The "Power of You" HIV/STI Prevention Pilot Implementation

Evaluation Report

Health Action Information Network, 2011



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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ССВР	Creative Cross Border Productions, Inc.
DepEd	Depart of Education
DOH	Department of Health
FGC	Focus Group Conversations
HIV	Human Immunodeficiency Virus
IHBSS	Philippine Integrated HIV Behavioral and Serologic Surveillance
KII	Key Informant Interview
MAPE	Music, Arts and Physical Education
MDG	Millennium Development Goals
MSM	Men who have Sex with Men
NDHS	National Demographic Health Survey
PNAC	Philippine National AIDS Council
POY	Power of You
STIs	Sexually Transmitted Infections
UNICEF	United Nations Children's Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counseling and Testing
YAFS	Young Adult Fertility Survey

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Executive Summary

Background

The Philippines is determined to halt the spread of HIV infection by 2015 in line with its commitment to achieving Millennium Development Goal (MDG) 6. This goal is, however, challenged by the increasing the number of new cases in the country (DOH, Philippine HIV and AIDS Registry, 2010). From January to March of 2010, 393 additional cases were reported, or an average of about four (4) new cases daily (Tayag, 2010). Of those recorded infections in 2010, 32 percent were youth aged 15-24 years old. In most instances, the infections were transmitted through sexual contact.

Young adults are regarded as one of the most vulnerable population to STIs and HIV. According to the 3rd Young Adult Fertility and Sexuality Survey YAFSS Study (2002, UPPI), young adults exhibit liberal attitudes on sexuality and sexual practices, while possessing poor knowledge about STIs and HIV and AIDS. One-third of the total respondents thought that AIDS can be cured, and a large proportion believed that they were not vulnerable to the infection.

In the light of data on the increase of the prevalence of STIs and HIV among the youth, the Department of Education (DepEd), through its Bureau of Secondary Education and with the support of United Nations Children's Fund (UNICEF), developed the Power of You (POY) communication campaign (video) in 2009. It was primarily aimed to increase awareness of students on HIV and STIs and motivate them to protect themselves against HIV and STIs.

An integral member of the Philippine National AIDS Council (PNAC), the Department of Education is mandated to implement an AIDS education program in schools to address the vulnerabilities of young adults. The educational program shall include the development of a school-based HIV/AIDS education and information prototype, and the development and provision of multi-media information and instructional materials to schools under its jurisdiction as stipulated in RA 85042 otherwise known as the Aids Prevention and Control Act of 1988.

The POY is an interactive video developed by Creative Cross Border Productions, Incorporated, running from 30 minutes to over an hour including the integrated facilitated discussion session with students. The video is designed to inform, entertain, and develop critical thinking in decision making by encouraging students to decide on each of the decision points shown in the video. The video shows scenarios in which the main characters, Francis and Sara (high school students), are presented with dilemma situations. Francis' character is 16 years old, a fourth year high school student who is considered "crush ng bayan", a star of his basketball team. He is being pressured by his friends to be

² An Act promulgating policies and prescribing measures for the prevention and control of HIV/AIDS in the Philippines, instituting a nationwide HIV/AIDS information and educational program, establishing a comprehensive HIV/AIDS monitoring system, strengthening the Philippine National Aids Council, and for other purposes.

"macho" by trying out drugs, and being with a girl (Jenny) who has been after him. Francis' dilemmas include whether to work on a school project or go out for a gimmick with his friends; give in too peer pressure to drink or do drugs or leave the party before he does something he will regret. Sara is 16 years old, fourth year high school honors student. She has an older boyfriend (Bob) who is pressuring her to prove her love for him by having sex. Sara' dilemmas include whether to talk to Bob and tell him to wait or not to talk to Bob about her fears and just give in to him; talk to a friend about her situation and get advice or not to talk about it because she's ashamed). After each scenario, the students are asked by the facilitators to decide on the dilemma. Each decision point shows possible consequences of the decisions. The students and facilitators then discuss the decisions and their consequences to highlight key messages that the video aim to convey, particularly abstinence, avoidance of gateway behaviors, and to seek information on STIs and HIV. The target audience of the campaign is second to fourth year high school students, ranging from 13 to 16 years old, both male and female, who are currently enrolled in school. Other adolescents, e.g. out-of-school-youth, who may have different vulnerabilities, are not addressed in the POY.

In December 2009, pilot testing of the video was started. A training of facilitators was conducted as part of the POY's discussion and facilitation component. Teachers, school nurses, guidance counselors and student leaders from identified intervention schools attended the training. They form the pool of facilitators for the POY.

At present the POY is on its pilot run among DepEd's Child-friendly schools. This phase of the POY is important to determine whether its objectives are being achieved. At this juncture, its proven effectiveness can give its proponents greater confidence in running POY, as well as allow for adjustments and improvements to be implemented for its better efficacy.

The overall aim of this research study is to measure the impact of the pilot implementation of the POY. As its research objectives, it posits the question whether or not such a campaign as the POY, in its video interactive format with attendant facilitation, can generate greater awareness and increase knowledge on STIs and HIV, and motivate young people to act by protecting themselves against STIs and HIV.

The POY Evaluation Study

This study uses a quasi-experimental design to provide evidence-based evaluation on the effectiveness of the "Power of You" (POY) as a program intervention that influences the knowledge, attitudes and behavior of youth on prevention of sexually transmitted infections/human immunodeficiency virus (STI/HIV) and acquired immunodeficiency syndrome (AIDS) as well as life skills. Qualitative data provided avanue for triangulating findings.

Six (6) schools, which are under the Bureau of Secondary Education, participated in the baseline and end line surveys administered in the course of the study. There are two major categories of schools under the Bureau of Secondary Education: one is the child-friendly schools which were assigned as intervention schools and the other is the regular schools which were assigned as control (comparison) schools.

Among the child-friendly schools, three (3) were selected via draw lots from schools which satisfied the following criteria: 1) has not yet implemented the POY; and 2) adopts a heterogeneous type of sectioning i.e. class which compose of students with different academic standings. These three schools are Batasan and Pasay from Manila and Gothong from Cebu. In addition to the surveys, the POY was also implemented in these schools through an interactive video and 30-minute to one-hour attendant facilitation. Among the regular schools, the three control (comparison) schools which were geographically distant from each of the intervention schools were identified. These are Lakandula and Mandaluyong from Manila and Talamban from Cebu. The consideration for such criteria is that the control (comparison) schools should be far enough from the intervention schools to minimize any contamination which may affect the results of the study.

Within each of the intervention and control (comparison) schools, class sections with similar characteristics in terms of year level and class size were selected by the facilitators to represent the average population of each of the 2^{nd} and 3^{rd} year students. The sample size was computed using the formula for simple random sampling at 5% margin of error (*e*). The data on total target population (N) was obtained from the DepEd fact sheet for the total target population.

A 5-page questionnaire written in English language was administered by a designated facilitator during baseline and end line. The questionnaire includes questions on knowledge and belief of both STI and HIV, belief on AIDS, access to information on STI and HIV, and gateway behaviors and risks. From the intervention schools, there were 609 students who participated during baseline and 516 during the end line; while in the control (comparison) schools, there were 504 students during baseline and 367 during end line surveys.

The completed questionnaires were encoded using an encoding template prepared in Microsoft Excel and were transformed into a database using the Statistical Packages for Social Sciences (SPSS). Since there were no concrete identifiers to match students who were surveyed in the baseline and midline (i.e. non-cohort), each of the students was treated as a unit (row entry) in the database and two filter variables were created to distinguish each of them from the rest namely: phase (baseline and end line) and observation (intervention and control/comparison).

Bivariate analysis using the t-test of means was used to determine whether the differences between two means are significant. To do this, variables are clustered to come up with indexes and compute for the means. The categories for each variable within the index is recoded as 1 = Positive/correct answers and 0 = Negative/incorrect answers. After recoding of categories, the sum of the variables within the index is computed.

The qualitative portion of the study utilizes both the Focused Group Conversations (FGCs) and Key Informant Interviews (KIIs), conducted to provide additional contexts, to nuance and deepen the findings of the quantitative results. In particular, the FGCs were conducted among students and the parents of students, and KIIs were conducted with facilitators, from the intervention group during midline survey and end line.

There were some challenges faced in identifying intervention schools, primary of which was that many of those in the DepEd's list of Child-friendly schools have already run their pilot of the POY. It was crucial that the schools included in the evaluation have not yet been exposed to POY. Davao City was later on exempted from the evaluation as all of the schools in Davao City have already run the pilot for the POY. Davao was, however, included for the FGC. Two schools for intervention and two schools for control were chosen in Metro Manila (total of four schools), and one school as intervention and one for control were chosen for Cebu City (total two schools). A randomly selected school in Davao City was chosen for the FGC.

The administration of the surveys across phases was dependent on the availability of the schools; within the school year there were various school activities to account for. The targeted period (one month) of interval between the midline and end line surveys varied across schools within period of two months from conduct of the Phase 1, Phase 2 to Phase 3. The varied timeframe of implementation per school did not allow for the feasibility of an aggregated analysis of the data. It also limited the condition of the intervention and did not allow for an adequate timeframe to predict changing behavioral outcomes; hence no data on long-term behavior outcomes of the video was collected. The data collection process ran from October 2010 to May 2011.

The survey instrument could be improved with more questions on attitudes, perceptions, and on actual sexual and reproductive health practices of the students. This would have better measured the challenges and risks they face, as well as to measure the impact of the POY (after intervention) on attitudes, perceptions, and sexual and reproductive health practices; but is constrained by, understandably, the mandate on privacy and sensitivity of the DepEd. It is an inherent and major limitation of the evaluation is that it is unable to evaluate actual effects on behaviors (i.e. only intentions to prevent and protect themselves against infections).

Parents were invited to join the FGC to provide a qualitative overview of how the home lives, the family relationships of students, inform their awareness and knowledge of STIs and HIV.

The facilitators gave feedback on their knowledge, perception (attitude) and facilitation (competency and adequacy of training) of the POY. Interviews with the facilitators (specifically, teachers and student leaders) provided complementing data on the impact and challenges to of POY.

Key Findings

The POY has served as an excellent jump off point to generate awareness and to initiate discussions of STIs and HIV with and among the students. It allowed the students an avenue to assess their behaviors, whether these are high-risk or not, to assess their susceptibility to peer influence, it allowed for clarifications of misconceptions, as well as generate curiosity, identification, and concern among those who participated in the POY viewing. While the results of the study imply that there is still substantial room for improving knowledge retention of the students, the POY has provided an opportunity to explore other avenues where vulnerabilities of adolescents and young adults lie.

Among the significant finding are:

Majority of the students said that they are not at risk of HIV infection. This is true for both intervention and control areas in all phases of the study.

Starting with no difference in knowledge on STIs and HIV between the schools who did not participate and those who participated in the POY during the baseline survey, the results revealed that the students who participated in the POY, after its showing and attendant facilitation, showed significant improvements in their knowledge and attitudes about STIs and HIV.

In terms of specific knowledge categories i.e. transmissions, symptoms, and types of STIs, the significance of improvement, showed some variety across categories.

Transmissions. Baseline knowledge about transmission is the same for both intervention and control groups, with an average score of 5.8 (out of the maximum score of 10). In the end line, the intervention group scored higher by 1.6 compared to the control schools. An increase of 1.7 in the mean score of the intervention group, from the baseline to end line of the study was also observed.

Symptoms. Prior to the POY, the intervention and control schools are similar although the control schools have a slightly higher score of 0.1. Both increased by 0.1 after POY with the control schools higher by 0.1 compared to the intervention schools. This very minimal difference is not statistically significant. In the intervention schools, the slight increase is also not statistically significant.

What this means is that in terms of knowledge on symptoms i.e. knowing a person if s/he is infected of HIV by simply looking at her/him and correct knowledge on symptoms of STI, the POY intervention did not have a significant impact, although there was a slight increase after POY.

Types of STIs. The intervention and control schools are similar in terms of knowledge on types of STI prior to the POY intervention. From baseline to end line, however, the score in the intervention schools decreased by 0.1 while the score in the control schools increased by 0.1. The decrease in the baseline and the difference in scores between intervention and control schools at the end line are both not statistically significant.

General. In general knowledge on STI/HIV, the control schools has a 0.1 advantage over the intervention schools in terms of scores, although such difference is not statistically significant. Worth noting is that after POY intervention, the score in the intervention increase from 5.5 to 6.2 and this increase is statistically significant. In the end line, the score of the intervention is higher by 0.2 compared to the control schools; however, this difference is not statistically significant.

Summary of UNGASS Indicators. The intervention and control schools have similar scores on UNGASS indicators prior to the POY intervention. The score of the intervention school increased by 0.2 and this is statistically significant. There was no movement in the control schools from baseline to end line. The difference of 0.2 in the end line between the intervention and control schools is statistically significant.

On the whole, there is an observed positive impact of POY for some of the knowledge variables. There was an increase the level of knowledge on transmissions, and symptoms

of STIs in the intervention schools after viewing of POY. The POY was also able to generate awareness on STIs and HIV.

Prevention – Seeking Help. On attitude and preventive behaviors of seeking help (consultation with an adult and/or medical expert, talking about STI and HIV), the intervention and control schools are the same prior to the POY intervention. In the intervention school, an increase of 0.4 occurred after POY and such increase is statistically significant. In the end line however, the intervention school has a 0.1 score advantage over the control schools. However, such difference is not statistically significant.

Prevention (Abstinence, Careful Action). Before the POY intervention, the control and intervention schools already has a difference, with the control schools getting a much higher score of 3.8 compared to intervention schools at 3.5 for regarding abstinence, faithfulness and careful action as preventive measures against infection. This difference between the schools is statistically significant.

While there is an increase of 0.3 from baseline (3.5) to end line (3.8) in the intervention schools, such increase is not statistically significant. In fact, this increase is still lower compared to the end line score of the control school, which is 4.0. However, the difference in scores at the end line between the schools is not statistically significant.

In looking at gender difference in response, results show that prior to intervention, the control schools are better than the intervention schools by 0.3 mean score and such difference is statistically significant. By sex, the difference is much stronger in females at p = 0.009.

Overall, the increase of 0.3 from baseline to end line in the intervention schools is not significant. Among females however, the 0.3 mean score difference is statistically significant. The difference between intervention and control group at the end line, however, in favor of the latter, is not significant even if we analyze by sex.

Prevention – Seeking Information. There is a difference of 0.3 between the intervention and control schools, in favor of the former, prior to the POY. In the intervention, the score increased from 2.0 in the baseline to 2.4 in the end line for students who sought more information about STI and HIV as a way to protect themselves from infection, and this increase is statistically significant.

There was no movement in the control schools from baseline to end line. In the intervention, the increase of 0.4 from baseline to end line is statistically significant.

Avoidance of Gateway behaviors. In general there are some positive outcomes for avoidance of gateway behaviors. There are, however, inconsistent findings across phases that imply some loss of traction of the messages of avoidance across time. For instance, the findings show initial increase in the proportion of the students who believe drinking alcohol is a risky behavior. By the end line survey, however, most of the students in the intervention schools think that drinking alcohol is something typical teenagers do. There is also an increasing trend in the Manila schools (all of the intervention schools) for students who think that it is fun to experiment (try out new things such as drinking, smoking, etc.) during parties, and that getting an infection is a matter of luck. Attitude towards PLHIV. There is no difference between intervention and control schools in terms of attitude towards people living with HIV prior to the POY intervention. In the intervention, the score increased from 3.6 in the baseline to 4.9 in the end line and this increase is statistically significant. Between the intervention and control schools, the latter has a higher mean score in after POY intervention by about 0.9 and this difference is statistically significant.

Students significantly improved in their positive attitude towards HIV and persons living with HIV. This is indicated by the increase in the mean score of this category after exposure to POY. This is marked, for example, by a significant increase in the positive scores of students in their attitude towards an inflected classmate. There is a strong belief that a person with HIV can live a normal life. These variables for attitude show significant positive increase after POY. When correlation between knowledge and attitude was tested, result showed positive correlation.

Conclusion: Of Knowledge and Prevention

The findings of this study show that in terms of the specific knowledge categories i.e. transmissions, symptoms, and types of STIs, there have been significant increase among the students after participating in the POY. This, however, did not result in a parallel increase in the scores of students for increasing prevention.

The findings show that majority of the students said that they are not at risk of HIV. This is consistent with the FGC results, where they attribute the low risk to being young and not being sexually active. While there were a few cautionary tales: perceiving their age bracket to be at high risk of acquiring STIs and HIV because of their high-risk behavior (drinking, sexual activity, thoughtless decision-making, recklessness, peer pressure), pointed to the supposed changing attitude of the youth, with most of the key informants echoing this observation, the survey results would show otherwise.

A way to explain this is to look at the scores of the students in their self-perception of their vulnerability to infection. According to the survey result, majority believe that they are not at risk. These finding reiterates previous findings of studies that young adults' perceive that they are not vulnerable to infection (UPPI, 2002; Adedimeji, 2005). Young adolescents' sexual risk-taking, largely results from this sense of invulnerability and lack of understanding of the consequences of their actions (Adedimeji, 2005). Literature has described young adolescents as "pre-contemplators who do not understand that they are at risk, and who, for a variety of reasons, are unable to avoid risky behaviors; a situation further aggravates the HIV epidemic and complicates efforts at controlling its spread" (Butler et al., 1996). While there may be superficial increase in knowledge, the significance of it may not be fully grasped because it not considered as relevant to their lives.

Specific to the traction of messages for avoidance of gateway behaviors, findings imply that given a period of time, they give way to what's actually being practiced – that risky behavior relating to alcohol and drug use are common and may even be on the rise among young adolescents. While the FGC results imply positive statements for avoiding gateway behaviors (given some vacillation on how "someone I know do this…"), the survey

indicates the opposite, that some of the behaviors (drinking and smoking) are perceived to be what normal teenagers do by the endline. The literature suggests early adolescents' susceptibility to peer influence (Gruber, 2000), most of which were associated with dating, sexual activity, and the use of drugs and alcohol (Bradford Brown, 1982). Especially among the boys there is a higher tendency to perform (or at least speak of engaging in) risky behavior (Bradford Brown, 1982).

The inaccurate risk perception of the youth may yet be another factor that challenges the success of educational programs promoting information and awareness on STIs and HIV. A study reported that people tended to compare their risk with those of others at a much greater risk (in the present study there is some perception that HIV is only common among gay people), resulting in an underestimation of the actual risk at hand (Weinstein, 1989). The underestimation may be compounded by the lack of accurate information, misconceptions about the infection in terms of modes of transmission and an almost nonchalant attitude about being infected i.e. it is a matter of luck and only prevalent among gay people.

Studies have pointed to the efficacy of IEC on HIV/AIDS (Alford, et. al.). However, while most were found to have an effect, they were mostly only able to introduce students to few information about the infection. There remained the lack in actually equipping them with knowledge and skill needed in their daily life that may contribute to their prevention from infection (Cherie, et. al., 2005). Taking this in the context of the implementation of the POY in the schools observed, the one-time facilitated showing and discussion, the logistical challenge that the facilitators face, and the number of students participating; may have proven to be a set-back in conveying the life-skills that the POY intended to convey. Again, this is apparent in the findings, it was able to introduce the students to the infection resulting in the increase of knowledge, but lacked enough traction to sustain the life-skills messages, evident in the decrease in the survey results on gateway behaviors.

Studies have shown that despite efforts of information dissemination, there is still a permeating reluctance to tackle sex in most communities and in society in general, especially among parents and religious leaders. This reluctance has rendered the tackling of sexual and reproductive health of young adults in a cursory manner (Adedimeji, 2005). Survey results for accessing of information do not reflect a significant increase. Neither do the FGCs reflect the students' actual search for more information nor openness to discussion of STIs and HIV, most are reluctant apprehensive of losing their privacy. KIIs point to the limited opportunity that teachers and counselors have to interact with students.

That the parents themselves manifest support POY, and suggest that further information and lessons on STIs and HIV be incorporated in the lessons of their children is a step toward greater openness and less wariness of students with issues regarding the sexual of their health. The positive statements from parents in the FGCs, where they recognize their role in their children's welfare, however, could be considered as a fertile ground for expanding support for increasing the students' motivation towards avoidance of gateway behaviors. As counter to the seemingly all-prevailing peer influence, parents who are found to be demanding and responsive to their children were found to be likely to transmit protective factors against initiation of smoking and drinking (Choe and Domingo, 2001). Feedback from the KIIs point that while educational materials may teach the youth to seek help, where there are no support structures from which actual help (diagnosis, medical advice, and treatment) can actually be availed from, the overarching effort to ensure better health practices among young people will remain halfway met.

Students are very aware of the required prevention behaviors of abstinence, careful action and faithfulness. They contextualize this along their aspirations of a good future. While condoms is often not a part of the prevention messages addressed to high school students, the awareness of condoms and their preventive functions is high among the participants in the FGCs. This resonates with literature that while adolescents are responsive to risk information, their sexual behavior is more elastic i.e. in actual situations there would be some negotiations to their sexual behavior, and thus absolute abstinence may not be the practice. This presents important policy suggestions on the crafting of education and information for the youth that would address the relative riskiness of different varieties of risky activity that young people may engage in and thus would address and enable young people to reduce the intensity of their exposure to risk while remaining (sexually) active (Dupas, 2009). Moreover, while IEC are able to provide students with basic information about the infection, they fall short of equipping students with knowledge and skill needed to negotiate in their daily life (Cherie, et. al., 2005). Sustained IEC messages with emphasis on life skill training are required to attain the goal of developing life skills among students to manage their sexual health, and promote prevention.

Recommendations

The findings of this study show that the POY video and its attendant facilitation have a significant impact on the knowledge and attitudes towards STI/HIV prevention. The researchers, however, recognize the limitation of the data from this study, doing cohort analysis would solidify the findings, randomization issue, and questions that are more direct should be used as proxy indicators for behavior change would be significant to substantiate the findings of the study. Given these limitations, the recommendations are drawn along three areas for further enhancing the POY and its potential for wider application: implementation, improving messages, and integration for long-term implementation.

Implementation of POY

In-depth discussions during facilitation of POY

- The cognitive effort required to process the messages of the POY video is perhaps too much for a 30-40 minute session. The implication for the POY video may be to manage this cognitive effort better, that is by conducting a longer session, giving time for more discussion (to allow for clarifications, questions and answers) between segments of the video.
- Corollary, a smaller number of participants for each session is also suggested to allow for a deeper, and more focused discussion of the messages of the POY. Moreover, a smaller group would provide a more conducive environment for open discussion.

Training for facilitators, teachers, and counselors

- Facilitation of the sessions is an equally integral part of the POY as complement to the video. Regular trainings and support for teachers and facilitators, whenever practicable, should be conducted. With the view of deepening discussions during the POY sessions, the facilitators become primary characters as well as sources of information.
 - Specific skills training for facilitation is suggested. It is paramount that facilitators are equipped with the skills to discuss sexual issues with adolescents in an open, non-invasive and non-judgmental way. Teaching methodologies for STIs and HIV is also recommended, with the long-term goal of integrating POY in the curriculum. Trainings will increase facilitators' knowledge and confidence, while also equipping them with appropriate skills in communication sensitivity, especially where highly charged and private matters such as premarital sex, STIs and HIV discussed.
 - A training of trainers could also be conducted with the present facilitators as participants, with the goal of expanding the pool of facilitators to address the limited number of facilitators vis a vis the number of student beneficiaries for the intervention.
 - Information materials on STIs and HIV, as well as training modules, should be made readily available for the schools, to complement POY sessions, and to provide facilitators and students continuing education.

Separate sessions for boys and girls whenever practicable

• Findings show some difference in appreciation for messages and reaction to the POY sessions. Consider separate sessions for female and male students to encourage questions and discussions. The facilitation and processing may be better achieved with separate sessions addressing their different concerns and vulnerabilities, e.g. boys reported higher risk behavior, as well as lower responses to saying "no" to peer pressure. This would also provide a more familiar, less awkward, and less embarrassing venues for both boys and girls to voice their questions and concerns.

Translations in local languages

• In terms of language-use in the POY a more colloquial use of Filipino is suggested, and possibly translated for the other sites. Translated versions coupled with deepening discussions could increase comprehension and allow for a greater identification of the POY among students (STIs were better remembered by their symptoms rather than by their medical names e.g. "*pangangati*," "*katol-katol*," "*pamumula*"). This would also further enhance the experience and cultural relevance of the POY among students, further addressing persisting local misconceptions.

Provide information to access to sexual and reproductive health services.

• A support program to the POY would be a working referral system that covers information on where the students can access health services, from consultation to comprehensive health care. Facilitators, school nurses, etc. should be able to provide information on where students can access quality sexual and reproductive health services in case they should need advice and/or referral. Corollary, it is important that schools are given information on where to access adolescent-

friendly and sensitive, affordable, reliable, and discreet health care facilities in the community (or nearest to).

Video Technicalities

• The mechanics of POY can be further enhanced and refined e.g. suggestions for adjusting the video format to allow for easier manipulation by the facilitators.

Improving messages

In future campaign against STIs and HIV, the proper use of condom as a key message should be an option.

- FGC participants consistently identified condom as a means for protection against infection. Across sites, the use of condom is mentioned as a preventive behavior.
 - Many of the participants and their parents, as evidenced in the FGCs, are aware of its use. While there is yet no cure for HIV and overnight behavioral change in risky behaviors cannot yet be achieved, it is imperative to include other factors, e.g. condoms that facilitate protective behaviors. There is widespread knowledge of condom and the protection it offers, but its use remains uncommon. In Philippine society, attitudes to condoms are largely influenced by negative perceptions. Overcoming this would lend support to young people who do not want sex to lead to pregnancy or infection.

Inclusion of a gay character to benefit the vulnerable group of young MSM.

- The inclusion of a more prominent role for a gay high school student in the POY storyline would help address the issues of discrimination (findings show persistent notion that HIV come from homosexual males), and inform young MSMs on how STIs and HIV can impact on their lives.
- Another option would be to include issues that young MSM face in the facilitated discussions of the POY e.g. facilitation script, or integrated as part of a class module/lesson.

Improve and emphasize messages that would address high-risk behaviors.

• Peer pressure as conduit to risky behavior, especially among boys, needs more emphasis. Life skill messages on independence, responsibility, and future prospects need support and reiteration. This is to address the decreasing appreciation of the students of the connection of risky behaviors to infection. Supplemental activities to emphasize this message can be undertaken as class activities.

Include stronger messages that emphasize empowerment for girls.

• While both boys and girls are distinctly vulnerable, girls have distinct vulnerabilities that involve tensions in power relations and put them at a greater vulnerability. Messages should address the traditional notions of women and girls' roles that hamper their abilities to decide their sexual relations and put them at a greater risk for infection.

Integrated long-term implementation: sustained and supported

Monitoring and Evaluation

• A monitoring and evaluation component should be added in the program, where impact of the intervention on behavior change can be further monitored. It is suggested that the monitoring and evaluation be better targeted and focused on the impact on the status of students' sexual and reproductive health. The observations and findings can serve as guide for either enhancing present program or creating other intervention(s), and to address emergent needs.

Integration of POY in the appropriate classes to deepen knowledge and increase retention.

- While is there is a general trend of increased knowledge after the intervention, there is some manifestation that recall of the information and messages from the POY tended to decrease across time. It is very important that the awareness, curiosity, and increase in knowledge generated by POY be sustained. Integration of POY in the appropriate classes to deepen knowledge and increase retention is recommended. The POY is an effective tool to generate awareness and to begin an engaged discussion on STIs and HIV.
 - Integration in appropriate classes would address the constraints identified by facilitators in terms of scheduling (presently, POY showing requires a separate period) and having the appropriate class size for the showing of POY. Large numbers of students participating in the showing contribute to the disorder and difficulty in facilitation.

Whenever practicable, involve parents and health practitioners (including organizations) in POY.

- A session of the POY could be conducted among member of the Parents and Teachers Association (PTA) in schools. Findings show that parents are integral part of students' lives and as sources of information. To complement efforts of POY, parents must become partners in the sustained education and awareness of their children on STIs and HIV, and broadly on sexual and reproductive health. This would engender a sensitive contextualization of the subject matter for deepening and sustained discussions.
- The session/training can also be adapted into the community setting where parents are encouraged and enabled to discuss sexual and reproductive health matters with their children. In the long run, not only would the home life complement and sustain what is taken up in the schools, it may also allow for those children who are not in school to access the benefit of the information.
 - Studies have shown that effective intervention program must not only promote the seeking of information but also develop a sustained community support as resource of information, it is therefore important that this community is informed. Proper knowledge or misconceptions are sustained through education in the home.
- Supplemental educational foras could also be conducted in schools. Findings show that health professionals are perceived by the students as "experts" and most knowledgeable about the infections. They will be credible and important messengers of prevention and protection.

Further research can be done on the local expressions and perceptions of STIs and HIV in communities; and to contextualize it further, a research on the sexual and reproductive health practices of adolescents.

• The findings can help improve the messages and crafting of messages of the POY, as well as inform program design and implementation.

Involving youth participation

- Perhaps as an evolving component of the POY, a supplementary program or activity can be conducted that would involve the students in program planning. This program envisions giving the students an avenue to analyze their situations, how their varied realities make them or not vulnerable to STIs and HIV, and encourage them to participate in crafting programs that would benefit them e.g. help identify effective and practical ways of reducing the adverse effects of high-risk behavior that can lead to infections.
 - Rooting the awareness and information in the analysis of a broader structural context, students are made aware of the factors that contribute to the challenges to their general health care. With the goal of enabling the students to realize their rights to sexual and reproductive health and allowing them to contribute to programs and policies that address their needs, they are then encouraged to create for themselves enabling situations that improve their health status and their health behaviors.

The "Power of You" HIV/STI Prevention Pilot Implementation An Evaluation Report

Introduction

The national HIV prevalence of the Philippines remains less than one percent (<1%) among most-at-risk-populations (MARPs), and is considered as "hidden and growing." The Philippines is determined to halt the spread of HIV infection by 2015 in line with its commitment to achieving Goal 6 of the Millennium Development Goals (MDG). This goal is, however, challenged by the increasing number of new cases in the country; there is a sharp increase in the last two years with sexual intercourse as the main mode of transmission (DOH, Philippine HIV and AIDS Registry, 2010).

In 2000, the National AIDS Registry recorded a new HIV case every three (3) days. In 2007, a new case was recorded every day, and in 2009, two new cases are recorded every day. From January to March of 2010, 393 additional cases were reported, or an average of about four (4) new cases daily (Tayag, 2010). Of those recorded infections in 2010, 32 percent were young people aged 15-24 years old. In most instances, the infections were transmitted through sexual contact.

Young people and adolescents are regarded as one of the most vulnerable population to STIs and HIV. According to the 3rd Young Adult Fertility and Sexuality Survey (YAFSS), adolescents and young people have poor knowledge about STIs and HIV and AIDS (2002, UPPI). A third of the adolescents thought AIDS can be cured, and a large proportion believed that they were not vulnerable to the infection. This is confirmed in another study conducted in 2000 among third and fourth year students (18–22 years old) in Manila universities. The students were asked to identify their level of knowledge, attitudes, and perceptions about HIV/AIDS and other STIs. Results report that despite better knowledge about transmission and prevention, misconceptions and risky behavior were still present, and there were inconsistent condom use. The combination of sexual attitudes and lack of information places young people at risk of contracting HIV/AIDS. Moreover, efforts by conservatives to lobby against sex education in schools do not help in reducing the risk (Caccam, 2006).

Likewise, the 2003 National Demographic Health Survey (NDHS) showed very low knowledge results among adolescents and young adults aged 15-19 years old. When asked about misconceptions on HIV transmission only 34 percent among girls rejected the misconceptions and only 26 percent among boys. In the 2008 survey, a lower proportion of women rejected these misconceptions at 32 percent. This shows that a huge knowledge gap needs to be addressed among young men and women in the 15-19 age group.

A part of the mandate of the Department of Education, as an integral member of the Philippine National AIDS Council, is to implement an AIDS education program in schools. It shall develop a school-based HIV/AIDS education and information program which shall include HIV/AIDS education and information prototype, and the development and provision of multi-media information and instructional materials to schools under its jurisdiction (RA 8504).

The Power of You

In partial fulfillment of its mandate to implement an AIDS education program in schools, as well as to respond to the alarming data on the prevalence of HIV among the youth, the Department of Education, through its Bureau of Secondary Education, and the United Nations Children's Fund (UNICEF) developed a communication campaign in 2009 entitled the "Power of You" (POY). The POY campaign aims to increase awareness of students on HIV and STIs and motivate them to protect themselves against HIV and STIs.

In December 2009, pilot testing of the video was completed. A training of facilitators was conducted as part of the POY's discussion and facilitation component. Teachers, school nurses, guidance counselors and student leaders attended the training. The participants form the pool of facilitators for the POY. The DepEd is the main implementing agency of the POY.



The POY is an interactive video developed by Creative Cross Border Productions, Incorporated, running from 30 minutes to over an hour including the integrated facilitated discussion session with students. The video is designed to inform, entertain, and develop critical thinking in decision making by encouraging students to decide on each of the decision points shown in the video.

The video shows scenarios in which the main characters, Francis and Sara, are presented with dilemma situations. Francis' character is 16 years old, a fourth year high school student who is considered "*crush ng bayan*", a star of his basketball team. He is being pressured by his

friends to be "macho" by trying out drugs, and being with a girl (Jenny) who has been after him. Francis' dilemmas include whether to work on a school project or go out for a gimmick with his friends; give in too peer pressure to drink or do drugs or leave the party before he does something he will regret. Sara is 16 years old, fourth year high school honors student. She has an older boyfriend (Bob) who is pressuring her to prove her love for him by having sex. Sara' dilemmas include whether to talk to Bob and tell him to wait or not to talk to Bob about her fears and just give in to him; talk to a friend about her situation and get advice or not to talk about it because she's ashamed).

After each scenario, the students are asked by the facilitators to decide on the dilemma. Each decision point shows possible consequences of the decisions. The students and facilitators then discuss the decisions and their consequences to highlight key messages of the video, particularly abstinence, avoidance of gateway behaviors, and to seek information on STIs and HIV.

The target audience of the POY is second to fourth year high school students, ranging from 13 to 16 years old, both male and female, currently enrolled in high school. Other adolescents, e.g. out-of-school youth, who may have different vulnerabilities, are not addressed in the POY.

The communications framework adapted for the POY Campaign by Creative Cross

Border Productions, Inc., incorporates the various stages of behavior based on the Behavior Change Communications (BCC) framework. This framework hypothesize that the various stages of behavior can develop as long as enabling, motivating, and satisfying factors are present (see Figure 1). In the POY IEC campaign, the use of IEC material (POY video) will aid in transforming awareness and knowledge into action. The POY interactive video, as a motivating factor, primarily focuses on contributing to creating awareness or increasing the knowledge of high school students on issues related to HIV and STI prevention.



Figure 1: Steps in Behavior Change Communications Strategy

Figure 2 shows the relationship of behavioral stages, enabling factors and various channels that can be used in an IEC campaign. Ultimately, the goal of the campaign is to motivate young people to act in protecting themselves against STI and HIV.



Figure 2: IEC campaign framework based on the BCC model

Likewise, the hypothesis of this research study is that creative communications materials engage young audience, and when done in such a way that captures their situation and imagination can generate awareness, increase in knowledge, and may even motivate intentions to prevent and protect them from infections. A review of programs on the awareness and prevention of STIs and HIV among public high school students in the Philippines yield very limited result. The POY Campaign comes at a very timely juncture in the burgeoning STIs and HIV and AIDS situation in the country. Being a pilot program addressing awareness and prevention of STIs and HIV on a national level, a study of the POY ascertains whether or not such a "method of instruction," such as an interactive video with attendant facilitation, is an effective tool in generating awareness and motivating young people to protect themselves from STIs and HIV. The program, and consequently, its evaluation mark a progressive evolution in the public education system where a stigma-laden health issue is now tackled head on.

Objectives

At present the POY is on its pilot run among DepEd's Child-Friendly schools. This phase of the POY it is important to determine whether its objectives are being achieved. Its proven effectiveness can give its proponents greater confidence in running the POY. Adjustments and improvements could also be implemented for its greater efficacy.

The overall aim of this research study is to measure the impact of the pilot implementation of the POY Campaign. It posits the research question whether or not such a campaign as the POY, in its video interactive format with attendant facilitation, can generate greater awareness and knowledge on STIs and HIV, and motivate young people to act in protecting themselves against STIs and HIV.

Review of Literature

A survey of literature on programs relating to awareness of HIV and AIDS among high school students (adolescents and young adults) are cited here and serve as contextualizing the analysis of the findings. They are also presented to provide an overview of the interventions conducted for adolescents, as well as to highlight the imperative need for such interventions.

Adolescence is a particular period in human sexual development that is characterized by uncertainties. It is a period when teenagers are grappling with identity and role confusion amidst the conflicting social influences from peers, family and the greater society (Erikson, 1968). The special context of adolescence marks it as a period of experimentation and exploration of the self, and maturing sexuality. It is also a period that is characterized with vulnerability.

One of the findings of the YAFSS is that the prevalence of drinking, smoking, and drug use among Filipino youths are quite high (DRDF, 1994). It was noted that the prevalence of these behaviors were interlinked, young people who engaged one type of risk-taking behavior were likely to engage in the other types of such behavior. Among those who have engaged in any of these behaviors were aged 15–24 year olds. 55% reported to have been drunk, 38% smoked, and 6% have used drugs. Most were initiated into the risk-taking behavior by ages 16–17. It was found that risk-taking behaviors were also more males than females engaging in risk-taking behaviors (Choe and Domingo, 2001). The

WHO Youth Violence and Alcohol Fact Sheet echo a similar trend that there is an increasing youth culture of excessive drinking in the Philippines. These behaviors have often been regarded as gateway behaviors that have led to greater vulnerabilities to infections. On the other hand, studies on adolescents' and young people's perception of their risk exposure to STIs and HIV infections usually report that they do not perceive themselves to be vulnerable to infection (UPPI, 2002; Adedimeji, 2005).

In some studies, it has been observed that while most social customs frown and discourage pre-marital sex, it is actually common and more common among the young people, and especially in the urban areas (Kaufman, 2002). The unique social world of urban adolescents and young people, especially in slum communities, characterized by "presence of beer parlors/movie viewing houses, lack of recreational facilities, and the effects of globalization as evident on youth culture, influence of mass media, western lifestyles, tendency toward individualism and erosion of traditional social control set the stage for social interaction that tend to favor premarital sexual activities" (Adedimeji, 2005). Their condition thus, makes urban adolescents and young people important beneficiaries for STIs and HIV interventions.

The rising rates of HIV infection among adolescents in some countries has led to intervention activities that focus on increasing awareness, and access to information and services, and encouraging changes in behavior that facilitate the spread of infections among those who are sexually active. Nigeria has implemented such programs, including various Family Life Education and Service Delivery programs, telephone counseling services, the use of drama to provide information, education and counseling and the peer education or youth education approach with the aim to increase awareness and encourage behavior change (Adedimeji, 2005).

A study of HIV information dissemination in the United States found that interventions that aim to increase knowledge on HIV do significantly increase the knowledge on infection among those who are exposed it. In one such program, after a period of six months from intervention, high school students were found to have a significantly increased knowledge about methods of transmission of HIV as well as knowledge of prevention methods when compared to the students who were not exposed to the intervention (Alford, et. al.).

On the other hand, an observational study using structured questionnaire assessing the knowledge of HIV and AIDS among secondary school adolescents in Calabar, Nigeria, concluded that although awareness on HIV/AIDS is high, the knowledge of the infection is still poor. The study found that mass media as a source of information does not allow in-depth knowledge of the infection. The recommendation of the study is that parents, teachers, as well as health workers should be more involved in educating the youth (Oyo-Ita, A. E., et. al., 2005).

In Nigeria, the awareness and opinion about HIV/AIDS among secondary school teachers in Ogun State was assessed, using the survey questionnaire method, on how this might relate to their students' awareness of HIV/AIDS. The program recognized that teachers are critical to the facilitation of information in schools, and that they are an important factor to consider in school-based intervention programs. The study's assumption is that teachers' knowledge and perception about the infection will influence how they are able to perform their role in giving information to promote awareness that will encourage behavioral change among students. The problems identified as obstacles to teaching of HIV/AIDS to students included lack of adequate knowledge, the fear that it might promote promiscuity among students and lack of special training on the subject. The study recommended regular training workshops for the teachers to increase and update their knowledge of HIV/AIDS to increase their confidence of teaching HIV/AIDS to students as well as to involve library activities that will promote easy access and retrieval of HIV/AIDS information materials (Bankole, O. M., et. al., 2008).

It has been suggested that prevailing messages regarding the connection between sexual behavior and HIV has tended to portray prevailing sexual norms among the young as unacceptable and forbidden, it has thus resulted in alienating and inviting resistance from those who are unwilling to change their sexual practices (Caldwell, 1999). Corollary, studies have shown that despite efforts of information dissemination, there is still a permeating reluctance to tackle sex in most communities and in society in general, especially among parents and religious leaders. This reluctance has rendered the tackling of sexual and reproductive health of adolescents and young adults in a cursory manner (Adedimeji, 2005).

A study conducted in Kenya on whether HIV risk information can change sexual behavior among teenagers found that adolescents are responsive to risk information but that their sexual behavior is more elastic. This suggests that giving information on the relative riskiness of different varieties of risky activity would enable young people to reduce the intensity of their exposure to risk while remaining (sexually) active. This finding was presented to contrast with the prevailing public health interventions that often focus at the complete elimination of the behavior and urge complete abstinence (extensive margin of a risky behavior), and rarely provide other messages. The same study found that the national abstinence-only HIV education curriculum had no impact on teen pregnancy (Dupas, 2009).

The theoretical basis underlining most intervention programs (health belief model, social cognitive theory, Risk Reduction Model and Stages of Change Model) suppose that health related behavior is determined by individuals' perceptions of susceptibility to infections, the benefits of behavior change and constraints to change (Adedimeji, 2005). Beneficiaries are assumed to rationally weigh their options and take action once they have adequate information and perceive that change will benefit them. And while there has been some positive results in that direction, there has been some suggestion to take the possibility and constraints for change in health behavior in a larger context, as "individual behavior is regulated by the social, cultural political and policy contexts, which affect their ability to initiate and sustain health enhancing behaviors" (Sweat and Denison, 1995).

Studies have suggested that providing basic sex education may not be enough to prevent the spread of the infection. Other factors that were found to contribute to effectivity of programs include additional communication processes that emphasize personal channels. These personal channels are relayed through social networks, rather than through media messages, to communicate about the infection in order to encourage an open discussion of the infection and promote behavioral response (Green 2003). In this light, there is a need for parents, community members, educators "to be equipped with the skills to discuss sexual issues with children in an open, non-invasive and non-judgmental way" (Adedimeji, 2005). In conceptualizing an HIV and AIDS prevention program, the evaluation results of the HIV/AIDS prevention program in South African secondary schools using a school-based HIV/AIDS and life-skills training program, provides an important insight into context consideration. Result of the evaluation reports that that HIV/AIDS prevention is interrelated with the psychosocial context within the community, that therefore interventions cannot be conceptualized and implemented apart from the various levels of interaction in the community (Kalichman, S. C., et. al., 2008).

A study was conducted to assess the perceived sufficiency and usefulness of HIV/AIDS information, education and communication (IEC) messages and materials as well as to identify preferences for IEC sources and methods. Data were collected using a self-administered questionnaire and focus group discussions. Results of the study show that none of the information sources and messages available for high school students significantly satisfied the sufficiency indicators for the survey. While no single source of information was preferred, radio and television were ranked as most preferred. Life skills training was the most desired intervention by the students. IEC on HIV/AIDS was found to be able to acquaint students with the infection rather than actually equipping them with knowledge and skill needed in their daily life that may contribute to their prevention from infection (Cherie, et. al., 2005).

Adedimeji (2005) posits that interventions that seek behavior change through improving awareness, knowledge and attitudes of individuals have not entirely succeeded in slowing the spread of HIV, suggesting that interventions must be directed at structural effects and broader societal issues that go beyond the individual, because the "social, cultural, organizational, community, economic, and legal/policy aspects of environment" which are among the many factors that confound and contribute to the spread of the infection, when addressed and engaged positively provide enabling situations that improve health behaviors of young people.

The review provides a snapshot of adolescents and the peculiarity of their situation as not yet having a strong grasp of their vulnerabilities. They perceive themselves to be not at risk of infection while at the same time exhibiting some prevalence of one type of risktaking behavior or another. On the other hand, this is countered by their responsiveness to interventions that provide information to increase their knowledge in order to safeguard them against infection. The review also suggests how adolescents are greatly influenced by their social networks and their personal relationships, how sexual health and the challenge of infections that face adolescents are mediated by socio-cultural, economic and environmental factors. The attitudes of knowledge gatekeepers (parents, teachers, community members, and their peers) and the adolescents' interactions with their communities, whether these are encouraging or reluctant in discussing sexual and reproductive health matters, influence and inform their behavior (i.e. whether change towards preventive behavior occurs or not, or alienating and engendering resistance from those who are not yet willing to change their risk or sexual practices). The review points at successes of intervention program that aim to increase knowledge and awareness, and also hints at their limitations.

Analytical Framework

The study attempts to present an analysis of how adolescents respond to information and awareness interventions, whether an increase in their knowledge will lead to some intentions of preventive actions.

The analytical framework charts the flow of analysis for the study. The intervention intends to increase the knowledge of the students, particularly in four domains relating to STIs and HIV information: symptoms, causes (or modes of transmission), preventions, and gateway behaviors that may lead to increasing the risk of infection. Symptoms mean the perceived manifestations of the infections; causes are the perceived modes of transmissions of the infections; preventions are the perceived ways in which infections can be prevented and avoided. The increase in these knowledge variables in turn will influence behavior intentions to practice preventive measures, particularly abstinence, faithfulness and careful action, seeking help and information, and avoidance of gateway behaviors.



Figure 3. Analytical Framework of POY Study

Abstinence is regarded as delaying of sexual activity. Faithfulness and careful action are regarded as taking decisions that would suggest taking care of one's self and prioritization of one's future, it could mean believing in such notions as "better safe than sorry," and "pregnancy is best considered after graduation," etc.

Seeking help is regarded as any intentions to seek the advice or counsel of a friend, a parent, expert, or any other individuals with some maturity and knowledge on infections and infection preventions.

This study regards alcohol, smoking, and drug-use as gateway behaviors that may precipitate and increase the possibility of infection. In the analysis of gateway behaviors under the knowledge category, self-perceived risk of students is measured to infer whether or not they perceive themselves to be vulnerable to infection. As positive behavior intent, avoidance of gateway behaviors is taken to mean avoidance of, or saying "no" to alcohol, smoking and drug-use.

The analysis considers the other factors that may mediate how adolescents respond to interventions; the adolescents' particular life stage characteristics; the students' contexts, the social realities of their communities, social networks, and prevailing cultural norms with regard to how sexual and reproductive health is regarded, are imbedded in the framework.

Scope and Limitations of the Study

This study measures the impact of the POY video with facilitation as an intervention to the intentions of adolescents to prevent and protect them against HIV/STI infection. Survey tools prior and after the intervention were used to quantify findings of the impact of the POY video. To further deepen and complement the quantitative findings, FGCs were conducted with teachers, parents and students.

An inherent and major limitation of the study is that it is unable to quantify actual effects on behaviors of the students, i.e. whether across a period of time there would be changes in the behavior of the students to protect themselves from infection. Only intentions of the students to prevent and protect themselves against infections are measured in the study. Also, the limited timeframe of the study could not warrant a study on the behavioral outcome (no data on long-term behavior outcomes of the video was collected).

The survey instrument limited the generation of data. The instrument could be improved with more questions on attitudes, perceptions, and actual sexual and reproductive health practices of the students to better measure the challenges and risks they face, as well as to measure the impact of the POY (after intervention) on these attitudes, perceptions and practices. This limitation is constrained by, understandably, the mandate on privacy and sensitivity of the DepEd.

Aggregate analysis of data was not feasible. Initially, the set interval from baseline to midline and midline to end line is only one month each. However, due to some considerations on schedules, the period intervals across schools varied. This made aggregate analysis unfeasible. Instead of analyzing the data as aggregate (Manila versus

Cebu schools), the analysis was done per school. This means that a much smaller number of cases were used in this study.

Across the periods, there were noted drop-outs among students who were surveyed resulting in the decrease of number of students from baseline to end line surveys. Although there are identifiers included in the survey tools which could allow "cohort analysis", these identifiers are not adequate information to perfectly "track" students who were part of the survey from baseline to end line. In the analysis of this study, the basis assumption is that the same characteristics are manifested by the group of students from baseline to end line.

While the analysis is contextualized in the realities and diverging individual characteristics and contexts of adolescent students, and the sampling design ensured that homogenous population of second and third year urban public high school students participated, there will remain other factors that differentiate each student-respondent, each individual participant will always have his or her unique context.

Research Methodology

Study Areas

Six (6) schools, which are under the Bureau of Secondary Education, participated in the baseline and end line surveys administered in the course of the study. There are two major categories of schools under the Bureau of Secondary Education: one is the child-friendly schools which were assigned as intervention schools and the other is the regular schools which were assigned as control (comparison) schools.

Among the child-friendly schools, three (3) were selected via draw lots from schools which satisfied the following criteria: 1) has not yet implemented the POY; and 2) adopts a heterogeneous type of sectioning i.e. class which compose of students with different academic standings. These three schools are Batasan and Pasay from Manila and Gothong from Cebu. In addition to the surveys, the POY was also implemented in these schools through an interactive video and 30-minute to one-hour attendant facilitation. Among the regular schools, the three control (comparison) schools which were geographically distant from each of the intervention schools were identified. These are Lakandula and Mandaluyong from Manila and Talamban from Cebu. The consideration for such criteria is that the control (comparison) schools should be far enough from the intervention schools to minimize any contamination which may affect the results of the study.

Study Respondents

Within each of the intervention and control (comparison) schools, class sections with similar characteristics in terms of year level and class size were selected by the facilitators to represent the average population of each of the 2^{nd} and 3^{rd} year students. The sample size was computed using the formula for simple random sampling at 5% margin of error (*e*). The data on total target population (N) was obtained from the DepEd fact sheet for the total target population.

where:

n= sample size N= Total target population based on the DepEd Fact Sheet e= margin of error set at 5%

From the intervention schools, there were 609 students who participated during baseline and 516 during the end line; while in the control (comparison) schools, there were 504 students during baseline and 367 during end line surveys.

Survey Tools

A 5-page questionnaire written in English language was administered by a designated facilitator during baseline and end line. The questionnaire includes questions on knowledge and belief of both STI and HIV, belief on AIDS, access to information on STI and HIV, and gateway behaviors and risks.

A pre-test was conducted to test for time and motion, and whether the questions were easily understood. Result of the pre-test was positive and showed adequacy of the questionnaire.

The questionnaire has 7 main parts, which are briefly described below:

Brief description of the survey, confidentiality clause and consent form - This is provided on the upper portion of the questionnaire. It briefly provides information about the survey and the objective. It also assures voluntary participation in the survey and confidentiality of information.

Basic identifiers – This section includes information on age, sex, birth date, school, year level, religion, whether in a relationship, whether living with parents, monthly family income, facilitator and location.

Knowledge and belief on STI – The questions are about awareness, belief, knowledge about STIs and its types and symptoms.

Knowledge and belief on HIV– This include questions on awareness, belief, attitudes and knowledge on HIV and its types, prevention, symptoms and prevalence.

Belief on AIDS– This include questions on awareness, belief, attitudes and knowledge on AIDS.

Access to information – This include questions whether the students were able to access information on STI and/or HIV; discussion on HIV and STIs.

Gateway behaviors and risk - This includes questions on risky behaviors such as drinking, drugs, party and whether student feels at risk of STI/HIV infection.

The survey questionnaire was designed to return quick answers from students. The different categories include:

- True or false questions for modes of transmission;
- Dichotomous categories
 - whether items are symptoms or not of STIs and HIV;
 - whether they were types of STIs or not;
 - $\circ\;$ whether they have heard of STIs and HIV, and what they know of STIs and HIV;
 - whether agree or disagree to statements that describe possible modes of transmission of STIs and HIV; to attitudes toward persons with STIs and HIV; and on possible ways to prevent infection and related attitudes to this end;
- Multiple choice categories
 - on possible ways of preventing infection;
 - o on perception of gateway behaviors.

The same instrument was used from baseline, midline to end line for the surveys in the intervention and control schools. For the midline, a rider questionnaire was included to ask the students of their perception of the video (feedback on its format, storyline, characters, etc.). Another rider questions were included in the end line survey to assess whether students had acted, or manifested intentions for protection and prevention.

The completed questionnaires were encoded using an encoding template prepared in Microsoft Excel and were transformed into a database using the Statistical Packages for Social Sciences (SPSS). Since there were no concrete identifiers to match students who were surveyed in the baseline and midline (i.e. non-cohort), each of the students was treated as a unit (row entry) in the database and two filter variables were created to distinguish each of them from the rest namely: phase (baseline and end line) and observation (intervention and control/comparison).

The FGC for students question guide was designed mainly to deepen and contextualize survey results, and focused on capturing the students' notions of STIs and HIV, e.g. what are their descriptions of STIs and HIV, what they perceive to be the causes and factors that prevent the spread of the infection, how to they regard gateway behaviors in relation to STIs and HIV, and their attitudes towards STIs and HIV (translated specifically toward those with infection). Questions on their perceived "lessons learned" from the POY were also asked for an assessment of the video. The inclusion of parents in the FGCs is designed in the context of how the students' the home life intuitively impacts on the students' attitudes, awareness and information on STIs and HIV.

Recurring themes or patterns from their responses during the FGCs were culled to bring out prevailing notions and perceptions. The method attempts at narrative interviews, where the interviews and the FGCs are taken as a social relationship, where "questions of fact take second place to understanding the individual's unique and changing perspective," in this instance the students' (and the parents') changing perspective of STIs and HIV and how these can affect their lives (Miller, 2000).

The KII question guide was designed and conducted with the facilitators in mind, who were mostly the schools' guidance counselors and student leaders, in order to capture their overall feedback on the POY; the challenges they encountered during facilitation, to see whether or not there was some manifestation of knowledge-seeking intent from the students; and as feedback on their perception of their own knowledge, attitudes, and facilitation competency for the POY. The interviews were also meant to capture school contexts that may inform and influence how students respond to the POY, and any other realities of student life that affect their risk behavior, and responsiveness to preventive messages, which are meant to provide complementing data on the impact and challenges to the POY.

The survey facilitators (data gathering team) were instructed to invite students to ask clarificatory questions and for (language) translations when needed. Words that were found to be confusing or vague were translated and explained by the survey facilitators. FGCs and KIIs were conducted in the local language (Tagalog and Bisaya) to facilitate a better flow of the conversation.

Ethical Considerations

In each and every conduct of the survey the data gathering facilitators explained the purpose of the study to the students. Mechanisms were employed to ensure that the identities of the respondents remained anonymous. The survey instrument included a confidentiality clause assuring the respondents' that their identities will remain anonymous, and that the respondent's participation in the survey is voluntary.

During the FGCs and the interviews consent of the participants were requested and received prior to the recording of the discussions, and for any photographs taken.

Analysis of Data

This study applies the non-equivalent control (comparison) group design (quasiexperimental) as illustrated in the Figure below. In this design, a small number of collective units (in this case, 6 schools) which contains various types of individuals (in this case, x number of students) were used in the study. The students are not randomly assigned as intervention and control (comparison) groups within each of the major category of the Bureau of Secondary Education (child-friendly or regular) nor are the schools randomly assigned as denoted by the line between intervention and control (comparison) group.



The students in the intervention school (i.e. from child-friendly schools) was given a baseline survey (O_1) , followed by an interactive video and 30-minute to one-hour attendant facilitation after a few weeks (X) and then the end line survey (O_2) . For comparison, a similar group of students from another category of schools (i.e. regular schools) are administered the same baseline (O_3) and end line surveys (O_4) .

In this study, there are three (3) hypotheses tested which are:

- Hypothesis 1: There is no significant difference in the behavior of the two groups of school before the intervention ($O_1=O_3$). The non-equivalent control (comparison) group design protects against sources of invalidity such as history effect (there are no major events/interventions that could have resulted in significant changes in expected outcomes), maturation (the time interval is short in this study), testing (particularity in questions may have occurred from baseline to end line) and instrumentation (no change in data collection instrument or methodology in collecting). However, since the schools (units) are not randomly assigned as intervention and control (comparison) schools, selection bias may be an in issue. Hence, there is a need to compare the baseline measures to determine if the behavior of the two groups of schools was similar before the intervention i.e. O_1 is equal to O_3 .
- Hypothesis 2: There is a significant increase in the behavior of the intervention group from baseline to end line $(O_2>O_1)$. The basic assumption is that the interactive POY video and the 30-minute to one-hour attendant facilitation will be a factor that will increase behavior in the intervention group.
- Hypothesis 3: The result of the end line in the intervention schools is greater than those in the control (comparison) schools and the difference is significant ($O_2>O_4$). It is expected that the result of the end line in the intervention is greater than the control (comparison) group because of the effect of the interactive POY video and the 30-minute to one-hour attendant facilitation.

To test all three hypotheses, the t-test of means is used to determine whether the differences between two means are significant. To do this, variables are clustered to come up with indexes and compute for the means.

There are nine (9) indexes created such as:

Index 1: Knowledge - Transmissions	Index 2: Knowledge - Symptoms
Drinking from the same glass or bottle, or using the same	Know by looking at a person if s/he is infected of HIV
eating utensils, of an infected person, can cause STI -	(proxy for" a healthy looking person can get HIV") -
UNGASS	UNGASS
Drinking from the same glass or bottle, or using same	Rapid weight gain
eating utensils of an infected person can cause HIV	X7 11 1 1 1 1
You can get S11 by sharing food with an infected person	Yellowish skin
Kissing a person infected with S11 can cause S11	Sore eyes
Holding hands with an infected person cause the	Itchiness around the genital area
transmission of STI	itenniess around the genitar area
Using the same needle (syringe) a STI-infected person	A rash or sores around the genital area
has used is perfectly safe	
Blood transfusion from an STI infected person is	Swelling and pain of the testicles
perfectly safe	
An infected woman can pass her STI to her baby	Burning sensation when urinating
Being "intimate" with an infected person can cause STI –	
UNGASS	
Index 3: Knowledge – Types of STI	Index 4: Knowledge – General
Dengue	Only gay people get HIV
Measles	Only adults can get HIV
HIV	Unly prostitutes get HIV
Genital warts	HIV cases in the Philippines is increasing
Henatitis B	HIV is contagious
Genital herpes	HIV is not curable
Vaginitis	STL is contagious
Chlamvdia	
Index 5: Prevention (Information-seeking)	Index 6: Prevention (Abstinence, Careful Action)
Most STIs go away by itself without any treatment	A teenager is ready for pregnancy
whatsoever	
It is better to wait for symptoms to get worse rather than	Pregnancy is best considered after graduating from
to go to the doctor immediately	college
Getting infected with STIs and HIV is all a matter of luck	It is not cool if you say "no" to your friends when they
	invite you to drinking sessions
S I is and HIV should be discussed openly	In order to take care of your self, you have to be in
Talking about STIs and HIV can endanger boyfriend-	It is better to be safe than sorry
girlfriend relationships	it is better to be sale than sorry
If you discuss STIs and HIV with your parents they will	It is fun to experiment during parties
think you are misbehaving	
Index 7: Attitude – Towards PLHIV	Index 8: UNGASS indicators – can be implied from
	Knowledge
Persons with AIDS should not be allowed to attend	Being "intimate" with an infected person can cause STI
public gatherings	(proxy for "risk of infection reduced by having sex with
	one uninfected partner")
Persons with HIV can live a normal life	Know by looking at a person if s/he is infected of HIV
We should allow HIV positive students to go to our	(proxy for a healthy looking person can get HIV)
schools	HIV from mosquito bites")
Persons living with HIV should be allowed to continue	You can get STI by sharing food with an infected person
working	(proxy for "a person can get HIV by sharing food")
Persons with HIV have the right to remain anonymous	
should they choose to	
Playing sports with an infected person does not cause the	
transmission of HIV	
We should not discriminate students if they are HIV	
positive	
Index 9: Prevention -	- Seeking Information
nave you actively looked for any information on STIs	nave you accessed information from any of the following
Have you consulted anyone about STIs and/or AIDS	In talking about HIV and STIs who would you prefer to
There you consulted anyone about 5115 and/or AIDS	learn from or discuss it with

Research Findings

This chapter provides the findings and results of the Power of You (POY) survey conducted among 2^{nd} and 3^{rd} year students who participated in the study. While the outcome of the survey is the main focus of this chapter, findings of the FGCs with students, some of the parents and the interview data conducted with key informants from the participating schools are presented in order to provide a context to and nuance the main findings of the survey.

Section A of this chapter provides the basic characteristics of the student respondents.

Section B.1 presents the frequency distribution of all the other variables in the POY. Each variable is discussed in terms of highlights of patterns for each school from baseline to end line (intervention and control schools, for purposes of comparison); The difference between baseline and endline was tested and significant p-values are included in the write-up.

The variables of the survey are presented in tables with schools on the column and the phases (baseline, midline and end line) on the row. Because of the rich data of the POY survey, not all options per questions are shown in the frequency distribution.

Section B.2 presents the result of the three hypotheses using the t-test of means to determine whether the differences between two means are significant. To do this, variables are clustered to come up with indexes and compute for the means.

Section C presents highlights from the FGDs and interviews, and the results of the rider survey used during administration of the midline survey for the intervention schools. It provides a discussion of the acceptance of the POY HIV/STI prevention campaign.

Section D presents the discussion of the findings.

A. Respondents' Profile

For a combination of both the intervention and control schools, about 80% of the students who participated in the survey are Roman Catholics, the 20% is divided among Protestants, Iglesia ni Christo and Islam, in decreasing order. Majority of the students report to living with their parents. According to their self-assessed report on their family's income, majority in Metro Manila thought their families belong to the ten thousand pesos (PhP10,000) and below quantile. In Cebu, majority of the students identified themselves as belonging to a family with monthly income of below PhP5,000. In the 2009 Poverty Statistics reported by the National Statistical Coordination Board, an average family of five would need a monthly income of seven thousand seventeen (PhP7,017) to stay out of poverty.

On the average, in most schools about 20% or less report to being in a relationship. More than half of the participants are females.

A.1 Basic profile

Below is the distribution of study respondents by school and by sex.

	Int	Intervention Schools			Control Schools			
	Batasan Hills	Batasan Hills Pasay City Gothong			Lakandula Mandaluyong			
	HS	East HS	HS	HS	HS	HS		
Baseline								
- Male	70 (37%)	95 (47%)	96 (44%)	58 (43%)	65 (44%)	64 (53%)		
- Female	120 (63%)	102 (51%)	121 (56%)	77 (57%)	79 (53%)	56 (47%)		
- No Answer	(0%)	4 (2%)	1 (0%)	1 (1%)	4 (3%)	0 (0%)		
Midline								
- Male	66 (38%)	80 (45%)	81 (45%)					
- Female	106 (62%)	95 (54%)	100 (55%)					
- No Answer	(0%)	2 (1%)	1 (1%)					
Endline								
- Male	59 (36%)	80 (47%)	71 (39%)	52 (41%)	65 (46%)	53 (54%)		
- Female	104 (64%)	89 (53%)	112 (61%)	74 (59%)	77 (54%)	46 (46%)		
- No Answer	(0%)	(0%)	(0%)	(0%)	0 (0%)	0 (0%)		

Table 1: Distribution of students by school, by phase and by sex
РОҮ, 2011

Except in Talamban, more than half of the students are female in all three surveys conducted from baseline to end line across intervention and control schools.

Most of the students in the baseline survey are 14 years old and below except for Gothong where 71% of the students are 15 and above. This is the same composition among schools in Manila in the end line where more than half of the students are 14 and below. In the schools in Cebu about seven out of 10 of the students are 15 and above.

	- • · · · · · · · · · · · · · · · · · ·						
	Intervention Schools			Control Schools			
	Batasan Hills F HS		Gothong HS	Lakandula HS	Mandaluyong HS	Talamban HS	
Baseline							
- 14 and below	121 (64%)	120 (60%)	64 (29%)	99 (73%)	110 (74%)	66 (55%)	
- 15 and above	69 (36%)	76 (38%)	154 (71%)	14 (10%)	37 (25%)	54 (45%)	
Midline							
- 14 and below	103 (60%)	105 (59%)	69 (38%)				
- 15 and above	69 (40%)	72 (41%)	113 (62%)				
Endline							
- 14 and below	95 (58%)	85 (50%)	58 (32%)	91 (72%)	84 (59%)	40 (40%)	
- 15 and above	68 (42%)	84 (50%)	125 (68%)	35 (28%)	58 (41%)	59 (60%)	

Table 2:	Distribution	of students	by sch	ool, by	phase	and by	age	group
		Power	of You	, 2011				
In the baseline survey, more than half of the students are in 3^{rd} year in all schools except for Batasan Hills with only 43%. Changes in the distribution in the succeeding surveys are observed in Gothong from 60% to 45% among 3^{rd} year students in the midline and Lakandula (from 53% to 49% among 3^{rd} year students). The students of Pasay and Gothong are equally distributed between 2^{nd} year and 3^{rd} level students.

	Inte	ervention Scho	ools	Control Schools				
	Batasan Hills HS	Pasay City East HS	Gothong HS	Lakandula HS	Mandaluyong HS	Talamban HS		
Baseline								
- 2nd Year	108 (57%)	98 (49%)	88 (40%)	64 (47%)	67 (45%)	58 (48%)		
- 3rd Year	82 (43%)	103 (51%)	130 (60%)	72 (53%)	81 (55%)	62 (52%)		
Midline								
- 2nd Year	102 (59%)	84 (47%)	101 (55%)					
- 3rd Year	70 (41%)	93 (53%)	81 (45%)					
Endline								
- 2nd Year	92 (56%)	84 (50%)	92 (50%)	64 (51%)	67 (47%)	45 (45%)		
- 3rd Year	71 (44%)	85 (50%)	91 (50%)	62 (49%)	75 (53%)	54 (55%)		

Table 3: Distribution of students by school, by phase and by year levelPower of You, 2011

More than 80% of all students across phases and schools are Roman Catholic, 20% are divided among portions of Protestant, Iglesia ni Cristo, Islam and others.

	Int	ervention Scho	ools		Control School	s
	Batasan Hills HS	Pasay City East HS	Gothong HS	Lakandula HS	Mandaluyong HS	Talamban HS
Baseline						
- Roman Catholic	151 (79%)	164 (82%)	204 (94%)	118 (87%)	128 (86%)	118 (98%)
- Protestant	7 (4%)	4 (2%)	2 (1%)	4 (3%)	5 (3%)	110 (0070)
- Islam	2 (1%)	3 (1%)	= (170)	. (0,0)	1 (1%)	
- Iglesia ni Cristo	1 (1%)				(1,1)	
- Others	28 (15%)	20 (10%)	10 (5%)	10 (7%)	7 (5%)	2 (2%)
Midline						
- Roman Catholic	139 (81%)	154 (87%)	169 (93%)			
- Protestant	9 (5%)	5 (3%)	4 (2%)			
- Islam	1 (1%)		()			
- Iglesia ni Cristo	(/	1 (1%)	1 (1%)			
- Others	23 (13%)	16 (9%)	7 (4%)			
Endline						
- Roman Catholic	129 (79%)	150 (89%)	170 (93%)	116 (92%)	126 (89%)	96 (97%)
- Protestant	8 (5%)	3 (2%)	5 (3%)	6 (5%)	5 (4%)	1 (1%)
- Islam	- (/	- (/	1 (1%)	- (/	- \ /	(· · · /
- Iglesia ni Cristo	2 (1%)	1 (1%)	1 (1%)			
- Others	23 (14%)	14 (8%)	6 (3%)	4 (3%)	11 (8%)	2 (2%)

Table 4: Distribution of students by school, by phase and by religionPower of You, 201

A.2 Relationship and family

In most schools, across all phases, on the average about 20% or less are in a relationship.

Table 5: Distribution of students by school, by phase and by status of relationshipPower of You, 2011

	Inte	ervention Scho	ools	Control Schools				
	Batasan Hills HS	Pasay City East HS	Gothong HS	Lakandula HS	Mandaluyong HS	Talamban HS		
Baseline - In a relationship - Not in a relationship	20 (11%) 170 (89%)	48 (24%) 144 (72%)	28 (13%) 190 (87%)	27 (20%) 103 (76%)	20 (14%) 126 (85%)	17 (14%) 102 (85%)		
Midline - In a relationship - Not in a relationship	23 (13%) 147 (85%)	35 (20%) 139 (79%)	38 (21%) 142 (78%)					
Endline - In a relationship - Not in a relationship	16 (10%) 146 (90%)	27 (16%) 140 (83%)	25 (14%) 156 (85%)	22 (17%) 102 (81%)	29 (20%) 111 (78%)	29 (29%) 77 (78%)		

Most of the students live with their parents.

Table 6: Distrib	ution of stude	ents by sch	ool, by	phase	and	whether	living	with	parents
		Power	of You,	2011					

	Int	ervention Sch	ools	Control Schools				
	Batasan Hills HS	Pasay City East HS	Gothong HS	Lakandula HS	Mandaluyong HS	Talamban HS		
Baseline								
- Living with parents	183 (96%)	178 (89%)	197 (90%)	127 (93%)	132 (89%)	107 (89%)		
- Not living with parents	7 (4%)	21 (10%)	21 (10%)	7 (5%)	12 (8%)	13 (11%)		
Midline								
 Living with parents 	159 (92%)	162 (92%)	161 (88%)					
- Not living with parents	10 (6%)	14 (8%)	20 (11%)					
Endline								
- Living with parents	149 (91%)	138 (82%)	167 (91%)	117 (93%)	120 (85%)	83 (84%)		
- Not living with parents	13 (8%)	30 (18%)	15 (8%)	6 (5%)	18 (13%)	14 (14%)		

A.3 Monthly family income level

In terms of income level, most of the students who participated in the baseline survey belong to a family whose monthly income is PhP10,000 and below. In particular, majority of the students belong to a family with monthly income below PhP5,000 as in the case of

Gothong (77%), Pasay (52%) and Talamban (50%). A similar trend is observed in the midline where and end line where 50 to 70% and 56 to 88% have family income below PhP10,000, respectively. In the 2009 Poverty Statistics reported by the National Statistical Coordination Board, an average family of five would need a monthly income of seven thousand seventeen to stay out of poverty (P7,017).

	Int	ervention Sch	ools		Control Schools	5
	Batasan Hills HS	Pasay City East HS	Gothong HS	Lakandula HS	Mandaluyong HS	Talamban HS
Baseline						
- Below PhP5.000	58 (31%)	104 (52%)	168 (77%)	56 (41%)	45 (30%)	60 (50%)
- PhP5.001-PhP10.000	48 (25%)	34 (17%)	31 (14%)	34 (25%)	37 (25%)	37 (31%)
- PhP10.001-15.000	50 (26%)	13 (6%)	12 (6%)	15 (11%)	28 (19%)	13 (11%)
- PhP15,001-PhP20,000	20 (11%)	23 (11%)	3 (1%)	7 (5%)	19 (13%)	3 (3%)
- Above PhP20,000	10 (5%)	9 (4%)	4 (2%)	7 (5%)	11 (7%)	6 (5%)
Midline						
- Below PhP5.000	43 (25%)	103 (58%)	139 (76%)			
- PhP5.001-PhP10.000	49 (28%)	19 (11%)	18 (10%)			
- PhP10,001-15,000	42 (24%)	24 (14%)	15 (8%)			
- PhP15,001-PhP20,000	25 (15%)	19 (11%)	5 (3%)			
- Above PhP20,000	10 (6%)	8 (5%)	4 (2%)			
Endline						
- Below PhP5.000	31 (19%)	63 (37%)	135 (74%)	51 (40%)	28 (20%)	46 (46%)
- PhP5,001-PhP10,000	60 (37%)	52 (31%)	25 (14%)	33 (26%)	54 (38%)	31 (31%)
- PhP10,001-15,000	31 (19%)	26 (15%)	15 (8%)	27 (21%)	33 (23%)	6 (6%)
- PhP15,001-PhP20,000	24 (15%)	13 (8%)	6 (3%)	6 (5%)	10 (7%)	9 (9%)
- Above PhP20,000	12 (7%)	9 (5%)	2 (1%)	6 (5%)	13 (9%)	6 (6%)

Table 7: Distribution of students by school, by phase and by family monthly incomePower of You, 2011

B.1 Frequency Distribution of Variables in the POY: patterns for each school from baseline to endline.

This section presents the frequency distribution of the variables in the POY. Each variable is discussed in terms of highlights of patterns for each school from baseline to end line (intervention and control schools, for purposes of comparison). The difference between baseline and endline was tested and significant p-values are included in the write-up.

The key findings are discussed based on three themes: Knowledge (symptoms, preventions, causes, and gateway behaviors and their perception of risk) and Prevention (behavior intent or intentions to protect one's self through abstinence, seeking help, faithfulness and careful action, seeking information, and avoidance of gateway behaviors); and findings on the Attitude of the students towards persons or a classmate with STI or HIV.

Knowledge

1. Awareness of STI, HIV and AIDS

Notably, positive improvement from baseline to end line occurred in most of the schools and in most of the variables on awareness of STI, HIV and AIDS. From baseline to end

line, those who have heard of STI increased by as much as 30% in Pasay to 42% in Gothong. Significant improvements are also observed among those who said that STIs are contagious especially in Batasan Hills, Pasay, Lakandula, Mandaluyong and Talamban.

			INTER\	ENTION			CONT	ROL	
		Batasan Hills	Pasay City	Gothong		Lakandula	Mandaluyong	Talamban	
		HS	East HS	HS	TOTAL	HS	HS	HS	TOTAL
Heard of any	ally transmi	ttad infactions							
Deceline	any transmi		(3115)	114 (500/)	240 (56%)	76 (560/)	92 (569/)	74 (620/)	222 (500/)
		115 (01%)	111 (05%)	114 (52%)	340 (36%)	70 (50%)	03 (30%)	74 (02%)	233 (30%)
- Endline		153 (94%)	144 (85%)	172 (94%)	469 (91%)	78 (62%)	107 (75%)	83 (84%)	268 (73%)
STIs are conta	agious								
- Baseline	-	73 (38%)	81 (40%)	191 (88%)	345 (57%)	41 (30%)	55 (37%)	100 (83%)	196 (49%)
- Endline		143 (88%)	135 (80%)	163 (89%)	441 (86%)	105 (83%)	133 (94%)	96 (97%)	334 (91%)
Heard of Hum	an Immunoo	deficiency Virus	s (HIV)?						
- Baseline		137 (72%)	135 (67%)	190 (87%)	462 (76%)	80 (59%)	113 (76%)	102 (85%)	295 (73%)
- Endline		151 (93%)	145 (86%)	169 (92%)	465 (90%)	86 (68%)	126 (89%)	94 (95%)	306 (83%)
Heard of Acqu	uired Immun	e Deficiency S	undrome or A	IDS					
- Baseline		147 (77%)	151 (75%)	192 (88%)	490 (80%)	94 (69%)	137 (93%)	105 (88%)	336 (83%)
- Endline		148 (91%)	143 (85%)	165 (90%)	456 (89%)	90 (71%)	132 (93%)	95 (96%)	317 (86%)
Endine		140 (0170)	140 (0070)	100 (0070)	450 (0570)	50 (7170)	102 (0070)	55 (5070)	317 (0070)
HIV is contagi	ous								
 Baseline 		129 (68%)	145 (72%)	204 (94%)	478 (78%)	98 (72%)	100 (68%)	113 (94%)	311 (77%)
- Endline		147 (90%)	135 (80%)	164 (90%)	446 (87%)	99 (79%)	133 (94%)	92 (93%)	324 (88%)
HIV is not cura	able								
- Baseline		96 (51%)	75 (37%)	113 (52%)	284 (47%)	58 (43%)	78 (53%)	59 (49%)	195 (48%)
- Endline		101 (62%)	66 (39%)	98 (54%)	265 (51%)	36 (29%)	76 (54%)	47 (47%)	159 (43%)
TOTAL (n)									
. /	Baseline	190	201	218	609	136	148	120	404
	Endline	163	169	183	515	126	142	99	367

 Table 8:

 AWARENESS of STI, HIV and AIDS

 (Frequency and percentage answering affirmtively from the questions)

Those who have heard of HIV increased from 5% in Gothong to 21% in Batasan Hills. Almost similar proportion was also observed on those who have heard of AIDS in these two schools.

Significant improvements are also observed among percent of students who said that HIV is contagious from baseline to end line such as in Batasan Hills, Pasay and Mandaluyong. On the statement that HIV is not curable, the proportion of students who believe in the statement slightly increased from baseline to end line from 1% (Mandaluyong), 2% (Pasay and Gothong) to 11% (Batasan Hills).

Four of the schools showed improvement among the percent of students who think that there are cases of HIV infection in the Philippines from baseline to end line except for two control schools: Lakandula and Talamban with a drop of 1%.

A significant improvement among students of Pasay and Batasan Hills from baseline to end line is noted for those students who believe that the HIV infection in the Philippines is increasing.



About three of four students in the baseline survey correctly stated that they believe that they will not be able to know if a person is infected with HIV just by looking at them. By end line, although the same proportion of students answered in affirmative, only two schools had improved (Batasan Hills and Mandaluyong).

Table 9

AWARENESS of STI, HIV and AIDS (Frequency and percentage answering affirmtively from the questions)

		INTER\	/ENTION			CON	TROL	
	Batasan Hills	Pasay City	Gothong		Lakandula	Mandaluyong	Talamban	
	HS	East HS	HS	TOTAL	HS	HS	HS	TOTAL
Think that there are case	s of HIV infection	on in the Phili	ppines					
- Baseline	146 (77%)	135 (67%)	167 (77%)	448 (74%)	83 (61%)	124 (84%)	102 (85%)	309 (76%)
- Endline	149 (91%)	132 (78%)	147 (80%)	428 (83%)	76 (60%)	124 (87%)	85 (86%)	285 (78%)
Think that the HIV infecti	on in the Philip	pines is INCR	EASING					
- Baseline	96 (51%)	80 (40%)	118 (54%)	294 (48%)	52 (38%)	93 (63%)	72 (60%)	217 (54%)
- Endline	108 (66%)	86 (51%)	94 (51%)	288 (56%)	52 (41%)	84 (59%)	52 (53%)	188 (51%)
AIDS is caused by a virus	s called HIV							
- Baseline	74 (39%)	70 (35%)	79 (36%)	223 (37%)	41 (30%)	55 (37%)	48 (40%)	144 (36%)
- Endline	92 (56%)	91 (54%)	79 (43%)	262 (51%)	31 (25%)	73 (51%)	48 (48%)	152 (41%)
DO NOT know by just loo	oking at a perso	n if he or she	is infected w	ith HIV				
- Baseline	150 (79%)	148 (74%)	184 (84%)	482 (79%)	102 (75%)	125 (84%)	105 (88%)	332 (82%)
- Endline	138 (85%)	122 (72%)	153 (84%)	413 (80%)	86 (68%)	126 (89%)	87 (88%)	299 (81%)
TOTAL (n)								
Baseline	190	201	218	609	136	148	120	404
Endline	163	169	183	515	126	142	99	367

The students who said that AIDS is caused by a virus called HIV ranges from 30 to 40 percent in the baseline survey. An improvement of up to 56% is noted during the end line survey across all five schools with the exception of Lakandula, which dropped by 5%.

2. Different STIs

From baseline to end line, there was increase in the proportion of students who said that HIV is a type of STI except for Gothong, which reduced by 3%. Batasan Hills increased by 8% and Talamban by 10%.

Table 10

			INTER\	/ENTION		CONTROL				
		Batasan Hills	Pasay City	Gothong		Lakandula	Mandaluyong	Talamban		
		HS	East HS	HS	TOTAL	HS	HS	HS	TOTAL	
- HIV										
- 1114	Baseline	162 (85%)	171 (85%)	206 (94%)	539 (89%)	118 (87%)	138 (93%)	106 (88%)	362 (90%)	
	Endline	151 (93%)	151 (89%)	167 (91%)	469 (91%)	110 (87%)	134 (94%)	97 (98%)	341 (93%)	
- Dengue	D "	07 (100()		40 (000)		00 (000()	00 (450()	44 (0 40()		
	Baseline	37 (19%)	55 (27%) 26 (15%)	43 (20%)	135 (22%)	39 (29%)	22 (15%)	41 (34%)	102 (25%)	
	LIIUIIIIE	13 (076)	20 (1376)	21 (1176)	00 (12/6)	30 (30 %)	20 (1476)	21 (2176)	05 (25 /6)	
- Gonorrhe	а									
	Baseline	101 (53%)	86 (43%)	145 (67%)	332 (55%)	57 (42%)	69 (47%)	84 (70%)	210 (52%)	
	Endline	107 (66%)	66 (39%)	87 (48%)	260 (50%)	56 (44%)	49 (35%)	86 (87%)	191 (52%)	
Magalaa										
- Wiedsles	Baseline	69 (36%)	82 (41%)	61 (28%)	212 (35%)	57 (42%)	40 (27%)	41 (34%)	138 (34%)	
	Endline	37 (23%)	47 (28%)	46 (25%)	130 (25%)	50 (40%)	28 (20%)	28 (28%)	106 (29%)	
		. ,	. ,		. ,	. ,		. ,	. ,	
 Genital w 	arts			- (222)						
	Baseline	111 (58%)	99 (49%)	71 (33%)	281 (46%)	65 (48%)	82 (55%)	73 (61%)	220 (54%)	
	Enaime	111 (68%)	74 (44%)	80 (44%)	205 (51%)	71 (56%)	71 (50%)	51 (52%)	193 (53%)	
- Hapatitis	в									
-	Baseline	87 (46%)	101 (50%)	144 (66%)	332 (55%)	51 (38%)	59 (40%)	60 (50%)	170 (42%)	
	Endline	94 (58%)	61 (36%)	80 (44%)	235 (46%)	52 (41%)	51 (36%)	51 (52%)	154 (42%)	
Conital h										
- Genital ne	Baseline	135 (71%)	96 (48%)	112 (51%)	343 (56%)	70 (51%)	101 (68%)	78 (65%)	249 (62%)	
	Endline	113 (69%)	81 (48%)	95 (52%)	289 (56%)	79 (63%)	90 (63%)	60 (61%)	229 (62%)	
		()	· · · ·	()	. ,	()	, ,	· · · ·	. ,	
 Vaginitis 	.						(0.0.0)			
	Baseline	151 (79%)	151 (75%)	163 (75%)	465 (76%)	97 (71%)	121 (82%)	96 (80%)	314 (78%)	
	Enaime	114 (70%)	116 (69%)	129 (70%)	359 (70%)	100 (79%)	108 (76%)	80 (87%)	294 (80%)	
- Chlamvdi	a									
	Baseline	105 (55%)	116 (58%)	142 (65%)	363 (60%)	71 (52%)	98 (66%)	98 (82%)	267 (66%)	
	Endline	74 (45%)	79 (47%)	71 (39%)	224 (43%)	67 (53%)	75 (53%)	87 (88%)	229 (62%)	
IUTAL (II)	Baseline	190	201	218	609	136	148	120	404	
	Endline	163	169	183	515	126	142	99	367	
						-				

KNOWLEDGE of Types of STIs (Frequency and percentage answering "YES" from the questions)

The proportion of students who believe that gonorrhea is a type of STI increased from baseline to end line in Batasan Hills (13%), Lakandula (2%) and Talamban (17%). On the other hand, a decrease from baseline to end line is observed in Pasay (4%), Gothong (19%) and Mandaluyong (12%).

From baseline to end line, the proportion of students who said that genital wart is a type of STI increased in Batasan Hills (10%), Gothong (11%) and Lakandula (5%). On the other hand a decrease is observed in Pasay (5%), Mandaluyong (5%) and Talamban (9%) from baseline to end line.

Increases from baseline to end line in the proportion of students who believe that HEPA B is a type of STI are observed in all intervention schools. Batasan Hills increased by 12%, Pasay by 26% and Gothong by 22%.

For genital herpes as type of STI, there was a decrease in the proportion of students who answered in affirmative (as type) from baseline to end line by 3% in Pasay, 5% in

Mandaluyong and 4% in Talamban. While proportion of students who believe that Vaginitis is a type of STI decreased from baseline to end line in all schools, except Lakandula.

There was a decreasing trend in terms of belief that Chlamydia is a type of STI in all intervention schools and Mandaluyong from baseline to end line. Pasay decreased by 11% while Gothong dropped by 26%. Among those who said that measles is a type of STI, the trend from baseline to end line is decreasing in all schools, especially Batasan Hills (7%) and Pasay (13%).



On Dengue as type of STI, a decrease from baseline to end line is noted for all schools, except Lakandula. Intervention schools posted an aggregate drop of 10%-points from baseline to endline.

3. Symptoms

The proportion of students who said that rapid weight gain is a symptom of STI reduced in Batasan Hills and Pasay from baseline to end line at 12% and 3%, respectively. While in Gothong, percent of students who agree that unusual discharge from genital area is a symptom of STI is demonstrated a significant decline (14%-points).

A general increase from baseline to end line is also observed across all schools in the proportion of students who said that itchiness around the genital area is a symptom of STI with Batasan Hills posting a 9%-points rise.

Table 1	1
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		(i reque	noy and por	contage anov					
			INTER	ENTION			CONT	ROL	
		Batasan Hills	Pasay City	Gothong	TOTAL	Lakandula	wandaluyong	i alamban	TOTAL
		HS	East HS	HS	TOTAL	HS	HS	HS	TOTAL
- Panid woid	ht gain								
- Napid weig	Raseline	58 (31%)	85 (42%)	67 (31%)	210 (34%)	56 (41%)	44 (30%)	27 (23%)	127 (31%)
	Endline	31 (19%)	68 (40%)	56 (31%)	155 (30%)	62 (49%)	50 (35%)	27 (27%)	139 (38%)
	Lindiino	01 (1070)	00 (1070)	00 (0170)	100 (0078)	02 (1070)	00 (0070)	21 (2170)	100 (0070)
- Unusual dis	scharge from t	he genital area							
	Baseline	138 (73%)	118 (59%)	167 (77%)	423 (69%)	94 (69%)	128 (86%)	100 (83%)	322 (80%)
	Endline	126 (77%)	105 (62%)	115 (63%)	346 (67%)	87 (69%)	120 (85%)	87 (88%)	294 (80%)
 Itchiness ar 	round the geni	ital area							
	Baseline	140 (74%)	129 (64%)	164 (75%)	433 (71%)	97 (71%)	124 (84%)	86 (72%)	307 (76%)
	Endline	135 (83%)	110 (65%)	133 (73%)	378 (73%)	98 (78%)	120 (85%)	78 (79%)	296 (81%)
A									
- A rash or se	Popolino	161 (950/)	147 (720/)	162 (750/)	474 (770/)	02 (600/)	107 (969/)	04 (799/)	214 (700/)
	Endlino	101 (00 %)	147 (7376)	103 (75%)	4/ 1 (////) 267 (719/)	93 (00%)	127 (00%)	94 (70%) 77 (70%)	314 (70 %) 204 (90%)
	Endime	132 (01%)	113 (07 %)	122 (07 %)	307 (71%)	97 (7776)	120 (05%)	11 (10%)	294 (00 %)
- Swelling an	d pain of the t	esticles							
-	Baseline	157 (83%)	150 (75%)	166 (76%)	473 (78%)	90 (66%)	128 (86%)	95 (79%)	313 (77%)
	Endline	142 (87%)	116 (69%)	133 (73%)	391 (76%)	97 (77%)	123 (87%)	80 (81%)	300 (82%)
- Burning se	nsation when	urinating							
	Baseline	147 (77%)	139 (69%)	182 (83%)	468 (77%)	81 (60%)	125 (84%)	102 (85%)	308 (76%)
	Endline	125 (77%)	102 (60%)	135 (74%)	362 (70%)	89 (71%)	118 (83%)	79 (80%)	286 (78%)
- Sore eyes	D	50 (000()	74 (050()	74 (000))		00 (000()	04 (040()	47 (000())	
	Baseline	53 (28%)	71 (35%)	71 (33%)	195 (32%)	39 (29%)	31 (21%)	47 (39%)	117 (29%)
	Enaline	14 (9%)	36 (21%)	29 (16%)	79 (15%)	41 (33%)	27 (19%)	33 (33%)	101 (28%)
TOTAL (n)									
	Baseline	190	201	218	609	136	148	120	404
	Endline	163	169	183	515	126	142	99	367
	2		.00	100	510	.20			

KNOWLEDGE of Symptoms of STIs (Frequency and percentage answering "YES" from the questions)

Except for Lakandula, there was a decrease in the proportion of students in most schools who said that rash or sore around the genital area is a symptom of STI from baseline to end line.

All control schools had an increasing trend from baseline to end line in the proportion of students who said that swelling and pain of the testicles is a symptom of STI. While the proportion of students who said that burning sensation when urinating is a symptom of STI, it is only in Lakandula where an increase is noted. Gothong decreased by 10%-points. The proportion of students who said that sore eyes is a symptom of STI from baseline to end line decreased in all schools (except for Lakandula).

4. Modes of transmissions of STIs and HIV



Those who said that drinking from the same glass or bottle or using the same eating utensils of an infected person will not cause STI increased in all schools from baseline to end line. The increase in intervention schools ranges from 29-55%-points while the increase in control school ranges from 1% to 5% only

On the statement that one can get STI by sharing food with an infected person, the percent of those who correctly do not believe in the statement increased in Batasan Hills (42%-points), Pasay (26%-points) and Gothong (48%-points).





When asked whether kissing a person with STI can cause STI, an increase is observed among those who correctly said that this is not true in all intervention schools from baseline to end line. Intervention schools demonstrated 15-59%-points improvement from baseline to endline.

On the contrary, a reduction in proportion of students from baseline to end line in all control schools is noted.

Those who correctly said that holding hands with an infected person is not true increased in all intervention schools from baseline to end line, especially Batasan Hills (improvement of 23%) and Gothong (improvement of 11%).

Similarly, those who said that mosquito bites do not cause STI increased in all intervention schools and two control school (Mandaluyong and Talamban).

Proportion of students from baseline to end line who incorrectly agreed with the statement that blood transfusion from an STI-infected person is perfectly safe also increased in Batasan Hills (7%-points) and Pasay (4%-points) among intervention schools. On the other hand, all control school posted a decline of 3-7%-points.



On the statement that using same needle a STI-infected person has used is perfectly safe, the proportion of students in Batasan Hills, Gothong, Mandaluyong and Talamban who correctly agreed increased from baseline to end line (Talamban increased by 16%-points)

Those who agreed that an infected woman could pass her STI to her baby increased in all intervention schools and in Talamban (Pasay increased by 13%-points). On the contrary, Lakandula ang Mandaluyong reduced by 10%-points and 9%-points, respectively



In all intervention schools, there was a decrease in the proportion of students who believe that being intimate with a STI-infected person can cause STI from baseline to end line; 3% in Batasan Hills, 18% in Pasay and 27% in Gothong.

intervention schools. Among all was there increase in an the proportion of students from baseline to end line who correctly agree that drinking from the same glass or bottle, or using the same eating utensils, of an infected person, do not cause HIV.

Except for Lakandula, the opposite is

Respondents feel that they are NOT at risk STI or HIV infection POY, 2011.

true for Mandaluyong and Talamban, which decreased in the proportion of students from baseline to end line.

Table 12

KNOWLEDGE of Causes of STIs

(Frequency and percentage answering affirmatively from the questions/statements)

	INTERVENTION					CONTROL			
	Batasan Hills	Pasay City	Gothong		Lakandula	Mandaluyong	Talamban		
	HS	East HS	HS	TOTAL	HS	HS	HS	TOTAL	
 Drinking from same glass 	or bottle or us	ing the same	eating utensi	Is, of an infect	ed person, ca	in not cause ST	1		
Baseline	73 (38%)	81 (40%)	52 (24%)	206 (34%)	57 (42%)	46 (31%)	33 (28%)	136 (34%)	
Endline	134 (82%)	116 (69%)	145 (79%)	395 (77%)	55 (44%)	51 (36%)	29 (29%)	135 (37%)	
- You can not get STI by sha	aring food with	an infected	person						
Baseline	77 (41%)	89 (44%)	75 (34%)	241 (40%)	78 (57%)	73 (49%)	46 (38%)	197 (49%)	
Endline	135 (83%)	118 (70%)	150 (82%)	403 (78%)	64 (51%)	68 (48%)	46 (46%)	178 (49%)	
- Kissing a person infected	with STI can n	ot cause STI							
Baseline	67 (35%)	94 (47%)	53 (24%)	214 (35%)	54 (40%)	53 (36%)	38 (32%)	145 (36%)	
Endline	137 (84%)	105 (62%)	153 (84%)	395 (77%)	47 (37%)	36 (25%)	23 (23%)	106 (29%)	
	(49%)	(15%)	(59%)		(01,10)		(, , , ,	()	
- Mosquito bites do not cau	se STI	(1070)	(0070)						
Baseline	147 (77%)	147 (73%)	165 (76%)	459 (75%)	103 (76%)	108 (73%)	75 (63%)	286 (71%)	
Endline	143 (88%)	136 (80%)	154 (84%)	433 (84%)	89 (71%)	111 (78%)	76 (77%)	276 (75%)	
- Blood transfusion from an	STI infected n	erson is nerf	octly safo						
Biood transitision monitali Baseline	64 (34%)	75 (37%)	60 (28%)	199 (33%)	63 (46%)	53 (36%)	40 (33%)	156 (39%)	
Endline	67 (419/)	FO (31 %)	47 (26%)	193 (35%)	54 (40%)	41 (20%)	40 (3376) 20 (200/)	100 (03/6)	
Lindinie	07 (4178)	03 (4170)	47 (2078)	103 (30 %)	(3%)	(7%)	(5%)	125 (5476)	
- Holding hands with with a	n infected pers	on cause the	e transmissior	n of STI					
Baseline	60 (32%)	55 (27%)	42 (19%)	157 (26%)	29 (21%)	47 (32%)	43 (36%)	119 (29%)	
Endline	14 (9%)	36 (21%)	15 (8%)	65 (13%)	36 (29%)	38 (27%)	24 (24%)	98 (27%)	
- Using the same needle (sy	ringe) a STI-in	fected perso	n has used is	perfectly safe					
Baseline	68 (36%)	92 (46%)	51 (23%)	211 (35%)	67 (49%)	44 (30%)	21 (18%)	132 (33%)	
Endline	64 (39%)	71 (42%)	53 (29%)	188 (37%)	46 (37%)	53 (37%)	34 (34%)	133 (36%)	
- An infected woman can pa	ass her STI to h	er baby							
Baseline	149 (78%)	123 (61%)	175 (80%)	447 (73%)	101 (74%)	117 (79%)	99 (83%)	317 (78%)	
Endline	136 (83%)	125 (74%)	153 (84%)	414 (80%)	81 (64%)	125 (88%)	88 (89%)	294 (80%)	
- Being "intimate" with an S	TI-infected ner	son can cau							
Being Intimate With an e	148 (78%)	130 (60%)	206 (94%)	103 (81%)	95 (70%)	120 (81%)	107 (89%)	322 (80%)	
Endline	99 (61%)	86 (51%)	123 (67%)	308 (60%)	80 (63%)	116 (82%)	88 (89%)	284 (77%)	
Reseling	100	201	218	609	136	1/8	120	404	
Endling	150	160	402	515	130	140	00	404	
Enuilhe	103	109	103	313	120	142	33	307	

In all schools, there was an increase from baseline to end line in the proportion of students who correctly agree that playing sports with an infected person does not cause the transmission of HIV.

Prevention

1. Abstinence

The percent of those who said that abstaining from sex is one of the ways to prevent HIV increased from baseline to end line among all intervention schools but not in the control schools.

Proportion of students in intervention schools posted a 11-18%-points increase on those saying that abstaining from sex is one of the ways preventing HIV. Batasan Hills increased by 18%-points, followed by Gothong with 13%-points and Pasay with 11%-points increase from baseline to endline.

On the other hand, all control schools demonstrated a 3-5%-points decline from baseline to endline.



Further, there is a general decrease from baseline to end line in most schools in the proportion of students who falsely believe that a teenager is ready for pregnancy, especially in Pasay (8%-points), Lakandula (5%-points) and Talamban (9%-points).

Table 13 Perceptions (Frequency and percentage who "AGREE" with the statements)

		INTERV	ENTION			CONTROL			
	Batasan Hills	Pasay City	Gothong		Lakandula	Mandaluyong	Talamban		
	HS	East HS	HS	TOTAL	HS	HS	HS	TOTAL	
A teenager is ready for	pregnancy.								
Baseline	25 (13%)	40 (20%)	28 (13%)	93 (15%)	22 (16%)	12 (8%)	21 (18%)	55 (14%)	
Endline	20 (12%)	21 (12%)	23 (13%)	64 (12%)	14 (11%)	15 (11%)	9 (9%)	38 (10%)	
TOTAL (n)									
Baseline	190	201	218	609	136	148	120	404	
Endline	163	169	183	515	126	142	99	367	

2. Faithfulness and careful action

A similar increasing trend is observed in being faithful as a way to prevent HIV and this trend is the same across school (except for Talamban where there was no change that occurred from baseline to end line). Batasan Hills and Pasay of intervention schools increased by 13%-points and 10%-points, respectively while Lakandula and Mandaluyong of control schools increased by 9%-points and 7%-points, respectively.





For the variables on careful action, in all Manila schools, an increasing trend from baseline to end line is observed in the proportion of students who correctly state that one needs to be in control of their body and mind in order to take care of self. In contrast, a decreasing trend is observed in Gothong and Talamban.

Four out of six schools had an increasing trend from baseline to end line in the proportion of students who take on the attitude and correctly agree with the statement "it is better to be safe than sorry." The increase ranges from 1% in Talamban to 4% in Batasan Hills and Gothong.

The proportion of students who correctly state that pregnancy is best considered after graduating from college increased from baseline to end line in Batasan Hills, Pasay, Lakandula and Mandaluyong ranging from 2% to 6%.

3. Seek help (consult adult or peer educator)

Students were asked how they would likely react if they suspect that they are infected with HIV. An increase in the proportion of students is observed in Pasay, Gothong and Talamban who said that the best way to know if infected with HIV is to observe the symptoms. While for the statement on simply ignoring the symptoms, most of the participants (except Batasan Hills and Gothong) had higher percent of students who falsely believe in the statement.

From baseline to end line, an increase in the proportion of students who agree that talking to a health care provider to determine whether medical testing is right for them is noted for all schools in Manila.



Compared to the control schools, all intervention schools have an increasing trend from baseline to end line in terms of percentage among those consulted anyone about STIs and HIV.

Т	at	ole 14
Access	to	Information

(Frequency and percentage answering affirmtively from the questions) CONTROL INTERVENTION Pasay City East HS Batasan Hills Gothong Lakandula Mandaluyong Talamban нs HS TOTAL HS HS HS Talk about STIs and HIV among your friends Baseline 47 (25%) 85 (42%) 93 (43%) 225 (37%) 34 (25%) 25 (17%) 30 (25%) Fndline 78 (48%) 100 (59%) 114 (62%) 292 (57%) 34 (27%) 32 (23%) 40 (40%) Talk about STIs and HIV with your parents

121 (20%)

138 (27%)

148 (24%)

160 (31%)

609

515

35 (26%)

25 (20%)

34 (25%)

28 (22%)

136

126

24 (16%)

21 (15%)

18 (12%)

12 (8%)

148

142

17 (14%)

10 (10%)

30 (25%)

23 (23%)

120

99

35 (16%)

50 (27%)

56 (26%)

58 (32%)

218

183

The proportion of students who talked abou	t STIs and HIV	among friends	increased in	ı all
intervention and control schools.				

The proportion of those who falsely believe that talking about STIs and HIV can endanger boyfriend-girlfriend relationships decreased in all Manila schools (both intervention and control schools). On the contrary, an increase in the proportion of students who agree in the statement is observed in the Cebu schools with Gothong posting 9%-points increase.

The end line results rank and show that all students in all schools want to learn first from a doctor or the school nurse, and second from their parents. The preference for the top three persons to discuss HIV and STIs with is based on the belief that they are most knowledgeable on HIV and STIs.



Baseline

Endline

Baseline

Endline

Baseline

Endline

TOTAL (n)

Consulted anyone about STIs and/or AIDS

36 (19%)

28 (17%)

38 (20%)

46 (28%)

190

163

50 (25%)

60 (36%)

54 (27%)

56 (33%)

201

169

Among schools, only Pasay and Gothong had an increasing trend from baseline to end line in the proportion of students who talked about STI and HIV with parents. In terms of trends across phases, an increasing trend is observed among schools that preferred the parents to be the source of information. This is true in Pasay and the three control schools.

From baseline to end line in all intervention schools, there was an increase in the proportion of students who correctly agree that STI and HIV should be discussed openly.

TOTAL

89 (22%)

106 (29%)

76 (19%)

56 (15%)

82 (20%)

63 (17%)

404

367

On the other hand, findings show some increase from baseline to end line in Gothong in the proportion of students who believe that parents will think that they are misbehaving if they discuss STI and HIV with them. Increase is also noted for Pasay and Talamban

Perceptions								
(Frequency and percentage who "AGREE" with the statements)								
INTERVENTION CONTROL								
Batasan Hills Pasay City Gothong Lakandula Mandaluyor	ng Talamban							
HS East HS HS TOTAL HS HS	HS	TOTAL						
- STIs and HIV should be discussed openly.								
Baseline 125 (66%) 116 (58%) 165 (76%) 406 (67%) 79 (58%) 108 (73%)	90 (75%)	277 (69%)						
Endline 120 (74%) 101 (60%) 140 (77%) 361 (70%) 68 (54%) 95 (67%)	70 (71%)	233 (63%)						
 Talking about STIs and HIV can endanger boyfriend-girlfriend relationships. 								
Baseline 58 (31%) 86 (43%) 52 (24%) 196 (32%) 50 (37%) 41 (28%)	53 (44%)	144 (36%)						
Endline 35 (21%) 61 (36%) 61 (33%) 157 (30%) 41 (33%) 27 (19%)	40 (40%)	108 (29%)						
If you discuss STIs and HIV with your parents they will think you are michehaving								
- If you discuss on a number with your parents they will think you are inspectaving. Description $AD(250) = 24(250)$ $D(250) = 24(250)$ $D(250) = 24(250)$ $D(250) = 24(250)$	45 (400()	04 (000/)						
Baseline 48 (25%) 54 (27%) 32 (15%) 134 (22%) 42 (31%) 34 (23%)	15 (13%)	91 (23%)						
Endline 36 (22%) 56 (33%) 50 (27%) 142 (28%) 32 (25%) 30 (21%)	17 (17%)	79 (22%)						
TOTAL (n)								
Baseline 190 201 218 609 136 148	120	404						
Endline 163 169 183 515 126 142	99	367						

Table 15

4. Seek information on STIs and HIV prevention: Knowing more about STIs and HIV Most of the students, across all schools and phases, want to know more about STIs and HIV. Knowing more about HIV and AIDS as a way to prevent HIV has an increasing trend across all schools, specifically in Gothong.



When asked if they actively looked for information on STIs and/or HIV, majority of the students in the baseline and end line surveys answered in affirmative because of concern for their health. The trend however is decreasing from baseline to end line in all intervention and control schools, especially in Batasan and Pasay.

The proportion of students who falsely believe that STI and HIV are common health issues that need not be studied had increased from baseline to end line in all schools, except for Talamban. Batasan Hills and Pasay increased by 18%-points and 12%-points, respectively.

Table 16

Perceptions
(Frequency and percentage who "AGREE" with the statements)

	INTERVENTION				CONTROL			
	Batasan Hills	Pasay City	Gothong		Lakandula	Mandaluyong	Talamban	
	HS	East HS	HS	TOTAL	HS	HS	HS	TOTAL
 STIs and HIV are commo 	n health issues t	that need not	be studied.					
Baseline	58 (31%)	79 (39%)	67 (31%)	204 (33%)	40 (29%)	48 (32%)	42 (35%)	130 (32%)
Endline	80 (49%)	86 (51%)	60 (33%)	226 (44%)	44 (35%)	56 (39%)	23 (23%)	123 (34%)
TOTAL (n)								
Baseline	190	201	218	609	136	148	120	404
Endline	163	169	183	515	126	142	99	367
2.10				2.10				

4.1 Source of information accessed

In terms of the source of information accessed on STIs and HIV, media (television, magazines, radio) tops the list, followed by schools/lessons, doctors, parents and websites.



In the baseline, 14-26% of the students in all schools have talked about STIs and HIV with their parents. At the endline, significant improvements on the proportion of students who have talked about STIs and HIV with their parents were observed in intervention schools, especially Pasay and Gothong with 11%-point increases each. On the contrary, all control schools posted a decline.



5. Avoidance of Gateway behaviors

In general there are some positive outcomes for avoidance of gateway behaviors. There are, however, inconsistent findings across phases that imply some loss of traction of the messages of avoidance across time. For instance, the findings show initial increase in the proportion of the students who believe drinking alcohol is a risky behavior. By the end line survey, however, most of the students in the intervention schools think that drinking

alcohol is something typical teenagers do. There is also an increasing trend in the Manila schools for students who think that it is fun to experiment (try out new things such as drinking, smoking, etc.) during parties and that infection is a matter of luck.

Those who correctly said that not drinking alcohol is a way to prevent HIV increased from baseline to end line across all schools except for Talamban with 3% decrease.



There was a general increase in the proportion of students who correctly said that not using drugs is a way to prevent HIV in all intervention schools and Mandaluyong from baseline to endline.

All Manila schools had an increasing trend from baseline to end line in the proportion of students who falsely believe that it is fun to experiment during parties. In contrast, all Cebu schools had a decreasing trend from baseline to end line, especially Talamban.

In the end line survey, most of the students in the intervention schools think that drinking alcohol is something typical teenagers do. In the baseline survey, nearly half of the students in all intervention schools and two control schools (Mandaluyong and Talamban) think that drinking alcohol is only for adults.

In Lakandula, about 40% said that drinking alcohol is something typical teenagers do. For Batasan Hills and Gothong, the majority of the students answered the same as in the baseline except that the percentage between the baseline and end line is negative.

At the end line survey, most of the students in five schools (except Mandaluyong) think that drinking alcohol is something typical teenagers do. This is a change in the response of the students from the baseline survey. In all five schools, the percentage for this option increased from baseline to end line.



For the use of drugs, about 40 to 50% of the students in five schools (except Gothong) in the baseline survey think that using drugs clouds judgment. At the end line, the control schools did not have any change in their option compared to the baseline. However, the percentage from baseline to end line for their option (clouds judgment) decreased from baseline to end line. In Gothong, the change in three phases is noted: baseline (drugs are only for adults) to end line (is something typical teenagers do).



Eight to 9 of 10 students believe that a good party is made up of good music, drinks, food and friends in all schools and across all phases.

Table 17

		INTERV	ENTION		CONTROL			
	Batasan Hills HS	Pasay City East HS	Gothong HS	TOTAL	Lakandula HS	Mandaluyong HS	Talamban HS	TOTAL
				-				
A good party is made up of								
- Baseline								
Good music, drinks, food, and friends	168 (88%)	156 (78%)	196 (90%)	520 (85%)	112 (82%)	136 (92%)	101 (84%)	349 (86%)
Good music, alcohol, food and friends	12 (6%)	12 (6%)	5 (2%)	29 (5%)	4 (3%)	4 (3%)	5 (4%)	13 (3%)
Good music, alcohol, cigarettes, food and friends	2 (1%)	14 (7%)	4 (2%)	20 (3%)	6 (4%)	2 (1%)	10 (8%)	18 (4%)
Good music, alcohol, drugs, cigarettes, food and friends	2 (1%)	9 (4%)	1 (0%)	12 (2%)	6 (4%)	2 (1%)	0 (0%)	8 (2%)
- Endline								
Good music, drinks, food, and friends	152 (93%)	148 (88%)	166 (91%)	466 (90%)	108 (86%)	129 (91%)	81 (82%)	318 (87%)
Good music, alcohol, food and friends	5 (3%)	7 (4%)	4 (2%)	16 (3%)	8 (6%)	7 (5%)	5 (5%)	20 (5%)
Good music, alcohol, cigarettes, food and friends	3 (2%)	5 (3%)	3 (2%)	11 (2%)	7 (6%)	2 (1%)	4 (4%)	13 (4%)
Good music, alcohol, drugs, cigarettes, food and friends	2 (1%)	4 (2%)	0 (0%)	6 (1%)	0 (0%)	0 (0%)	5 (5%)	5 (1%)
TOTAL (n)								
Baseline	190	201	218	609	136	148	120	404
Endline	163	169	183	515	126	142	99	367

From baseline to end line, the proportion of students who negatively agreed (falsely believed) to the statement that is it not cool if one says "No" to friends when they invite for drinking session increased in most schools (except Batasan Hills and Mandaluyong).

Table 18

Perceptions (Frequency and percentage who "AGREE" with the statements)

		INTERVENTION				CONTROL			
		Batasan Hills	Pasay City	Gothong		Lakandula	wandaluyong	Talamban	
		HS	East HS	HS	TOTAL	HS	HS	HS	TOTAL
- It is not cool if you say "no" to your friends when they invite you to drinking sessions.									
Ba	iseline	55 (29%)	55 (27%)	47 (22%)	157 (26%)	42 (31%)	37 (25%)	25 (21%)	104 (26%)
E	ndline	40 (25%)	58 (34%)	66 (36%)	164 (32%)	44 (35%)	31 (22%)	31 (31%)	106 (29%)
TOTAL (n) Ba E	iseline Indline	190 163	201 169	218 183	609 515	136 126	148 142	120 99	404 367

6. Gateway Behaviors: perceived risk

When asked if they feel at risk of HIV infection, majority of students in all phases said that they are not at risk of HIV infection. An increasing trend from baseline to end line is even observed in Gothong and Talamban.

In contrast, significant decline from baseline to end line in the proportion of students who said that they are not at risk was observed in Lakandula and Mandaluyong.

Among schools, Gothong and Lakandula had an increasing proportion of students who falsely believe that getting infected with STI and HIV is all a matter of luck. 6%-points decrease was observed in the proportion who agrees in the statement in Batasan Hills.

Those who falsely agree that it is better to wait for symptoms to get worse rather than go to the doctor immediately increased in Gothong (5%) and Mandaluyong (2%) only from baseline to end line.

On the other hand, a positive decreasing trend is observed from baseline to end line in both Batasan Hills and Pasay in the proportion of students who falsely believe that most STIs go away by itself without any treatment whatsoever. On the contrary, Gothong and Mandaluyong posted an increasing trend from baseline to end line.

Table 19

Perceptions (Frequency and percentage who "AGREE" with the statements)

		INTERV	ENTION		CONTROL			
	Batasan Hills	Pasay City	Gothong		Lakandula	Mandaluyong	Talamban	
	HS	East HS	HS	TOTAL	HS	HS	HS	TOTAL
 Most STIs go away by itse 	elf without any t	reatment what	atsoever.					
Baseline	41 (22%)	58 (29%)	19 (9%)	118 (19%)	35 (26%)	19 (13%)	15 (13%)	69 (17%)
Endline	29 (18%)	31 (18%)	32 (17%)	92 (18%)	28 (22%)	32 (23%)	8 (8%)	68 (19%)
- Getting infected with STIs	and HIV is all a	a matter of luc	:k.					
Baseline	37 (19%)	57 (28%)	36 (17%)	130 (21%)	37 (27%)	27 (18%)	78 (65%)	142 (35%)
Endline	21 (13%)	36 (21%)	33 (18%)	90 (17%)	46 (37%)	18 (13%)	54 (55%)	118 (32%)
- It is better to wait for sym	ptoms to get w	orse rather th	an to go to th	e doctor imme	ediately.			
Baseline	. 33 (17%)	71 (35%)	43 (20%)	147 (24%)	55 (40%)	19 (13%)	31 (26%)	105 (26%)
Endline	29 (18%)	58 (34%)	46 (25%)	133 (26%)	48 (38%)	21 (15%)	21 (21%)	90 (25%)
TOTAL (n)								
Baseline	190	201	218	609	136	148	120	404
Endline	163	169	183	515	126	142	99	367

Attitude towards PLHIV

The attitude of the students towards a person or a classmate with STI or HIV is both of accommodation and being helpful. Majority responded that their attitude towards an inflected classmate would not change even if they find out that he or she is infected with STI or HIV. There is an increasing trend towards non-discriminatory attitude among the students: There is an increasing trend on awareness that HIV do not only affect adults, persons in prostitution and homosexuals; There is an increasing trend from baseline to end line in the proportion of students who agree that a person with HIV can live a normal life. From baseline to end line, an increase in the proportion of students who agree that talking to a health care provider to determine whether medical testing is right for them is noted for all schools in Manila.

A noted increase from baseline to end line in the proportion of students who agree that HIV positive students should be allowed to go to school is observed in all intervention schools, with Batasan Hills posting 37%-points and Gothong with 30%-points increases.



The same is also observed in the proportion of students who agree that persons with AIDS should be allowed to attend public gatherings in all schools.

In all intervention schools, there was an increase from baseline to end line in the proportion of students who correctly disagree that only gay people get HIV. The opposite is true for control schools which decreased from baseline to end line, especially Mandaluyong with 8%-points decline.

	(Frequen	cy and perce	ntage answe	ring "AGREE'	from the qu	estions)			
		INTERV	ENTION			CONTROL			
	Batasan Hills	Pasay City	Gothong		Lakandula	Mandaluyong	Talamban		
	HS	East HS	HS	TOTAL	HS	HS	HS	TOTAL	
Only gay people get HIV.									
Baseline	21 (11%)	43 (21%)	40 (18%)	104 (17%)	29 (21%)	4 (3%)	13 (11%)	46 (11%)	
Endline	15 (9%)	34 (20%)	27 (15%)	76 (15%)	28 (22%)	16 (11%)	14 (14%)	58 (16%)	
Only adults can get HIV.									
Baseline	32 (17%)	50 (25%)	30 (14%)	112 (18%)	41 (30%)	19 (13%)	14 (12%)	74 (18%)	
Endline	18 (11%)	28 (17%)	29 (16%)	75 (15%)	45 (36%)	15 (11%)	6 (6%)	66 (18%)	
Only prostitutes get HIV.									
Baseline	41 (22%)	64 (32%)	55 (25%)	160 (26%)	49 (36%)	19 (13%)	33 (28%)	101 (25%)	
Endline	18 (11%)	41 (24%)	39 (21%)	98 (19%)	49 (39%)	35 (25%)	16 (16%)	100 (27%)	
TOTAL (n)	10 (11/0)	41 (2470)	00 (2170)	00 (1070)	40 (0070)	00 (2070)	10 (1070)	100 (21 /0)	
Baseline	100	201	218	609	136	1/8	120	404	
Endlino	162	160	102	515	130	140	00	367	
Endime	103	109	103	515	120	142	39	307	

Table 20
ATTITUDE/ BEHAVIOR toward STIs and HIV
Frequency and percentage answering "AGREE" from the questions

On the statement that only adults get HIV, the proportion of students who correctly disagree in the statement in Pasay increase at 8% from baseline to end line.

Further, an increase on the proportion of students who correctly disagree that only prostitutes get HIV is noted for Batasan Hills, Pasay, Gothong and Talamban.

Most of the students correctly agree that HIV positive teachers should be allowed to teach. This is true in all schools as proportion of students who agree increased from baseline to end line.



In Batasan Hills, an increase in the proportion of students who correctly disagree that HIV can only be found in Africa is noted from baseline to end line and baseline to end line. In Pasay and Gothong, there is very minimal change from baseline to end line.

In all intervention schools, there was an increase from baseline to end line in the proportion of students who agree that a person with HIV can live a normal life. Mandaluyong similarly increased by 11%-points.



From baseline to end line, there was a general increase in the proportion of students who agree that persons living with HIV should be allowed to continue working. Similarly, the proportion of students who agree that person living with HIV have the right to remain anonymous should they choose to increase from baseline to end line increased in all schools.

On the statement that we should not discriminate students if they are HIV positive, there was a decrease in the proportion of students who agree with the statement from baseline to end line in Pasay, Gothong and Talamban.

A closer look at the attitude of students reveal that most of them do not mind talking or playing sports with a classmate who is infected with HIV. An increasing trend from baseline to end line is noted for all schools in these two statements except for Lakandula.

Most of the students in the intervention schools would still continue to talk with their classmate even if that classmate is infected with HIV. This is true as increase from baseline to end line is observed in these schools (Batasan Hills, Pasay and Gothong).



Likewise, students in most schools (except Lakandula) would still continue to play sports with the classmate infected with HIV as increase is noted from baseline to end line.



From baseline to end line, the proportion of students who will still sit beside a classmate infected with HIV increased.

Findings show that less than 50% of students in all five schools (except Talamban with 51%) will still continue to talk, play sports and sit next to a classmate who is infected with HIV. However, this significantly decreased by end line. In contrast, a decreasing trend is observed among students who will do none of the three actions from baseline to end line.

B.2 Bivariate Analysis: Testing for significance of the intervention

This section presents the result the t-tests (comparison of means significance test) to determine whether there are statistically significant differences between the mean scores of the intervention and control groups in the two phases (baseline and endline) of the study. To do this, variables are clustered to come up with indexes and compute for the means.

- 1. The categories for each variable within the index is recoded as 1 = Positive/correct answers and 0 = Negative/incorrect answers.
- 2. After recoding of categories, the sum of the variables within the index is computed.
- 3. There are nine (9) indices created which will be tested, these are:
 - INDEX 1: Knowledge -Transmissions
 - INDEX 2: Knowledge Symptoms
 - INDEX 3: Knowledge Types of STIs
 - INDEX 4: Knowledge General
 - INDEX 5: Prevention Seeking help
 - INDEX 6: Prevention Abstinence, Careful Action
 - INDEX 7: Attitude towards PLHIV
 - INDEX 8: Summation of UNGASS Indicators
 - INDEX 9: Prevention Seeking Information

Each index is subjected to Independent Sample t-test based on the three hypotheses and using the following selection and grouping variable (confidence interval is equal to 95%):

Hypothesis	Selection	Grouping variable
There is no difference between	Phase=Baseline	Group 1: Intervention
intervention and control schools		Group 2: Control
prior to POY (baseline)		
There is an increase from baseline	Observation=Intervention	Group 1: Baseline
to end line in the intervention		Group 2: End line
schools. Such difference is		
statistically significant		
The score in the intervention	Phase=End line	Group 1: Intervention
school at the end line is higher		Group 2: Control
than the control schools. The		
difference is statistically		
significant.		

Observation or Phase		N	Mean Score from the POY Data	t-test (2-tailed)	Remarks
	Intervention	608	5.8	0.791	
BASELINE	Control	404	5.8	0.789	Not significant
	Baseline	608	5.8	0.000	The second second second second
INTERVENTION	End line	511	7.5	0.000	end line is significant
	Intervention	511	7.5	0.000	Difference (in favor of
END LINE	Control	367	5.9	0.000	intervention group) is significant)

INDEX 1: Knowledge – Transmissions (maximum score=10)

Index 1: Knowledge - Transmissions					
Drinking from the same glass or bottle, or using the same eating utensils, of an infected person, can cause					
STI - UNGASS					
Drinking from the same glass or bottle, or using same eating utensils of an infected person can cause HIV					
You can get STI by sharing food with an infected person					
Kissing a person infected with STI can cause STI					
Mosquito bites cause STI - UNGASS					
Holding hands with an infected person cause the transmission of STI					
Using the same needle (syringe) a STI-infected person has used is perfectly safe					
Blood transfusion from an STI infected person is perfectly safe					
An infected woman can pass her STI to her baby					
Being "intimate" with an infected person can cause STI - UNGASS					

The intervention and control schools are equal in terms of knowledge on transmissions prior to the POY. Both have a mean score of 5.8 out of the maximum 10. In the end line, the intervention schools are higher in score by 1.6 compared to the control schools and this difference is statistically significant at p=0.000. In fact, the increase of 1.7 from baseline to end line in the intervention schools is also statistically significant at p=0.000.



Observatio	n or Phase	N	Mean Score from the POY Data	t-test (2-tailed)	Remarks
	Intervention	608	5.2	0.166	
Baseline	Control	403	5.3	0.175	Not significant
	Baseline	608	5.2	0.239	
Intervention	End line	512	5.3	0.245	Increase is not significant
	Intervention	512	5.3	0.317	Difference (in favor of
End line	Control	365	5.4	0.310	control group) is not significant)

INDEX 2: Knowledge - Symptoms (maximum score=7)

Index 2: Knowledge - Symptoms
Know by looking at a person if s/he is infected of HIV (proxy for" a healthy looking
person can get HIV") - UNGASS
Rapid weight gain
Yellowish skin
Sore eyes
A rash or sores around the genital area
Unusual discharge from the genital area/ Itchiness around the genital area
Swelling and pain of the testicles
Burning sensation when urinating

Prior to the POY, the intervention and control schools are similar although the control schools have a slightly higher score of 0.1. Both increased by 0.1 after POY with the control schools higher by 0.1 compared to the intervention schools. This very minimal difference is not statistically significant. In the intervention schools, the slight increase is also not statistically significant.

What this means is that in terms of knowledge on symptoms i.e. knowing a person if s/he is infected of HIV by simply looking at her/him and correct knowledge on symptoms of STI, the POY intervention did not have a significant impact, although there was a slight increase after POY.



Observatio	on or Phase	N	Mean Score from the POY Data	t-test (2-tailed)	Remarks
	Intervention	601	5.8	0.706	Not significant
Baseline	Control	403	5.8	0.707	Not significant
	Baseline	601	5.8	0.455	Decrease is not significant
Intervention	End line	512	5.7	0.458	Decrease is not significant
	Intervention	512	5.7	0.074	Difference (in favor of
End line	Control	365	5.9	0.067	control group) is not significant

INDEX 3: Knowledge – Types of STIs (maximum score=9)

Index 3: Knowledge – Types of STI
Dengue
Measles
HIV
Gonorrhea
Genital warts
Hepatitis B
Genital herpes
Vaginitis
Chlamydia

The intervention and control schools are similar in terms of knowledge on types of STI prior to the POY intervention. From baseline to end line, however, the score in the intervention schools decreased by 0.1 while the score in the control schools increased by 0.1. The decrease in the baseline and the difference in scores between intervention and control schools at the end line are both not statistically significant.



Observatio	on or Phase	N	Mean Score from the POY Data	t-test (2-tailed)	Remarks
	Intervention	609	5.5	0.485	
Baseline	Control	404	5.6	0.484	Not significant
	Baseline	609	5.5	0.000	Slight increase and
Intervention	End line	513	6.2	0.000	difference.
	Intervention	513	6.2	0.090	
End line	Control	366	6.0	0.092	Not significant.

INDEX 4: Knowledge – Ge	neral (maximum score=8)
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Index 4: Knowledge – General
Only gay people get HIV
Only adults can get HIV
Only prostitutes get HIV
HIV can only be found in Africa
HIV cases in the Philippines is increasing
HIV is contagious
HIV is not curable
STI is contagious

In general knowledge on STI/HIV, the control schools has a 0.1 advantage over the intervention schools in terms of scores, although such difference is not statistically significant. Worth noting is that after POY intervention, the score in the intervention increase from 5.5 to 6.2 and this increase is statistically significant at p=0.000. In the end line, the score of the intervention is higher by 0.2 compared to the control schools; however, this difference is not statistically significant.



Observatio	on or Phase	N	Mean Score from the POY Data	t-test (2-tailed)	Remarks
	Intervention	604	2.9	0.069	
Baseline	Control	400	3.1	0.070	Not significant
	Baseline	604	2.9	0.000	Slight increase of 0.4 and
Intervention	End line	510	3.3	0.000	statistically significant
	Intervention	510	3.3	0.547	
End line	Control	365	3.2	0.542	Not significant

INDEX 5: Prevention – Seeking Help (maximum score=6)

Index 5: Prevention – Seeking help
Most STIs go away by itself without any treatment whatsoever
It is better to wait for symptoms to get worse rather than to go to the doctor immediately
Getting infected with STIs and HIV is all a matter of luck
STIs and HIV should be discussed openly
Talking about STIs and HIV can endanger boyfriend-girlfriend relationships
If you discuss STIs and HIV with your parents they will think you are misbehaving

On attitude and preventive behaviors, the intervention and control schools are the same prior to the POY intervention. In the intervention school, an increase of 0.4 occurred after POY and such increase is statistically significant at p=0.000. In the end line however, the intervention school has a 0.1 score advantage over the control schools. However, such difference is not statistically significant.



Oharmatia	n er Diese	N	Mean Score from the POY	t-test	Demorile
Observatio	on or Phase	IN	Data	(2-tailed)	Kemarks
	Intervention	604	3.5	0.001	Slight increase of 0.3 and
Baseline	Control	402	3.8	0.001	statistically significant
	Baseline	604	3.5	0.006	
Intervention	End line	510	3.8	0.006	Not significant
	Intervention	510	3.8	0.034	
End line	Control	365	4.0	0.030	Not significant

INDEX 6: Prevention (Abstinence, Careful Action) (maximum score=6)

Index 6: Prevention (Abstinence, Careful Action)
A teenager is ready for pregnancy
Pregnancy is best considered after graduating from college
It is not cool if you say "no" to your friends when they invite you to drinking sessions
In order to take care of your self, you have to be in control (comparison) of your body and mind
It is better to be safe than sorry
It is fun to experiment during parties

Before the POY intervention, the control and intervention schools already has a difference, with the control schools getting a much higher score of 3.8 compared to intervention schools at 3.5. This difference between the schools is statistically significant at p=0.001.

While there is an increase of 0.3 from baseline (3.5) to end line (3.8) in the intervention schools, such increase is not statistically significant. In fact, this increase is still lower compared to the end line score of the control school which is 4.0. However, the difference in scores at the end line between the schools is not statistically significant.



In looking at gender difference in response, results show that prior to intervention, the control schools are better than the intervention schools by 0.3 mean score and such difference is statistically significant at p=0.001. By sex, the difference is much stronger in females at p = 0.009.

Overall, the increase of 0.3 from baseline to end line in the intervention schools is not significant. Among females however, the 0.3 mean score difference is statistically significant at p = 0.001. The difference between intervention and control group at the end line, however, in favor of the latter, is not significant even if we analyze by sex.

Male					
			Mean		
			Score		
			from the		
			POY	t-test	
Observation/Phase		Ν	Data	(2-tailed)	Remarks
Baseline	Intervention	259	3.3	0.023	Statistically
	Control	187	3.6	0.024	significant
Intervention	Baseline	259	3.3	0.704	Not significant
	End line	206	3.4	0.704	
End line	Intervention	206	3.4	0.057	Not significant
	Control	168	3.7	0.055	

			Mean Score from the POY	t-test	
Observation/Phase		Ν	Data	(2-tailed)	Remarks
Baseline	Intervention	340	3.7	0.009	Statistically
	Control	210	4.0	0.009	significant
Intervention	Baseline	340	3.7	0.001	Statistically
	End line	304	4.0	0.001	significant
End line	Intervention	304	4.0	0.089	Not significant
	Control	197	4.3	0.079	

Female

Observation or Phase		N	Mean Score from the POY Data	t-test (2-tailed)	Remarks
	Intervention	604	3.6	0.863	
Baseline	Control	404	3.6	0.862	Not significant
	Baseline	604	3.6	0.000	
Intervention	End line	511	4.9	0.000	Increase is significant
	Intervention	511	4.9	0.000	Difference (in favor of
End line	Control	365	4.0	0.000	significant)

INDEX 7: A	Attitude towards	PLHIV ((maximum score=	8)
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Index 6: Attitude – Towards PLHIV
Persons with AIDS should not be allowed to attend public gatherings
Persons with HIV can live a normal life
We should allow HIV positive students to go to our schools
Persons living with HIV should be allowed to continue working
Persons with HIV have the right to remain anonymous should they choose to
Playing sports with an infected person does not cause the transmission of HIV
We should not discriminate students if they are HIV positive

There is no difference between intervention and control schools in terms of attitude towards people living with HIV prior to the POY intervention. In the intervention, the score increased from 3.6 in the baseline to 4.9 in the end line and this increase is statistically significant at p=0.000. Between the intervention and control schools, the latter has a higher mean score in after POY intervention by about 0.9 and this difference is statistically significant at p=0.000.



Observation or Phase		N	Mean Score from the POY Data	t-test (2-tailed)	Remarks
	Intervention	609	2.8	0.288	
Baseline	Control	404	2.8	0.292	Not significant
	Baseline	609	2.8	0.000	Slight increase of 0.2 and
Intervention	End line	514	3.0	0.000	statistically significant
	Intervention	514	3.0	0.002	Slight increase of 0.2 and
End line	Control	367	2.8	0.002	statistically significant

INDEX 8: Summary of UNGASS Indicators (maximum score=4)

Index 8: UNGASS indicators – proxies
Being "intimate" with an infected person can cause STI (proxy for "risk of infection reduced by having
sex with one uninfected partner")
Know by looking at a person if s/he is infected of HIV (proxy for" a healthy looking person can get
HIV")
Mosquito bites cause STI (proxy for" a person can get HIV from mosquito bites")
You can get STI by sharing food with an infected person (proxy for "a person can get HIV by sharing
food")

The intervention and control schools have similar scores on UNGASS indicators prior to the POY intervention. The score of the intervention school increased by 0.2 and this is statistically significant at p=0.000. There was no movement in the control schools from baseline to end line. The difference of 0.2 in the end line between the intervention and control schools is statistically significant.



Observation or Phase		N	Mean Score from the POY Data	t-test (2-tailed)	Remarks
	Intervention	609	2.0	0.000	Slight difference of 0.3 and
Baseline	Control	404	1.7	0.000	statistically significant
	Baseline	609	2.0	0.000	Slight increase of 0.4 and
Intervention	End line	515	2.4	0.000	statistically significant
	Intervention	515	2.4	0.000	Slight increase of 0.7 and
End line	Control	367	1.7	0.000	statistically significant

INDEX 9: Prevention – Seeking Information (maximum score=4)

Index 9: Prevention – Seeking Information					
Have you actively looked for any information on STIs and/or HIV	Have you accessed information from any of the following regarding HIV and STIs?				
Have you consulted anyone about STIs and/or AIDS	In talking about HIV and STIs who would you prefer to learn from or discuss it with				

There is a difference of 0.3 between the intervention and control schools, in favor of the former, prior to the POY. In the intervention, the score increased from 2.0 in the baseline to 2.4 in the end line and this increase is statistically significant at p=0.000.

There was no movement in the control schools from baseline to end line. In the intervention, the increase of 0.4 from baseline to end line is statistically significant at p=0.000.



C. Summary of Focused Group Conversations and Key Informant Interviews

Three Focused Group Conversations were conducted after the showing of POY with attendant facilitation, and after the endline survey. The FGC participants were grouped: all-female group, all-male group, and a mixed group of male and female students. The participants were chosen randomly from among those who participated in the survey. The following summary presents the highlights of the conversations with the students, with the parents, and key interviews with the facilitators and teachers. This presentation is intended to contextualize and add texture to the results of the qualitative portion of the study.

Knowledge

1. Awareness of STI, HIV and AIDS

Among the FGC participants (in all groups), the dominant characterization of STIs and HIV are "contagious" and "incurable." STIs and HIV are perceived to be "lifetime" diseases that can limit activity and affect their studies and their dreams. While a few of the students remarked that STIs and HIV are preventable, majority believed neither can be treated. They regard both as "dangerous" and believe them to lead to more complications i.e. several "more diseases." A few remarked that an STI is the start of HIV, HIV will lead to AIDS, and AIDS is the end stage of the disease. There was a general agreement that having an STI or HIV will lead to being stigmatized.

Majority of the participants across all schools report to having previously heard of STIs and HIV, but admit to not having much information about the infections. Most are not able to differentiate STIs and HIV, interchanging both when referring to either. Majority perceive both STIs and HIV to share the same characteristics, mainly, incurable and contagious. There were a few of the students who mentioned that it was only through the POY video that they first heard of HIV.

Phrases	used	to	attribute	incura	bility	and	being	cont	agic	ous:
		~~			come y			• • • • • •		

5	e e
"Walang lunas" "Dili na maayo."	"There is no cure."
"Walang gamut."	"There is no medicine."
"Nakamamatay" "Maka cause og kamata	<i>ayon.</i> " "It can kill."
"Isang virus na walang solusyon"	"A virus without solution."
"Makatakod og mag-sex mo."	"Contagious when you have sex."

In the Davao FGC, however, the mention of local cures for AIDS and STIs indicate the perception that AIDS is curable,

"Tuko man daw ang tambal sa AIDS. Uso man na	"Geckos can cure AIDS. That's the trend these days.
karon, pritohon daw."	You fry them."
"Nagkatulo ang akong amigo. Iya ra gi-iyot ang	"My friend had gonorrhea. He just inserted his penis
lubi. Naayo man sad siya."	in a coconut and rubbed himself. He got cured."

2. Different STIs

In most of the FGCs, HIV is the most identified kind of STI, followed by gonorrhea. They have difficulty recalling and pronouncing the names of other STIs. The colloquial *"tulo"* was mentioned as an example of STI across sites. Sore eyes, pneumonia, SARS, and ulcer

were also identified as STIs. This indicates that their answers were mostly guesses and only HIV and gonorrhea were correctly recalled. FCG facilitators noted hesitation in the responses when the students were asked to recall the examples of STIs. Most were very hesitant to give their answers, majority admitted that as to the different types of STIs they would only guess.

3. Symptoms of STI

Consistent throughout the FGC groups across phases, majority cited painful urination ("Lisod/sakit mangihi," "sakit umihi'), itchiness in the genital area, and discharges ("Naay mugawas nga nana sa oten (Pus comes out of the penis)") as symptoms of STIs and HIV. Pain and discomfort in the stomach and genital areas were also mentioned. A few mentioned yellowish discoloration of the skin and sore eyes as symptoms. The characterization of STIs and HIV as "sexually transmitted diseases" acted as a cue for the students to identify symptoms that affect the genital areas. The English terminologies used in the video were sometimes a challenge for the students to understand. In the FGCs many remembered the local and colloquial term used to designate STIs e.g. "tulo," "pangangati," "katol-katol," (itchiness) "pamumula" (redness).

Majority remarked that there are no obvious symptoms for having STIs and HIV. Majority said it requires a test to determine whether someone is infected or not. Some mentioned that a person with STI can look like a normal person so that symptoms are not obvious. Many added that the symptoms may not only be physical but rather behavioral and "psychological," explaining that a person who knows he or she may be infected will be bothered and worried, and will look distraught. They mention feeling anxiety, irritability and insomnia as the "behavioral" symptoms of STIs and HIV. They explained that the anxiety is caused by the person's fear of death, as having STI or HIV mean almost certain death.

4. Modes of transmissions of STIs and HIV

During the midline FGC, most of the participants were not able to differentiate STIs from HIV. The participants attribute the transmittal of both STIs and HIV mainly through sexual intercourse. Very few cited other modes of transmission (blood transfusion etc.). By the end line FGCs, there was a marked increase in the students' answers for modes of transmission across schools. Sexual intercourse with an infected person was still the most frequently cited answer followed by sharing and use of infected needles, transfusion of infected blood, and a mother infecting her baby. While most agreed that the sharing of food and utensils, holding hands, and kissing do not spread STIs and HIV, there were a few in each FGCs who disagreed and mentioned the same modes (sharing of utensils, holding hands, and kissing) as possible modes of transmission.

There were a few who mentioned that HIV is an infection from gay persons. One participant shared that his brother was infected, "Sa akong experience...naa koy igsoon natakdan siya. Bayot man siguro to iya partner." ("I have some experienced with it. My brother was infected. His partner may be gay."

Modes of transmission: *"HIV at STI sakit po ito na nakakahawa kapag nakipag-sex." "Yun pong kapag nakipagtalik yung isang tao sa may sakit." "When you have sex with someone who has the disease."*
"Yun pong kung kani-kanino nakikipag-sex."	"When you have sex with just anybody."
"Nakakahawa po siya sa pamamagitan po ng pagtatalik ng magkasintahan. Kunwari po, for example, yung lalaki po meron po siyang HIV. Pwede pong ilipat yun sa girlfriend niya."	"Infection happens when boyfriends and girlfriends have sex. Example, if the male has HIV it can infect his girlfriend."
"Kung makipagsex nya wa kahibaw nga aduna diay sakit."	"When you have sex with someone and you don't know that he has the infection."
"Sharing of needles kapag tinusukan ng galing sa taong my HIV."	"Sharing of needles. When you are pricked with a needle used by a person with HIV."
"Sa pagsalin ng dugo."	"Blood transfusion."
"Maaari po siyang masalin kapag nagshe-share po ng ano, pagkain po sa iba, pati ng kutsara."	"It can be transmitted though sharing what you eat, sharing of food and using the same utensils."
"Sa kissing scene. Kunwari po nag-kiss sila tapos yung mga lawayganun."	"When they kiss, through the saliva."
"Makatakod man sad nang mag halok kay naa guy laway."	"Kissing can transmit the virus because it involves saliva."
"Ang kanang AIDS gikan man daw na sa mga bayot. Mao na ang ingon sa akong amigo."	"AIDS came from gay men. That's what my friend told me."

Prevention

1. Abstinence

In the FGCs across all sites and phases, majority of the students cited abstinence as the primary way of preventing infection of STI and HIV. "Being faithful" follows.

The message of abstinence was stronger among the females across all schools and phases. Most of the girls translated abstinence as having sex at the appropriate time and not giving into the pressure of having sex. Majority of the girls regard abstinence prior to being married as the best means to prevent infection.

Abstinence statements from female participants: "Hindi kailangan na maaga makipag-sex."	"It not necessary to have sex early."
"Hwag ibibigay lahat sa boyfriend"	"Don't give everything to your boyfriend."
"May takdang panahon para gawin yung sex." "kung gagawin nila yun kaagad-agad puwedeng silang magkamali at magka-anak ng hindi oras o puwede ka rin magka-HIV o STI"	"There is an appropriate time for sex." "If they do it early on, they can make a mistake and get pregnant. Or be infected with HIV or STI."
"Wag basta basta [makipagtalik]. Kasi baka mapasama ka."	"Don't just have sex. Because it might get you in trouble."
"Kaya naman pong mabuhay kahit walang ano ehsex"	"You can live even without having sex."

"Delikado po kasi karamihan po sa bata naiimpluwensyahan po ng ibang tao makipag sex"	"It is very dangerous, many of the kids are influenced by other people to have sex."
"'Wag muna makipag-sex."	"Don't have sex."
"Kapag niyaya ka po ng boyfriend mo, 'wag ka po agad papayag."	"When your boyfriend asks you, don't give it right away."
"Maghunahuna usa una buhaton ug mangayo og advise sa friends, close friends, parents, teachers, doctor or nurse."	"Think first about what to do, and ask advice from friends, close friends, parents, teachers, doctor or nurse."
"Dili dayon mosugot sa gisulti sa imong uyab. Pananglitan kung moingon sya nga mag sex mo kay ganahan sya nimo, dili mosugot dayon. Kinahanglan nga maghunahuna usa pag-ayo kung naa ka sa ingon ana nga sitwasyon. Mangutana sa mama kung ok ra ba gyud. Kung pwede na ba ka nga mobuhat ana."	"Don't just agree with what your boyfriend says. If he says that you should have sex because he likes you, say no. You have to really think hard about it. You have to be careful when in that situation. Ask your mother if it's really ok. If it's alright for you to be doing that."
"Sa tinuod lang dili jud ok nga mag sex. Kay maabot ra man na nag pwede na tang magsex kung naa na ta sa saktong edad"	"The truth is it is not ok to have sex. The right time will come when we can have sex, when we're of the right age."

There were a few similar statements from male participants,

"Control yourself sa pakikipag sex."	"Control yourself from having sex."
"Iiwas na lang po sa pakikipag sex sa girlfriend."	"Avoid having sex with your girlfriend."

2. Faithfulness and careful action

As with abstinence, it was mostly the girls who cited being faithful as a way of preventing STIs and HIV. Faithfulness was usually explained in the context of marriage, that when one is married he or she is expect to remain faithful to his or her partner,

"Basta faithful ka lang lagi sa relasyon mo. Iwasan ang HIV."	"Remain faithful in your relationship. Avoid HIV."
"Tapos dapat po faithful ka kung may partner ka man. Dapat po gagawin niyo yung bagay na yun sasa loob po ng wedlock. Yun lang po."	"You have to be faithful when you have a partner. You should have it (sex) inside marriage."
"Kasi may asawa na po kayo tapos makiki-pagsex pa po kayo"	"When you are married then you can have sex."

More boys were in agreement with faithfulness (rather than abstinence as a form of prevention). However, unlike the girls, marriage was not mentioned as a necessary condition. Rather, for the boys faithfulness is taken in the context of girlfriend-boyfriend relationships. A few of them qualified faithfulness as "depending on the situation," explaining that one can never be too sure if his or her partner is faithful too, that even if one is faithful there is still some amount of risk, "*Baka meron na siyang HIV na nakuha niya na sa iba*" ("She may have gotten HIV from someone else.").

"Kung stick to one lang talaga simula noon pwedeng hindi magkaroon."

"Kung may mangyayari sa inyong dalawa, sure na hindi magkakaroon kung kayo lang talagang dalawa." "If you stick to one partner since the beginning it is likely that you will not be infected."

"If something happens to the two of you (if you have sex), you won't be infected if you just do it with each other."

There were consistently positive agreements from the FGCs across sites and phases on *careful action* as prevention. Many of the participants expressed positive statements regarding STIs and HIV. They relate careful action with "learning how to prioritize," i.e. focusing on their studies first, saying "no" to friends who may be "bad influence," and being in control of oneself.

"Sa akin po ano para pos a akin dapat unahin yung pag-aaral kaysa sa pakikipag-boyfriend bago pagimmick gimmick. Unahin po yung pag-aaral, yung pag-aaral eh yun po yung priority mo. Tapos po matuto kang umiwas sa mga bagay bagay na makakasama sa sarili mo... [gaya ng] paggimmick nga po sa mga kaibigan na masasama ang impluwensya. Tulad po ng mga kaibigan ni Francis."

"Yung ano po, natutunan ko po yung pag-prioritize ng gagawin sa school sa pag-aaral kaysa sa gimmick at pakikipag-relasyon sa boyfriend. At saka po pag-aalaga sa sarili para hindi po mahawa ng HIV." "For me it's important to prioritize my studies instead of having a boyfriend and going out with friends. Studying should be your priority. Then learn to avoid things that could lead you to harm, like going out with friends who are bad influence, like Francis' friends."

"I learned to prioritize what to do in school, to study first instead of having a relationship and going out. To take care of myself so I won't be infected with HIV."

2.1 Careful action: Condom

An unanticipated response from the FGCs is the use of condom to prevent infection. Condom as a way to prevent infection was repeatedly mentioned in the FGCs. While the use of condom was not a part of the core message of the video, neither was it mentioned in the questionnaire, most of the participants across schools and sites, believed that the use of "protection" or condom could prevent infection.

"Kasi yung HIV nandun na po sa sperm ng lalaki. Napipigilan yung paglabas ng sperm."	"The HIV is in the sperm of the man. The sperm is stopped." (a participant explaining the mechanism of condom)
"Hindi na po. Kasi po may proteksiyon na po."	"No, (you won't be infected because) there is already protection."
"Wag ka muna makipag-sex ng unprotected lalo na bata pa kami."	"Don't have unprotected sex, especially because you're still young."
"Mag-condom po."	"Use condom."
"Sabi nga ni Robin bago umaksyon gumamit ng proteksyon use condom yun na."	"According to Robin (Padilla), before getting some action use protection, use condom." (Participant is referring to the message of a Trust condom

"Use pills sa babae."	advertisement featuring Robin Padilla, a local actor. "For girls, use pills."
"Effective jud ang condom kay wala may direct contact and penis, kaay nabalot man sa condom. Ang sperm matapok lang sa sulod sa condom."	"Condoms are really effective because there is no direct contact with the penis. It is covered with condom. The sperm will be contained inside the condom."

In the FGCs with parents there were a few who mentioned that HIV could be prevented with the use of condoms, "We can prevent kung gusto natin... may condom para maprevent yung sakit yan" ("We can prevent it if we want...there are condoms to prevent the disease.").

A few of the male FGC participants also mentioned not having sex with a homosexual as a way to prevent getting HIV, explaining that because homosexual males practice anal sex they are unhygienic and more prone to HIV.

3. Seek help (consult adult or peer educator)

Majority of those who participated in the FGCs identified "seeking advice from those who are more knowledgeable on STIs and HIV" as one of the ways to prevent STIs and HIV. Some participants specifically identified medical consultation. For both the categories of how to deal with the possibility of STI and HIV infection as well as prevention, medical consultation is deemed important, "*Consult a doctor, pa-check-up ka po kung meron ka para hindi ka na makahawa ng iba*" ("Consult a doctor, have a check-up if you're infected so you will not infect others.").

In FGCs and KIIs, all felt it is good to discuss STIs and HIV openly, "Para ma-aware ang mga estudyante ana. Naa silay knowledge nga kung pananglitan naa sila ana kahibaw-an sila unsa ila himuon," ("So the students will be aware about it. They will have knowledge about what to do about it"). A few mentioned that their parents would appreciate them knowing about HIV and learning how to prevent infection, "Malipay, kay makahibaw na ilang anak unsay saktong buhaton" ("They will be happy to know that their kids would know the right thing to do"). On the other hand, there were a few students who believe their parents will think they are misbehaving if they discuss STIs and HIV with them.

In general, this perception seems to be consistent with the FGCs with parents where majority mentioned that they are cognizant of their children's awareness of sexual matters. Many mentioned that they talk about sex with their children but mostly in a "joking" and indirect manner. A few, however, mentioned that they make it a point to keep their children from seeing matters relating to sex.

That many of the parents also express having advised their children on being careful about relationships and about sexual behavior is a step toward a positive engagement, however, these are usually cautionary exhortations.

"Kahit hindi natin nakikita, na-a-ano nila yun."	"Even if we don't see it, they have an idea about it (sex)."
"Kasi kahit sabihin na natin na hindi sila vocal sa	"Even if we say they are not vocal about it, they

bago sa ganoong bagay."

bagay na yun, may idea ka na diba? Hindi na sila already have an idea about it. These things are not new to them."

"...ang mga bata, curious na e."

"Children are very curious."

Many of the parents expressed their support for giving their children information on HIV and STIs; but that they would rather these are contextualized as part of the lessons in school. One commented that parents should also create an environment in the home to enhance their children's awareness and information; she cited an instance where she saw her husband keep some pornographic magazines. She warned him to throw the magazines away before any of her children saw them, as she feared this might give the wrong message.

Key informants (teacher-facilitators) contextualize actual school and community setting of students, they report to the lack of available experts (doctors and nurses) that students can consult with in school, and that within the context of school life there is also very little time for out-of-class interaction between students and teachers. One of the key informants attribute the lack of time for student-teacher interaction that limit their opportunities to explore health issues with students, "Pag 11:45 na, uwian na. Wala naming mag-stay para makipagkwentuhan. Sana nga bago mag-uwian may time para magkwentuhan para makapag-open up ang bawat bata kaya lang wala talaga" ("When it's 11:45 everyone goes home. Nobody stays to chat. It would've been better if there was time so the kids could open up...but there's just no time."). In reality, they said, the student's access to health services is greatly challenged; awareness, cost, accessibility and quality of service (youth-friendly and ensuring privacy) of health services remain beyond their reach.

KIIs also perceive the students to be very private about their relationships and their sexual practices. They report that many would rather talk to their peers. This reiterated by a few of the FGC participants, explaining that majority of the students will not seek counseling out of fear that their "secret" would be known, "Kay ang uban mahadlok ra ba moadto, mahibaw-an ang sekreto" ("The rest would be afraid to go, afraid that their secret will be known").

4. Seek information on STIs and HIV

Teacher-facilitator informant reported that encouraging information-seeking can only be done through assignments and projects in class. Discussions in class were deemed to create a space for students to ask questions regarding reproductive health, in Cebu for instance the teacher/facilitator explained how when health matters are taken in the context of relationship discussions students would open up, "For instance during our discussions kung imo injekan na gani about love and relationships hay interesado gyud na sila. Daghan dayon ang ilang pangutana. Pero naa na sa klase walay moduol gyud nako nga usa-usa. Pero open sila even naa ang tanan. Mo express gyud sila" ("...if you inject in your discussions matters about love and relationships they become very interested. They have a lot of questions. No one will approach me about it individually, but in a class setting they are more open, they express their questions."). She guides the discussion so that sexual matters are taken up. The students' questions range from how one gets pregnant, advantages and disadvantages of artificial contraceptives, and how STIs are transmitted. She is then able to clarify common misconceptions.

The Davao guidance counselor reported that she received regular visits from some students who were able to participate in the POY. She especially noted a visit from a female student who consulted her after session because the student was worried about the implications of her sexual activities, the student was allegedly engaged in multiple sexual partnership arrangements and was anxious to know whether she was at risk of contracting AIDS, "Upat na sila nga sige og visit sa ako. Pero naa gyud isa nga niduol dayon after sa film kay naguol siya kay basi naa na daw siyay AIDS. Daghan man gud daw siyag sexual partners" ("There are four students who visit me regularly. But there is one who was so worried after watching the film. She was worried she might have AIDS. She explained that she has multiple sexual partners.").

In the FGCs, there were very few participants who mentioned that they actively looked for additional information on STIs and HIV out of concern for their health. Majority did not conduct any other search for information. This is also reflected in the survey results. This findings is better contextualized in the fact that only 20% or less of the respondents report to being in a relationship; if they are not in a relationship, they are thus not presented with the opportunities (or less opportunities) to enact the relevant preventive/protective behaviors (abstinence, delaying sexual activity). This can also be a rationale for why knowledge or advice-seeking behaviors are low among the students. Insofar as STIs and HIV are perceived as predominantly as sexually transmitted infections, their not being sexually active (thus lacking this risk characteristic) is perceived by the students as not necessitating them to possess preventive behaviors, and thus they perceive no need for additional information or advice.

The Manila key informants reiterate that students do not prioritize their health issues, "Health is not a prime issue for teenage students. They will only take it into consideration once they are actually sick." Students are also not known, they said, to consult teachers on sexual matters. As an example they cited cases of pregnancies that are often kept secret for as long as possible. If and when students consult, they said, it means that a problem is already present, "Kay usually ingon ana nga topic (I think) ila man i keep sa ilang kaugalingon. So ang mga bata very secretive nya mahibaw-an na lang nimo nga wa na motunga (sa school) kay namabdos na. Kay para sa ila ikaulaw nila" ("Usually with topics like that they would keep to themselves. The children are very secretive, you'll just find out when they come to school that they are already pregnant.").

This presents possibilities for the further implementation of POY. The POY presents a two-pronged avenue for educating the students, the video itself and the facilitated discussion. The findings emphasize the need to emphasize openness in the discussions and greater in-depth discussions given the developmental contexts of adolescents and young adults – preferring secrecy, embarrassment to approach teachers, etc. – the discussion sessions present an avenue to encourage consultations, and for the discussion sessions themselves to be a venue for consultation.

A study found that among risk population of the youth there is a low proportion among those who actually availed of health service. The study found that while more than half of the adolescents claimed to have experienced a reproductive health problem, only 16 percent actually sought medical attention. Moreover, females were more likely than males to seek health care. Some factors that determined health-seeking behaviors are age (the older the more they sought health care), marital status for females, exposure to popular education for males. The study forwarded that one factor that contribute young peoples'

reluctance to avail of health care may be inferred from existing policies where minors have to obtain the consent of their parents or other adults before being able to obtain health care (Cruz and Berja, 1997). The study's finding on the positive uptake of popular education and health-seeking behavior among high-risk males is a positive encouragement for the development of educational materials.

On the other hand, some studies show that even with educational efforts toward information and awareness, it is still common among most communities to hesitate or outright forbid discussions on sex, especially by parents and religious leaders, contributing to the very limited or no discussion of sexual and reproductive health of young people (Adedimeji, 2005). It is clear that the students want and need more information. Preventive and protective messages need constant reiteration, especially in the face of strong peer influence and their main information source being popular media. The benefits of sexual and reproductive health education need to be made apparent to the knowledge gatekeepers of young people - their parents, teachers, religious leaders, the media, their own peers. Misconceptions that information leads to promiscuity and early sex require clarification, and instead promote that appropriate education can actually protect young people and help prevent the spread of infection. Thus, it is important to get the whole community in tandem with the implementation of the POY; the POY could be conducted among parents (e.g. Parent Teachers Association), in the baranggay, etc. – the POY has the potential of being a material that can be used even beyond the classroom setting. It can be a jump off point for the community, for policy-makers, to clarify and discuss its own misconceptions on STIs and HIV, while contextualizing these in the realities of adolescent life as presented in the video.

When asked the appropriate age for showing the POY, many of the participants mentioned the younger the better, a rather extreme case was narrated by one participant, "Diha na gyud makahibaw pananglitan edad nimo 13 nya wala sila kahibawo niya magalgal kay naa na baya silay uyab ana kasagaran. Naa man gani edad mga bata pa sir mga dyes pa ang edad. Nya ila uyab dagko na mga biente na" ("At thirteen they do not know a lot, but they should because many of them already have boyfriends. There are even those who are ten years old and they have boyfriends who are already twenty.")

Majority of the parents in the FGCs believe that information on STIs and HIV are helpful for their children's awareness and safety. When they heard that their children took part in the POY video showing many of them thought that the information from the activity would be good for their children. They associate information on STIs and HIV as part of sex education. The information, however, they said would be better if given within the context of schoolwork as part of their children's lessons. The parents are divided on the age when information on STIs and HIV should be given, majority preferring the lessons be taught to 3rd year and 4th year high school students.

The parents deem the school as the proper source of information on STIs and HIV. A few parents suggested the lessons could be integrated in Values Education. A few cited the church as a good source. Still another suggestion was to coordinate with the local health center for a nurse or a doctor to conduct educational sessions.

5. Avoidance of Gateway behaviors

In the FGCs, majority associated drinking, smoking, drug-use, and partying, with the "influence of bad friends." When asked how best to prevent being infected, majority,

mostly boys, answered: saying "no" to friends, picking the right friends, and avoiding bad company. A few of the boys alluded to actual drinking and smoking while in the company of friends. They also mention that these are activities they've tried at least once.

The risky behaviors cited in the FGCs were done in the context of parties and gang rituals,

"Wala akong karanasan pero yun po'ng sa ano, boyfriend po ng ate ko... Eh inuman po yun. Eh sumama po ako dun. Tapos, eh pinilit ako. Eh, okay lang naman po. Pero nung gabi na po, sa isang kuwarto lang kami lahat natulog. Tapos ano...may mga nanggagapang. 'Di ba, lasing po? Eh kung tutuusin po, yung nangyari po sa'min nun eh, kung may kuwarto lang, may mga mangyayari talaga dun. Eh isa lang yung kuwarto. Isang place lang yung tulugan. Nagkaka-yayaan."

"Kanang mga edad 14 apil-apil na man gud sa gang. Unya papilion ka kung sarap o hirap. Ang sarap kay i-sex ka, kung hirap kay paddle lang para maapil ka sa gang." "I don't any experience myself, but the boyfriend of my sister does... It was a drinking session and they forced me to go. It seemed ok so I went with them. During the night we all slept in one room. Then there were things going on. Everyone was drunk, right? If you think about it, it happened to us because it was just one room where everybody slept. Some things happened. They ask you to join them."

"At 14 they already start joining gangs. They are asked to choose between "pleasure or pain?" Pleasure means you have sex and pain means you get paddled to be a member of the gang."

Among the parents, it is the company of "bad friends" that they attribute the risky behavior of their children,

"Basta ang sabi ko, bata ka pa... every time na may nakikita akong kwan, na kasama niyang maloko, pinapaiwas ko na siya, dahil notorious talaga ang batang yun sa ganung bagay." "Every time I see him with a friend who is a bad influence I ask him to avoid this friend. He has a friend who is notorious about those things."

"Ang sinasabi ko e wag nang sumama dun sa "I tell him not to han malokong barkada." friends."

"I tell him not to hang out with the wrong set of friends."

In the FGCs, avoidance of gateway behaviors through abstinence, making the right decision, knowing how to say "no," choosing the right company, and learning to prioritize (translated by choosing to do school work rather than choosing to be with friends who abuse alcohol, drugs, etc.) were maintained by participants through end line.

"Dapat hindi gawin katulad ng pag inom." "Should not drink."

"...dapat hindi gawin katulad ng pag inom ng alak at paggamit ng masamang bisyo" "Should not drink alcohol and have other bad vices."

6. Perceived risk

Among the FGC participants, perception of risk is also low. They attribute the low risk to being young and not sexually active. There is, however, a minority who perceive their age (the "youth") to be at high risk of acquiring STIs and HIV because of their risky behavior, drinking, sexual activity, thoughtless decision-making, recklessness, that many also

attribute to peer pressure. Many of the participants also pointed to their changing attitude, where they point out that before there was more conservatism in terms of dealing with sexuality, now, they say there is a more liberal attitude towards sex, and greater exposure to it as well,

"Nai impluwensiyahan po ng barkada."	"They are influenced by peers."	
"Delikado po kasi karamihan po sa bata naiimpluwensyahan po ng ibang tao makipag sex"	"It is very dangerous, many of the kids are influenced by other people to have sex."	
"Kasi po mapupusok po ang kabataan."	"The youth are reckless."	
"Hindi na po uso yung mga chaperone saka mas malaya na nilang gawin kung ano yung gusto nila	"Having a chaperone is no longer necessary. They have more freedom to do what they want."	
"Mas mature po yung pag iisip nila ngayon."	"They have more maturity in their thinking." (by "maturity" the participant was alluding to "mature acts" i.e. sex)	
"Mas ano po lumalawak po yung kaalaman nila sa sex po."	"They have more knowledge about sex." (participant is pointing the youth's exposure on sex)	
"Kahit anong mangyari sa inyo parang wala lang po."	"It doesn't matter what happens to you."	
"Daghan na ang liberated karon og mga easy to get. Wala nay Maria Clara. 14 pa nabuntis na. So dapat makatan-aw na sila ani."	"There are many liberated women today and they are easy to get. At 14 they are already pregnant. They should watch this film."	

A few of the participants mentioned MSM behavior among high school students as a form of risky behavior. They mention having gay friends who engage in sex with other men, "Naa...Nya'g naa na gawas sa eskwelahan ingon anaan sa laki nga bayran tika. Sugot sad kay mao may hilig nila. Naa may bayad sad. Naa say diri pero kasagaran sa gawas. Kay mas daghan man chika-chika diha" ("There are...outside the school some men tell them they will even be paid. They agree because they like it too. There's pay. A few happen here, but usually it's outside because there's a lot of gossiping in here.").

Most of the parents share the perception that most teenagers engage in very risky behavior. In the FGCs, the parents attribute this to the changing attitude on sex. They especially expressed alarm over the rise in teenage pregnancy,

"Mapupusok talaga yung mga bata ngayon"	"Children nowadays are reckless."
Kahit anong bantay mo, minsan nakakalusot pa rin."	"No matter how you watch over them, sometimes they're still able to skip you"
"Nung panahon namin, kapag nagsalita ka ng ganyan, sasabihan ka ng magulang, ay bastos ka, saan mo natutunan yan? Pero sa panahon ngayon, okay na."	"During our time if you talk like that (about sex), your parents will tell you you're being irreverent. But now it seems ok."
"Uso na ngayon yung mga first year high school pa lang may boyfriend girlfriend na."	"The trend now is for first year high school students to have boyfriends and girlfriends."
"Nakikita naman natin na kinse anyos pa lang,	"We see that even at fifteen years old, there are

already pregnancies. Even at a young age they already know (about sex)."

One of the key informants (guidance counselor) believed that while many of the students knew and could decide right from wrong, their curious nature make them make the "wrong choice,"

"The kids know right from wrong. They should decide towards the right (decision). But it is their curiosity that make choose the wrong decision." (Kabalo man ang mga bata what is right from wrong. So ang ilang mga decisions didto jud towards what is right. Pero naa gyud sa ila ang curiosity kung unsa ang mahitabo kung gipili ang wrong nga choice.")

Attitude towards PLHIV

A few students maintain that AIDS come from "gay persons." When prodded where they got the information many mentioned they got the information from a friend or from *"sabi nila," "ingon nila,"* ("they said").

As in the survey results, the predominant attitude and behavior toward a person or a classmate with an STI or HIV is both of accommodation and helpfulness. Majority stated that their attitude towards an inflected classmate (being friends with their classmate) will not change even if they find out that he or she is infected with STI or HIV, maintaining that "*Tao pa rin naman sya*" ("He/she is still human."). While their attitude towards a classmate who is infected is more positive, there were a few who made an exemption for teachers, stating that teachers who are infected should no longer be allowed to teach.

Majority of the FGC participants said they would not change their demeanor and relationship with a classmate who is infected with an STI or HIV. Most will continue to talk, play and remain friends with an infected classmate. Many verbalized willingness to help in the care of their classmate i.e. will accompany to visits to the doctor, will help in bringing him or her to the hospital, will assist in the medical check-up, and will give advice.

"Hindi ko po siya idi-discriminate may sakit lang naman, hindi naman siya iba sa atin tao pa din siya."	"I will not discriminate against him or her. He just happens to be sick. He is no different from us, he is still a person."
"Hala ganun pa din gagawin ko yung pakikipag- usap para yung tingin niya sa sarili niya hindi bumaba."	"I will still treat my classmate the same way. I will talk to her so she wouldn't look down on herself."
"Kakausapin ko para mabawasan yung pag-aalala sa sarili niya."	"I will talk to him so that it will lessen his worry."

It was not, however, all positive. There were a few who categorically stated that they will not talk to and will avoid physical contact with their infected classmate:

"Ano, 'wag kausapin."

"I won't talk with him or her."

"Hindi ako tatabi. Hindi naman po [nandidiri], ano "I will not sit beside my classmate. It's not that I'm lang, parang natatakot lang po ako na baka repulsed, I'm just afraid that I may be infected." mahawa ako sa kanya."

Generally, students have a very positive attitude toward persons with STIs and HIV. There is an increasing awareness that STIs and HIV do not only affect specific groups of people. The results imply of a very tolerant and non-discriminatory attitude toward persons with STIs and HIV.

The inaccurate risk perception of the youth may be one of the factors that challenge the success of educational programs promoting information and awareness on STIs and HIV.

Miscellaneous: students' and facilitators feedback on the conduct of POY

Many of the students report to being able to identify with the characters and situations in the video, this made the situations in the video very real and identifiable. POY provided a familiar community of students to the students that made the messages, especially the decision points, easier for them to accept.

From the KIIs and the FGCs, the facilitators and research team observed a difference between how the female and male students reacted to the video. In some of the scenes suggesting sexual intercourse, there was a lot of heckling from the male students. Girls were also observed to be more attentive during the decision points in the video i.e. more participative in exploring and discussing options, while the boys would jokingly suggest the options for riskier behaviors. During the question and answer portion, there was a general initial awkwardness attributed by the facilitators to some degree of unfamiliarity among the students, two classes were combined in Metro Manila, and most of the students only knew and were familiar with their own classmates.

It was suggested that separating the male and female students would be a better practice, it would allow for the boys and the girls to discuss more in-depthly among themselves the points in the POY, without the awkwardness and embarrassment of having the opposite sex around during the discussions. It was also suggested that from the KIIs that a smaller number of students per showing would enhance the POY's impact. But constraints on class scheduling make this very difficult.

Many of the participants in the FGCs, however, especially from Cebu and Davao, expressed that having the video in the vernacular would be helpful. They mentioned the facilitators were helpful and integral in translating the Tagalog and English terms in the POY video into Bisaya.

The community's local language and colloquial descriptions to explain the details of the infections bring it closer to the awareness and concern of the students, rather than the use of very abstract and vague medical terms. The medium and the mechanics of the intervention must be contextualized in terms and presentation that is near the experience of the students.

One of the male participants of the FGCs, by way of suggestion to improve the video mentioned that a gay character should be added. This he thought would counteract his experience of discrimination for being gay, "Kasi po yung ibang boys lagi dinidiscriminate ang mga gays, akala po nila lahat ng kagaya namin na other gender ay madumi. Dapat pinalabas din sa video na may lead character na gay..." ("Because some of the boys are always discriminating against gays, they think that all of us of the other gender are dirty. The video should show a lead character who is gay..."). Another participant also suggested adding a gay character,, "Kasagaran karon nga naay HIV mga bayot man...di ba? So nindot unta nga naay character nga bayot" ("Most of those who have HIV are gay, right? So it would be nice to have a character who is gay").

The facilitators, on the other hand, relayed some of their difficulties in the implementation; not all of the intervention schools have the facility to conduct POY. Davao conducts its POY in the library, with a capacity for only 40 students maximum. The Manila schools have audiovisual rooms that can accommodate two classes per showing. In Davao, the facilitator had to bring her own DVD player. Difficulty was also encountered by the facilitators in facilitating the decision points of the video because of the number of participants. In Cebu for instance, some of the FGC participants mentioned that the whole session noisy; in most schools there was a lot of disorder when they would decide on what course the lead character should pick. On the other hand, this shows the students' involvement in the exercise. There were also some technical problems while showing the POY. It was suggested that the video have an automatic feature for playback to enable the facilitator to go back to previous scenes without opening the main file. The technical challenges extended the whole session.

To supplement the POY, the facilitators raised the lack of funding to complement and sustain long-term campaign that would cover all students against STIs and HIV. Each school would devise its own supplemental STIs and HIV awareness medium e.g. in Pasay there was a bulletin board that would present statistics and facts about STIs and HIV and some materials were made available in their wellness center. Being able to maintain this, the counselor reported, is dependent on the available funds. Not all of the schools had similar supplemental feature.

D. Discussion of Findings: Knowledge and Prevention

The findings of this study show that in terms of the specific knowledge categories i.e. transmissions, symptoms, and types of STIs, there have been significant increase among the students after participating in the POY. This, however, did not result in a parallel increase in the scores of students for increasing prevention.

The findings of the survey show that majority of the students consistently said that they are not at risk of HIV. This is consistent with the FGC results, where they attribute the low risk to being young and not being sexually active. While there were a few cautionary tales: perceiving their age bracket to be at high risk of acquiring STIs and HIV because of their high-risk behavior (drinking, sexual activity, thoughtless decision-making, recklessness, peer pressure), pointed to the supposed changing attitude of the youth, with most of the key informants echoing this observation, the survey results would show otherwise.

A way to explain this is to look at the scores of the students in their self-perception of their vulnerability to infection. According to the survey result, majority believe that they are not at risk. These finding reiterates previous studies on young adults' perception that they are not vulnerable to infection (UPPI, 2002; Adedimeji, 2005). Young adolescents' sexual risk-taking, largely results from a sense of invulnerability and lack of understanding of the consequences of their actions (Adedimeji, 2005). Literature has described describes young adolescents as "pre-contemplators who do not understand that they are at risk, and who, for a variety of reasons, are unable to avoid risky behaviors; a situation further aggravates the HIV epidemic and complicates efforts at controlling its spread" (Butler et al., 1996). While there may be superficial increase in knowledge, the significance of it may not be fully grasped because it not considered as relevant to their lives.

Specific to the traction of messages for avoidance of gateway behaviors, survey results imply that given a period of time, they give way to what's actually being practiced – that risky behavior relating to alcohol and drug use are common and may even be on the rise among young adolescents. While the FGC results imply positive statements for avoiding gateway behaviors (given some vacillation on how "someone I know do this…"), the survey indicates the opposite, that some of the behaviors (drinking and smoking) are perceived to be what normal teenagers do by the endline. The literature suggests early adolescents' susceptibility to peer influence (Gruber, 2000), most of which were associated with dating, sexual activity, and the use of drugs and alcohol (Bradford Brown, 1982). Especially among the boys there is a higher tendency to perform (or at least speak of engaging in) risky behavior (Bradford Brown, 1982).

The inaccurate risk perception of the youth may yet be another factor that challenges the success of educational programs promoting information and awareness on STIs and HIV. A study reported that people tended to compare their risk with those of others at a much greater risk (in the present study there is some perception that HIV is only common among gay people), resulting in an underestimation of the actual risk at hand (Weinstein, 1989). The underestimation may be compounded by the lack of accurate information, misconceptions about the infection in terms of modes of transmission and an almost nonchalant attitude about being infected i.e. it is a matter of luck and only prevalent among gay people.

Studies have pointed to the efficacy of IEC on HIV/AIDS (Alford, et. al.). However, while most were found to have an effect, they were mostly only able to introduce students to few information about the infection. There remained the lack in actually equipping them with knowledge and skill needed in their daily life that may contribute to their prevention from infection (Cherie, et. al., 2005). Taking this in the context of the implementation of the POY in the schools observed, the one-time facilitated showing and discussion, the logistical challenge that the facilitators face, and the number of students participating may have proven to be a set-back in conveying the life-skills that the POY intended to convey. Again, this is apparent in the findings, it was able to introduce the students to the infection resulting in the increase of knowledge, but lacked enough traction to sustain the life-skills messages, evident in the decrease in the survey results on gateway behaviors.

Studies have shown that despite efforts of information dissemination, there is still a permeating reluctance to tackle sex in most communities and in society in general,

especially among parents and religious leaders. This reluctance has rendered the tackling of sexual and reproductive health of adolescents and young adults in a cursory manner (Adedimeji, 2005). Studies have also suggested that parents' attitudes are perceived by their children to represent prevailing social norms (Choe and Domingo, 2001). The increasing proportion in the survey of students who believe their parents will think they are misbehaving if they discuss STIs and HIV with them is evident of their perceived reluctance of their parents, and thus limits the students' source of information for their sexual health. The FGCs also reflect the students' hesitant openness to discuss STIs and HIV. While they believe it is important to discuss STI and HIV, most are reluctant and apprehensive that discussing would lead to their losing their privacy. KIIs also point to the limited opportunity that teachers and counselors have to interact with students that could present opportunity for deeper discussion.

That the parents themselves manifest support POY, and suggest that further information and lessons on STIs and HIV be incorporated in the lessons of their children is a step toward greater openness and less wariness of students with issues regarding the sexual of their health. The positive statements from parents in the FGCs, where they recognize their role in their children's welfare, however, could be considered as a fertile ground for expanding support for increasing the students' motivation towards avoidance of gateway behaviors. As counter to the seemingly all-prevailing peer influence, parents who are found to be demanding and responsive to their children were found to be likely to transmit protective factors against initiation of smoking and drinking (Choe and Domingo, 2001). A more open and informed parental guidance can correct misconceptions and enhance positive sexual health behaviors.

Feedback from the KIIs point that while educational materials may teach the youth to seek help, where there are no support structure from which actual help (diagnosis, medical advice, treatment) can actually be availed from, the overarching effort to ensure better health practices among young people will remain halfway met.

Students are very aware of the required prevention behaviors of abstinence, careful action and faithfulness. They contextualize this along their aspirations of a good future. While condoms is often not a part of the prevention messages addressed to high school students, the awareness of condoms and their preventive functions is high among the participants in the FGCs. This resonates with literature that while adolescents are responsive to risk information, their sexual behavior is more elastic i.e. in actual situations there would be some negotiations to their sexual behavior, and thus absolute abstinence may not be the practice. This presents important policy suggestions on the crafting of education and information for the youth that would address the relative riskiness of different varieties of risky activity that young people may engage in and thus would address and enable young people to reduce the intensity of their exposure to risk while remaining (sexually) active (Dupas, 2009). Moreover, while IEC are able to provide students with basic information about the infection, they fall short of equipping students with knowledge and skill needed to negotiate in their daily life (Cherie, et. al., 2005). Sustained IEC messages with emphasis on life skill training are required to attain the goal of developing life skills among students that inform and equip them on how to manage their sexual health, and promote prevention.

Conclusion

On the whole, there is an observed positive impact of POY for the knowledge variables. There was an increase in the level of knowledge on transmissions, and symptoms of STIs in the intervention schools after viewing of POY. Starting with no difference in knowledge on STIs and HIV between the schools who did not participate and those who participated in the POY during the baseline survey, the results revealed that the students who participated in the POY, after its showing and attendant facilitation, showed modest improvements in their knowledge and attitudes about STIs and HIV.

There were observed improvement in the students' awareness for ways of preventing infection, among these, increase in their awareness to seek help and seek more information on STIs and HIV; positive agreement to abstinence, faithfulness, and careful action.

In general there are some positive outcomes for avoidance of gateway behaviors (smoking, drinking, and drug use). This is, however, cautioned by inconsistent findings across phases that imply some loss of traction of the messages for avoiding gateway behaviors across time. For instance, initial findings show increase in the proportion of students who believe drinking alcohol is a risky behavior. By the end line survey, however, most of the students in the intervention schools think that drinking alcohol is something typical teenagers do. There is also an increasing trend in the Manila schools (in all of the intervention schools) of students who think that it is fun to experiment (try out new things such as drinking, smoking, etc.) during parties, and that getting an infection is a matter of luck.

Students significantly improved in their positive attitude towards HIV and persons living with HIV (PLHIV) after exposure to POY. This is indicated by the increase in the mean score of this category after exposure. This is marked, for example, by a significant increase in the positive scores of students in their attitude towards an inflected classmate. There is a strong belief that a person with HIV can live a normal life.

The POY has served as an excellent jump off point to generate awareness and to initiate discussions of STIs and HIV with and among the students. It allowed the students an avenue to assess their behaviors, whether these are high-risk or not, to assess their susceptibility to peer influence, it allowed for clarifications of misconceptions, as well as generate curiosity, identification, and concern among those who participated in the POY viewing. While the results of the study imply that there is still substantial room for improving knowledge retention of the students, the POY has provided an opportunity to explore other avenues where vulnerabilities of adolescents and young adults lie.

Recommendations

The findings of this study show that the POY video and its attendant facilitation have a significant impact on the knowledge and attitudes towards STI/HIV prevention. The researchers, however, recognize the limitation of the data from this study, and this limitation should caution and contextualize the findings.

In improving future assessments, areas for improvement would be to incorporate cohort analysis to better solidify findings, ensure randomization, and questions in the surveys could be made more direct to capture actual behavior, and for accounting of behavior change.

The recommendations are drawn along three areas for further enhancing the POY and its potential for wider application: implementation, improving messages, and integration for long-term implementation.

Implementation of POY

In-depth discussions during facilitation of POY

- The cognitive effort required to process the messages of the POY video is perhaps too much for a 30-40 minute session. The implication for the POY video may be to manage this cognitive effort better, that is by conducting a longer session, giving time for more discussion (to allow for clarifications, questions and answers) between segments of the video.
- Corollary, a smaller number of participants for each session are also suggested to allow for a deeper, and more focused discussion of the messages of the POY. Moreover, a smaller group would provide a more conducive environment for open discussion.

Training for facilitators, teachers, and counselors

- Facilitation of the sessions is an equally integral part of the POY as complement to the video. Regular trainings and support for teachers and facilitators, whenever practicable, should be conducted. With the view of deepening discussions during the POY sessions, the facilitators become primary characters as well as sources of information.
 - Specific skills training for facilitation is suggested. It is paramount that facilitators are equipped with the skills to discuss sexual issues with adolescents in an open, non-invasive and non-judgmental way. Teaching methodologies for STIs and HIV is also recommended, with the long-term goal of integrating POY in the curriculum. Trainings will increase facilitators' knowledge and confidence, while also equipping them with appropriate skills in communication sensitivity, especially where highly charged and private matters such as premarital sex, STIs and HIV discussed.
 - A training of trainers could also be conducted with the present facilitators as participants, with the goal of expanding the pool of facilitators to address the limited number of facilitators vis a vis the number of student beneficiaries for the intervention.

• Information materials on STIs and HIV, as well as training modules, should be made readily available for the schools, to complement POY sessions, and to provide facilitators and students continuing education.

Separate sessions for boys and girls whenever practicable

• Findings show some difference in appreciation for messages and reaction to the POY sessions. Consider separate sessions for female and male students to encourage questions and discussions. The facilitation and processing may be better achieved with separate sessions addressing their different concerns and vulnerabilities, e.g. boys reported higher risk behavior, as well as lower responses to saying "no" to peer pressure. This would also provide a more familiar, less awkward, and less embarrassing venues for both boys and girls to voice their questions and concerns.

Translations in local languages

• In terms of language-use in the POY a more colloquial use of Filipino is suggested, and possibly translated in local languages for other sites. Translated versions coupled with deepening discussions could increase comprehension and allow for a greater identification of the POY among students (STIs were better remembered by their symptoms rather than by their medical names e.g. "*pangangati*," "*katol-katol*," "*pamumula*"). This would also enhance the experience and cultural relevance of the POY among students, further addressing persisting local misconceptions.

Provide information to access to sexual and reproductive health services.

• A support program to the POY would be a working referral system that covers information on where the students can access health services, from consultation to comprehensive health care. Facilitators, school nurses, etc. should be able to provide information on where students can access quality sexual and reproductive health services in case they should need advice and/or referral. Corollary, it is important that schools are given information on where to access adolescent-friendly and sensitive, affordable, reliable, and discreet health care facilities in the community (or nearest to).

Video Technicalities

• The mechanics of POY can be further enhanced and refined e.g. suggestions for adjusting the video format to allow for easier manipulation of the facilitators, etc. can be taken.

Improving messages

In future campaign against STIs and HIV, the proper use of condom as a key message should be an option.

- FGC participants consistently identified condom as a means for protection against infection. Across sites, the use of condom is mentioned as a preventive behavior.
 - Many of the participants and their parents, as evidenced in the FGCs, are aware of its use. While there is yet no cure for HIV and overnight behavioral change in risky behaviors cannot yet be achieved, it is imperative to include other factors, e.g. condoms that facilitate protective

behaviors. There is widespread knowledge of condom and the protection it offers, but its use remains uncommon. In Philippines, attitudes to condoms are largely influenced by negative perceptions. Overcoming this would lend support to young people who do not want sex to lead to pregnancy or infection.

Inclusion of a gay character to benefit the vulnerable group of young MSM.

- The inclusion of a more prominent role for a gay high school student in the POY storyline would help address the issues of discrimination (findings show persistent notion that HIV come from homosexual males), and inform young MSMs on how STIs and HIV can impact on their lives.
- Another option would be to include issues that young MSM face in the facilitated discussions of the POY e.g. facilitation script, or integrated as part of a class module/lesson.

Improve and emphasize messages that would address high-risk behaviors.

• Peer pressure as conduit to risky behavior, especially among boys, needs more emphasis. Life skill messages on independence, responsibility, and future prospects need support and reiteration. This is to address the decreasing appreciation of the students of the connection of risky behaviors to infection. Supplemental activities to emphasize this message can be undertaken as class activities.

Include stronger messages that emphasize empowerment for girls.

• While both boys and girls are distinctly vulnerable, girls have distinct vulnerabilities that involve tensions in power relations that put them at a greater vulnerability. Messages should address and reframe the traditional notions of women and girls' roles that hamper their abilities to decide their sexual relations, and put them at a greater risk for infection.

Integrated long-term implementation: sustained and supported

Monitoring and Evaluation

• As illustrated by the limitation of this study, a monitoring and evaluation component should be added in the program where impact of the intervention on behavior change can be further monitored. It is suggested that the monitoring and evaluation be better targeted and focused on the impact on the status of students' sexual and reproductive health and practices. The observations and findings can serve as guide for either enhancing present program or creating other intervention(s), and to address emergent needs.

Integration of POY in the appropriate classes to deepen knowledge and increase retention.

• While is there is a general trend of increased knowledge after the intervention, there is some manifestation that recall of the information and messages from the POY tended to decrease across time. It is very important that the awareness, curiosity, and increase in knowledge generated by POY be sustained. Integration of POY in the appropriate classes to deepen knowledge and increase retention is recommended. The POY is an effective tool to generate awareness and to begin an engaged discussion on STIs and HIV.

• Integration in appropriate classes (e.g. MAPE) would address the constraints identified by facilitators in terms of scheduling (presently, POY showing requires a separate period) and having the appropriate class size for the showing of POY. Large numbers of students participating in the showing contribute to the disorder and difficulty in facilitation.³

Whenever practicable, involve parents and health practitioners (including organizations) in POY.

- A session of the POY could be conducted among member of the Parents and Teachers Association (PTA) in schools. Findings show that parents are integral part of students' lives and as sources of information. To complement efforts of POY, parents must become partners in the sustained education and awareness of their children on STIs and HIV, and broadly on sexual and reproductive health. This would engender a sensitive contextualization of the subject matter for deepening and sustained discussions. Parents should be encouraged and enabled to discuss sexual and reproductive health matters with their children
- The session/trainings can also be adapted for larger community settings (in the barangay, etc.). In the long run, not only would the home life complement and sustain what is taken up in the schools, it may also allow for those children who are not in school to access the benefit of the information.
 - Studies have shown that effective intervention program must not only promote the seeking of information but also develop a sustained community support as resource of information, it is therefore important that this community is informed. Proper knowledge or misconceptions are sustained through education in the home and in the community.
- Supplemental educational foras could be conducted in schools. Findings show that health professionals are perceived by the students as "experts" and most knowledgeable about the infections. They will be credible and important messengers of prevention and protection.

Further research can be done on the local expressions and perceptions of STIs and HIV in communities; and to contextualize it further, a research on the sexual and reproductive health practices of adolescents.

• The findings can help improve the messages and crafting of messages of the POY, as well as inform program design and implementation, and identify emergent needs.

Involving youth participation

• Perhaps as an evolving component of the POY, a supplementary program or activity can be conducted that would involve the students in program planning. This program envisions giving the students an avenue to analyze their situations, how their varied realities make them or not vulnerable to STIs and HIV, and encourage them to participate in crafting programs that would benefit them e.g. help identify effective and practical ways of reducing the adverse effects of high-risk behavior that can lead to infections.

³ In the likelihood of the passage of the Responsible Family Act (RH Bill), policy for integration may find a more favorable implementation.

• Rooting the awareness and information in the analysis of a broader structural context, students are made aware of the factors that contribute to the challenges to their general health care. With the goal of enabling the students to realize their rights to sexual and reproductive health and allowing them to contribute to programs and policies that address their needs, they are then encouraged to create for themselves enabling situations that improve their health status and their health behaviors.

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Appendices

Appendix A	Comparative Results (A1-A19)
Appendix B	Acceptance of POY
Appendix C	Power of You Coding Manual
Appendix D	List of Facilitators Trained to Implement Power of You
Appendix E	D.1 Survey Questionnaire – Phase I (Baseline) and 3 (Endline)
	D.2 Survey Questionnaire – Phase 2 (with rider questions)
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	Interviews
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Appendix M	List of Participating Schools in the Power of You Campaign