly delineate between condom use in marriage versus use among the unmarried. The perceptions for use in marriage appeared to be influenced overtly by religious beliefs, while the perceptions of those who were unmarried seemed less obviously influenced.

Condoms in Marriage: “Waste of a Condom”

In accordance with teachings of the Church, condom use within marriage was often viewed among participants as violating the reason for sex within marriage—that of procreation. One unmarried male participant voiced a sentiment that several echoed when he said, “It seems like they are joking with their married life.” Another man who was cohabitating with, but not married to, his partner believed that a married woman suggesting to use condoms “is not good behavior of a wife. She is playing with her husband” by not being serious about having children. Some married men and women also felt strongly that using condoms violated the purpose of getting married. “If it’s for a husband and wife, it is a waste of a condom,” said one married woman. One man stated, with his arms crossed, “I haven’t used the condom. That’s why I got married so that I can [have children] and now I will use a condom?!” In a separate focus group of married men, one participant voiced the opinion that there was no risk for unwanted pregnancy within marriage, saying, “You don’t need to wear a condom [if you are

married]. If you did not even wear one when you were still boyfriend-girlfriend, [there is] much less [need] now that she is already your wife!”

Condoms Among the Unmarried: “Just Tasting”

Those who are not yet married or in a “committed” relationship are seen as using condoms because they are just “tasting” sex and they do not want to become encumbered with the “obligations” of marriage and parenthood. Women felt that young men were not inclined to get married, and by using a condom,

“He is avoiding his obligation. Of course, if he does not wear condoms and his partner gets pregnant, it’s his obligation [to marry her]. For the unmarried men, once they have sex with the woman, they would no longer mind her. There are those who would leave the woman when they are through with them.”

One unmarried young man said that unmarried couples who have sex “go where the wind blows,” indicating a lack of commitment on both sides. This lack of commitment arises from a desire to “taste ‘humba’[a local pork dish and a term that is often used as a euphemism for sex]. They say there’s no dish more delicious,” according to an unmarried woman. A married woman also alluded to the lack of commitment when she said, “They are not ready to marry that’s why they will use condom. He is not sure if she’s the one he would marry. And he is not sure if he’s the first to have sex with the woman. That is why they will use condom.”

Perceived Implications of Condom Use

Sidelines and Promiscuity

In line with the Church’s stance that condom use encourages promiscuity and infidelity, both men and women in all focus groups felt that condoms might suggest the presence of a “sideline”, or secondary partner. If a long-term partner suggested using condoms, several male and female participants felt this would raise suspicions. This was particularly germane to husband-wife dyads, as condom use was generally seen as unnecessary or inappropriate in these relationships, as noted above.

One unmarried man said, “I think [the woman] will feel bad. She might think, ‘My husband may have had sex with another woman because since the time we lived together, he has not use condom. It’s just now.’” Women also felt condom initiation within the context of a marriage would arouse the wife’s suspicions of her husband.

Woman 1: Once a married man uses condom, we can say that he might be using it with other women. He’s doing something suspicious because with his wife he doesn’t have to use condom.

Woman 2: Yes, because the wife would wonder why he is now using condom when before he didn’t.

Woman 1: It will create suspicion. Yes it will.

Married women also discussed the problem of unknown partners, which would be motivation for condom use between regular partners. One participant said,

“Yes, [the women] would like the man to use condom so that they will be safe even if they are already married because you will not know whether the man had sex only with you. There are some men who are silently having other partners.”

For other married women, however, a woman’s tendency might not to be to suspect her partner, as others previously pointed out, but rather to internalize the request as a reflection of her own cleanliness, overlooking the other possibility.

Woman 1: It will come to our mind that he thinks us as unclean. Why would he use condom when I am the wife?

Woman 2: When he has sex with only me . . .

Woman 1: And we wives don’t have any idea that he is already having sex with others.

Even within the socially conservative society, the idea of affairs and multiple partners appeared commonplace for both married and unmarried couples. The majority of the focus group participants believed that condoms were more appropriately used for these *sidelines* and not between primary partners. These *sidelines* could be dalliances with prostitutes or sexual encounters with other partners, but they never took the place of the primary relationship. One married man stated, “Because you know the males. There are a lot of men who have affairs. They usually buy condoms. . .” In their focus groups,

the women also referred to affairs frequently when discussing condom use. One unmarried woman said, “Usually those “*magbisyo*” are those who are using condom. [*Magbisyo* is] the man or the woman who has affairs. The woman is the mistress or the man has a mistress. There are young people who are like that.”

When asked why one uses a condom with a *sideline*, the men generally focused on avoiding unwanted pregnancies, with some attention paid to disease prevention. One unmarried man said, “There are only two reasons for [using a condom]. One is safety that you will not be able to acquire disease especially if your *sideline* also has another *sideline* with the others. Another is that you will be safe; you will avoid getting [the *sideline*] pregnant.” Women tended to concentrate more on the aspect of disease prevention, but again, with the underlying acceptance that it is primarily the men who have license to have these encounters. One young married woman said, “If they have sex only with their wives, they will not be scared to get diseases. If ever they use condom, they use it with other women.”

As noted above, when discussing *sidelines*, some men and women in this study voiced understanding that condoms can be used to prevent disease transmission. They isolated this to having sex with “dirty” partners, indicating that a man could see if a woman was infected with an STI or HIV based on her outward appearance. In addition, they primarily talked of STIs and urinary tract infections rather than HIV in these contexts.

Perceptions and Misperceptions of Condoms

Condom-related Fears

Certain health beliefs proved to be constraining against condom use. Misinformation about flaws in condoms is spread by word of mouth and through mainstream media alluding to functional problems and pitfalls. According to some participants, these defects would render condoms ineffective as birth control and disease prevention.

Losing the condom inside the woman was a commonly cited fear. “For some, when the men use condoms, the woman is afraid that condoms get stuck inside,” said one woman. The fear from the man’s perspective is the same: “I have not tried it yet. It’s just in my mind that what if it will be left inside? It’s a big problem. When you withdraw, you will say, ‘Where is it now?’” Popular news stories propagate this fear, as several participants mentioned hearing in the news about condoms being left inside of women. Others believed that rupturing occurs frequently with condoms, and they feared using them because of this. One unmarried man said, “There are instances that when you use the condom and it is not properly used. Then it erupts. . . Those incidences are based on other’s stories. I just heard from other people.” Another married man said his rational not to use condoms was because “it might be ruptured. I heard that condoms get ruptured and that there are a lot of ruptured condoms.” Retelling stories of friends or acquaintances, men and women also spoke of holes in the condoms. “I only heard about it from someone. He told me that one time, they were using a condom and they noticed a hole in it when they were through having sex,” said one woman. Another believed that “somewhat deceitful men who don’t like to control birth purposely put holes in the condoms.” Others spoke of “testing” for holes by blowing into the condoms before using.

Inhibitors of Sexual Pleasure

Participants also discussed physical constraints to condom use. Many participants voiced the concern that condoms inhibited the “heat of sex”, and several equated condom use to “wearing a sock on your penis” or “putting the penis in a wrapper.” One young woman said, “It’s not a good feeling. It’s different, really different with condom. It seems his drive is suppressed.” Other women said that men do not like to use condoms because it is as though they are not having sex at all, since the “skin-on-skin” feeling is diminished. Several men mentioned the lack of pleasure and satisfaction for men when using condoms, saying condoms were “irritating, especially if you really want to have sex. You can get frustrated because you have to wear the condom. . . You lose the excitement.” Some participants

thought that a woman's experience might be hindered as well. Some men thought that women do not like to use condoms during oral sex because it would be like eating "a banana with a peel on," or like eating "candy with a plastic wrapper." Several participants, both male and female, spoke of "the original" (sex without condoms) as being a better experience. One woman said, "The original is better because it is a little hot when touched. You won't feel anything [with a condom]."

Experiencing pain with condoms was also seen as inhibiting the pleasurable aspect of intercourse. "The women would say it is painful, that it's rough. That's what they say," said one unmarried man. Unmarried women voiced similar opinions. "We heard we need lubricants with it so that it will not be *sapnot* (painful) if used," said one woman. Another woman spoke from her own experience, saying, "I stopped using condoms because they were painful. What can I say of condoms? Condoms are not really good. My vagina was very painful. You will not like it." Others spoke of "itchiness" with condom use. Among the focus group participants, the itching was not thought of as limited to those with latex sensitivities, but rather a broadly occurring negative experience.

Relationship Communication

One of the factors that seemed to have a bearing on whether or not young adults would consider using condoms was the extent to which they felt comfortable communicating with their partners about sex in general and condom use specifically. Analysis of the focus group data showed that both discussing sex and decision-making processes were important elements of this relationship communication, both having implications on condom use or non-use.

Discussing Sex

On the one hand, some female participants felt strongly that discussing sex was inappropriate, claiming it was "repulsive" and they felt "revolted by it." Discussions were often seen as being "lewd" and embarrassing, and as one woman said, "We are shy. It doesn't sound good, like we are loose or

oversexed.” Men felt that talking about sex would give their primary partners the impression that the men were having affairs. One man said, “[Talking about sex or condoms] would even be the cause of jealousy. Because the woman would think maybe you came from another woman.” In the same vein, men did not feel it appropriate to share with their partners if they were having sex with other women. “[Sex with other partners] should not be divulged. It should remain a secret. If you have sex with another partner, you should not tell.”

A minority of the participants said sex and condom use should be talked about between partners. One married woman said, “It is really good that you talk about it, what you will use.” Another woman said, “It’s really okay to [talk about sex]. Ours is just understanding of each other; you talk about it. It’s only discussing and agreeing about it.” Women used these times to caution their partners against having other partners. A man said, “Yes, she would tell me, ‘If you will have sex with another woman, she might be infected with disease, and you would get it too.’”

Decision-making and abuse pertaining to condom use

Perceptions of the repercussions of discussing condom use with partners varied among the participants. When given the scenario of a woman insisting on condom use but her partner disagreeing, many felt that it would result in a verbal argument. In these cases, many felt that the man’s opinion would prevail. Women thought that men would not use condoms if they did not like them, and that the woman would agree so “that the family will not be broken. So she will consent to him not using a condom.” She might also agree with his decision “to avoid trouble.”

If the woman did not concede, the threat of the man “walking out” seemed a common one. This could simply be that “the man will walk out and may look for a drinking buddy. The others may go to bars to be entertained by the women there,” said one married woman. The emotional threat of seeking other partners seemed real to many of the women. They discussed the possibility that some men would seek a sideline who did not require him to use a condom. This was echoed among the men. One married

man said his approach would be, “I will tell her, ‘So you want me to use a condom. Okay. I will not have sex with you. I’ll look for another woman.’”

Men also believed that disagreements over condom use could lead to separation. The threat of separation can be emotionally frightening and places women in vulnerable positions, particularly if there are children involved. One man said,

“Before breaking with his wife, the man would already look for another woman. If he would be caught having relations with the other woman, he would tell his wife that it is not his fault. He will say, ‘This is not my fault because you would not allow me not to use condoms. But with her, I don’t use condoms. I like her more.’”

A few participants thought disagreeing over condom use might lead to physical or sexual altercations such as hitting one another or the man forcing himself upon the woman, but this was a minority opinion. One woman said, “If you won’t agree to have sex with him, there are some husbands who would rape you instead. [In that situation] You can’t do anything.” Although mentioned briefly, resultant physical or sexual violence were not seen as common reactions among this age group.

Women were not always seen as having to defer to their male partners, however. Some participants thought the women’s decisions might prevail, mostly because the women can “suffer more from having unprotected sex” and therefore have stronger arguments for using condoms. A few participants felt that if the women explained the rationale for using condoms (particularly if used for birth control) to their partners, the men would agree. Respect for their partners might influence whether a man agrees with his partner when she suggests condoms, as cited by one man who said, “Some men would be forced to use condoms because they have great admiration for the woman.”

Discussion and Recommendations

In the Philippines, where condom use is reportedly so infrequent, it is imperative to gain a better understanding of the context that influences individual behaviors. The examination of these aspects is vital to developing programs that incorporate effective HIV prevention methods while

considering and incorporating the larger contextual setting. While some of the themes discussed in this article are similar to findings from previous studies in other settings, others highlight contextual aspects that may be particular to the Philippines. These are important to consider when moving forward in HIV prevention efforts within the country.

In certain settings, condoms are now viewed as a mechanism of self-protection against HIV and other sexually transmitted diseases before they are seen as methods of contraception (Tapia-Aguirre et al., 2004). However, in areas where knowledge and prevalence of HIV is still relatively low or where demonstration of fertility is desired (Alesna-Llanto & Raymundo, 2005; Bond & Dover, 1997), condoms are seen primarily as mechanisms for preventing pregnancy. Young adults in the Philippines may want to limit unplanned pregnancies, and this may increase the use of condoms for this purpose. However, the perspective here that condoms are primarily a method of contraception may in fact be limiting when considering more widespread use in disease prevention. These young adults may view condoms as unnecessary if they are using another form of birth control, thereby placing themselves at risk for STIs and HIV.

The participants' responses during these focus groups confirmed the latter view, which indicates that the shift in perceptions toward disease prevention has not yet occurred. This may be related to the general population not feeling at risk for HIV and other sexually transmitted infections (STIs), although prevalence of diagnosed STIs among young adults ranges from 3-28 percent. Of those with positive STI diagnoses, 31% of the women and 88% of the men were asymptomatic (Raymundo & Cruz, 2004). This may also be linked to the widespread belief among FGD participants that condoms are not necessary with primary partners, as there is an assumption of trust that the primary partner is "safe," confirming findings of research elsewhere (Bhattacharya, 2004; Bond & Dover, 1997). In addition, these participants felt that suggesting use in the context of primary relationships would send an undesirable message to

the other partner and perhaps indicate a questioning of commitment, an opinion echoed in other settings including the United States (Chatterjee, Hosain, & Williams, 2006; Chimbiri, 2007).

Not surprisingly, the existing HIV prevention work in the Philippines has been sparse. The efforts have primarily focused on high risk groups such as commercial sex workers and intravenous drug users. In 1998, the government passed the Philippines AIDS and Prevention Control Act (PAPCA), which was intended to decrease discrimination against HIV positive persons and to increase guidelines for confidentiality in testing and treatment (Congress of the Philippines, 1988). It was followed by the Fourth AIDS Medium Term Plan, which provides supplementation to the continuum of care of those at high risk for or already infected with HIV (Philippine National AIDS Council, 2000).

Substantially lacking in both of these plans are prevention efforts in the general population, particularly among young adults. Condom availability is mostly limited to pharmacies which cater to a high socio-economic class. For those able to afford condoms at a non-subsidized rate, the placement of condoms in these shops contributes to the overall discomfort and embarrassment surrounding the purchasing process. Many health clinics no longer offer free or subsidized condoms, following government ordinances prohibiting their distribution, the United States Agency for International Development's (USAID) withdrawal of support and supply of free condoms for distribution in 2002 and the Filipino government's withdrawal of funding for contraceptives in 2003 (Human Rights Watch, 2004). Such actions limit the opportunities to obtain condoms for the lower socio-economic groups and can contribute to the heavily stigmatized purchasing process about which the participants spoke.

With Filipino government support for HIV prevention work decreasing (Human Rights Watch, 2004), widespread knowledge of HIV risk factors and transmission methods has also been limited, even among those considered at highest risk.(UNAIDS, 2008a) This can be attributed to the lack of informal and formal sex education in the Philippines. The absence of sex education has been shown to increase the likelihood of young adults engaging in unprotected sex (Fontes & Roach, 2007). Although the PAPCA

calls for HIV prevention education to be integrated into the schools, it also states that parental approval must be obtained for the conveyance of information and that contraception cannot be promoted through these prevention efforts. Another reproductive health bill was introduced to the Filipino Congress in 2008 with additional provisions for sex education in secondary schools and advancement of contraceptive use among the general population (Lagman et al., 2008). However, the Church has a good deal of influence on laws and practices within the country, particularly those dealing with reproductive health and HIV prevention. Thus, the movement to incorporate sex education into the schools has been met with stiff opposition from the Catholic Church and the President's Council on Values Formation, which has many clergy as members (Bland, 2008). The arguments rest on the belief that sex education and promotion of condom use promotes promiscuity and premarital sex, supported by the Pope's comments during his 2009 papal visit to Africa (de Leon, Jimenez-Corona, Velasco, & Lazcano, 2009) and those of the former Archbishop Jaime Cardinal Sin (Human Rights Watch, 2004), but not supported by current research.

Several of the issues raised by the participants regarding condom use could be directly related to their lack of formalized sex education. The fears surrounding condom use stem from limited to no discussions regarding condom use. The aspect of diminished sexual pleasure, particularly for men, is a common constraint across settings (MacPhail & Campbell, 2001; Sarkar, 2008). Sensations of discomfort including ill-fitting condoms, loss of "skin-on-skin" sensation, or vaginal irritation have also been cited in previous research (Sarkar, 2008). This may be occurring in the Philippines because there is a limited choice in condoms in size and texture, limited knowledge regarding latex sensitivities, or limited access to inexpensive but effective lubricants. In addition, the dislike of condoms because of physical discomfort and the diminished feelings of sexual pleasure may arise from the hurried and embarrassed manner in which they are purchased, without contemplation of type or fit. Although these may seem to be trivial constraints, they are not inconsequential when addressing readiness for behavior change.

Traditional gender norms on the household level were apparent in the sexual double standard voiced by several of the participants. This was particularly pronounced in the apparent acceptability for men to have secondary partners, as well as the unacceptability for women to be conversant regarding their sexual health and experiences. Although the Philippines has a proven track record of women holding positions of power on a societal level, women are still constrained on a household level in managing their sexual health by these more traditional views. Perhaps linked to this more traditional setting, the hesitancy to communicate with partners about sex and sexual decisions indicates that the environment for sex communication is also quite conservative in many respects. Yet, participants all voiced gratitude following the focus groups about being able to talk about these issues without judgment. This demonstrates that although there may be a general reticence to talk openly about sexual issues, this reticence does not mean a complete unwillingness.

It was encouraging that most participants did not feel that a disagreement over condoms would escalate to a physically or sexually violent altercation. This could indicate that perhaps women are less likely to fear a physically violent reaction from their partner if they insist on condom use. There are two important considerations, however. The first is that the threat of abandonment which was voiced in the FGDs. While not as obviously injurious as a physical attack, it can make as strong an emotional mark and can be highly influential over a person's behavior. In addition, it is difficult to ascertain whether the one woman who mentioned marital rape as a result of the disagreement is an outlier or if this individual felt comfortable enough to voice something that is commonplace but rarely talked about. These considerations must be kept in mind when developing policies and programs to address HIV prevention in this context.

It is important to note that our findings are not generalizable to all young adults in the Philippines as this study represented the views of participants residing in Cebu, in the Central Visayas region of the country. In addition, there may have been self-selection bias on the part of the

participants, as those who were more reticent to talk about sex and sexual health would have declined to participate. The level to which persons living in metro Manila or in rural settings have the same perceptions is unknown. Additionally, while multiple measures were taken to assure credibility, trustworthiness and authenticity of data, they primarily occurred *post hoc* to the data collection process (Morse, Barrett, Mayan, Olsen, & Spiers, 2002) and represent a limitation in the analysis of the data.

Additional research would ensure a comprehensive approach to HIV prevention in the Philippines, as several questions remain unanswered. One such question has to do with the growing trend toward younger sexual debut in the country, as noted previously. Why the Church's influence on young adults' engagement of premarital sex has not been as strong as its impact on condom availability and use is unknown. The question remains whether its success against condoms has come primarily through its influence over legislative actions in the Philippines. Another question is whether it is possible to work with the Church to find an approach that supports essential public health prevention messages regarding HIV and other STIs while still respecting the religious beliefs of the Filipino society. A third area would be to determine the level of emotional and sexual abuse that may occur when couples disagree about safe sex practices. The qualitative nature of this study did not allow for full assessment, although it is a crucial consideration for the development of HIV prevention interventions.

At the present time, efforts in several segments of society can work towards mitigating HIV risk for the general population. More comprehensive secondary prevention and tertiary care measures should be enhanced for those already infected with HIV to meet the universal access goals set forth by the United Nations (UNAIDS, 2008a). In addition, given that the Philippines is still at a place where primary prevention of an epidemic is still very possible, several steps can be taken.

The first is ensuring access to accurate information. The dominant and activist nature of the Church in shaping policy and impacting personal perceptions and behaviors surrounding condom use is crucial to consider when developing and implementing any programs aimed at primary prevention of

HIV in this setting. Currently, as evidenced by comments during the FGDs, there is a great deal of misinformation circulating. Sex education that acknowledges the Church's position yet provides adequate and sufficient information regarding disease prevention is crucial for men and women, both young and old. A concerted effort must be made by professionals in health care settings and public health advocates in the communities to break down the stigma associated with condom use and educate their clientele about safe sex. In addition, small initiatives, such as the training of pharmacy clerks to improve their sensitivity towards the purchasing of condoms, can begin to lessen certain constraints against more widespread acceptance of condoms.

The second mechanism of primary prevention is to extend the access and availability of condoms to the general population. More widespread availability of free or discounted condoms is also crucial, particularly in clinics and other locations that serve persons of lower socio-economic status. Lastly, but most importantly, involving the community members in the development and implementation of HIV prevention interventions, as demonstrated by Morisky and colleagues (Morisky, Ang, Coly, & Tiglao, 2004), can help to ensure acceptability and appropriateness of the messages. By calling attention to the perceptions surrounding condom use for young adults in this area, this paper provides a starting point towards the awareness of the constraints to widespread condom use and HIV prevention in general. This awareness can begin to inform the further development and implementation of comprehensive assessment and prevention strategies that best suit the needs of young adults in the Philippines.

Table 1: Themes and Subthemes from Focus Group Discussions

Themes and Subthemes	Representative Quote
Within the Cultural Context	
Condoms are for Contraception	“Condoms are a sin”
Condom Users are Playboys and Prostitutes	“They love to have sex. They are maniacs.”
Being Judged While Purchasing Condoms	“You will be ashamed.”
Relationship Status Impacts Condom Use	
Condoms in Marriage	“Waste of a condom”
Condoms among Unmarried	“Just tasting”
Perceived Implications of Condom Use	
Sidelines and Promiscuity	
Perceptions and Misperceptions of Condoms	
Condom-related Fears	
Inhibitors of Sexual Pleasure	“It’s like candy in a wrapper”
Relationship Communication	
Discussing Sex	“It doesn’t sound good, like we are loose.”
Decision-making and Abuse Pertaining to Condom Use	“The woman may agree not to use to avoid trouble”

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